

**IMHC Proposed SHIP Clinic Qualifying Criteria
May 2015**

1. **INTENT AND VISION of clinic is aligned with SHIP goal** to “transform primary care providers across the state into the patient-centered medical homes.” Recommendation to validate:
 - a. ALL clinic administration (medical & financial) required to attend “PCMH in-service education and informational session” either in person (regionally) or remotely (webinar/VCE) to ensure the SHIP goals and magnitude of effort is fully understood
 - b. Recommend in-service provided by SHIP team to include PCMH consultant, SHIP & Regional Collaborative staff
 - c. In service followed up by “welcome packet,” to include:
 - i. SHIP/PCMH Transformation overview information
 - ii. Readiness Assessment
 - iii. Transformation Business Plan Template
 - iv. Resources & contact information
 - d. Interested clinics to start completion of required documents
 - e. Currently recognized clinics may not be required to attend “PCMH in-service”

2. **Engaged physician leadership champion, clinic administration engagement and a dedicated transformation team is imperative** for successful transformation and sustainability. Validation of Clinic PCMH Transformation team members to occur during face-to-face – see #3.
 - a. Roles of Clinic PCMH Transformation Team include:
 - i. Physician Leadership Champion (MD, not mid-level or administrator) should be instrumental in implementing the long-term changes and continues to encourage other physicians who are unsure if they want to participant
 - ii. Office Manager – imperative to keep informed and buy-in for smooth transition of daily operations
 - iii. PCMH change agent or project lead (if different from Office Manager) – knowledgeable, enthusiastic and supported by management

3. **Face to face on-site clinic interview to be conducted with Clinic PCMH Transformation Team and PCMH consultant, SHIP & Regional Collaborative staff.**
 - a. Opportunity to address clinic questions/concerns and identify any “red flags”
 - b. Assist clinic in completing readiness assessment, if necessary
 - c. Review of required components of Business Plan to ensure clinic has adequate resources to transform. Template provided to the clinic, to include:
 - i. Practice type
 - ii. Panel Size
 - iii. Staff structure – team meetings, etc
 - iv. Staff resources dedicated to PCMH transformation
 - v. Timeline to achieve the PCMH recognition requirements within timeframe determined.
 - vi. Current PCMH initiatives participating in

- vii. Budget – including estimated revenue and expenses to transform. Budget template to be provided to clinics along with input available from payers specific to anticipated PCMH revenue
- d. Following interview, deadline identified for clinic to return readiness assessment, to include transformation business plan and self-attestation for participation.

4. Adequate and effective HIT capabilities are critical to support the PCMH model. Recommendation to validate:

- a. Clinic has an effective EMR with care coordination capabilities (e.g., registry functionality, referral tracking) **OR** proof of workflow/system capabilities to execute care coordination functions
- b. Disease Registry capability for population health management **OR** proof of workflow/system capabilities to execute disease registry functions (e.g., report quality measures)
- c. Capability to electronically exchange data with providers and intent to enroll and use enhanced communication features of the IHDE. Consider specific IHDE training as a component of the in-service and require practice agreement to connect (SHIP incentive).

5. Evidence of QI activities or defined plans for QI structured activities is critical to implementing and sustaining the PCMH model. Recommended selection committee request review of:

- a. Current QI policies and procedures **OR** outline of plan to implement QI policy & procedures
- b. Evidence of QI activities