

**MA Patient Centered Medical Home Initiative  
Commonwealth Fund-Qualis Safety-Net Medical Home Initiative  
Cumulative Monthly Practice Report for Adult Patients**

**Practice/Health Center:**  
**Person Completing Report:**

**Date:**

**Aim Statement:**

**Team Members** *(Please list the members of your team and update as needed with changes. This list should include both pilot and spread team members.)*

Team Member Name	Role on team/Title	Email Address	Phone/Extension

**Practice Data**

**POF #:** \_\_\_\_\_ **TPOP #:** \_\_\_\_\_ **Date Data Run:** \_\_\_\_\_

Measures for Diabetes	Your Goal	Current Status
1. % of patients who had HbA1c<8.0		
2. % of patients who had HbA1c>9.0		
3. % of patients who had LDL < 100		
4. % of patients who had Dilated Eye Exam		
5. % of patients who had BP < 140/90		
6. % of patients who were queried for tobacco use past 24 months		
7. % of patients identified as tobacco users who received cessation intervention		
8. % of patients with documented patient action plan in measurement year		
9. % of patients screened for depression in measurement year		
10. % of patients with HbA1c documented in the last 6 months		

11. % of patients with LDL documented in measurement year		
<b>Other Measures (Selected by Practices for Close Monitoring--feel free to add on)</b>	<b>Your Goal</b>	<b>Current Status</b>
12.		
13.		
14.		
15.		

**Data Review and Improvement Plan** (please include plan for all measures with large gaps and/or declining improvement trends)

Date	Measure	PDSA

**Practice/Health Center Data**

As of (date [update annually]):

Total # of Patients in the Practice:	Adults:	Children:
Total # Physicians/Providers	FTE MD:	FTE Other Provider:
Total # Non-Provider Clinical Staff	FTE RN:	FTE MA:
EMR vendor/version:	Stand alone registry system:	
NCQA Status:	Tool Purchased (Y/N):	Application Submitted (Date):

**Description of Changes Tested (PDSAs)**

PCMH Change Concept	Date	Description of Critical Changes and PDSAs	“Implementation Date” and any comments
Engaged Leadership	Date	PDSAs related to Critical Changes: Meeting between leader and pilot team monthly	
	Date	Other PDSAs	
Empanelment	Date	PDSAs related to Critical Changes: Maintaining continuity of care between patient and provider/team	
	Date	Other PDSAs	
Enhanced Access	Date	PDSAs related to Critical Changes: Follow-up care for high risk can be scheduled within 2 weeks	

	<b>Date</b>	<b>Other PDSAs</b>	
<b>QI Strategy</b>	<b>Date</b>	<b>PDSAs related to Critical Changes:</b> Integration of PCMHI work into the QI Meetings and Reporting	
	<b>Date</b>	<b>Other PDSAs</b>	
<b>Patient-Centered Interactions</b>	<b>Date</b>	<b>PDSAs related to Critical Changes:</b> Setting behavioral goal with patient (one of importance to patient) Giving patient/family a patient action plan developed by patient/team	
	<b>Date</b>	<b>Other PDSAs</b>	
<b>Organized, Evidence Based Care</b>	<b>Date</b>	<b>PDSAs related to Critical Changes:</b> Population alerts Embedded clinical guidelines with reminders Risk assessment every visit	
	<b>Date</b>	<b>Other PDSAs</b>	
<b>Continuous and Team Based Healing Relationships</b>	<b>Date</b>	<b>PDSAs related to Critical Changes:</b> Standing orders for team members Planned care at every visit Provider/team communication (huddle) during session Follow-up care for high risk patients	
	<b>Date</b>	<b>Other PDSAs</b>	
<b>Care Coordination</b>	<b>Date</b>	<b>Critical Changes:</b>	
		Build referral and report receipt mechanism with specialist	
	<b>Date</b>	<b>Other PDSAs</b>	

**Description of Changes Spread to Other Staff, Providers, or Patients** *(Please make sure you describe the change being spread; who is responsible for spreading the change; who the change will be spread to; time frame for spread; and use of any other spread strategies.)*

PCMH Change Concept	Date	Changes Spread to Other Staff, Providers, or Patients
Engaged Leadership		
Empanelment		
Enhanced Access		
QI Strategy		
Patient-Centered Interactions		
Organized, Evidence Based Care		
Team Based Relationships		
Care Coordination		

**What was your best practice/innovative change this month as a result of your participation?**

Date	Best Practice/Innovative Change

**What has been your biggest challenge to sustaining and spreading your work this month?**

Date	Biggest Challenge


**What do you plan to work on next month?** *(please summarize)*