General Practice Services Committee

The GPSC PMH Practice Characteristics Matrix

The GPSC has set out a vision to enable access to quality primary health care that effectively meets the needs of patients and populations in BC. This vision advances the patient medical home (PMH) model as the foundation for care delivery within a broader, integrated system of primary and community care.

The PMH model encompasses the whole spectrum of functions that primary care physicians fulfill in their role as a cornerstone of the health system. To support primary care providers to realize the full potential of this model, inter-professional teams and networks of family practitioners and PMHs will be leveraged as key enablers. Provincially, resources are being mobilized for this purpose.

Descriptions of the model to date have focused on conveying the high-level nature of these functions, using the 12 attributes associated with the PMH. The Practice Characteristics Matrix takes these concepts to a further level of detail to support physicians in understanding what the PMH model means in the context of their practice.

The PMH Practice Characteristics Matrix serves two related purposes by,

- Supporting physicians to understand what the 12 attributes of the PMH model mean in concrete terms in the context of their practice and what a transition towards the PMH could entail for them; and,
- Helping the GPSC and other health system partners to organize their thinking around the practice-level realities of the PMH model and the strategic development of provincial supports for physicians to achieve the model.

Development

The PMH Practice Characteristics are based on an extensive research and consultation process. A comprehensive review was conducted to learn from the experiences of other jurisdictions, including the U.S. and Alberta, of implementing the PMH model. Information from other jurisdictions was then vetted through a series of consultations to adapt the content to the BC context. Consultations included the GPSC Practice Expectations Task Group, a consultation session at the November 2016 GPSC Summit event, GPSC physician representatives, Divisions of Family Practice, focus groups with physicians and division EDs, a piloting process which generated direct feedback from 21 physicians in all regions of the province, and a task group with Ministry of Health, health authority and physician representation.

During these consultations, real efforts were made to identify PMH practice characteristics that were relevant to the BC context, applicable to rural and urban physicians as well as those practicing in different regions of the province. The concepts and language in the document are deliberate and reflect the diversity of perspectives that were heard.

Next Steps

Building on this work of the GPSC, physicians, and other health system partners, discussions are currently underway with Divisions to generate, learn, and share ideas on how the PMH Practice Characteristics Matrix can be applied in community. Through these discussions, the GPSC is also gathering feedback on how the Matrix can be further developed to expand its utility.

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Overall Goal	Patient centered, whole-person care	Self-management*	Clinical information distributed to patients (e.g., pamphlets)	Patients referred to self-management classes when appropriate	Providers work with patients to set self-management goals	Formal inclusion of patient self-management goals, and progress toward those goals, in clinical records
		Cultural safety and humility*	Providers understand the cultural diversity of their practice	Use of culturally-appropriate materials/pamphlets (language, images, religious customs)	Staff have received education in cultural safety and humility Use of translators/interpreters when appropriate	Patients receive culturally safe care
		Patient experience data*	Patient experience data is not routinely collected	There is a process in the practice for capturing information on patient experience	Health professionals routinely review patient experience data	The practice makes changes in response to patient experience data using QI methodology
		Informed decision-making	Not a priority to involve patients in decision-making and care	Patients prepared for informed decision-making through provision of patient education materials or referral to classes	Patients are regularly involved in decision-making and care for a limited number of disease and risk states	Informed decision making occurs in all appropriate instances guided by the patient's desire to participate in decision making
Service attributes	Commitment	Empanelment*	Patients not assigned to specific practice panels	Physicians have specific patient panels Provider and patient expectations are clearly defined and mutually understood	Patients are seen for the majority of their community office visits by the physician on who's panel they sit	Panels are reviewed and refreshed on a regular basis
	Contact (Timely access)	Same-day scheduling	The practice does not offer same-day appointments, patients directed to walk-in clinic or other practice for same-day appointments	Urgent patients squeezed into provider's schedule for same-day appointments	Slots reserved each day for urgent appointments	Schedule systematically reserves sufficient appointment slots each day to match demand for urgent and routine appointments using advanced access methodology
		Same-day coverage	When a patient's regular provider is not in the practice during regular office hours, patients directed to walk-in clinic or other practice for urgent appointments	When the regular provider is not in the practice, patients can access care through a coverage arrangement with other providers or practices	When the regular provider is not in the practice, patients can access care through a coverage arrangement with another practice where systems are in place for prompt transfer of relevant information back to the practice (e.g., faxed notes, electronic update through the EMR, etc.)	When the regular provider is not in the practice, patients can see their provider in another setting, access care from another member of the practice team or access care through a coverage arrangement with another practice with shared access to relevant patient information in the EMR
		First contact	Contact during regular business hours is difficult for patients	Contact during regular business hours is based on inconsistent ability to respond to telephone messages	Patients can leave a voice message or email and get a return call from a staff member on the same day	Patients can contact the practice and receive meaningful information, support or care suited to their level of urgency in a timely way
		Extended hours access	Extended hours access not available or limited to an answering machine	Patients informed about options for extended hours access not available through the practice or network	Extended hours access is available from a coverage arrangement with other providers or practices	Extended hours access is provided by the paneled provider or a member of the practice team (in the practice or another setting) or from a coverage arrangement with another practice where electronic updates between EMRs occur
		Out-of-hours access	Nighttime and weekend access to meaningful triage not available or limited to an answering machine	Patients informed about options for out-of-hours access not available through the practice or network	Nighttime and weekend access to meaningful triage is available from a provider exercising clinical judgement through a network of providers or practices	
	Comprehensive	Scope of Services in practice		Full spectrum of services included within the regulated scope of family practice provided across the life cycle (including but not limited to diagnosis and management of undifferentiated presenting problems, acute and chronic disease management, mental health care, and health promotion & prevention) and appropriate procedural medicine.		Practice includes a team and is networked with other PMHs and primary care services to meet the comprehensive primary care needs of patients including maternity, hospital, end-of-life care, residential care, home visiting and emergency services
		Visits	Visits largely focus on acute problems	Attention to ongoing illness and proactive needs if time permits	Visits organized to address acute and planned care needs	Team provides planned proactive care and responds to same-day acute needs

Service attributes	Continuity	Informational	Appropriate information provided when referring	Practice follows up with some external care providers to ensure that care updates are received	In most cases practice sends and receives information necessary to inform patient care	Practice achieves the two-way flow of healthcare information with every other applicable care setting (e.g., hospital, residential care, etc.)
	Coordination	Working with other providers*	Needs assessment to determine practice gaps in coordination	Practice participates in shared care conferences with other providers to share and develop aligned approaches to care Patients' values and personal health goals are shared with other providers	Practice participates in initiatives with the local division, health authority and other community services to work through system coordination issues (e.g., developing referral or transition guidelines, communication methods or specialty care networks) EMR functionality used for care coordination and referral tracking	All patient care needs are coordinated through PMH (e.g., review of discharge records, assigned roles and accountability for ED follow-up visits, etc.) Shared care plans are in place for appropriate patients
Relational enablers	Team-based care	Understanding TBC*	Providers and staff engaged and understand TBC approach Staffing plan developed to address staff turnover or staff leave Practice panel assessment informs planning for team-based care	Care teams visible and apparent to patients Care teams receive basic training in team work Members of the practice team understand the scope of practice of other team members and their role within the team	Team training needs identified and ongoing advanced team training in place (e.g., team communication and conflict management, QI etc)	All team members work to their full scope Practice regularly engages in QI activities around team functioning and improvement of care delivered by the team
		Communication*	Few channels exist for systematic communication among teams	Teams meet regularly	Workflows established for team meetings for specific groups of patients when appropriate Relevant up-to-date information is available to appropriate providers and the care team at the time of the visit	Teams prepared for each patient visit through team huddles, pre-visit checklists and IT-supported communication
		Roles	Non-physician practice team members play limited role in clinical care	Non-physician practice team members primarily tasked with managing patient flow and triage	Non-physician practice team members provide some care coordination and clinical services (e.g., assessment or self-management support)	Non-physician practice team members perform key clinical service roles that match their abilities and credentials
		Composition	Effectiveness of team composition not assessed	Effectiveness of composition assessed on ad hoc basis when issues develop	Periodic assessment of team composition	Team composition evaluated on ongoing basis against the needs of the patient panel and community
	FP networks supporting practice†	Participation	Occasional, ad hoc participation in networks via informal arrangements with colleagues or short-term coverage (e.g., vacation)	Routine participation in networks via informal arrangements with colleagues or short-term coverage (e.g., vacation)	Participation in networks is an essential component of the practice and is formalized in agreements with networked providers	Participation in networks is an essential component of the practice and is formalized in agreements with networked providers and supported by electronic updates between EMRs
	PMH networks supporting communities	Cumulative*	Practice members are members of the Division of Family Practice in the area	Practice members participate in division efforts to create and improve PMH networks	The practice is linked intermittently with other community PMHs to work towards meeting community needs (including patient attachment), patient population health needs and engaging in processes to develop better coordination, partnership and integration with Health Authority services (Primary Care Home) and the broader system of care (Community services)	The practice is consistently linked with other community PMHs to ensure meeting community needs (including patient attachment), patient population health needs and has established mechanisms to provide better coordination, partnership and integration with Health Authority services (Primary Care Home) and the broader system of care (Community services)

†A network can be made up of physicians in one PMH or spanning several PMHs. For networks for the provision of services not provided by the PMH see the attribute "comprehensive." For networks for the provision extended hours and out-of-hours access see the attribute "contact."

Structural enablers	IT enabled	Panel assessment	Accurate records entered as discrete data in EMR for active patients	Ad hoc review of panel data to understand the needs of the current patient panel	Regular review of panel data to understand changes in patient needs	The practice acts on the regular review of panel data with the creation of PDSA QI activities
		Registry	Registries not used	Ad hoc use of registries	Regular use of registries for limited disease and risk states	Regular use of registries for comprehensive set of disease and risk states
		Performance measures	No performance measures	Performance measures limited to one type of data (e.g., specific clinical element)	Comprehensive performance measures (i.e. clinical, operational, patient experience) at practice level	Comprehensive performance measures (i.e. clinical, operational, patient experience) at practice and individual provider level
		Patient access to EMR*	No patient access to EMR	Patient access to EMR for online scheduling	Patient access to EMR for requesting prescription refills	Patients have access to EMR for viewing portions of their chart, such as lab results and care plans, in appropriate cases guided by the patient's desire to have access to their chart
		Interoperability	EMR stores practice data and transmits & receives data related to billing (MSP)	EMR receives a variety of incoming reports (labs, e-fax, etc.)	EMR has some limited transmit/receive with external care providers (e.g., others on same EMR, etc.)	EMR links appropriately with other providers and parts of the system, including other community providers, pharmacies and acute care facilities
		Virtual care	Little/no use of virtual care options	Virtual care options including phone, email, text and/or video are used in urgent situations	Virtual care including phone, email, text and/or video are used as routine option for limited number of conditions	Virtual care including phone, email, text and/or video are used routinely and optimized for the benefit of patients and providers
	Internal & external supports					
	Evaluation & Quality improvement	QI Activity	No consistent QI activity	Ad hoc QI in reaction to specific problems	Ad hoc QI in reaction to specific problems using proven improvement methodology EMR routinely used to support QI efforts	Continuous QI used for practice improvement using proven improvement methodology
		Focus areas	No consistent QI activity	Focus on quality of clinical services only	Focus on quality of clinical services as well as patient and/or family/caregiver experience	Focus on quality of clinical services, patient and/or family/caregiver experience, provider experience and cost effectiveness
		Level	No consistent QI activity	Activities focus on practice-level improvement		In addition to practice improvement, the practice contributes to improvement activities at the community and/or system level
	Education, training and research					

Acronyms:
PMH - Patient Medical Home
QI - Quality Improvement
EMR - Electronic Medical Record
IT - Information Technology
PDSA - Plan, Do, Study, Act
MSP - Medical Services Plan

***Cumulative**