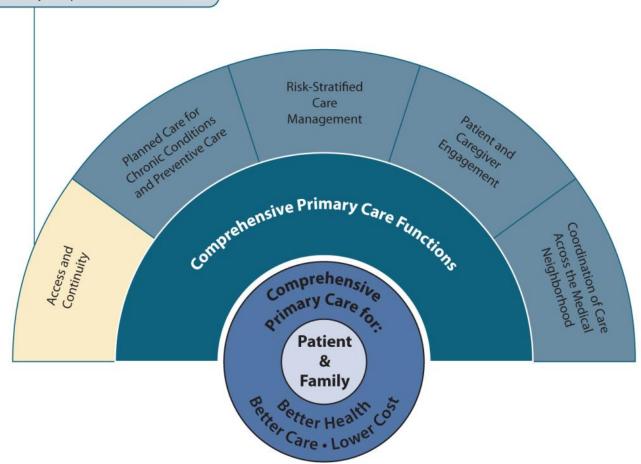


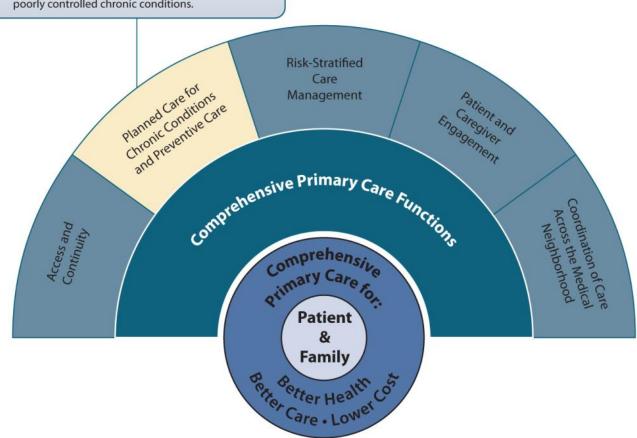
- Optimize timely access to care guided by the medical record.
- B. Empanel all patients to a care team or provider.
- C. Optimize continuity with provider and care team.

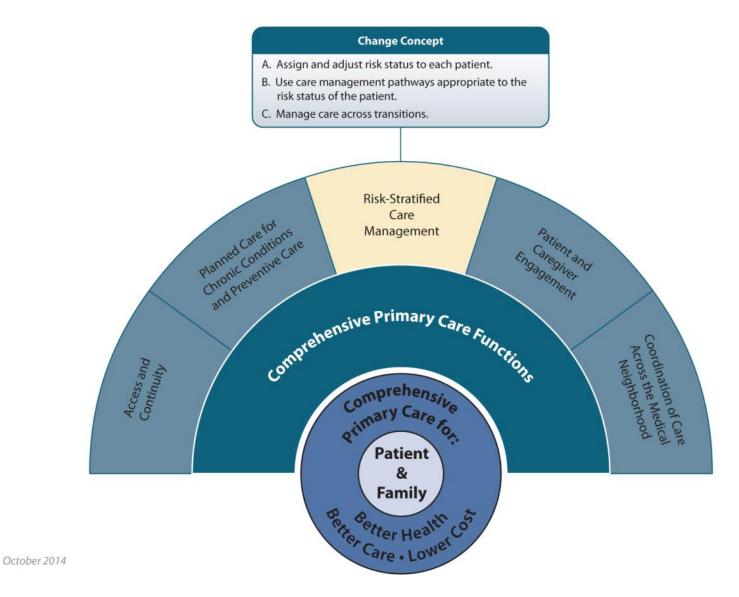


- A. Use a personalized plan of care for patients at high risk for adverse health outcome or harm.
- B. Proactively manage chronic and preventive care for empanelled patients.
- C. Manage medications to maximize efficiency, effectiveness and safety.
- D. Use team-based care to meet patient needs efficiently.

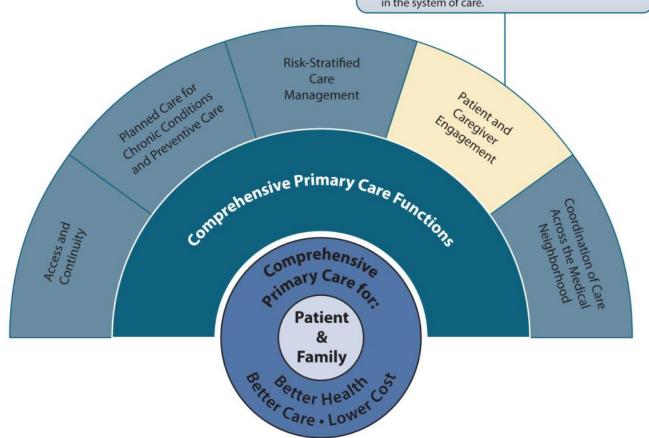
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E. Offer integrated behavioral health services to support patients with behavioral health needs, dementia and poorly controlled chronic conditions.

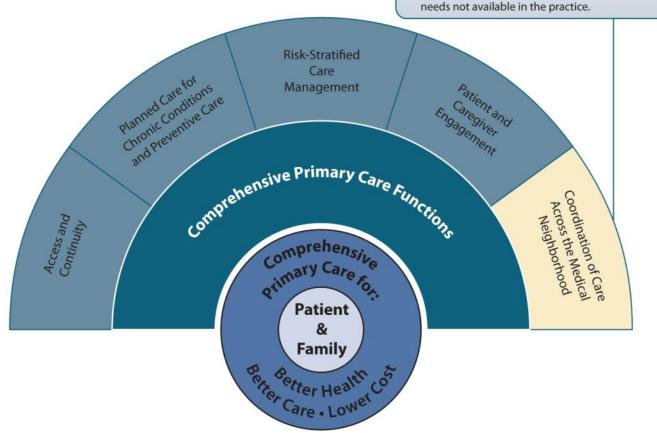


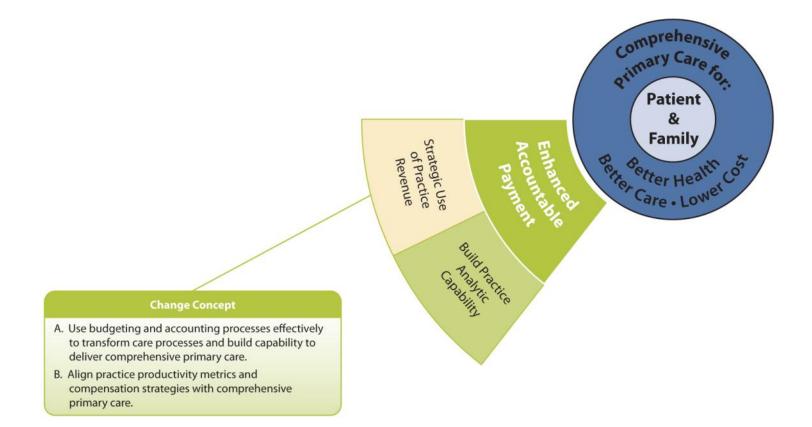


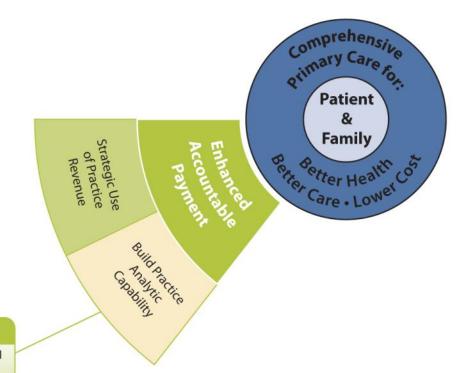
- A. Integrate culturally competent self-management support into usual care across conditions and provide condition-specific support for self-management of common conditions.
- B. Shared decision making.
- C. Engage patients and families to guide improvement in the system of care.



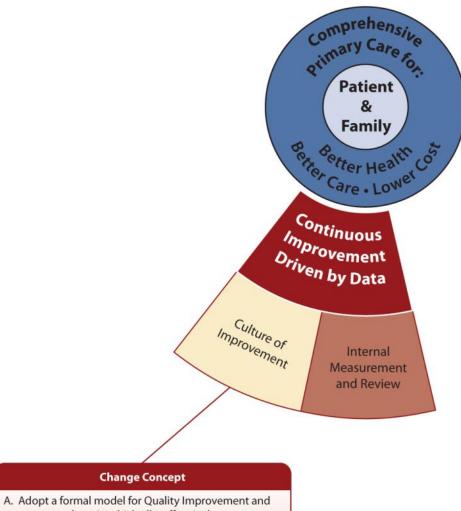
- A. Establish standard operations to manage transitions of care.
- B. Establish effective care coordination and active referral management.
- C. Ensure that there is bilateral exchange of necessary patient information to guide patient care.
- D. Develop pathways to neighborhood/ community-based resources to support patient health goals.
- E. Manage referral networks to meet behavioral health needs not available in the practice.



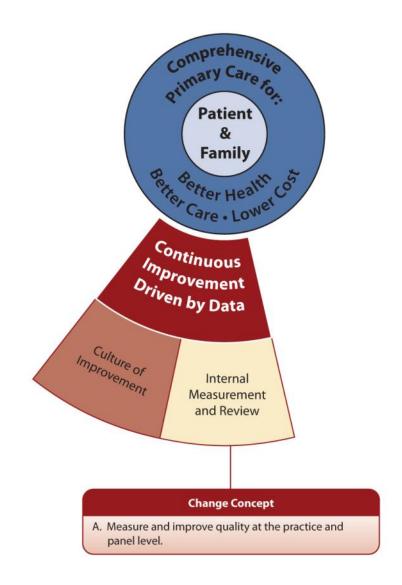


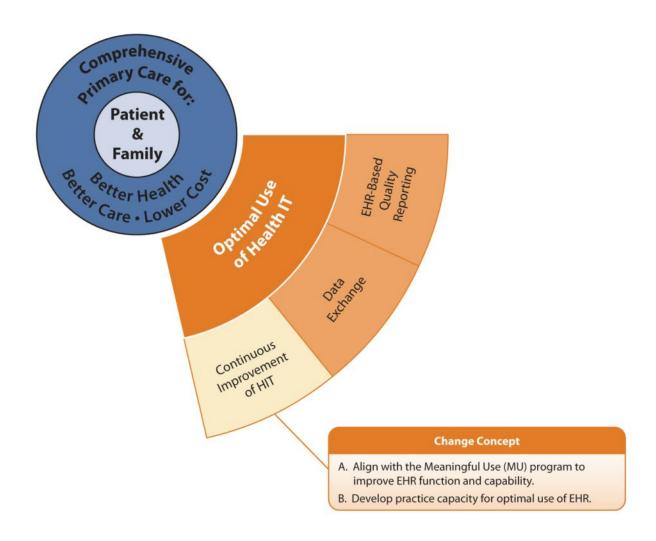


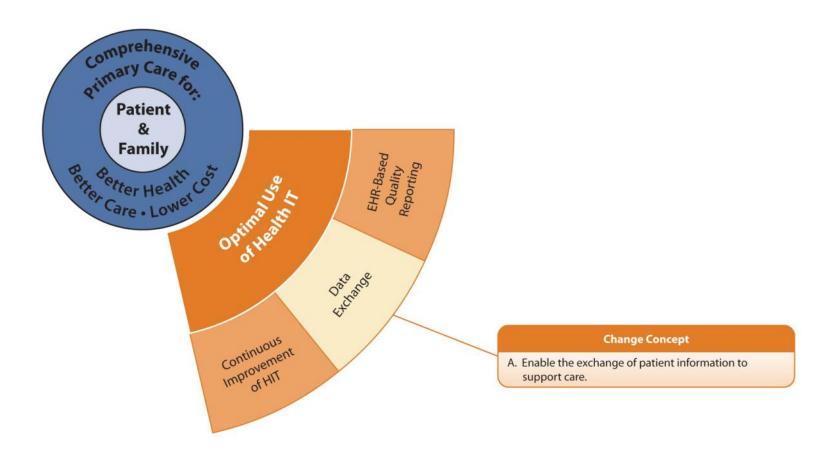
A. Build the analytic capability required to manage total cost of care for the practice population.

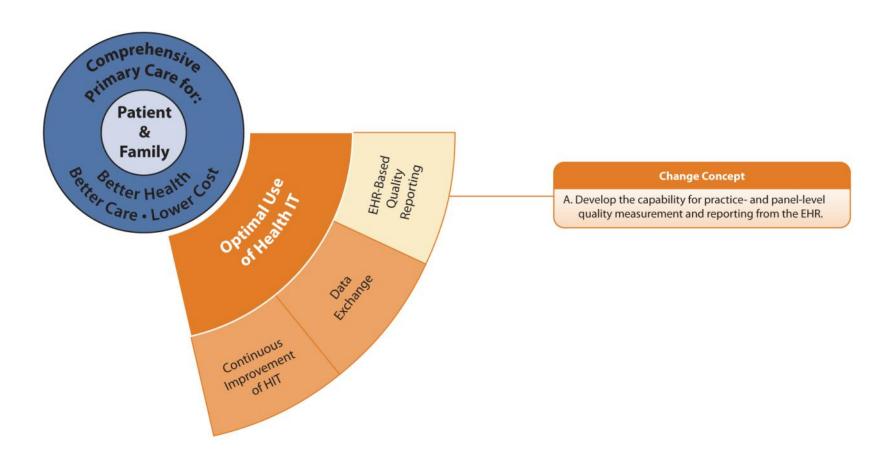


- A. Adopt a formal model for Quality Improvement and create a culture in which all staff actively participates in improvement activities.
- B. Ensure full engagement of clinical and administrative leadership in practice improvement.
- C. Active participation in shared learning.











- A. Use population-based payment to purchase comprehensive primary care services.
- B. Provide actionable and timely cost and utilization data to practices.
- Reward practice actions to reduce total cost of care through shared savings or other mechanism.

Engaged Community

D. Align quality measures.

Environment to Support Comprehensive Primary Care Aligned Payment Reform Environment to Support Comprehensive Primary Care

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