

## List of Tools by Criteria

Initiative	Criteria	Tool number and name
<b>Patient-Provider Partnership</b>	1	Tool 1-1 Establishing the patient-provider partnership (Best practices)
	1.1	Tool 1-2 Sample patient letter
	1.1	Tool 1-3 Handout - Welcome to your medical home
	1.1	Tool 1-4 Handout - Patient rights and responsibilities
	1.1	Tool 1-5 Handout - Principles of patient-centered medical homes
	1.1	Tool 1-6 Patient-centered medical home (PCMH) Brochure
	1.1	Tool 1-6.1 PCMH brochure order form
	1.1	Tool 1-7 Staff PowerPoint training on PCMH
	1.1	Tool 1-8 Training Documentation
	1.1	Tool 1-9 Tally sheet
<b>Patient Registry</b>	2	Article – Using registries/chronic care
	2	Article - Using a Simple Patient Registry
	2	Tool 2-1 Difference between a registry and an EMR
	2	Tool 2-2 Sample of clinical information from multiple electronic sources
	2	Tool 2-3 Sample of evidence-based care guidelines
	2	Tool 2-4 Sample of a patient panel in the registry
	2	Tool 2-5 Sample of patient communication
	2	Tool 2-6 Sample of chronic disease gaps in care
2	Tool 2-7 Sample of flags for patients not managed to goal	
<b>Performance Reporting</b>	3	Tool 3-1 Instructions for www.npoinc.org
	3	Tool 3-2 Sample physician performance measures
	3	Tool 3-3 Sample pharmacy data reports
	3	Tool 3-4 Reading and interpreting performance reports
<b>Individual Care Management</b>	4	Tool 4-11 Patient talking points for diabetes, asthma, hyperlipidemia, and depression
	4.1	Tool 4-1 Staff training PCMH pre/post test
	4.1	Tool 4-2 Staff training Chronic Care Model pre/post test
	4.1	Tool 4-3 Staff training Chronic Care Model PowerPoint
	4.1	Tool 4-4 Plan Do Study Act PowerPoint.
	4.1	Tool 4-5 PDSA worksheet for testing change
	4.1	Tool 4-6 PDSA project planning form with asthma and depression examples
	4.1	Tool 4-14 Staff training documentation form
	4.3	Tool 4-13.1 MQIC Asthma Guidelines
	4.3	Tool 4-13.2 MQIC Diabetes Guidelines
	4.3	Tool 4-13.3 MQIC Heart failure Guidelines
	4.3	Tool 4-13.4 MQIC Hypertension Guidelines
	4.3	Tool 4-13.5 MQIC Hyperlipidemia Guidelines

Initiative	Criteria	Tool number and name
<b>Individual Care Management continued</b>	4.3	Tool 4-13.6 MQIC Chronic kidney Guidelines
	4.4	Tool 4-8 Patient satisfaction survey
	4.5	Tool 4-7 Patient Goals and Action Plan
	4.6	Tool 4-12 Sample Appointment Tracking Patient Reminders and Follow-up care policy and procedure
	4.7	Tool 4-12 Sample Appointment Tracking Patient Reminders and Follow-up care policy and procedure
	4.8	Tool 4-10 Primer on Planned Visits
	4.9	Tool 4-9 Guide to Group Visits
	4.14	Tool 4-10 Primer on Planned Visits
4.15	Tool 4-9 Guide to Group Visits	
<b>Extended Access</b>	5.3	Tool 5-1 Sample Letter of Intent Urgent Care Continuity of Care Record
	5.3	Tool 5-2 Instructions on TTY – 711 Relay Services
	5.7	Tool 5-4 AAFP article on creating open access.
	5.8	Tool 5-4 AAFP article on creating open access.
	5.9	Tool 5-3 Translation services list
	5.9	Tool 5-5 Tally sheet for open access
<b>Test Tracking and follow up</b>	6	Tool 6-7 Resources for electronic test tracking
	6.1	Tool 6-1 Sample lab test tracking policy with lab values
	6.1	Tool 6-2 Sample PAP test tracking policy
	6.1	Tool 6-3 Sample audit of lab tests
	6.1	Tool 6-4 Sample test tracking policy – using a pending file method
	6.1	Tool 6-5 Sample test tracking policy – using a logbook method
	6.8	Tool 6-6 Staff training documentation form
<b>Electronic Prescribing</b>	8	Tool eP-3 Is your system qualified?
	8	Tool eP-1 Do you have meaningful use?
	8	Tool eP-2 Try DrFirst for free
<b>Preventive Services</b>	9.2	Tool 9-5 MQIC preventive guidelines
	9.4	Tool 6-4 Sample test tracking policy – using a pending file method
	9.4	Tool 6-5 Sample test tracking policy – using a logbook method
	9.4	Tool 9-1 Patient reminder slip for outside services
	9.7	Tool 9-2 Screening tools for alcohol, drug use
	9.7	Tool 9-3 Screening tools geriatric depression
	9.7	Tool 9-3.1 MQIC depression screening
	9.7	Tool 9-4 Checklists by gender/age for risk assessments and screenings
	9.8	Tool 9-6 MCIR overview

Initiative	Criteria	Tool number and name
<b>Preventive Services continued</b>	9.8	Tool 9-6.1 MCIR highlights-version 7
	9.8	Tool 9-6.2 MCIR Users Guide
	9.8	Tool 9-7 Staff training documentation form
<b>Linkage to Community Services</b>	10.1	Tool 10-1 Call 211 for health and human services information and referral
	10.1	Tool 10-1.1 The 211 searchable database by county
	10.1	Tool 10-1.2 The 211 county map
	10.1	Tool 10-3 Asthma coalitions in Michigan
	10.1	Tool 10-4 PATH program (Stanford Chronic Disease Self-Management)
	10.1	Tool 10-4.1 Benefits of PATH
	10.1	Tool 10-4.2 PATH Fitness diabetes flyer
	10.1	Tool 10-4.3 PATH frequently asked questions
	10.1	Tool 10-4.4 PATH Brochure
	10.1	Tool 10-4.5 PATH workshop contents
	10.1	Tool 10-4.6 Enhance fitness class
	10.1	Tool 10-4.7 Path fitness prescription
	10.1	Tool 10-5 Arthritis Foundation Aquatic program
	10.1	Tool 10-6 Arthritis Foundation Exercise program
	10.1	Tool 10-7 Arthritis Foundation Self help program
	10.1	Tool 10 -8 Arthritis Foundation Tai Chi program
	10.2	Tool 10-2 BCBSM healthcare brochures
	10.2	Tool 10-2.1 BCBSM healthcare brochure for Northern MI
	10.2	Tool 10-2.2 BCBSM healthcare brochure for Mid MI
	10.2	Tool 10-11 Online resources listing
	10.4	Tool 10-14 Staff training documentation form
	10.5	Tool 10-12 Algorithm on alcohol and substance abuse referrals
10.7	Tool 10-9 Sample Excel referral tracking log	
10.8	Tool 10-13 Sample referral policy and procedure	
10.8	Tool 10-10 Sample 'prescription' for community resources	
<b>Self-Management Support</b>	11.1	Tool 11-1 What's a motivational interview?
	11.1	Tool 11-2 Simple steps to assess health literacy with REALM and sample TOHFLA
	11.1	Tool 11-4 PowerPoint on motivational interviewing
	11.3	Tool 11-5 Flow chart on patient action plans and goals
	11.4	Tool 11-3 Patient Assessment of chronic care survey (PACIC)
	11.6	Tool 11-5 Flow chart on patient action plans and goals
	11.7	Action plans and goal sheets for asthma, diabetes and kidney

Initiative	Criteria	Tool number and name
<b>Patient Portal</b>	12	Tool 12-1 Resources for patient portals
	12	Tool 12-2 Sample policy and procedure on using an Internet portal
	12	WSJ article, The Dr will text you now
	12	AAFP article, Online Communication with Patients: Making it Work
<b>Coordination of Care</b>	13	Tool 13-4 PowerPoint on coordinating your patient's care
	13.1	Tool 13-3 Sample letter of intent for care coordination and care coordination record
	13.1	Tool 13-6 Eye exam fax report
	13.2	Tool 13-1 Patient reminder for outside services
	13.5	Tool 13-5 Sample patient transition letter
	13.6	Tool 13-2 Phone numbers for health plans' disease management programs
	13.7	Tool 13-7 Training documentation form
<b>Specialist Referral Process</b>	14.1	Tool 14-4 Sample goal statement
	14.1	Tool 14-3.1 Sample referral guideline
	14.2	Tool 14-3 Sample referral policy and procedure
	14.2	Tool 14-3.2 Sample specialist agreement
	14.3	Tool 14-2 Sample specialist referral log
	14.4	Tool 14-1 Sample consultation/referral request form
	14.7	Tool 14-2 Sample specialist referral log
	14.8	Tool 14-5 Staff training documentation form



## How the patient-centered medical home toolkit is organized

This binder contains tools to assist you in the hard work of transforming and improving as a patient-centered medical home. This toolkit will facilitate accomplishing the Blue Cross Blue Shield of Michigan (BCBSM) Patient-Centered Medical Home initiatives.

The binder tabs are ordered and numbered the same as the BCBSM initiatives (there is no number 7 tab). Each tab contains the BCBSM issued Criteria and Guidelines. The Guidelines were issued after the Criteria and they expand and clarify what is required by the Criteria. The Guidelines for the second year initiatives have not been released yet as of the publication of this binder. They will be added upon publication by BCBSM.

The tools consist of sample documents and resources to help you achieve mastery of the initiatives. Each tool is numbered and the criteria it applies to is identified in the top right corner of the page. The numbering system is Initiative No. – Tool No. For example 4-3 is the third tool for Initiative 4, Individual Care Management. There is also a master list of tools ordered by criteria for easy cross reference.

The entire contents of the binder are available on a flash drive to enable you to easily customize these tools for your office.

As you complete the initiatives, you will need to build your Evidence Binder. If you develop a written policy and procedure to meet an initiative, place a copy in the Evidence Binder. If you complete staff training on one of the initiatives, fill out the Training Documentation Form from the binder and place it along *with a copy of the material* used for the training in the Evidence Binder. Document what, when and how each criterion was met. Expect to present the Evidence Binder to BCBSM for the site visit.

Behind each initiative tab is the Criteria sheet. It has convenient check boxes to help you track which initiatives you have completed.

Please work with your NPO consultants on your implementation plan. This binder is a work in progress. If you have suggestions on the binder contents contact: Marcia Surma at [msurmarn@npoinc.org](mailto:msurmarn@npoinc.org).