

WHAT IS A PATIENT-CENTERED MEDICAL HOME

The National Committee for Quality Assurance (NCQA), a private, non-profit organization dedicated to improving health care quality offers the following definition of a patient-centered medical home.

“... a model of care that strengthens the clinical-patient relationship by replacing episodic care with coordinated care and a long-term healing relationship. Each patient has a relationship with a primary care clinician who leads a team that takes collective responsibility for patient care, providing for the patient’s health care needs and arranging for appropriate care with other qualified clinicians.”

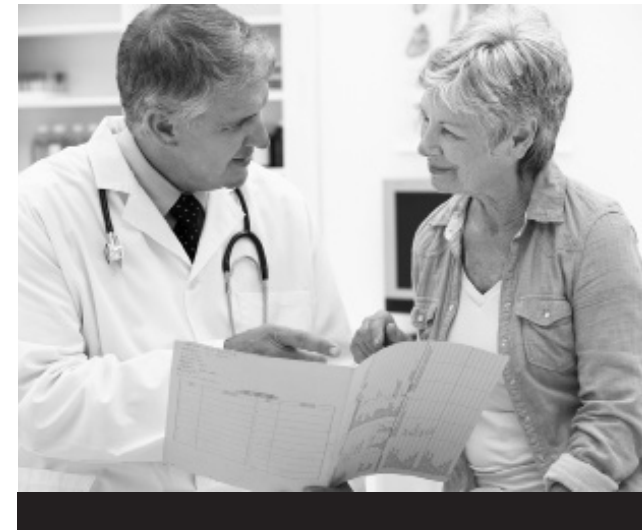
QUESTIONS OR MORE INFORMATION

If you have questions regarding PCMH or our compliance with these standards, please contact Wayne Memorial Community Health Centers’ QA and Clinical Services Director at 570-253-8207.

Wayne Memorial Community Health Centers is a federally qualified health center clinically affiliated with Wayne Memorial Health System, Inc.

Wayne Memorial Community Health Centers is a Health Center Program grantee under 42 U.S.C. 254B, and a deemed Public Health Service employee under 42 U.S.C. 233(g)-(n).

This Health Center receives HHS funding and has Federal Public Health Service (PHS) deemed status with respect to certain health or health-related claims, including medical malpractice claims, for itself and its covered individuals.



Patient Centered Medical Home

Health Care That Revolves Around You



WAYNE MEMORIAL
COMMUNITY HEALTH
CENTERS

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QUALITY CARE IS OUR GOAL

Through continuous efforts to provide the highest quality care, Wayne Memorial Community Health Centers provides care following the **Patient-Centered Medical Home (PCMH)** care model. Physician practices using this model of care have been credited with increasing access to more efficient, coordinated and responsive care resulting in comprehensive and integrated services for patients and their families.

PROVIDERS AND PATIENTS WORKING TOGETHER

As our patient, it is important for you to understand the role of the medical home, responsibilities placed upon our practice and how you can become an active participant in your own care.

For the practice to function most effectively, it is the responsibility of patients/families to provide a complete medical history and information about care obtained outside the practice upon receiving care through Wayne Memorial Community Health Centers.

The model is based on the following six standards: Enhance Access and Continuity; Identify and Manage Patient Populations; Plan and Manage Care; Provide Self-Care Support and Community Resources; Track and Coordinate Care; Measure and Improve Performance.

The table shown on the following pages helps explain the standards and what each means to you as a patient.

Standard (Our responsibility)	What This Means To Our Patients
Enhance Access and Continuity	Patients have access to clinicians for questions and advice during and after scheduled hours. Patients will be provided with team-based care.
Identify and Manage Patient Populations	Our staff collects information from patients to help anticipate health care needs.
Plan and Manage Care	Our clinicians will be using evidence-based guidelines for preventive, acute and management of chronic conditions.
Provide Self-Care Support and Community Resources	Our staff will provide patients and their families with information, tools and resources needed to assist in successful self-care management.
Track and Coordinate Care	Patient care will be coordinated through our primary care team. Staff will track and coordinate tests, referrals and transitions of care.
Measure and Improve Performance	Because patients are part of their own health care team, they may be asked to rate the rest of the team's performance and care received. The information given will be reviewed for continuous quality improvement.