Specialty Practice Milestones

Secondary Driver/Change Concept	Milestone #	Milestone Description	Faculty Expertise:			
			Carol	Gail	George	Kathy
Aims	1	**1 pt** Practice is monitoring the metrics related to TCPI aims but is not yet showing improvement in all metrics. **2 pts** Practice has shown improvement in metrics related to TCPi aims but has not reached its targets or improvement is not yet sustained **3 pts** Practice has met at least 75% of its targets and sustained improvements in practice-identified metrics for at least one year.	+		+	+
Organized, Evidence-based Care **1.6.5** Reduce unnecessary tests	2	**3 pts** Practice has demonstrated improvement in reducing unnecessary tests.	+		Behavioral Health +	+
AIM	3	**3 pts** Practice has implemented and documented a tested process and has demonstrated a reduction in unnecessary hospitalizations from its baseline.	+			
Patient and Family Engagement **1.1.3** Collaborate with patients and families	4	**1 pt** Practice is training its staff in shared decision making approaches and developing ways to consistently document patient involvement in goal setting, decision making, and self-management. **3 pts** Practice can demonstrate that patients and families are collaborating in goal setting, decision making and self-management (e.g. shared care plans, documentation of self-management goals, compacts, etc.).	+	+	+	+
Patient and Family Engagement	5	**2 pts** Practice has a formal system for obtaining patient and family feedback but does not consistently incorporate the information received into the QI	+ (also TCPi National	+		+

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1.1.2 Listen to patient and family voice		and overall management systems of the practice. 3 pts Practice has a formal system for obtaining patient and family feedback and can document operational or strategic decisions made in response to this feedback.	has a team for this that we can engage)			
Team-based Relationships 1.2.2 Clarify team roles	6	3 pts The practice has documented each team member's role and accountability lanes and each team member works to the maximum of his skill set and credentials in order to optimize efficiency and outcomes.		+	+	
Population Management 1.3.3 Stratify Risk	7	1 pt Practice has a process for identifying high risk patients but the identification process for other risk levels is inconsistent or not yet standardized. 3 pts Practice has successfully implemented and documented a tested process that identified patient risk level and includes follow up with care appropriate to the risk level identified, including ensuring that those at highest risk receive care management services or have a care plan in place that the practice is following.	+		+	+
Practice as a community partner 1.4.4 Use community resources	8	2 pts Practice is referring patients to appropriate community resources but does not have a consistent approach for following up on referrals made. 3 pts Practice has completed its resources inventory and consistently links patients with appropriate community resources and follows up on referrals made.	+/- (worked on this with national specialists group)		+	+
Coordinated care delivery 1.5.2 Establish medical neighborhood roles	9	2 pts Practice has collaborated with the primary care practices in its medical neighborhood and has jointly developed criteria for referrals for episodic care, co-management, and	++		+	

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		transfer of care but processes have not yet been implemented. **3 pts** Practice has collaborated with the primary care practices in its medical neighborhood and has jointly developed and implemented criteria for referrals for episodic care, co-management, and transfer of car/return to primary care, processes for care transition, including communication with patients and family.				
Coordinated Care Delivery **1.5.2** Establish medical neighborhood roles	10	**2 pts** Practice identifies the primary care provider of each patient but the communication with the primary care team is not consistent. **3 pts** Practice has a reliable system in place to identify the primary care provider of each patient and to communicate with the primary care team about each visit or encounter.	++		+	
Organized, evidence-based care **1.6.3** Implement evidence based protocols	11	**2 pts** Practice has developed or identified evidence -based protocols or care maps to use but these have not yet been implemented consistently within the practice. **3 pts** Practice consistently uses evidence based protocols or care maps where appropriate to improve patient care and safety.	+			+
Enhanced access **1.7.1** Provide 24/7 access	12	**3 pts** Practice has a clinician available from the practice or on contract who can speak to patients after hours while being able to access the patient's record.	+			+
Engaged and Committed Leadership **2.1.2** Develop a roadmap	13 (Phase 1 only)	**3 pts** Practice has developed and shared a vision and detailed plan that addresses goals of transformation with specific clinical outcomes and utilization aims along with the detail on how each of the aims will be addressed.			+	+

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Quality improvement (QI) strategy supporting a culture of quality and safety **2.2.1** Use an organized QI approach	14	**2 pts** The practice is beginning to incorporate regular improvement methodology to execute change ideas in the practice setting but the methodology has not yet been implemented in all areas of the practice. **3 pts** The practice fully incorporates regular improvement methodology to execute change ideas in the practice setting.		+	+	+
Quality improvement (QI) strategy supporting a culture of quality and safety **2.2.2** Build QI capability	15	**2 pts** Practice is building QI capability within the practice through approaches such as including QI skills in orientation for all new staff and ensures that all staff participate in QI training. **3 pts** Practice has developed QI capability within the practice and empowers staff/providers to participate in QI activities by allocating time for QI activities, including QI within defined job duties, recognizing and rewarding innovation and improvement.	+	+		+
Transparent measurement and monitoring **2.3.1** Use data transparently	16	**3 pts** Practice regularly produces reports on how providers and/or care teams are performing and meeting quality goals, transparently shares them within the organization, and has an effective system for follow up.				+
Optimal use of HIT **2.4.1** Innovate for access	17	**3 pts** Practice offers multiple forms of alternative visit types (e.g. email, Skype, or tele-visits) or communication media (e.g. portal, texting) and has integrated these alternatives into regular practice.			+	
Strategic use of practice revenue **3.1.1** Use sound business practices	18	**3 pts** Practice consistently uses sound business practices, managing budgets at both the practice and department level (if applicable); return on investment calculations are factored into decisions on new programs and these are factored into budget projections.			+	

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Workforce vitality and joy in work **3.2.3** Cultivate joy	19	**1 pt** Practice has developed strategies to improve the experience of staff and create joy in work but implementation of these initiatives is limited. **3 pts** Practice has implemented strategies to support joy in work and can demonstrate the results through metrics such as staff survey results, high retention rates, or low turnover rates.	+	+		
Capability to analyze and document value **3.3.3** Develop financial acumen	20 (Phase 5 Only)	**3 pts** Practice shares financial data in a transparent manner within the practice and has developed the business capabilities to use business practices and tools to analyze and document the value the organization brings to various types of alternative payment models.			+	
Capability to analyze and document value **3.3.4** Document value	21	**2 pts** Practice is developing its internal capability to success in an alternative payment system and a date has been set for this migration has been set within the TCPI timeframe.			+	
Efficiency of operation **3.4.1** Streamline work	22	**2 pts** Practice has worked to streamline a number of its work flows by reviewing the steps and eliminating waste and rework, but the concept of value is not consistently considered during these efforts. **3 pts** Practice uses an organized approach (e.g. lean process mapping) in reviewing its processes, eliminating or reducing waste in the process, and understanding the value of each process step to the patient and other customers.	+			

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Note from Carol: *I can help at basic level with many but did not check those, others likely better at, especially for primary care or that CHITA role