

Phase IV Milestones Primary Care

Phase IV requires a score of 3 on all of the following milestones:

Developing Milestone Score of 1 **Implementing** Milestone Score of 2 **Performing** Milestone Score of 3

- **1** Meet 75 percent of targets
- **2** Demonstrate improvement in reducing unnecessary tests
- **3** Demonstrate reduction in unnecessary hospitalizations
- **4** Practice has patients and families collaborating in goal setting, decision making and self management plans
- **5** Practice is obtaining patient feedback
- **9** Identify patient risk level with follow-up
- **10** Provide care management for those at highest risk
- **11** Complete the resource inventory, consistently link patients and follow up with referrals

- **12** Reaching out in the medical neighborhood with a standardized agreement
- **14** Implemented practice vision
- **15** Consistently provide access to behavioral health providers
- 16 Analyze Care Gap reports
- **19** Incorporate regular QI methodology
- **22** Practice offers multiple forms of alternative visit types
- **24** Practice supports joy in work and can demonstrate results
- **27** Practice uses an organized approach to review its processes, eliminate waste and understand value of processes

A Partnership for Quality, Patient Safety, & Value

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Phase IV Milestones Specialty Care

Phase IV requires a score of 3 on all of the following milestones:

Developing Milestone Score of 1 **Implementing** Milestone Score of 2 **Performing** Milestone Score of 3

- **1** Meet 75 percent of targets
- **2** Demonstrate improvement in reducing unnecessary tests
- **3** Demonstrate reduction in unnecessary hospitalizations
- **4** Practice has patients and families collaborating in goal setting, decision making and self management plans
- **5** Practice is obtaining patient feedback
- 7 Identify patient risk level with followup, including care management services or having a care plan in place for those highest at risk
- **8** Complete the resource inventory, consistently link patients, follow up with referrals

- 9 Collaborate with PCP in the medical neighborhood and has jointly implement criteria for episodic care, co-management, care transitions and communication with patients and family
- **11** Use evidence-based protocols or care maps where appropriate
- 14 Incorporate regular QI methodology
- **17** Practice offers multiple forms of alternative visit types
- **19** Practice supports joy in work and can demonstrate results
- **22** Practice uses an organized approach to review its processes, eliminate waste and understand value of processes

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