Patient's Medical Home

Where care centred on the patient's needs is provided by a team that knows his or her story

Team Based Care

Supporting:

- physical and mental health needs
- prevention and wellness
- acute and chronic care

Patient Centred

- Care that focuses on the **whole person**
- Patients and families are **partners in care**

Access to Care

(and information)

- when the patient **wants** or **needs** it

Capacity for Improvement

- committed to **evidence-based medicine**
- **responsive** to patient feedback

Coordinated Care

Patient's medical home:

- is the **centre** of patient/family care
- **aligns care** between specialists, hospital, community services, and others

System Supports for the Patient's Medical Home

- Provincial support programs
- Integrated information systems
- Education and workforce development
- Supportive payment structures

Patient's Medical Home

Where care centred on the patient's needs is provided by a team that knows his or her story

Engaged Leadership

- **charts** the course
- provides **resources and tools** to support transformation
- **removes barriers**

Patient Centred

- Care that focuses on the **whole person**
- Patients and families are **partners in care**

Panel & Continuity

- physicians and teams **know** whose care they're responsible for
- patients see the **same provider and care team** whenever possible

Organized Evidence-Based Care

- **meets patients' needs** - preventive, acute and chronic illness
- embeds **evidence-based guidelines** into daily practice

Primary Care Network Supports (customized by PCN)

- Clinical Services – CDM programs, referral coordination, etc.
- EMR/IT Supports
- Coordination and integration with system partners
- Evaluation
- Governance and business planning
- Education and workforce development