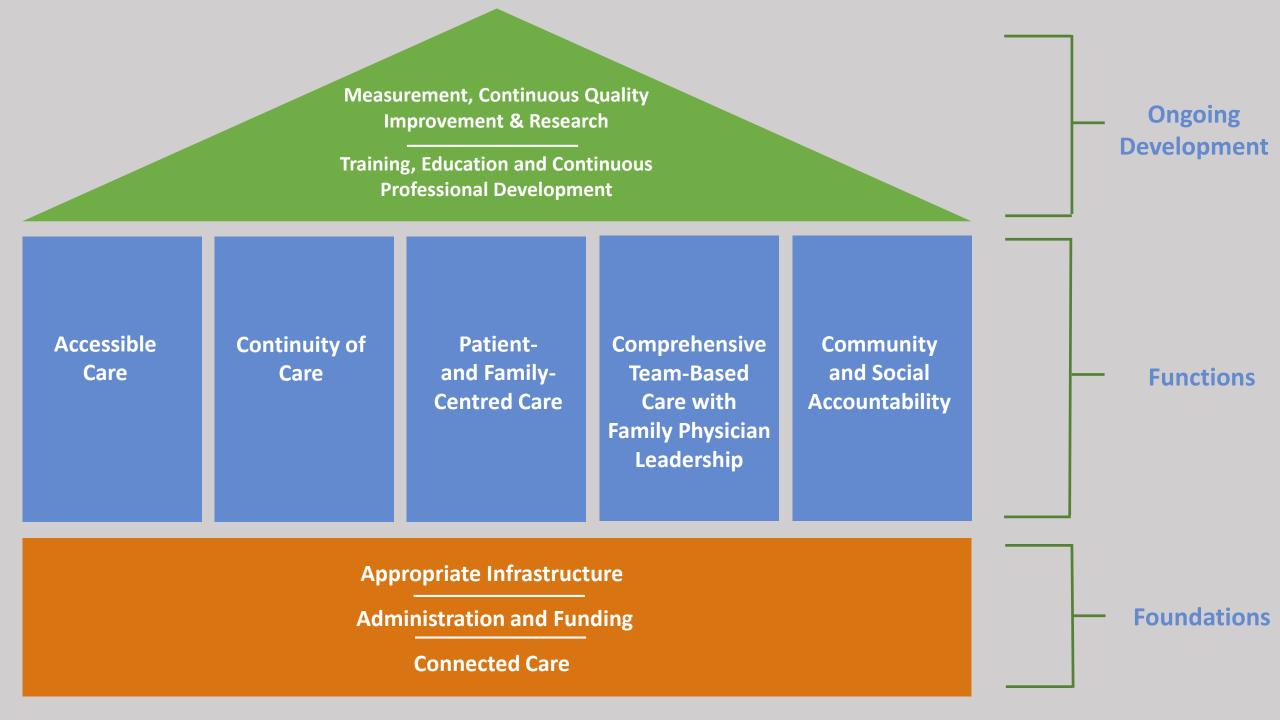
# The Patient's Medical Home

- The following PMH framework is revised from an earlier version of the PMH vision. The refreshed framework will be supported by additional materials and improved visuals when it is released in full towards the end of 2018.
- The proposed structure for changes to the PMH pillars listed below is a result of extensive consultation with a range of internal and external stakeholders. The new pillar structure is still in draft form.
- The overall narrative to the change is that the current ten pillars of the PMH will be bundled into three main thematic groupings: (1) Foundations the areas that support the concept behind the vision, (2) Core Functions the areas that are the definition of the care provided in the PMH vision, and (3) Future Development principles that will ensure the PMH continues to deliver the care that patients need. Current pillars have been revised as appropriate, which may mean changes to what each is called, the inclusion of additional description, or the addition of new concepts as pillars altogether.
- For more information on the Patient's Medical Home, please visit patientsmedicalhome.ca



## PMH Pillar Framework Revision

Ongoing Development concepts focus on ongoing improvement, growth and striving for constant improvement.

- Measurement, Continuous Quality Improvement & Research
  - Family practices strive for progress through performance measurement and continuous quality improvement. Patient safety is always a focus, and new ideas are brought to the fore through research.
- Training, Education and Continuous Professional Development
  - Emphasis on training and education is intended to ensure that the knowledge and expertise of family medicine practitioners can be shared with the broader health care community to improve the health care of all Canadians.

# PMH Pillar Framework Revision

# **Functions** describe the heart of the PMH – the care provided:

#### Accessible Care

Adopting advanced and timely access, virtual access, and team-based approaches, accessible care
ensures that patients can be seen quickly.

#### Continuity of Care

• Patients live healthier, fuller lives when they receive care from a responsible provider that journeys with them throughout their lifespan.

#### Patient- and Family- Centred Care

• Family practices must respond to the unique needs of every patient and every family, creating an environment that understands context and enables patient support.

### Comprehensive Team-Based care with Family Physician Leadership

• Broad range of services offered by an interprofessional team. The patient does not always see the FP but interactions with all team members are communicated efficiently within a PMH. The team might not be co-located but the patient is always seen by a professional with relevant skills who can connect with a physician as necessary.

### Community and Social Accountability

• When a practice is designed to acknowledge and address aspects of the social and cultural context of the patient's experience, both the individual and the community benefit.

## PMH Pillar Framework Revision

**Foundations** are the underlying, supporting structure of the vision, facilitating the type of care that the team must provide, through:

#### Appropriate Infrastructure

 Physical space, staffing, electronic records and other digital supports, equipment, and virtual networks facilitate the delivery of timely, accessible, and comprehensive care.

#### Administration and Funding

 Practices need staff and financial support, advocacy, governance, leadership, and management in order to function as part of the community and deliver exceptional care.

#### Connected Care

 Practice integration with other care settings and services, a process enabled by integrating Health Information Technology.