THE PPCC SUPPORT MODEL

The Potomac Primary Care Collaborative (PPCC) will provide tailored practice supports to help you achieve your practice goals. These supports will be delivered in efficient formats by an experienced team of professionals from the Virginia Center for Health Innovation (VCHI) and Community Health Solutions.

Tailored practice supports...

Participating primary care teams will receive tailored practice supports delivered in efficient formats.

The Collaborative Process

- **Opening Workshop.** Choose your practice goals and develop your action plans at the Opening Session in January 2018.
- **Focused Action.** Execute your action plans with tailored supports from the PPCC Support Team from January-June 2018.
- **Recognition Event.** Celebrate your accomplishments at the Recognition Event in June 2018.

The Practice Supports

- Strategy coaching for defining goals and developing action plans.
- Research, tools and technical assistance in support of specific practice goals.
- Community data and mapping to inform practice design and development.
- Peer learning to share insights and enhance local connections.

The Delivery Formats

- The opening workshop - live event in January 2018.
- A dynamic online learning community within VCHI's Virginia Health Innovation Network.
- Topical webinars and technical assistance calls based on practice team interests and needs.

Some Featured Resources

- The Virginia Health Innovation Network.
- An extensive toolkit of promising practice strategies.
- Community data and mapping resources (see sample provided).
- A tested model for demonstrating the community value of primary care.
- Practical insights for optimizing the Patient-Centered Medical Home (PCMH) model, Chronic Care Model, and a variety of other community care models.

To achieve your practice goals...

Each primary care team is invited to define its own practice development goals using the following menu as a guide.

1. Optimize Clinical Care Models

- Select patient populations for care management.
- Identify individual patients for care management.
- Adopt clinical guidelines.
- Develop patient care plans.
- Optimize patient access to care.
- Optimize planned visits.
- Help patients manage medications.
- Help patients manage their health in their home and community setting.
- Coordinate care across health care providers.
- Optimize quality through focused measurement and action.

2. Strengthen Community Connections

- Identify patients who need community supports.
- Connect patients to community services that can support their health.
- Use community data to inform practice planning.
- Inform community health improvement efforts.
- Define and demonstrate how your practice adds value to the local community.

3. Streamline Practice Operations

- Optimize teamwork for excellent patient care and professional satisfaction.
- Streamline workflows to optimize provider time.
- Optimize clinical information to support practice goals.
- Build core competencies for value-based payment.

4. Support Team Learning and Development

- Develop team learning goals.
- Create team learning streams.
- Encourage team action learning.
- Support individual and team wellness.

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THE PPCC SUPPORT TEAM

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VIRGINIA CENTER FOR HEALTH INNOVATION

Beth Bortz, MPP
President & CEO

Ashley Edwards
Chief Innovation Officer

Shelley Stinson
Clinical Learning Collaborative Director

Community Health Solutions

Steve Horan, PhD
President

Caitlin Feller, MPP, PCMH CCE
Director of Clinical Strategy

Sherrina Gibson
Principal

Terry Laine, MS, PCMH CCE
Director of Operations

Contact our team:
ppcc@vahealthinnovation.org

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