

Document Title:	Roles and responsibilities of the physician champion at Patient Centered Medical Home (PCMH) level 3, 2014 NCQA standards sites Project 2.a.ii
Approving Committee:	Informational only
Approval Date:	NA
Document Objective/Summary:	This document serves to outline general responsibilities of the physician champion for PCMH transformation sites.

The NYP/Q PPS will implement Project 2.a.ii, PCMH, at sites across the PPS. In order to ensure a successful transformation process for these sites, the PPS is appointing a physician champion at each site. The physician champion will partner with HANY PCMH Advisory Services to ensure buy-in from the team and an effective roll out of processes. There are seven identified key concepts that the PPS will consider while selecting persons for the role of physician champion:

1. Be able to define organizational values and work toward creating a culture open to change amongst the care team.
2. Understand how the roles of care team members change in a patient-centered medical home. Patients are cared for by a team, which can include the patient's PCP, mid-level clinician, medical assistants, nurses, care managers, social workers, and dieticians.
3. The PCMH care team manages the care of patients with complex conditions, coordinate care transitions, and work to improve operational efficiencies within the PCMH.
4. PCMH champions are a must to create the strategic vision and drive the investment necessary to create the needed infrastructure.
5. Successful PCMHs focus on asking patients when and how they want their care. Access is flexible and on the patient's terms.
6. A PCMH maximizes Technology.
7. Physician champions need to provide ongoing support.

To make certain that there is consistency among the role across sites the PPS has outlined the general responsibilities of the PCMH physician champion.

Roles and Responsibilities	
Qualities and Skills:	<ul style="list-style-type: none"> • Commitment, support and passion for the patient-centered medical home model • Capacity and readiness to perform in a leadership role to endorse and implement required changes • Respected within the practice and/or organization as measured by credibility, approachability and capability to motivate others • Would have a favorable reputation, attitude, and generally a pleasant demeanor among

NYP/Q PPS PCMH Physician Champion

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Adapted from HANY PCMH Advisory Services Materials on PCMH

	<p>peers and PCMH/DSRIP teams/Administration</p> <ul style="list-style-type: none"> • Aptitude to successfully drive change and manage resistance • Strong communication skills • Knowledgeable and proficient with EMR
Responsibilities:	
Administrative Leadership:	<ul style="list-style-type: none"> • Serves as the liaison between CMO and other physicians • Expected to be the go to person for escalations and reinforcement with other providers <ul style="list-style-type: none"> ○ This would also be supported by administration—the PCMH Champion needs to feel empowered to make clinical and process decisions and hold physicians accountable for new workflows and policy expectations ○ Also would be the voice alongside the project manager to escalate needs to CFO, COO, CMO in the form of resources, finances, staffing etc. . . • Firm understanding of DSRIP, PCMH and direction of healthcare delivery and reimbursement models <ul style="list-style-type: none"> ○ Partner with Project Manager and PCMH team to educate clinicians and staff on goals and standards ○ Report monthly updates to appropriate parties • Participate on most calls related to the PCMH project: <ul style="list-style-type: none"> ○ Partake in regular PCMH education sessions that consist of clinicians and key staff members and PCMH project team for training, education, and data reporting <ul style="list-style-type: none"> ▪ Supporting presenters and help field questions from clinicians ▪ Lend insight, offer suggestion, and learn from other best practices ○ Certain EMR vendor calls for system builds/new documentation processes, as applicable
Change and Culture Leadership:	<ul style="list-style-type: none"> • Set the overall tone of the project for the PCMH team, DSRIP teams, and throughout the organization <ul style="list-style-type: none"> ○ Be the positive voice of the project and work with PCMH team on strategies to turn “negativity” around using studies, future of healthcare etc. . . . ○ From peers especially who may not see PCMH and DSRIP initiatives as a worthy cause due to existing overburdened agendas ○ Be available by phone/email/brief meetings with providers in the groups • Confident in motivating change to physician practices including schedules and documentation • Approach new workflows with a solution based focus such as “how can we make this work”

	<ul style="list-style-type: none"> • Willingness to proactively collaborate with practice management and IT teams to develop workflows, documentation and reporting
<p>Clinical and Quality Leadership</p>	<ul style="list-style-type: none"> • Full understanding of “staff working at the top of their skill set” – Knowing what different skill levels can do within their scope • Be up to date on ever changing standards of evidence based practices (preventative measures, disease mgmt., immunizations etc. . .) • Have a grasp on general patient populations, disease entities that are highly visible in practice • Make the appropriate clinical judgments in the best interest of improving patient outcomes when selecting specific initiatives and PI/QI initiatives throughout the PCMH Standards and DSRIP domains • Embrace quality reporting at practice and provider levels