

Home Clinic Criteria

Effective November 1, 2019

Patient enrolment is one of the requirements to claim the Comprehensive Care Management (CCM) Tariff. Clinics who wish to enroll patients can do so by registering as a primary care Home Clinic. The table below provides specific details regarding the criteria required to register and maintain active status as a primary care Home Clinic. The criteria align with the requirements set out in the Comprehensive Care Management tariff rate table.

Each criteria in the table also aligns to pillars with the College of Family Physicians of Canada (CFPC)'s *A new vision for Canada: Family Practice – The Patient's Medical Home 2019 (PMH 2019)* and the 2011 report, *A Vision for Canada: Family Practice – The Patient's Medical Home*. <http://patientsmedicalhome.ca>.

If you have any questions, contact the Home Clinic team at 204-926-6010, 1-866-926-6010 or homeclinic@sharedhealthmb.ca.

Home Clinic Criteria	Supporting Information
<p>1. Clinic commits to provide continuous, comprehensive care for a defined set of patients including providing services consistent with the most recent version of the Manitoba Primary Care Quality Indicators Guide.</p> <p>For example: recommended preventive screening appropriate to the patient's gender, age, and medical history; chronic disease management</p> <hr/> <p><i>PMH 2019: Comprehensive Team-Based Care with Family Physician Leadership; Patient and Family-Partnered Care; Appropriate Infrastructure; Continuity of Care</i></p>	<p>Demonstrated by the Primary Care Quality Indicators, as reported (monthly or quarterly) to Manitoba Health Seniors and Active Living (MHSAL) via the Primary Care Data Extract (PCDE).</p> <p>Note: Submission of the PCDE with alignment to the Primary Care Quality Indicators Guide is a requirement outlined in the agreement related to the CCM Tariff. MHSAL will accept PCDE's formatted to the agreement version and higher.</p>
<p>2. Clinic uses an Electronic Medical Record (EMR) for documentation of patient care. All providers associated with a particular Home Clinic must use a single, shared EMR.</p> <hr/> <p><i>PMH 2019: Appropriate Infrastructure; Connected Care</i></p>	<p>Provide EMR product name and implementation date.</p> <p>Demonstrated by the submission of a Primary Care Data Extract delivered securely for verification in a format compatible with Manitoba Health's information system.</p>

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<p>3. Clinic:</p> <ul style="list-style-type: none"> has one or more main Primary Care Providers (Most Responsible Provider / MRP) agrees to enrol patients denotes enrolment in the EMR and communicates it to MHSAL <hr/> <p><i>PMH 2019: Accessible Care; Appropriate Infrastructure; Comprehensive Team-Based Care with Family Physician Leadership; Connected Care; Continuity of Care</i></p>	<p>Patient's enrolment status and history is documented in the EMR including, at a minimum:</p> <ul style="list-style-type: none"> Enrolment start date Enrolment end date (if patient is no longer enrolled) main Primary Care Providers (Most Responsible Provider / MRP) Active or Passive Enrolment method (through start date or specified enrolment fields) Other Patient identifiers (for example: name, date of birth, sex, PHIN depending upon method of submission)
<p>4. Clinic provides updates to MHSAL (as required) of:</p> <ul style="list-style-type: none"> clinic address and contact information number and types of providers delivering services, and contact information and billing numbers for all physicians and nurse practitioners who act as main Primary Care Providers (Most Responsible Providers / MRP) for enrolled patients <p>Allows MHSAL to establish provincial clinical information-sharing linkages and provide clinical and operational reports back to Home Clinics for review, evaluation and quality improvement.</p> <hr/> <p><i>PMH 2019: Appropriate Infrastructure; Connected Care; Administration and Funding; Comprehensive Team-Based Care with Family Physician Leadership; Continuity of Care; Measurement, Continuous Quality Improvement, and Research</i></p>	<p>Clinics must provide Home Clinic and clinician updates as they happen. Updates will include changed information and the effective date of the change.</p> <p>Note: For CCM tariff claims to be eligible for payment, the Claims Processing System (CPS) will verify that the claiming physician's billing number is associated with a Home Clinic that is registered with MHSAL. Providing up-to-date contact and billing numbers for physicians associated with a registered Home Clinic facilitates payment of the CCM claims.</p> <p>It is recommended that the clinic have a documented policy and procedure for maintaining current clinic and provider information.</p>
<p>5. Clinic provides ongoing coordination with the interprofessional team members within the clinic and with other health care providers, respecting the management of patient condition(s) and care plans.</p> <hr/> <p><i>PMH 2019: Comprehensive Team-Based Care with Family Physician Leadership; Connected Care; Continuity of Care; Accessible Care</i></p>	<p>Demonstrated by maintaining accurate Home Clinic and main Primary Care Providers (Most Responsible Provider / MRP) associations for patients in eChart Manitoba.</p> <p>Note: Additional information available for CCM - clinics working with and in multi-disciplinary teams https://www.gov.mb.ca/health/primarycare/provider/s/clinic/ccmfaq_mdt.html</p>



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<p>6. Clinic provides patient-centered care by communicating with the patient about the management of their conditions and care plans on an ongoing basis</p> <hr/> <p><i>PMH 2019: Patient and Family-Partnered Care; Comprehensive Team-Based Care with Family Physician Leadership; Continuity of Care</i></p>	<p>Demonstrated by care plan indicators in the Primary Care Data Extract.</p>