

[Official Institution Logo]

**Adult  
Congenital  
Heart   
Association**

## Policy to Promote the Establishment of Medical Homes for ACHD Patients

**Date Effective:** MM/DD/YYYY

**Type of Policy:** Please indicate if this document is hospital policy or ACHD program policy/clinical guideline.

### Purpose

Indicate why this policy is in place and the population it benefits.

### Policy Statement

State the actual policy for the promotion of medical homes and why the patient-centered medical home is beneficial to the ACHD patient. This statement can be a brief overview of the medical home policy for ACHD patients.

### Procedures

Describe the specific methods and procedures that the ACHD team utilizes to ensure that all ACHD patients have a medical home. Include details such as:

- Technology utilized in ensuring easy access to patient's medical records (i.e. EMRs)
- Process and timeline for providing a medical home to a patient who does not have one
- Personnel involved
- Institution's relationship to primary care providers in the area

### References

If applicable, please list any articles or other resources utilized to develop your institution's policy on promoting the establishment of medical homes for ACHD patients.

### Required Signatures

This document requires signatures from specific personnel. Please note that we require signatures from **ALL** of the individuals listed below in order for the document to be valid:

- Medical Program Director of ACHD

### Helpful Tips

If you would like, please upload any documentation or examples of the above policy to the additional files section of J Outpatient Services. It is not a requirement. Please save the document with J8 in the title so that we know which policy/procedure the uploaded document references.