[Official Institution Logo]



# 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 <u>ALL</u> individuals listed below in order for the document to be valid:

Medical Program Director of ACHD

#### **Helpful Tips**

Please upload any documentation or examples of the above policy to the "additional files" section of your application.

**Section J: Outpatient Services**. These documents should be labeled with "J8" only in the title so that each policy/plan can be easily identified.