



## Patient Centered Medical Home Model

Foothills Health and Wellness Center (FHWC) has implemented the Patient Centered Medical Home (PCMH) model to improve our care for patients. A Patient Centered Medical Home is a trusting relationship between the provider and the patient and when appropriate family and or caregivers to improve care and health outcomes.

Your medical team will strive to:

- Provide comprehensive care with a team of care providers.
- Your care team might include physicians, advanced practice nurses, nurses, dietitians, mental health providers, educators, and care coordinators.
- Address physical and mental health care needs, including prevention and wellness, acute care, and chronic care.
- Partner with patients and their families respecting each patient's unique needs, culture, values, and preferences.
- Recognize patients and families are core members of the care team, and ensure that they are fully informed in establishing care plans.
- Coordinate care and promote clear communication with specialty care, hospitals, home health care, and community services and supportive services.
- Inform patients/families/caregivers about care obtained outside the medical home.
- Deliver accessible services with shorter waiting times for urgent needs, enhanced in-person hours, around-the-clock telephone access to a member of the care team, and alternative methods of communication, such as patient portal.
- Demonstrate a commitment to quality and quality improvement by ongoing engagement in activities.
- Measure and respond to patient experiences and patient satisfaction.

We trust you, our patient to:

- Tell us what you know about your health and illnesses.
- Take part in planning your care and follow the care plan that is agreed upon, or let us know why you can't so we can try to help and change the plan.
- Let us know when you see others doctors or go to the hospital and what medications they put you in or changed.
- Keep your appointments as scheduled, or call and let us know when you cannot.
- Give us feedback so we can improve our service and your experience.

As part of our Patient Centered Medical Home orientation, we will ask you to acknowledge your agreement to the above, as we acknowledge our agreement to you.

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**Signature**

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**Date**