### MILESTONE | PROJECT REQUIREMENTS MILESTONES AND METRICS
---|---
1 | Ensure that all participating PCPs meet NCQA 2014 Level 3 PCMH recognition and/or meet state-determined criteria for Advanced Primary Care models by the end of DSRIP Year 3 (DY3).
2 | Identify a physician champion with knowledge of PCMH/APC implementation for each primary care practice included in the project.
3 | Identify care coordinators at each primary care site who are responsible for care connectivity, internally, as well as connectivity to care managers at other primary care practices.
4 | Ensure all PPS safety net providers are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including direct exchange (secure messaging), alerts and record look up by the end of DSRIP Year (DY3).
5 | Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 or APC standards by the end of DSRIP Year (DY3).
6 | Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all participating safety net providers.
7 | Ensure that all staff are trained on PCMH or APC, including evidence-based preventive and chronic disease management.
8 | Implement preventive care screening protocols including behavioral health screenings (PHQ-2 or -9 for those screening positive, SBIRT) for all patients to identify unmet needs. A process is developed for assuring referrals to appropriate care in a timely manner.
9 | Implement open access scheduling in all primary care practices.