Secure Telehealth helps you meet many of the PCMH standards set forth by the NCQA Published July 24, 2018

Same Day appointments (even if the provider or specialist is at another facility)

After hours appointments (even if the provider is at home)

Offer Alternative Appointments (HIPAA secure video conference)

Two-way communications between Patients/Families and the Practice

Provide Bilingual services (across facilities)

Holding regular team meetings (across facilities)

Training care teams (across facilities)

Collaborate with the Patient/Family to develop a care plan

Assess patient response to medications (from home)

Perform Patient-specific checks for drug-drug and drug-allergy interactions (from home)

Provide self-management tools to record self-care results (check-in with patients at home)
Secure Telehealth face-to-face video technology allows Patient-Centered Medical Homes to provide care coordination to their patients, as well as follow-up visits, referrals, and specialist visits. Real-time access to specialists is accomplished without requiring the patient to leave the Medical Home. The specialists may be located anywhere where a laptop computer can be connected to the Internet. The HIPAA-compliant service uses PC’s and webcams to deliver a high-quality video conferencing experience without the cost of expensive video conferencing equipment. The consumer stays in the familiar surroundings of his/her medical home.

For more information, contact Jim Mountain at Secure Telehealth 412 837-9320 or email jim.mountain@securetelehealth.com

Secure Telehealth face-to-face video conferencing can be used to build a functional medical neighborhood for the Patient-Centered Medical Home.

This reprint from "Coordinating Care in the Medical Neighborhood" published by AHRQ shows how telehealth can improve collaboration within a medical neighborhood.
"Several approaches may be useful in increasing collaboration between specialists and PCCs. These include telemedicine and virtual consultation or case meetings on a panel of patients (Yee 2011; Forrest 2009). In addition, specialists can meet with primary care clinicians and coach them on how to handle particular diagnoses or conditions that frequently occur among the practice’s patients. This reserves consultations and referrals for the cases that require direct specialist involvement. In addition to being tangible manifestations of greater coordination, these approaches—because they involve PCC and specialist interaction over time—can help cement relationships that facilitate further coordination efforts.

A high-functioning medical neighborhood also can serve as a learning community that leads to relationships in which PCCs and specialists effectively co-manage care. For example, Project ECHO (Extension for Community Healthcare Outcomes), a health care program targeted to rural and underserved populations in New Mexico, uses specialists to train rural providers, giving them technical competencies to serve vulnerable patients with chronic and complex diseases. This type of collaborative, learning community can help move the medical neighborhood from a focus on providing individual care to an emphasis on mutual responsibility for population health."
Additional Resources:
"Reducing Care Fragmentation" from the California Healthcare Foundation

"Building a Medical Neighborhood" from Hospitals and Health Networks

"Medical Home Model" from the Kansas Health Policy Authority