An explanation of the organization’s clinical and non-clinical team structure (e.g., pod breakout and composition) and a description of its quality improvement structure.

Team Structure

A primary care organization’s staff may be divided by department, for example accounting, billing, dental and medical clinical operations. Within medical clinical operations, there may be teams, sometimes called pods, of a small number of medical clinicians (MD, NP, PA) who are supported by designated front desk staff, medical assistants, nurses and care managers. Each team would have a leader and team leaders might meet on a regular basis for problem solving.

Example of what a team might look like:

Quality Improvement

A primary care organization’s staff might include a quality improvement specialist who leads a team of clinicians and other staff who set improvement targets (e.g. average hemoglobin A1c of diabetic patients), develop strategies for achieving targets, review data on targets and determine opportunities for improvement.
An empanelment and continuity report (provider, team and/or practice level).

Below are examples of a panel report as well as a pod/team continuity report.

Demonstrate there is a functional Electronic Health Record by explaining the current process for report generation, data analysis and ongoing population health management.

A primary care organization might have software within its EHR that generates reports on organizational improvement targets that can be used by a Quality Improvement committee to measure improvement progress and assist in the design of strategies for process improvement.