



National Center for Medical Home Implementation

Innovative and Promising Practices for Pediatric Medical Home Implementation Submission Form

The National Center for Medical Home Implementation (NCMHI) will collect promising practices and innovative models related to pediatric medical home implementation. These practices and/or models will be reviewed by an expert panel and displayed on the NCMHI Web site (www.medicalhomeinfo.org) to encourage pediatric medical home stakeholders to implement pediatric medical home at the practice, community, state, and national levels.

Email your completed application to medical_home@aap.org. <mailto:akuznetsov@aap.org>

Instructions: Please provide the following requested information:

Applicant's Information

1. Please provide the following information about the individual applicant:

Applicant's Name:

Applicant's Title:

Organization/Practice Name:

City/State:

Email:

May we share your contact information via our Web site? Yes No

Applicant's Organization Type

2. Which of the following best describes your organization?

Solo pediatric practice	State Department
Group pediatric practice	Local, community, or non-profit organization

Hospital	Family advocacy organization
Federally Qualified Health Center or Community Health Center	Other: Specify _____
Academic Institution	

Applicant’s Medical Home Implementation Model Information

3. Enter the name or a short descriptive title of your model/program (this is how your model/program will be titled on our Web site):

4. Please indicate which core tenets of a medical home were implemented in your project (check all that apply). Include a brief description of how they were implemented.

Medical Home Core Tenets	How was it implemented in your project?
<input type="checkbox"/> Accessible Care	
<input type="checkbox"/> Care Coordination	
<input type="checkbox"/> Cultural Competency	
<input type="checkbox"/> Team-Based Care	
<input type="checkbox"/> Comprehensive Care	
<input type="checkbox"/> Family-Centered Care	
<input type="checkbox"/> Continuous Care	
<input type="checkbox"/> None of the above.	

5. Briefly describe your innovative project/promising practice. Be sure to include the following in your description: target population, project goals and objectives, implementation timeframe, and the main setting where the primary activities were implemented.

6. Does your project’s target population include members of underserved or vulnerable population/s¹? Yes No

¹ For the purposes of this project, “underserved” and “vulnerable” populations refer to groups of individuals and families who do not have adequate access to health care services. They share one or more of these characteristics:

If yes, please specify: _____

7. Approximately how many individuals or families were served by your program?

8. Briefly describe how and why your project is expected to achieve its goals (ie, a conceptual framework). If your program is based on an existing model or evidence from the literature, please provide up to three references.

9. If your program is based on information obtained through needs assessments, family feedback, or other input, please describe:

Important/Essential Activities

10. Please list the most important or essential activities that were necessary to accomplish the project goals/outcomes and how they were executed.

*Please Note: By **essential activities**, we mean the most important actions or strategies that are undertaken by the project to bring about the expected results. Some examples of activities include developing educational curricula, providing professional development, conducting health screenings, building capacity, building partnerships, providing counseling, and providing information and referrals.*

#	Important/essential activity description	How often was it done?	By whom?
1			
2			
3			
Etc.			

Additional Resources

they may be poor; uninsured; have limited English language proficiency and/or lack familiarity with the health care delivery system; or live in locations where providers are not readily available to meet their needs; and may also be a member of a racial and/or ethnic minority group.

11. Which of the following resources did you use to support your project? (Check all that apply)

- Funding: From who? How much? _____
- Community partners and/or local champions: Who were they? What did they do?

- Volunteers: How many? What did they do? _____
- Other: (specify) _____

Results

12. Describe your project’s most important results and how they were measured. “Results” refers to any important changes, improvements, outputs, outcomes, and/or impacts your program achieved.

#	Results	How was it measured? Include the evaluation design and names of any measurement tools, if applicable.
1		
2		
3		
Etc.		

13. Has your project been replicated? Yes No If “yes” please describe:

Lessons Learned

14. What were the main challenges you faced when implementing your project? How did you address these challenges?

15. If you were to start over, what would you keep doing? What would you change?

Thank you very much for taking the time to complete this application. For questions, comments, or concerns please email medical_home@aap.org.