Ohio’s vision for CPC is to promote high-quality, individualized, continuous and comprehensive care

- **Patient Experience:**
  Offer consistent, individualized experiences to each member depending on their needs

- **Patient Engagement:**
  Have a strategy in place that effectively raises patients’ health literacy, activation, and ability to self-manage

- **Potential Community Connectivity Activities:**
  Actively connect members to a broad set of social services and community-based prevention programs (e.g., nutrition and health coaching, parenting education, transportation)

- **Behavioral Health Collaboration:**
  Integrate behavioral health specialists into a patient’s full care

- **Provider Interaction:**
  Oversee successful transitions in care and select referring specialists based on evidence-based likelihood of best outcomes for patient

- **Transparency:**
  Consistently review performance data across a practice, including with patients, to monitor and reinforce improvements in quality and experience

- **Patient Outreach:**
  Proactive, targeting patients with focus on all patients including healthy individuals, those with chronic conditions, and those with no existing PCP relationship

- **Access:**
  Offer a menu of options to engage with patients (e.g., extended hours to tele-access to home visits)

- **Assessment, Diagnosis, Care Plan:**
  Identify and document full set of needs for patients that incorporates community-based partners and reflects socioeconomic and ethnic differences into treatment plans

- **Care Management:**
  Patient identifies preferred care manager, who leads relationship with patients and coordinates with other managers and providers of specific patient segments

- **Provider Operating Model:**
  Practice has flexibility to adapt resourcing and delivery model (e.g., extenders, practicing at top of license) to meet the needs of specific patient segments