Phase 1	Phase 2	Phase 3
LEADERSHIP ENGAGEMENT Engage leadership; Identify sponsor who embraces their role	**THE CARE TEAM** Identify and develop the care team, optimizing the roles of the care team, patients and families, and community programs	**SPREAD** Develop plan for spread
THE VOICE OF THE COMMUNITY Involve and engage the community	**COMMUNICATION PLAN** Develop mechanisms to keep the community and staff informed	**EFFICIENCY** Increase value added time of all processes
THE MICROSYSTEM Identify the Microsystem /Target Population	**EMPANELMENT FOR IMPROVEMENT** Empanel patients to achieve continuity and improve outcomes	**CARE BETWEEN VISITS** Care management integrated into care team
ASSESSMENT Assess the microsystem, using the Green Book (revisit intermittently)	**CLINICAL INFORMATION SYSTEM** Optimize the CIS, using it for reminders, prompts, queries, etc	**SELF-MANAGEMENT** Empower the patient and family members by embedding self-management support processes in care
THE AIM Develop organizational Aim, including some initial plans relating to spread	**ACCESS AND CONTINUITY** Develop mechanism to ensure access to care and support continuity	
STRATEGIC ALIGNMENT Link IPC aim and goals to the organizational strategic plan	**TRANSPARENCY OF IMPROVEMENT** Make quality related data available to all (transparency)	**BEHAVIORAL HEALTH INTEGRATION** Integrate behavioral health
THE IMPROVEMENT TEAM ID Multidisciplinary Improvement team	**THE PRE-VISIT** Pre-visit planning and care delivery (huddles, previsit calls, etc.)	
	CAPACITY FOR IMPROVEMENT Build capacity in staff to support improvement	
	RESOURCES FOR IMPROVEMENT Identify inefficiencies and eliminate waste	