

2026-27

PATIENT EXPERIENCE IMPROVEMENT

Incentive Program



IE  **HP**
Inland Empire Health Plan



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2026-27 PATIENT EXPERIENCE IMPROVEMENT INCENTIVE PROGRAM

Inland Empire Health Plan (IEHP) is excited to announce the 2026-27 Patient Experience Improvement Incentive Program. This program aims to improve patient experience outcomes and drive sustained engagement across participating providers by offering a framework to identify opportunities, implement improvement interventions, and strengthen patient-centered care practices.

✓ Program Focus Areas

IEHP has identified patient experience as a network-wide area of opportunity to improve overall member satisfaction for IEHP Members.

There are five (5) program focus areas in the 2026-27 Patient Experience Improvement Incentive Program:

- Provider as Trusted Educator
- Leadership Culture
- One Team One Purpose
- High Reliability
- Moments that Matter

✓ Eligibility and Participation*

To be eligible for incentive payments in the 2026-27 Patient Experience Improvement Incentive Program, Providers must:

- Be a primary care physician who is active and contracted with IEHP Direct for Medi-Cal and has active assigned IEHP Medi-Cal members at the time of payment.
- Not be participating in any other IEHP-sponsored Consumer Assessment of Healthcare Providers and Systems (CAHPS) improvement partnership.
- At least one provider at the participating office must qualify for the Global Quality P4P Program and have a 2025 quality score above 1.0.
- At least one provider at the participating office must have at least 1,000 Medi-Cal Members assigned as of June 2026.
- **Have a signed contract to participate in this pilot program no later than July 15, 2026.**
- **Submit their completed improvement activity form to IEHP in the agreed upon format by August 31, 2026.**

*This is a pilot program and is limited to selected Providers for the 2026-27 performance period.

✓ Patient Experience Improvement Activity Methodology

To support continuous improvement in patient experience outcomes, participating providers will use the Plan-Do-Study-Act (PDSA) methodology as a structured approach for identifying opportunities, implementing interventions, and evaluating results. The PDSA cycle promotes an ongoing process of quality improvement by helping providers define performance gaps, test targeted actions, assess the effectiveness of interventions through data analysis, and make informed adjustments based on findings. This framework encourages continuous learning and supports sustainable improvements in patient experience and program performance.

The PDSA will contain the following elements:



Plan

Define What Success Looks Like

Like: Clarify the goal, the problem you're solving, and what better looks like.

Communicate the Narrative: Create a shared story that explains the purpose, picture, plan, roles and what's at stake.



Do

Form a Cross-Functional Team:

Bring the right voice together to co-design, test, adapt, and champion the change.

Implement a Dynamic Data Strategy: Select operational/ process measures, make performance transparent and track momentum.



Study

Implement a Dynamic Data Strategy:

Select process and outcome measures, make performance transparent, and track momentum.



Act

Sustain & Engage:

Embed new practice into daily workflows using reinforcement, recognition, and standard work.

✓ How to Report

All participating providers are required to submit a Patient Experience Improvement Activity Form utilizing the Plan-Do-Study-Act (PDSA) framework. The Patient Experience Improvement Activity Form outlines the provider's strategy to improve patient experience and support compliance with program requirements. Templates, including best practices, will be provided to support recommended improvement activities.



LEARN & PLAN

Identify opportunities, set goals, and develop patient experience improvement plan.

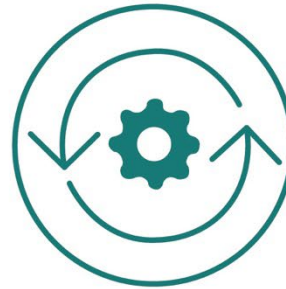
Focus:
Create your plan



SUBMIT PLAN

Complete the Patient Experience Improvement Activity Form ("Plan" and "Do" sections only) and submit to IEHP.

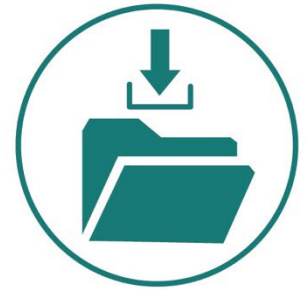
Deadline:
August 31, 2026



IMPLEMENT & IMPROVE

Put plan into action! Implement initiatives, track progress, and make improvements throughout the program timeframe.

Focus:
Implement your plan



ASSESS & SUBMIT OUTCOMES

Assess results, study outcomes, and submit the completed Patient Experience Improvement Activity Form (with outcomes) to IEHP.

Deadline:
March 31, 2027

- **Plan and Do Submission**

- Providers must submit the "Plan" and "Do" section of the Patient Experience Improvement Plan to IEHP via the Provider Portal by August 31, 2026.

- **Study, and Act Submission**

- Providers must submit the Study and Act sections to IEHP via the Provider Portal by March 31, 2027.

All submissions should be submitted via the Patient Experience Improvement Activity Form on the IEHP Provider Portal (<https://providers.iehp.org/account/login>).

Providers are expected to implement the activities and interventions outlined in their Patient Experience Improvement Activity Plan. These efforts should support patients' healthcare experience and contribute to improved outcomes within the program year.

✓ Program Terms and Conditions

- Good Standing: A Provider currently contracted with Plan for delivery of services, not pursuing any litigation or arbitration or has a pending claim pursuant to the California Government Tort Claim Act (Cal. Gov. Code Sections 810, et seq.) filed against Plan at the time of program application or at the time additional funds may be payable, and has demonstrated the intent, in Plan's sole determination, to continue to work together with Plan on addressing community and Member issues. Additionally, at the direction of the CEO or their designee, Plan may determine that a Provider is not in good standing based on relevant quality, payment, or other business concerns.
- Participation in IEHP's Patient Experience Improvement Incentive Program, as well as acceptance of incentive payments, does not in any way modify or supersede any terms or conditions of any agreement between IEHP and Providers, whether that agreement is entered into prior to or subsequent to the date of this communication.
- There is no guarantee of future funding for, or payment under, any IEHP Provider incentive program. The IEHP Patient Experience Improvement Incentive Program and/or its terms and conditions may be modified or terminated at any time, with or without notice, at IEHP's sole discretion.
- Criteria for calculating incentive payments are subject to change at any time, with or without notice, at IEHP's sole discretion.
- In consideration of IEHP's offering of the IEHP Patient Experience Improvement Incentive Program, participants agree to fully and forever release and discharge IEHP from any and all claims, demands, causes of action, and suits, of any nature, pertaining to or arising from the offering by IEHP of the IEHP Patient Experience Improvement Incentive Program.
- The determination of IEHP regarding performance scoring and payments under IEHP Patient Experience Improvement Incentive Program is final.
- As a condition of receiving payment under the IEHP Patient Experience Improvement Incentive Program, Providers must be active and contracted with IEHP and have active assigned Members at the time of payment.
- Providers will not charge IEHP for medical records for HEDIS, Risk Adjustment and other health plan operational activities.
- Audit, Documentation and Records Retention. Provider shall maintain complete and accurate records and documentation sufficient to support all performance metric results and incentive payment eligibility under this Program, including but not limited to patient encounter data, quality measure source documentation, and correspondence related to program participation. Provider shall retain all such records for a period of no less than ten (10) years from the end of the applicable performance period or from the date of completion of any audit, whichever is later. Provider grants Inland Empire Health Plan (IEHP), California Department of Health Care Services(DHCS), Centers for Medicare & Medicaid Services(CMS), the Office of the Inspector General (OIG), the Controller General, and their designees the right to inspect and audit, at any time, any records, documents, premises, physical facilities and equipment relating to this program. IEHP shall make incentive payment contracts and supporting documentation

available to DHCS upon request and at any routine frequency established by DHCS consistent with 42 CFR § 438.3(i)(4)-(i)(iii) and 42 CFR § 438.3(h).

- Physician Incentive Plan Compliance. Nothing in this program shall constitute or be construed as an inducement to reduce or limit medically necessary services furnished to any Medi-Cal beneficiary. This Program shall be administered in compliance with the physician incentive plan requirements of 42 CFR §§ 422.208 and 422.210, as incorporated into Medicaid managed care by 42 CFR § 438.3(i)–(2).
- Participating providers must abide by expectations of productive partnership, collaboratively addressing problem solving and improving delivery and coordination of care.

✓ Financial Overview

Providers participating in the IEHP Patient Experience Improvement Incentive Program will receive a concurrent \$2.00 Quality Per Member Per Month (PMPM) incentive for twelve (12) months of the 2026-27 performance period. Payments will be distributed monthly beginning July 2026 through June 2027. Concurrent payments are contingent upon continued compliance with program requirements and are subject to review. Payment amounts may be adjusted or recouped if required milestones, submission requirements, or participation expectations are not met. Providers must remain active and contracted with IEHP and must maintain active assigned members at the time of payment.

✓ Program Timeline



Getting Help

Please direct any questions and/or comments related to the Patient Experience Improvement Incentive Program to the IEHP Provider Relations Team at **(909) 890- 2054** or IEHP's Quality Department at QualityPrograms@iehp.org.

✓ Program Milestones & Incentive Payments

The Patient Experience Improvement Incentive Program will follow a milestone-based approach focused on provider engagement, quality improvement implementation, progress, and successful completion of program activities and deliverables. Providers can earn up to \$2.00 PMPM* by successfully completing the program milestones listed below.

Six (6) milestones are included in the Patient Experience Improvement Incentive Program:

2026-27 Program Milestones & Incentive Payments			
Milestone [^]	Item	Description	Payment*
1	Program Kickoff	- Attend Program Kickoff & workshop - In Person attendance required Active participation is required - To be held at IEHP Headquarters	\$0.25
2	Initiative Planning – Submit Form	- Select topic - Submit improvement plan by deadline - Begin to implement plan immediately after submission	\$0.25
3	Activity Implementation, including Monthly Attestations ^{^^}	- Fully implement improvement plan - Monitor progress with data - Monthly attestation to confirm activity inclusion in office workflow - Adjust activity as needed	\$0.50
4	Progress Review Session	- Attend Fall learning session - In person attendance required Active participation is required - May be asked to share experience - To be held at IEHP Headquarters	\$0.25
5	Final Submission, Outcomes and Sustainment Plan	- Completion of planned activities - Assess outcomes - Submit completed Patient Experience Improvement Activity Form - Provider to include sustainability plan	\$0.50
6	Lesson Learned Session	- Attend Lessons Learned Session Active Participation is required - Share feedback on successes and challenges - Highlight tools or resources that helped standardize improvement processes - Discuss key takeaways and steps going forward	\$0.25

[^] Milestones must be met to be eligible for the financial incentive.

^{^^} Completion of the Monthly Attestation Form is required to earn full credit for Milestone 3. The form is available on the IEHP website at [IEHP Pay for Performance - Patient Experience Improvement Incentive Program](#) and may also be accessed by scanning the QR code to the right. See Appendix 1 for attestation due dates.



✓ Submission Review and Recoupment Process

IEHP will review all submitted Patient Experience Improvement Activity Forms to assess completion, alignment with program requirements, and participation in required activities. Submitted documentation will be evaluated for completeness, accuracy, and adherence to program expectations. Payments issued through the Patient Experience Improvement Incentive Program are subject to review and may be adjusted or recouped if program requirements are not met.

Circumstances that may result in recoupment include, but are not limited to:

- Incomplete or missing required documentation.
- Failure to meet required milestones.
- Untimely submission of activity forms.
- Not attending and/or not participating in a required program activity.
- Provider becomes inactive or uncontracted with IEHP during the program period.
- Documentation that does not align with established program expectations.

Recoupment activities will occur in June 2027, following IEHP's review process. IEHP determinations regarding compliance, review outcomes, and recoupment are final.

✓ Appendix 1: Program Key Dates

Patient Experience Improvement Incentive Program – Key Dates	
Activity	Due Date
Introductory Meeting	June 2026
Program Kickoff	July 2026
Initiative Planning – Submit Form	August 31, 2026
Activity Implementation, including Monthly Attestations	September 30, 2026 October 31, 2026 November 30, 2026 December 31, 2026 January 31, 2027 February 28, 2027
Progress Review Session	November 2026
Final Submission, Outcomes and Sustainment Plan	March 31, 2027
Lessons Learned Session	May 2027



✓ **Appendix 2: Patient Experience Improvement Activity Forms**

Providers will be expected to complete a Patient Experience Improvement Activity Form to complete efforts related to this program. Each participating Provider will choose one (1) activity form from the templates below based on the patient experience improvement focus chosen. These templates are designed to walk providers step-by-step through the planning, implementation, and evaluation of their chosen initiative, ensuring alignment with the PDSA methodology and supporting meaningful, measurable improvements in patient experience.

The templates below provide examples of the available Patient Experience Improvement Activity Forms. Providers must complete and submit their selected activity form through the IEHP Provider Portal (<https://providers.iehp.org/account/login>):

Provider as Trusted Educator:

Personal Connection

PDSA	5-Step Change Model
Plan	Step 1 - Define What Success Looks Like. Clarify the goal, the problem you're solving, and what better looks like. Step 2 - Communicate the Narrative. Create a shared story that explains the purpose, picture, plan, roles, and what's at stake.
Do	Step 3 - Form a Cross-Functional Team. Bring the right voices together to co-design, test, adapt, and champion the change. Step 4 - Implement a Dynamic Data Strategy. Select <i>operational/process measures</i> , make performance transparent and track momentum
Study	Step 4 - Implement a Dynamic Data Strategy. Select <i>process and outcome measures</i> , make performance transparent, and track momentum
Act	Step 5 - Sustain & Engage. Embed the new practice into daily workflows using reinforcement, recognition, and standard work.

Plan

Plan a strategy (define desired outcomes and steps to execute the plan)

Step 1: Define what success looks like. Create a SMART goal.

Clearly define the goal, the problem you are solving, and what success will look like in practice. This sets direction and creates alignment across the team. A well-defined goal should remove ambiguity and establish clear expectations.

**Dropdown options for each component of the SMART goal framework.*

S (Specific) – Choose one

- ☐ Make a Personal Connection with every patient at the start of the visit (providers)
- ☐ Pilot the Personal Connection best practice with one provider/MA team before scaling clinic-wide
- ☐ Implement the 56-Second Connection in all patient-facing roles (front desk, MA, provider)
- ☐ Other:

M (Measurable) – Choose one

- ☐ Every clinic day (all patients)
- ☐ Begin 2 days/week and expand to daily within 30 days
- ☐ Begin with one care team and expand to all teams within 60 days
- ☐ Other:

A (Action-Oriented) – Asking patients a simple question about family, hobbies, personal interests, or plans to make a personal connection to: (Select all that apply)

- ☐ Build trust with our patients and help them feel seen and heard
- ☐ Create better patient recall by linking new information about their care to what they value
- ☐ Provide the care team with insight into what matters most to patients
- ☐ Other:

R (Realistic) – Keep it simple and consistent by: (Select all that apply)

- ☐ Completing within the beginning (first 5 minutes) of every interaction with patients
- ☐ Building into existing workflows (check in, rooming/intake, or provider entry)
- ☐ Providing staff with a framework on how to make connections with patients
- ☐ Other:

T (Timebound) –

- ✓ Beginning August 2026 ending March 2027

Step 2: Create the narrative and communicate it with the team, clinic, etc.

Develop and communicate a clear, consistent message so all team members understand why the change matters and how it will work. A strong narrative builds engagement and reduces resistance to change.

Purpose: The Main Why

Dropdown options: Choose all that apply

- ☐ Improve patient experience by making every patient feel seen, heard, and valued
- ☐ Build trust quickly to improve communication and care outcomes
- ☐ Improve efficiency by aligning with the patient on priorities early in the visit
- ☐ Strengthen staff engagement and teamwork through meaningful patient interactions
- ☐ Other:

Picture: Vision of the Effort

Dropdown options: Choose all that apply

- ☐ Every patient feels personally welcomed, seen, and understood within the first minutes of the encounter
- ☐ Staff consistently use a simple, shared approach to connect with patients
- ☐ Visits feel more coordinated, focused, and patient-centered
- ☐ Patient experience scores improve without increasing visit length
- ☐ Other:

Plan: How We Will Get There

Dropdown Options:

- ☐ Staff will perform a 56-Second Connection at the start of each encounter/visit
- ☐ Begin with one team, then expand to all staff within 30 days
- ☐ Use a simple script/structure to ensure consistency
- ☐ Other:

Part to Play: What the Team Can Expect from the Project/Clinic Leader AND What is Expected of the Team

Project/Clinic Leader Dropdown Options (must select at least ONE Leadership Skill):

Evaluate and support the project through:

- ☐ Rounding
- ☐ 5:1 Feedback
- ☐ Communication using the 4Cs

Team Members' Part to Play: (Select all that apply)

- ☐ Participate in training required to ensure consistency
- ☐ Incorporate a 56-Second Connection with each patient as part of their current workflow
- ☐ Practice active listening and personalization
- ☐ Share quick wins or barriers with leadership
- ☐ Other:

Prize or Penalty: What is the upside of doing this? What happens if we do not do this?

The upside of doing this – Prize

Dropdown Options (Select all that apply):

- ☐ Improved patient experience and outcomes
- ☐ Stronger provider/patient relationships
- ☐ More efficient visits (clear priorities early)
- ☐ Increased staff teamwork and engagement
- ☐ Other:

The downside of NOT doing this – Penalty

Dropdown Options (Select all that apply):

- ☐ Patients feel rushed and less likely to adhere to or recall recommendations
- ☐ Patient experience remains unchanged or decreases
- ☐ Missed patient concerns resulting in poorer outcomes
- ☐ Reduced staff engagement, teamwork, and connection to purpose
- ☐ Other:

DO

Conduct the activity (carry out the defined plan, document observations, collect data, and prepare to share findings)

Step 3: Form a Cross-Functional Team –

Bring the right voices together to co-design, test, adapt, and champion the change.

WHO: Identify and list participants: Check all that apply

- ☐ Provider(s) – MDs, APPs
- ☐ Medical Assistants, nursing (e.g., LVN, RN)
- ☐ Administrative Staff (e.g., front desk, checkout, access center, referral coordinator, etc.)
- ☐ Leadership (practice manager, supervisors, medical director, etc.)

WHERE: Implemented in exam rooms, check-in desk, or wherever interactions with patients take place.

- ☐ Free text to enter location:

WHAT: Use the 56-Second Connection with materials provided.

WHEN: Every interaction with patients. Make your selection based on how you plan to implement this best practice:

- ☐ Front desk during check-in
- ☐ Rooming/intake by Medical Assistant(s)
- ☐ Provider entry to initiate the visit
- ☐ Other:

Step 4: Implement a Dynamic Data Strategy/Measuring Progress

Select **operational/process measures**, make performance transparent and visible, and track momentum

1. Building a SIMPLE Performance Dashboard Visible to the Team (Dropdown options and may select more than one):
 - ☐ Measure the number of connections made during the day/week
 - Numerator - number connections made with patients
 - Denominator – number of patients scheduled (total – day/week)
 - ☐ Number of staff making connections (5x5 Audit)
 - Numerator – staff/provider(s) making connections
 - Denominator – total number staff/providers

- ☐ One Personal Question Standard
 - Numerator: Number of visits where staff asked at least one non-clinical/personal question
 - Denominator: Total number of patient visits
 - ☐ Patient -Reported connection
 - Numerator: Number of patients who report feeling a personal connection with their care team
 - Denominator: Total number of patient survey responses (day/week/month)
2. Other metric(s):

Study

Assess the data, progress, and outcomes (describe the measured results and how they compare to the plan)

1. Since you've had some time to implement 56 Second Connection, how would you describe the effectiveness of your change management efforts? Choose one:
 - ☐ Great progress toward success
 - ☐ Some progress toward success
 - ☐ Minimal progress toward success
 - ☐ Unsuccessful
2. Reflecting on Step 2 in the Plan section, did you achieve the outcomes you were aiming for when you began the change management process? Did you experience the anticipated benefits ("the prize")? Select all that apply:
 - ☐ Improved patient experience and outcomes
 - ☐ Stronger provider/patient relationships
 - ☐ More efficient visits (clear priorities early)
 - ☐ Increased staff teamwork and engagement
 - ☐ Other:
 - ☐ None of the above
3. Did you encounter the negative impacts ("the penalty") of not implementing this change? Select all that apply:
 - ☐ Patients feel rushed and less likely to adhere to or recall recommendations
 - ☐ Patient experience remains unchanged or decreases
 - ☐ Missed patient concerns resulting in poorer outcomes
 - ☐ Reduced staff engagement, teamwork, and connection to purpose
 - ☐ Other:
 - ☐ None of the above

4. **Operational/Process outcomes** – what did you measure over the past months?

- ☐ Measure the number of connections made during the day/week
- ☐ Number of staff making connections (5x5 Audit)
- ☐ One Personal Question Standard
- ☐ Patient -Reported connection
- ☐ Other metric(s):

Act

Decide on next steps (Based on what was learned from the study, describe what you will adapt, adopt, or abandon as you continue the work)

Step 5: Sustain and Engage –

Embed the new practice into daily workflows using reinforcement, recognition and standard work.

Dropdown Options (may choose more than one):

- ☐ Embed into the orientation and onboarding process for new staff and providers
- ☐ Foster a sense of ownership and engagement of staff in the improvement process
 - After implementation, revisit every quarter to review measurement of operational and outcome data to ensure continued improvement and intended impact
 - WHO: the cross-functional team
 - WHEN: quarterly
 - WHERE: conference room or other meeting location
 - WHAT: evaluate effectiveness
- ☐ Strengthens key attributes (i.e., flexibility, discipline, persistence, trust building)
- ☐ Uphold your culture of service standards and sustainment efforts
- ☐ Align with overall talent management cycle (hire for fit, annual competency, retention, etc.)

Provider as Trusted Educator:

Teach-Back

PDSA	5-Step Change Model
Plan	Step 1 - Define What Success Looks Like. Clarify the goal, the problem you're solving, and what better looks like. Step 2 - Communicate the Narrative. Create a shared story that explains the purpose, picture, plan, roles, and what's at stake.
Do	Step 3 - Form a Cross-Functional Team. Bring the right voices together to co-design, test, adapt, and champion the change. Step 4 - Implement a Dynamic Data Strategy. Select <i>operational/process measures</i>, make performance transparent and track momentum
Study	Step 4 - Implement a Dynamic Data Strategy. Select <i>process and outcome measures</i> , make performance transparent, and track momentum
Act	Step 5 - Sustain & Engage. Embed the new practice into daily workflows using reinforcement, recognition, and standard work.

Plan

Plan a strategy (define desired outcomes and steps to execute the plan)

Step 1: Define what success looks like. Create a SMART goal.

Clearly define the goal, the problem you are solving, and what success will look like in practice. This sets direction and creates alignment across the team. A well-defined goal should remove ambiguity and establish clear expectations.

**Dropdown options for each component of the SMART goal framework.*

S (Specific) – Choose one

- ☐ Implement teach-back as part of the closing the visit process for physicians/APPs
- ☐ Implement teach-back as part of the closing the visit process for MAs
- ☐ Implement teach-back as part of the closing the visit process for BOTH physicians/APPs and Mas

M (Measurable) – Choose one

- ☐ By capturing the number of times teach-back was used with a patient
- ☐ By improving patient experience results for Likelihood to Recommend by X amount
- ☐ By improving the total number of calls and messages worked from X to X

A (Action-Oriented) –

- ☐ By evaluating the effectiveness of our communication through validation of patient understanding of next steps while also providing supporting resources

R (Realistic) – Choose one

- ☐ Medication Instructions: On 100% of all new or dosage change in prescription medications
- ☐ Referral Next Steps/Instructions: On 100% of all referrals made
- ☐ Lab/Test Follow up: On 100% of all lab/tests ordered
- ☐ After-Visit Summary Reinforcement: On 100% of all visits at discharge
- ☐ Other:

T (Timebound) –

- ✓ Beginning August 2026 ending March 2027

Step 2: Create the narrative and communicate it with the team, clinic, etc.

Develop and communicate a clear, consistent message so all team members understand why the change matters and how it will work. A strong narrative builds engagement and reduces resistance to change.

Purpose: The Main Why

Dropdown options: Choose all that apply

- ☐ Patients often leave an office visit not understanding what advice their physician gave. As a result, patients may not take medications correctly, call or message the office with questions which can delay care, not follow critical steps in their care plan, etc.
- ☐ By implementing teach-back during the close of visit process, we will reduce the number of calls/messages coming into the clinic allowing staff to focus time and attention to pre-visit planning activities, responding to urgent patient needs in a timely manner, etc.
- ☐ Other:

Picture: Vision of the Effort

Dropdown options: Choose all that apply

- ☐ We will ensure our patients know how to access and take their medications
- ☐ We will ensure our patients have access to specialty care
- ☐ We will ensure our patients know when and how they will receive their lab/test results
- ☐ We will ensure our patients have a copy of their After Visit Summary to reference the next steps in their plan of care
- ☐ Other:

Plan: How We Will Get There

Dropdown Options:

- ☐ We will begin using teach-back with patients that are prescribed new or changes in their prescription medication.
- ☐ We will begin using teach-back with patients that are referred to a specialist
- ☐ We will begin using teach-back with patients with lab/test results ordered
- ☐ We will begin using teach-back with patients by reviewing and providing a copy their After Visit Summary
- ☐ Other:

Part to Play: What the Team Can Expect from the Project/Clinic Leader AND What is Expected of the Team

Project/Clinic Leader Dropdown Options (must select at least ONE Leadership Skill):

- ☐ Rounding
- ☐ 5:1 Feedback
- ☐ Communication using the 4Cs

Team Members' Part to Play: Select all that apply.

- ☐ Complete training on teach-back and closing the visit process
- ☐ Become familiar with the after-visit summary and/or other post-visit resources
- ☐ MAs and providers establish processes for communicating with each other regarding all new or dosage changes for patient prescription medications
- ☐ Incorporate teach-back into discharge processes (MA and/or physicians/APPs).
- ☐ Other:

Prize or Penalty: What is the upside of doing this? What happens if we do not do this?

The upside of doing this - Prize

Dropdown Options (Select all that apply):

- ☐ Patient compliance with care plan
- ☐ Improvement in medication adherence measures and quality outcomes
- ☐ Improvement in patient experience measures
- ☐ Decrease in phone calls and messages from patients
- ☐ Other:

The downside of NOT doing this – Penalty

Dropdown Options (Select all that apply):

- ☐ Increase in risk of medication errors, increased visits to the ED, readmissions, etc.
- ☐ Delays in getting needed care
- ☐ Incomplete and/or non-adherence to care plans
- ☐ Increased follow-up inquiries (phone calls and portal messages)
- ☐ Other:

DO

Conduct the activity (carry out the defined plan, document observations, collect data, and prepare to share findings)

Step 3: Form a Cross-Functional Team –

Bring the right voices together to co-design, test, adapt, and champion the change.

WHO: Identify and list participants. The team will consist of physicians and providers, front-line clinical staff, clinic supervisors, and the clinic manager. Select all that apply:

- ☐ Clinic/Office Manager
- ☐ MA Supervisor/Leader (clinical supervisor/leader)
- ☐ Physician/APP (Medical director)
- ☐ Clinical Staff (MA, LVN, RN, etc.)
- ☐ Other staff

WHERE: Identify location for teach back/close of visit activity to take place:

- ☐ In exam room with provider
- ☐ Discharged by MA in exam room
- ☐ Other HIPAA compliant clinic location

WHAT: Together, this group will develop the workflows, processes, and scripting needed to implement the change and support one another throughout the efforts. Select all that apply:

- ☐ Provider(s) - Use teach-back to evaluate effective communication and patient comprehension on selected area of focus (e.g., medications, referral, lab/test results)
- ☐ MA – Use teach-back to evaluate effective communication and patient comprehension on selected area of focus (e.g., medications, referral, lab/test results)
- ☐ Provider – Along with teach-back, review after visit summary to support retention of education and communication on selected area of focus
- ☐ MA – Along with teach-back, review after visit summary to support retention of education and communication of patient comprehension on selected area of focus

WHEN: Close of Visit or Discharge

Step 4: Implement a Dynamic Data Strategy/Measuring Progress

Select operational/process measures, make performance transparent and visible, and track momentum

1. Building a SIMPLE Performance Dashboard Visible to the Team (Dropdown options and may select more than one). Align with your selected use of teach-back:
 - ☐ Number of staff and providers that demonstrate teach-back competency (5x5 Audit resource)
 - ☐ Measure the number of teach-backs completed in a day
 - Numerator - number of times teach-back was completed by care giver
 - Denominator – number of patients seen in a day
 - ☐ Measure the number of teach-backs completed in a day for patients with: 1) new or changed prescription medications; 2) referred to a specialist; 3) had labs/tests ordered; 4) after visit summary (AVS) reviewed
 - Numerator - number of times teach-back was completed by care giver
 - Denominator – number of patients with: 1) medication changes (new or dosage);
2. Referred to a specialist; 3) had labs/tests ordered; 4) AVS reviewed seen in a day
 - ☐ Measure the rate of inbound calls/messages asking for clarification related to care or next steps
 - Numerator – phone calls/portal messages asking for clarification
 - Denominator – total number of phone calls/portal messages
 - ☐ Other:

Study

Assess the data, progress, and outcomes (describe the measured results and how they compare to the plan)

1. Since you've had some time to implement Teach-Back, how would you describe the effectiveness of your change management efforts? Choose one:
 - ☐ Great progress toward success
 - ☐ Some progress toward success
 - ☐ Minimal progress toward success
 - ☐ Unsuccessful
2. Reflecting on Step 2 in the Plan section, did you achieve the outcomes you were aiming for when you began the change management process? Did you experience the anticipated benefits ("the prize")? Select all that apply:
 - ☐ Patient compliance with care plan
 - ☐ Improvement in medication adherence measures and quality outcomes
 - ☐ Improvement in patient experience measures
 - ☐ Decrease in phone calls and messages from patients
 - ☐ Other:
 - ☐ None of the above

Did you encounter the negative impacts ("the penalty") of not implementing this change? Select all that apply:

- ☐ Increase in risk of medication errors, increased visits to the ED, readmissions, etc.
 - ☐ Delays in getting needed care
 - ☐ Incomplete and/or non-adherence to care plans
 - ☐ Increased follow-up inquiries (phone calls and portal messages)
 - ☐ Other:
 - ☐ None of the above
3. **Operational/Process outcomes** – what did you measure over the past months?
 - ☐ Number of staff and providers that demonstrated competency (5x5 Audit)
 - ☐ Measure the number of teach backs completed in a week (based on selected area of focus)
 - ☐ Number of messages answered
 - ☐ Number of phone calls answered
 - ☐ Other metric(s):

Act

Decide on next steps (Based on what was learned from the study, describe what you will adapt, adopt, or abandon as you continue the work)

Step 5: Sustain and Engage –

Embed the new practice into daily workflows using reinforcement, recognition and standard work.

Dropdown Options (may choose more than one):

- ☐ Introduce/train new staff and physicians on teach-back and closing the visit (orientation and onboarding)
- ☐ Foster a sense of ownership and engagement of staff in the improvement process
 - After implementation, revisit teach-back/close the visit every quarter to ensure resources are current, assess training/communication needs (e.g., coaching)
 - WHO: the cross-functional team
 - WHEN: quarterly
 - WHERE: conference room or other meeting location
 - WHAT: evaluate and refine process for teach back/close the visit
- ☐ Embed into annual evaluations and/or competency training
- ☐ Strengthens key attributes (i.e., flexibility, discipline, persistence, trust building)
- ☐ Uphold your culture of service standards and sustainment efforts
- ☐ Align with overall talent management cycle

Leadership and Culture:

Standards of Behavior

PDSA	5-Step Change Model
Plan	Step 1 - Define What Success Looks Like. Clarify the goal, the problem you're solving, and what better looks like. Step 2 - Communicate the Narrative. Create a shared story that explains the purpose, picture, plan, roles, and what's at stake.
Do	Step 3 - Form a Cross-Functional Team. Bring the right voices together to co-design, test, adapt, and champion the change. Step 4 - Implement a Dynamic Data Strategy. Select <i>operational/process measures</i>, make performance transparent and track momentum
Study	Step 4 - Implement a Dynamic Data Strategy. Select <i>process and outcome measures</i> , make performance transparent, and track momentum
Act	Step 5 - Sustain & Engage. Embed the new practice into daily workflows using reinforcement, recognition, and standard work.

Plan

Plan a strategy (define desired outcomes and steps to execute the plan)

Step 1: Define what success looks like. Create a SMART goal.

Clearly define the goal, the problem you are solving, and what success will look like in daily practice. This step ensures all team members understand expectations and what 'good' looks like at every patient touchpoint.

**Dropdown options for each component of the SMART goal framework.*

S (Specific) – Choose one (Examples for each of the following include welcoming patients warmly, making eye contact, using preferred names, active listening, and promoting safety and privacy)

- ☐ Define and standardize clear, observable behaviors expected of all employees and create a structured plan to communicate these expectations.
- ☐ Implement and embed a consistent set of standard professional behaviors into daily practice for all employees.
- ☐ Update and sustain standard professional behaviors by reinforcing expectations and providing ongoing, timely feedback to employees.

M (Measurable) – Check all that apply

- ☐ Track the percent of staff consistently demonstrating standard behaviors based on observational audits (e.g., 5x5 audits)
- ☐ Track the percent of patients reporting positive communication and connection on surveys
- ☐ Track the number of staff receiving documented feedback or coaching on professional behaviors per month

A (Action-Oriented) – Check all that apply

- ☐ Conduct staff training and role modeling on standard professional behaviors during huddles and team meetings
- ☐ Implement routine observation and feedback processes (e.g., leader rounding, 5:1 feedback)
- ☐ Integrate professional behavior expectations into daily workflows and performance discussions

R (Realistic) – Check all that apply

- ☐ Align behavior expectations with current workflows and staffing levels
- ☐ Utilize existing meetings (huddles, staff meetings) to reinforce behaviors without adding significant burden
- ☐ Leverage current patient experience tools and leader rounding processes to support adoption
- ☐ Other:

T (Timebound) –

- ✓ Beginning August 2026 ending March 2027

Step 2: Create the narrative and communicate it with the team, clinic, etc.

Develop and communicate a clear, consistent message so all team members understand why the change matters and how it will work. A strong narrative builds engagement and reduces resistance to change.

Standards of behavior are clearly defined expectations for how individuals should act and interact in the workplace. They specify the actions that demonstrate an organization's values.

Purpose: The Main Why

Dropdown options: Select all that apply

- ☐ Ensure every patient experiences consistent, respectful, and compassionate care at every touchpoint
- ☐ Align team behaviors with organizational values and expectations
- ☐ Improve patient experience, trust, and satisfaction
- ☐ Reduce variability in staff interactions and strengthen professionalism
- ☐ Other:

Picture: Vision of the Effort

Dropdown options: Select all that apply

- ☐ Every patient is greeted warmly and addressed by their preferred name
- ☐ Staff consistently demonstrate professional behaviors such as eye contact, active listening, and clear communication
- ☐ A clinic culture where professionalism, respect, and privacy are visibly practiced by all team members
- ☐ Patients feel valued, safe, and well cared for during every interaction
- ☐ Other:

Plan: How We Will Get There

Dropdown Options: Select all that apply

- ☐ We will provide training and education on standard professional behaviors for all staff
- ☐ We will incorporate behavior expectations into daily huddles, team meetings, and onboarding
- ☐ We will conduct regular observations (e.g., rounding, audits) with real-time feedback
- ☐ We will recognize and reinforce staff demonstrating expected behaviors
- ☐ Other:

Part to Play: What the Team Can Expect from the Project/Clinic Leader AND What is Expected of the Team

Project/Clinic Leader Dropdown Options (must select at least ONE Leadership Skill):

- ☐ Rounding
- ☐ 5:1 Feedback
- ☐ Communication using the 4Cs

Team Members' Part to Play: Select all that apply

- ☐ Demonstrate standard professional behaviors consistently in every patient and team interaction
- ☐ Actively participate in training, huddles, and discussions related to behavior expectations
- ☐ Be open to feedback and coaching to improve performance
- ☐ Hold themselves and peers accountable to the agreed-upon standards

Prize or Penalty: What is the upside of doing this? What happens if we do not do this?

The upside of doing this – Prize

Dropdown Options (Select all that apply):

- ☐ Team members are equipped to demonstrate the organization's values
- ☐ Reduced conflict and confusion through aligned expectations
- ☐ Strengthen accountability and team cohesion
- ☐ Improved patient and staff safety through increased professionalism and trust
- ☐ Improved patient experience and satisfaction
- ☐ Other:

The downside of NOT doing this – Penalty

Dropdown Options (Select all that apply):

- ☐ Inconsistent patient experiences and reduced trust in care teams

- ☐ Increase in complaints, grievances, misunderstandings, and communication breakdowns
- ☐ Decreased staff morale and lack of accountability
- ☐ Potential risks to patient safety and confidentiality
- ☐ Other:

DO

Conduct the activity (carry out the defined plan, document observations, collect data, and prepare to share findings)

Step 3: Form a Cross-Functional Team –

Bring the right voices together to co-design, test, adapt, and champion the change.

WHO: Identify and list participants. The team will consist of physicians and providers, front-line clinical staff, clinic supervisors, and the clinic manager. Select all that apply:

- ☐ Clinic/Office Manager
- ☐ Front/back desk staff
- ☐ MA Supervisor/Leader (clinical supervisor/leader)
- ☐ Physician/APP (Medical director)
- ☐ Clinical Staff (MA, LVN, RN, etc.)
- ☐ Other staff (e.g., patient access, care coordinators)

WHERE: Identify location(s) where behavior standards will take place:

- ☐ Front desk/entrance
- ☐ Rooming process with MA
- ☐ In exam room
- ☐ Check out desk
- ☐ Other

WHAT: Standards of behavior are clearly defined expectations for how individuals should act and interact in the workplace. They reflect the organization's values and are demonstrated through observable actions.

Together, this group will develop the workflows, processes, and scripting needed to implement the change and support one another throughout the efforts. Together, the cross-functional team will: (Select all that apply)

- ☐ Co-design workflows and processes that support standard professional behaviors
- ☐ Develop clear scripting and examples to guide consistent staff interactions
- ☐ Test and refine approaches in real-time to ensure they are practical and effective
- ☐ Support and coach one another throughout implementation

WHEN:

- ☐ During all interactions with patients, families, caregivers, and team members
- ☐ From the first point of contact (arrival) through the entire visit experience
- ☐ During handoffs and team communication moments throughout the day

Step 4: Implement a Dynamic Data Strategy/Measuring Progress

Select **operational/process measures**, make performance transparent and visible, and track momentum

1. Building a SIMPLE Performance Dashboard Visible to the Team (Dropdown options and may select more than one).
 - ☐ Training Completion
 - Numerator – # of staff who completed behavior standards training
 - Denominator – # of total staff
 - ☐ Timely Acknowledgment at Front Desk
 - Numerator – # of patients greeted within (enter #) seconds of arrival
 - Denominator – # of patients arriving
 - ☐ Active Listening Behavior (No Interruption)
 - Numerator – # of interactions where staff allowed patient to finish speaking without interruption
 - Denominator – # of observed interactions
 - ☐ Clear Communication (No Jargon)
 - Numerator – # of interactions using clear, patient-friendly language
 - Denominator – # of observed explanations
 - ☐ Introduction of Self and Role
 - Numerator – # of staff who introduced themselves and their role to patients
 - Denominator – # of observed patient encounters
 - ☐ Explanation of Next Steps
 - Numerator – # of visits where next steps were clearly explained to the patient
 - Denominator – # of observed visits
 - ☐ Leader Rounding on Staff
 - Numerator – # of staff observed demonstrating at least one standard behavior
 - Denominator – # of staff rounded on
 - ☐ Other:

Study

Assess the data, progress, and outcomes (describe the measured results and how they compare to the plan)

1. Since you've had some time to implement Behavior Standards, how would you describe the effectiveness of your change management efforts? Choose one:
 - ☐ Great progress toward success
 - ☐ Some progress toward success
 - ☐ Minimal progress toward success
 - ☐ Unsuccessful
2. Reflecting on Step 2 in the Plan section, did you achieve the outcomes you were aiming for when you began the change management process? Did you experience the anticipated benefits ("the prize")? Select all that apply:
 - ☐ Team members are equipped to demonstrate the organization's values
 - ☐ Reduced conflict and confusion through aligned expectations
 - ☐ Strengthened accountability and team cohesion
 - ☐ Improved patient and staff safety through increased professionalism and trust

- ☐ Improved patient experience and satisfaction
- ☐ Other:
- ☐ None of the above

3. Did you encounter the negative impacts ("the penalty") of not implementing this change?
Select all that apply:

- ☐ Inconsistent patient experiences and reduced trust in care teams
- ☐ Increase in complaints, grievances, misunderstandings, and communication breakdowns
- ☐ Decreased staff morale and lack of accountability
- ☐ Potential risks to patient safety and confidentiality
- ☐ Other:
- ☐ None of the above

4. **Operational/Process outcomes** – what did you measure over the past months?

- ☐ Training Completion
- ☐ Timely Acknowledgment at Front Desk
- ☐ Active Listening Behavior (No Interruption)
- ☐ Clear Communication (No Jargon)
- ☐ Introduction of Self and Role
- ☐ Explanation of Next Steps
- ☐ Leader Rounding on Staff

5. Other metric(s): Free text to enter metric(s)

Act

Decide on next steps (Based on what was learned from the study, describe what you will adapt, adopt, or abandon as you continue the work)

Step 5: Sustain and Engage –

Embed the new practice into daily workflows using reinforcement, recognition and standard work.

Dropdown Options (may choose more than one):

- ☐ Introduce/train new staff and physicians on behavior standards (orientation and onboarding)
- ☐ Foster a sense of ownership and engagement of staff in the improvement process
 - After implementation, revisit behavior standards every quarter to ensure resources are current, assess training/communication needs (e.g., coaching)
 - WHO: the cross-functional team
 - WHEN: quarterly
 - WHERE: conference room or other meeting location
 - WHAT: evaluate and refine process for behavior standards
- ☐ Conduct regular rounding and provide real-time feedback
- ☐ Provide tools and scripts to help staff manage patient expectations
- ☐ Leaders observe patient interactions weekly and provide coaching
- ☐ Teams share 'great catch' or 'great example' stories during meetings
- ☐ Embed into annual evaluations and/or competency training
- ☐ Upholds your culture of service standards and sustainment efforts
- ☐ Align with overall talent management cycle

One Team One Purpose:

Managing Up

PDSA	5-Step Change Model
Plan	Step 1 - Define What Success Looks Like. Clarify the goal, the problem you're solving, and what better looks like. Step 2 - Communicate the Narrative. Create a shared story that explains the purpose, picture, plan, roles, and what's at stake.
Do	Step 3 - Form a Cross-Functional Team. Bring the right voices together to co-design, test, adapt, and champion the change. Step 4 - Implement a Dynamic Data Strategy. Select <i>operational/process measures</i>, make performance transparent and track momentum
Study	Step 4 - Implement a Dynamic Data Strategy. Select <i>process and outcome measures</i> , make performance transparent, and track momentum
Act	Step 5 - Sustain & Engage. Embed the new practice into daily workflows using reinforcement, recognition, and standard work.

Plan

Plan a strategy (define desired outcomes and steps to execute the plan)

Step 1: Define what success looks like. Create a SMART goal.

Clearly define the goal, the problem you are solving, and what success will look like in daily practice. This step ensures all team members understand expectations and what 'good' looks like at every patient touchpoint.

Managing up is speaking positively and confidently about team members and the next steps in care. It helps patients feel safe and confident while fostering trust, teamwork, and a more positive care experience.

**Dropdown options for each component of the SMART goal framework.*

S (Specific) – Choose one

- ☐ Define and standardize clear, observable “manage up” behaviors expected of all employees (e.g., speaking positively about team members, reinforcing confidence in care, setting expectations for next steps)
- ☐ Implement consistent “manage up” practices across all roles and patient touchpoints
- ☐ Reinforce and sustain “manage up” behaviors through coaching, role modeling, and feedback

M (Measurable) – Check all that apply

- ☐ Obtain percent of staff demonstrating “manage up” behaviors during observations or audits
- ☐ Obtain percent of patients reporting confidence and trust in care team (survey or rounding feedback)
- ☐ Track number of documented peer recognition or examples of managing up per week/month
- ☐ Track number of leader rounding observations where managing up is observed

A (Action-Oriented) – Check all that apply

- ☐ Provide training and scripting examples for managing up during huddles and meetings
- ☐ Role model managing up behaviors in leader rounding and daily interactions
- ☐ Incorporate managing up into onboarding, huddles, and performance conversations

R (Realistic) – Check all that apply

- ☐ Integrate managing up into existing workflows and patient interactions
- ☐ Use current team huddles and rounding processes to reinforce behaviors
- ☐ Provide simple, practical scripting that staff can easily adopt
- ☐ Other:

T (Timebound) –

- ✓ Beginning August 2026 ending March 2027

Step 2: Create the narrative and communicate it with the team, clinic, etc.

Develop and communicate a clear, consistent message so all team members understand why the change matters and how it will work. A strong narrative builds engagement and reduces resistance to change.

Managing up is simply speaking positively about the team and the next steps in care. Managing up benefits everyone. It helps patients feel safe and confident, seeing a unified team focused on their care. For caregivers, it builds trust and collaboration, resulting in better care and a more positive experience.

Purpose: The Main Why

Dropdown options: Select all that apply

- ☐ Build patient trust and confidence in the care team
- ☐ Strengthen teamwork, respect, and collaboration among staff
- ☐ Create a consistent and reassuring patient experience
- ☐ Improve communication and reduce patient anxiety
- ☐ Other:

Picture: Vision of the Effort

Dropdown options: Select all that apply

- ☐ Patients hear consistent, positive messaging about their care team
- ☐ Staff confidently and authentically speak highly of one another
- ☐ A culture where team members actively build each other up in front of patients
- ☐ Patients feel reassured, informed, and confident in their care experience
- ☐ Other:

Plan: How We Will Get There

Dropdown Options: Select all that apply

- ☐ Provide “manage up” scripting examples and role-play scenarios during training and huddles
- ☐ Incorporate managing up into daily huddles and team discussions
- ☐ Conduct leader rounding and observations with real-time feedback
- ☐ Recognize and reinforce examples of effective managing up
- ☐ Other:

Part to Play: What the Team Can Expect from the Project/Clinic Leader AND What is Expected of the Team

Project/Clinic Leader Dropdown Options (must select at least ONE Leadership Skill):

- ☐ Rounding
- ☐ 5:1 Feedback
- ☐ Communication using the 4Cs

Team Members’ Part to Play: Select all that apply

- ☐ Speak positively about team members and the care process to patients and families
- ☐ Manage up and build each other up authentically
- ☐ Reinforce patient confidence by clearly explaining next steps in care
- ☐ Participate in training and practice opportunities (e.g., role-play, huddles)
- ☐ Be open to feedback and continuously improve communication skills
- ☐ Other:

Prize or Penalty: What is the upside of doing this? What happens if we do not do this?

The upside of doing this – Prize

Dropdown Options (Select all that apply):

- ☐ Increased patient trust and confidence in the care team
- ☐ Build each other up authentically
- ☐ Stronger teamwork, collaboration, and mutual respect
- ☐ Improved patient experience and satisfaction
- ☐ Reduced anxiety and confusion for patients
- ☐ Other:

The downside of NOT doing this – Penalty

Dropdown Options (Select all that apply):

- ☐ Inconsistent patient experience and reduced trust in the care team
- ☐ Increased patient anxiety and uncertainty about care
- ☐ Weakened teamwork and communication among staff
- ☐ Lower patient satisfaction and engagement
- ☐ Other:

DO

Conduct the activity (carry out the defined plan, document observations, collect data, and prepare to share findings)

Step 3: Form a Cross-Functional Team –

Bring the right voices together to co-design, test, adapt, and champion the change.

WHO: The team should represent a cross-section of roles, including providers, front-line staff, and leadership, to ensure diverse perspectives and shared ownership. Select all that apply:

- ☐ Clinic/Office Manager
- ☐ Front/back desk staff
- ☐ MA Supervisor/Leader (clinical supervisor/leader)
- ☐ Physician/APP (Medical director)
- ☐ Clinical Staff (MA, LVN, RN, etc.)
- ☐ Other staff (e.g., patient access, care coordinators)

WHERE: Identify location where behavior standards will take place:

- ☐ Front desk/entrance
- ☐ Rooming process with MA
- ☐ In exam room
- ☐ Check out desk

WHAT: Managing up team members is a clearly defined expectation for how individuals communicate and interact in the workplace. It reflects organizational values and is demonstrated through consistent, observable behaviors.

Together, this group will design and implement a practical, authentic approach to managing up and supporting one another throughout the process. The cross-functional team will:

- ☐ Co-design workflows and processes that support managing up behaviors
- ☐ Develop practical examples and language to guide consistent staff interactions
- ☐ Test and refine approaches in real time to ensure effectiveness and ease of use
- ☐ Support and coach one another throughout implementation
- ☐ Recognize and acknowledge team members authentically, giving credit where it is due
- ☐ Identify and utilize key moments (e.g., huddles, meetings, patient interactions) to consistently manage up

WHEN:

- ☐ During all interactions with patients, families, and team members
- ☐ Throughout the entire patient visit experience

- During handoffs and team communication moments throughout the day

Step 4: Implement a Dynamic Data Strategy/Measuring Progress

Select **operational/process measures**, make performance transparent and visible, and track momentum

1. Building a SIMPLE Performance Dashboard Visible to the Team (Dropdown options and may select more than one).
 - Training Completion
 - Numerator – # of staff who completed managing up training
 - Denominator – # of total staff
 - Managing Up Observed During Interaction
 - Numerator – # of interactions where staff spoke positively about a team member or next step in care
 - Denominator – # of observed patient interactions
 - Introductions that Include Managing Up
 - Numerator – # of introductions where staff positively described the next caregiver
 - Denominator – # of observed introductions
 - Front Desk Reinforces Care Team
 - Numerator – # of check-in interactions where front desk staff positively referenced clinical team or provider
 - Denominator – # of observed check-in interactions
 - MA Manage Up of Provider
 - Numerator – # of rooming interactions where MA positively reinforced provider
 - Denominator – # of rooming interactions observed
 - Peer Recognition of Managing Up - Staff Recognizing Each Other
 - Numerator – # of peer recognitions noting “managing up” behavior
 - Denominator – # of staff (or total recognition entries collected)
 - Other:

Study

Assess the data, progress, and outcomes (describe the measured results and how they compare to the plan)

1. Since you've had some time to implement Managing Up, how would you describe the effectiveness of your change management efforts? Choose one:
 - ☐ Great progress toward success
 - ☐ Some progress toward success
 - ☐ Minimal progress toward success
 - ☐ Unsuccessful
2. Reflecting on Step 2 in the Plan section, did you achieve the outcomes you were aiming for when you began the change management process? Did you experience the anticipated benefits ("the prize")? Select all that apply:
 - ☐ Increased patient trust and confidence in the care team
 - ☐ Build each other up authentically
 - ☐ Stronger teamwork, collaboration, and mutual respect
 - ☐ Improved patient experience and satisfaction
 - ☐ Reduced anxiety and confusion for patients
 - ☐ Other:
 - ☐ None of the above
3. Did you encounter the negative impacts ("the penalty") of not implementing this change? Select all that apply:
 - ☐ Inconsistent patient experience and reduced trust in the care team
 - ☐ Increased patient anxiety and uncertainty about care
 - ☐ Weakened teamwork and communication among staff
 - ☐ Lower patient satisfaction and engagement
 - ☐ Other:
 - ☐ None of the above
4. **Operational/Process outcomes** – what did you measure over the past months?
 - ☐ Training Completion
 - ☐ Managing Up Observed During Interaction
 - ☐ Introductions that Include Managing Up
 - ☐ Front Desk Reinforces Care Team
 - ☐ MA Manage Up of Provider
 - ☐ Peer Recognition of Managing Up - Staff Recognizing Each Other
 - ☐ Other metric(s): Free text to enter metric(s)

Act

Decide on next steps (Based on what was learned from the study, describe what you will adapt, adopt, or abandon as you continue the work)

Step 5: Sustain and Engage –

Embed the new practice into daily workflows using reinforcement, recognition and standard work.

Dropdown Options (may choose more than one):

- ☐ Introduce/train new staff and physicians on behavior standards (orientation and onboarding)
- ☐ Foster a sense of ownership and engagement of staff in the improvement process
 - After implementation, revisit managing up every quarter to ensure resources are current, assess training/communication needs (e.g., coaching)
 - WHO: the cross-functional team
 - WHEN: quarterly
 - WHERE: conference room or other meeting location
 - WHAT: evaluate and refine process for behavior standards
- ☐ Conduct regular rounding and provide real-time feedback.
- ☐ Provide tools and guides to help staff manage patient expectations.
- ☐ Leaders observe staff interactions weekly and provide coaching.
- ☐ Teams share managing up stories during meetings.
- ☐ Uphold your culture of service standards and sustainment efforts
- ☐ Align with overall talent management cycle

High Reliability:

Huddles

PDSA	5-Step Change Model
Plan	Step 1 - Define What Success Looks Like. Clarify the goal, the problem you're solving, and what better looks like. Step 2 - Communicate the Narrative. Create a shared story that explains the purpose, picture, plan, roles, and what's at stake.
Do	Step 3 - Form a Cross-Functional Team. Bring the right voices together to co-design, test, adapt, and champion the change. Step 4 - Implement a Dynamic Data Strategy. Select <i>operational/process measures</i>, make performance transparent and track momentum
Study	Step 4 - Implement a Dynamic Data Strategy. Select <i>process and outcome measures</i> , make performance transparent, and track momentum
Act	Step 5 - Sustain & Engage. Embed the new practice into daily workflows using reinforcement, recognition, and standard work.

Plan

Plan a strategy (define desired outcomes and steps to execute the plan)

Step 1: Define what success looks like. Create a SMART goal.

Clearly define the goal, the problem you are solving, and what success will look like in practice. This sets direction and creates alignment across the team. A well-defined goal should remove ambiguity and establish clear expectations.

**Dropdown options for each component of the SMART goal framework.*

S (Specific) – Choose one

- ☐ Establish a clinic huddle before clinic begins (AM session)
- ☐ Establish a team (e.g. care team, pod, etc.) huddle before clinic begins (AM session)
- ☐ Establish an MA/provider huddle before clinic begins (AM session)

M (Measurable) – Choose one

- ☐ Every clinic day (Monday-Friday);
- ☐ Beginning two days/week (Tuesday + Thursday) increasing to each clinic day after 30 days;
- ☐ Beginning three days/week (M, W, F) and increasing to each clinic day after 30 days

A (Action-Oriented) – Using a standard agenda, discuss/connect briefly (Choose all that apply):

- ☐ Staff assignments and patient schedules to ensure staff coverage and patient access
- ☐ Align the care team around quality measures, goals, and coordinating care
- ☐ Anticipate patient, clinic, and staff needs in order to improve patient experience
- ☐ Strengthen communication, engagement, and problem-solving within the team
- ☐ Other:

R (Realistic) – For no longer than ten minutes in the:

- ☐ Morning (AM)
- ☐ Before each AM and PM scheduling block

T (Timebound) –

- ✓ Beginning August 2026 ending March 2027

Step 2: Create the narrative and communicate it with the team, clinic, etc.

Develop and communicate a clear, consistent message so all team members understand why the change matters and how it will work. A strong narrative builds engagement and reduces resistance to change.

Purpose: The Main Why

Dropdown options: Choose all that apply

- ☐ Improve patient experience by anticipating patient, clinic, and staff needs (e.g., support, resources, etc.)
- ☐ Improve clinic effectiveness and efficiency by proactively planning for the day
- ☐ Align the care team around shared goals (patient experience, quality, etc.)
- ☐ Strengthen team communication and coordination (MA + provider, front desk + back office, access center + clinic, etc.)
- ☐ Other:

Picture: Vision of the Effort

Dropdown options: Choose all that apply

- ☐ Huddles are the #1 most effective method for improving patient experience
- ☐ Huddles will strengthen our ability to reliably coordinate care for our patients
- ☐ Huddles will improve our team communication and coordination
- ☐ Huddles will improve access to care for our patients
- ☐ Other:

Plan: How We Will Get There

Dropdown Options:

- ☐ We will meet for ten minutes before clinic begins, M-F to discuss patient and clinic needs for the day;
- ☐ We will meet for ten minutes before clinic begins, two days/week to discuss patient and clinic needs for the day and increase to meeting daily after 30 days;
- ☐ We will meet for ten minutes before clinic begins, three days/week to discuss patient and clinic needs for the day and increase to meeting daily after 30 days
- ☐ Other:

Part to Play: What the Team Can Expect from the Project/Clinic Leader AND What is Expected of the Team

Project/Clinic Leader Dropdown Options (must select at least ONE Leadership Skill):

- ☐ Rounding
- ☐ 5:1 Feedback
- ☐ Communication using the 4Cs

Team Members' Part to Play: All team members will be active participants of the daily huddle. Specific members of the team will have rotating assignments that involve

- ☐ pulling daily schedules
- ☐ assembling the group
- ☐ keeping the meeting on task
- ☐ tracking process measure(s)
- ☐ Other:

Prize or Penalty: What is the upside of doing this? What happens if we do not do this?

The upside of doing this – Prize

Dropdown Options (Select all that apply):

- ☐ Strengthened teamwork (communication, trust, coordination)
- ☐ Improved patient experience (access to care and care coordination)
- ☐ Improved and more effective clinic operations
- ☐ Positive, engaging work environment
- ☐ Other:

The downside of NOT doing this – Penalty

Dropdown Options (Select all that apply):

- ☐ Increase in safety risks (patient and staff safety impacted; increase in errors, missing critical information, etc.)
- ☐ Decreased employee engagement and overall morale
- ☐ Patients perceive care as disorganized and impersonal
- ☐ Inefficient access to care (ease of contacting and ease of scheduling)
- ☐ Other:

DO

Conduct the activity (carry out the defined plan, document observations, collect data, and prepare to share findings)

Step 3: Form a Cross-Functional Team –

Bring the right voices together to co-design, test, adapt, and champion the change.

WHO: Identify and list participants: Check all that apply

- ☐ Provider(s) – MDs, APPs
- ☐ Medical Assistants, nursing (e.g., LVN, RN)
- ☐ Administrative Staff (e.g., front desk, checkout, access center, referral coordinator, etc.)
- ☐ Leadership (practice manager, supervisors, medical director, etc.)

WHERE: Identify location for huddles (same place every day where staff can comfortably stand)

- ☐ Location identified

WHAT: Use standard agenda each time

WHEN: Establish the time for the huddle

- ☐ AM
- ☐ AM and PM
- ☐ PM
- ☐ Other: Free text actual time to huddle for no longer than ten minutes

Step 4: Implement a Dynamic Data Strategy/Measuring Progress

Select **operational/process measures**, make performance transparent and visible, and track momentum

1. Building a SIMPLE Performance Dashboard Visible to the Team (Dropdown options and may select more than one):
 - ☐ Measure time huddle started and time huddle ended (no longer than ten minutes)
 - ☐ Measure the number of huddles completed in a week
 - Numerator - number days with huddle
 - Denominator – number of days of the week
 - ☐ Attendance rate per day
 - Numerator – employees attended huddle
 - Denominator – total number of employees working

- ☐ Provider Participation rate per day
 - Numerator – Providers attended huddle
 - Denominator – total number of providers working
- ☐ Manager Participation rate per day
 - Numerator – Managers attended huddle
 - Denominator – total number of managers working

2. Other metric(s): Free text to enter metric(s)

Study

Assess the data, progress, and outcomes (describe the measured results and how they compare to the plan)

1. Since you've had some time to implement Huddles, how would you describe the effectiveness of your change management efforts? Choose one:
 - ☐ Great progress toward success
 - ☐ Some progress toward success
 - ☐ Minimal progress toward success
 - ☐ Unsuccessful
2. Reflecting on Step 2 in the Plan section, did you achieve the outcomes you were aiming for when you began the change management process? Did you experience the anticipated benefits ("the prize")? Select all that apply:
 - ☐ Strengthened teamwork (communication, trust, coordination)
 - ☐ Improved patient experience (access to care and care coordination)
 - ☐ Improved and more effective clinic operations
 - ☐ Positive, engaging work environment
 - ☐ Other:
 - ☐ None of the above
3. Did you encounter the negative impacts ("the penalty") of not implementing this change? Select all that apply:
 - ☐ Increase in safety risks (patient and staff safety impacted; increase in errors, missing critical information, etc.)
 - ☐ Decreased employee engagement and overall morale
 - ☐ Patients perceive care as disorganized and impersonal
 - ☐ Inefficient access to care (ease of contacting and ease of scheduling)
 - ☐ Other: Free text to add comments
 - ☐ None of the above
4. **Operational/Process outcomes** – what did you measure over the past months?
 - ☐ Measure time huddle started and time huddle ended (no longer than ten minutes)
 - ☐ Measure the number of huddles completed in a week
 - ☐ Attendance rate per day
 - ☐ Provider Participation rate per day

- ☐ Manager Participation rate per day
- ☐ Other metric(s):

Act

Decide on next steps (Based on what was learned from the study, describe what you will adapt, adopt, or abandon as you continue the work)

Step 5: Sustain and Engage -

Embed the new practice into daily workflows using reinforcement, recognition and standard work.

Dropdown Options (may choose more than one):

- ☐ Ongoing Huddles beyond this program
- ☐ Embed into the orientation and onboarding process for new staff and providers
- ☐ Foster a sense of ownership and engagement of staff in the improvement process
 - After implementation, revisit huddles every quarter to ensure agendas are current, assess training/communication needs (e.g., coaching)
 - WHO: the cross-functional team
 - WHEN: quarterly
 - WHERE: conference room or other meeting location
 - WHAT: evaluate and refine agenda and effectiveness
- ☐ Expand the standard huddle agenda to include key measures and goals
- ☐ Strengthens key attributes (i.e., flexibility, discipline, persistence, trust building)
- ☐ Upholds your culture of service standards and sustainment efforts
- ☐ Align with overall talent management cycle

Moments That Matter:

Empathy Statements (ESP)

PDSA	5-Step Change Model
Plan	Step 1 - Define What Success Looks Like. Clarify the goal, the problem you're solving, and what better looks like. Step 2 - Communicate the Narrative. Create a shared story that explains the purpose, picture, plan, roles, and what's at stake.
Do	Step 3 - Form a Cross-Functional Team. Bring the right voices together to co-design, test, adapt, and champion the change. Step 4 - Implement a Dynamic Data Strategy. Select <i>operational/process measures</i>, make performance transparent and track momentum
Study	Step 4 - Implement a Dynamic Data Strategy. Select <i>process and outcome measures</i>, make performance transparent, and track momentum
Act	Step 5 - Sustain & Engage. Embed the new practice into daily workflows using reinforcement, recognition, and standard work.

Plan

Plan a strategy (define desired outcomes and steps to execute the plan)

Step 1: Define what success looks like. Create a SMART goal.

Clearly define the goal, the problem you are solving, and what success will look like in practice. This sets direction and creates alignment across the team. A well-defined goal should remove ambiguity and establish clear expectations.

**Dropdown options for each component of the SMART goal framework.*

S (Specific) – Choose one

- ☐ Use the Empathy Statements/ESP (Empathize–Stop–Probe) technique with every patient interaction to improve listening and communication
- ☐ Pilot the Empathy Statements/ESP technique with one provider/MA team before scaling clinic-wide
- ☐ Implement Empathy Statements/ESP across all patient-facing roles (front desk, MA, provider)
- ☐ Other:

M (Measurable) – Choose one

- ☐ Every clinic day (all patients)
- ☐ Begin 2 days/week and expand to daily within 30 days
- ☐ Begin with one care team and expand to all teams within 60 days
- ☐ Other:

A (Action-Oriented) – Asking patients a simple question about family, hobbies, personal interests, or plans to make a personal connection to: (Select all that apply)

- ☐ Build trust with our patients and help them feel seen and heard
- ☐ Demonstrate empathy during critical conversations (e.g., new diagnosis, new treatment plan, new therapy, etc.)
- ☐ Provide the care team with insight into what matters most to patients
- ☐ Provide the care team with the opportunity to resolve issues with service delivery
- ☐ Other:

R (Realistic) – Keep it simple and consistent by: (Select all that apply)

- ☐ Use ESP during natural conversation points in the visit (not scripted, but intentional)
- ☐ Embed into existing workflows (intake, exam, discharge)
- ☐ Providing staff with a framework on how to listen more effectively to patients
- ☐ Other:

T (Timebound) – Choose one

- ✓ Beginning August 2026 ending March 2027

Step 2: Create the narrative and communicate it with the team, clinic, etc.

Develop and communicate a clear, consistent message so all team members understand why the change matters and how it will work. A strong narrative builds engagement and reduces resistance to change.

Purpose: The Main Why

Dropdown options: Choose all that apply

- ☐ Improve patient experience by ensuring patients feel heard and understood
- ☐ Build trust, which increases patient openness and engagement
- ☐ Improve outcomes and problem resolution by uncovering true patient concerns
- ☐ Increase staff engagement and teamwork by creating more meaningful interactions
- ☐ Other:

Picture: Vision of the Effort

Dropdown options: Choose all that apply

- ☐ Every patient feels listened to, not rushed or dismissed, and their concerns addressed effectively and empathically
- ☐ Staff consistently acknowledge emotions and respond with empathy
- ☐ Patients are more open and engaged in conversations about their care
- ☐ Visits become more efficient because concerns are surfaced early
- ☐ Other:

Plan: How We Will Get There

Dropdown Options:

- ☐ Staff will use the Empathy Statements/ESP during critical patient conversations (e.g., new diagnosis, new treatment plan, new therapy, etc.)
- ☐ Begin with one team then expand to full clinic within 30 days
- ☐ Training on Empathy Statements/ESP including simple examples and quick practice (role play or coaching) will be provided to staff to support this effort
- ☐ Other:

Part to Play: What the Team Can Expect from the Project/Clinic Leader AND What is Expected of the Team

Project/Clinic Leader Dropdown Options (must select at least ONE Leadership Skill):

Evaluate and support the project through:

- ☐ Rounding
- ☐ 5:1 Feedback
- ☐ Communication using the 4Cs

Team Members' Part to Play: (Select all that apply)

- ☐ Participate in training required to ensure consistency
- ☐ Use ESP during critical patient conversations or interactions
- ☐ Practice pausing (silence) and asking open-ended questions
- ☐ Participate in brief coaching or role-play for comfort
- ☐ Other:

Prize or Penalty: What is the upside of doing this? What happens if we do not do this?

The upside of doing this – Prize

Dropdown Options (Select all that apply):

- ☐ Improved patient experience and outcomes
- ☐ Stronger provider/patient relationships
- ☐ More efficient visits (clear priorities early)
- ☐ Increased staff teamwork and engagement
- ☐ Other:

The downside of NOT doing this – Penalty

Dropdown Options (Select all that apply):

- ☐ Patients feel rushed and less likely to adhere to or recall recommendations
- ☐ Patient experience remains unchanged or decreases
- ☐ Missed patient concerns resulting in poorer outcomes
- ☐ Reduced staff engagement, teamwork, and connection to purpose
- ☐ Other:

DO

Conduct the activity (carry out the defined plan, document observations, collect data, and prepare to share findings)

Step 3: Form a Cross-Functional Team –

Bring the right voices together to co-design, test, adapt, and champion the change.

WHO: Identify and list participants: Check all that apply

- ☐ Provider(s) – MDs, APPs
- ☐ Medical Assistants, nursing (e.g., LVN, RN)
- ☐ Administrative Staff (e.g., front desk, checkout, access center, referral coordinator, etc.)
- ☐ Leadership (practice manager, supervisors, medical director, etc.)
- ☐ Other:

WHERE: Implemented where interactions with patients occur, particularly during critical conversations. Select all that apply.

- ☐ Exam rooms
- ☐ Check-in/check-out areas
- ☐ Phone interactions (as applicable)
- ☐ Other:

WHAT: Use the Empathy Statements/ESP model with provided materials.

WHEN: Every interaction with patients. Make your selection based on how you plan to implement this best practice:

- ☐ When patient expresses concern, frustration, or anxiety
- ☐ During provider discussion of new diagnosis, treatment, or therapy
- ☐ During difficult or emotional conversations
- ☐ Other:

Step 4: Implement a Dynamic Data Strategy/Measuring Progress

Select **operational/process measures**, make performance transparent and visible, and track momentum

1. Building a SIMPLE Performance Dashboard Visible to the Team (Dropdown options and may select more than one):
 - ☐ Staff Receiving Empathy Coaching
 - Numerator – # of staff who received feedback on empathy use
 - Denominator – # of total staff
 - ☐ Empathy Demonstrated During Leader Rounding
 - Numerator – # of staff demonstrating empathy statements
 - Denominator – # of staff rounded on
 - ☐ Empathy at Key Moments (check-in, rooming, exam, check-out)
 - Numerator – # of visits where empathy was observed at ≥ 1 key touchpoint
 - Denominator – # of observed patient visits
 - ☐ Patients Reporting Staff Showed Empathy
 - Numerator – # of patients who say “yes” when asked if staff showed care/understanding
 - Denominator – # of patients rounded on
 - ☐ Empathy Used as First Response to Concern
 - Numerator – # of times staff responded to a patient concern with empathy first
 - Denominator – # of observed patient concerns or complaints
2. Other metric(s):

Study

Assess the data, progress, and outcomes (describe the measured results and how they compare to the plan)

1. Since you've had some time to implement Empathy Statements/ESP, how would you describe the effectiveness of your change management efforts? Choose one:
 - ☐ Great progress toward success
 - ☐ Some progress toward success
 - ☐ Minimal progress toward success
 - ☐ Unsuccessful
2. Reflecting on Step 2 in the Plan section, did you achieve the outcomes you were aiming for when you began the change management process? Did you experience the anticipated benefits ("the prize")? Select all that apply:
 - ☐ Improved patient experience and outcomes
 - ☐ Stronger provider/patient relationships
 - ☐ More efficient visits (clear priorities early)
 - ☐ Increased staff teamwork and engagement
 - ☐ Other:
 - ☐ None of the above

Did you encounter the negative impacts ("the penalty") of not implementing this change? Select all that apply:

- ☐ Patients feel rushed and less likely to adhere to or recall recommendations
 - ☐ Patient experience remains unchanged or decreases
 - ☐ Missed patient concerns resulting in poorer outcomes
 - ☐ Reduced staff engagement, teamwork, and connection to purpose
 - ☐ Other:
 - ☐ None of the above
3. **Operational/Process outcomes** – what did you measure over the past months?
 - ☐ Staff Receiving Empathy Coaching
 - ☐ Empathy Demonstrated During Leader Rounding
 - ☐ Empathy at Key Moments (check-in, rooming, exam, check-out)
 - ☐ Patients Reporting Staff Showed Empathy
 - ☐ Empathy Used as First Response to Concern
 - ☐ Other metric(s):

Act

Decide on next steps (Based on what was learned from the study, describe what you will adapt, adopt, or abandon as you continue the work)

Step 5: Sustain and Engage -

Embed the new practice into daily workflows using reinforcement, recognition and standard work.

Dropdown Options (may choose more than one):

- ☐ Embed into the orientation and onboarding process for new staff and providers
- ☐ Foster a sense of ownership and engagement of staff in the improvement process
 - After implementation, revisit Empathy/ESP usage every quarter to review measurement of operational and outcome data to ensure continued improvement and intended impact
 - WHO: the cross-functional team
 - WHEN: quarterly
 - WHERE: conference room or other meeting location
 - WHAT: evaluate effectiveness
- ☐ Identify team champions to model empathy
- ☐ Reinforce empathy during daily huddles (share examples, quick practice)
- ☐ Recognize staff who demonstrate empathy (shout-outs, tokens, boards)
- ☐ Use leader rounding to observe and coach empathy in real time
- ☐ Encourage peers to recognize and support each other (“see it, say it”)
- ☐ Share patient feedback to reinforce impact
- ☐ Use simple reminders (badge cards, posters)
- ☐ Align with overall talent management cycle (hire for fit, annual competency, retention, etc.)

✓ Appendix 3: Learning Guide Best Practice References

When reviewing the Plan-Do-Study-Act (PDSA) templates, you will see best practice references that may be new to you. Please use the following to navigate to the corresponding Learning Guide to learn more about each best practice.

Learning Guide Best Practice References	
Learning Guide	Best Practice
Provider as Trusted Educator	Personal Connections, Teach-Back
Leadership & Culture in the Medical Practice	Standards of Behavior, 5:1* Feedback
One Team One Purpose	Managing Up
High Reliability in the Medical Practice	Huddles, Rounding*, 4C Framework*
Moments that Matter	Empathy Statements
Leading Change with Heart	5-Step Change Model **

*Best practices included in all PDSA options.

**Best practice is used in the framework of each PDSA option.

The Learning Guide Best Practice References can be found in the IEHP Secure Provider Portal:
IEHP Provider Portal (<https://providers.iehp.org/account/login>) > Home > Training Guides & Forms

The screenshot shows the IEHP Secure Provider Portal interface. The left sidebar contains a menu with 'Home' highlighted. The main content area displays a welcome message and several sections: 'Provider Alerts', 'Updates', and 'Inland Regional Center (IRC)'. A red box highlights the 'Training Guides & Forms' section, which lists various resources including 'Provider Quality App User Guide (PDF)', 'Provider Quality App Quick Start Guide (PDF)', 'Patient Experience Partnership (PEP)', 'High Reliability in the Medical Practice', 'Communication in the Medical Practice', 'Leadership & Culture in the Medical Practice', 'Access to Care', 'Moments That Matter', 'From Friction To Resolution', 'Provider as Trusted Educator', 'Coordination of Care', 'One Team One Purpose', 'The Prescription Journey', 'Leading Change with Heart', and 'Emerging Trends'. A link at the bottom of this section states: 'Looking for a form? All IEHP forms can be found [here](#).'









Inland Empire Health Plan

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Published: September 9, 2026

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