

NCQA Patient-Centered Medical Home

Improving experiences for patients, providers and practice staff





PCMH Recognition

The patient-centered medical home is a model of care that emphasizes care coordination and communication to transform primary care into “what patients want it to be.” **NCQA Patient-Centered Medical Home (PCMH) Recognition is the most widely adopted model for transforming primary care practices into medical homes.**

Patients in medical homes receive the right care, in the right amount, at the right time. This increasingly popular delivery system modernization leads to safer and better care, empowers patients and renews the patient-provider relationship.

Clinicians, insurers, purchasers, consumer groups and others know the patient-centered medical home is an alternative to the nation’s costly, fragmented delivery system. Research confirms that medical homes can lead to higher quality and lower costs, and can improve patient and provider experiences of care.

NCQA PCMH Recognition is the first and most widely used formal assessment program from a national quality evaluator that results in a designation. Strengths of NCQA PCMH standards include:

Flexibility. More roadmap than recipe, PCMH standards give practices the freedom to decide the best way to become medical homes, based on their size and other factors. Three levels of recognition are available, and the standards’ adaptability helps diverse practices succeed, regardless of their configuration, electronic capabilities or location.

Alignment With “Meaningful Use.”

PCMH standards include federal “meaningful use” definitions. Clinicians at practices that meet the highest NCQA requirements are positioned to qualify for meaningful use bonuses; meeting meaningful use requirements is sound preparation for NCQA PCMH evaluation.

Reach. More than 34,500 clinicians at more than 6,800 practice sites earned PCMH recognition in the five years of NCQA’s PCMH program. Government and private sector initiatives in 37 states have used the NCQA model to support the spread of medical homes.

Emphasis on Continuous Improvement.

NCQA PCMH Recognition is a process for validating that a practice is poised for continuous improvement. Practices that do not earn the highest level of recognition know how they can improve.

Becoming an NCQA-Recognized Patient-Centered Medical Home

NCQA PCMH 2014 Recognition is based on six standards:

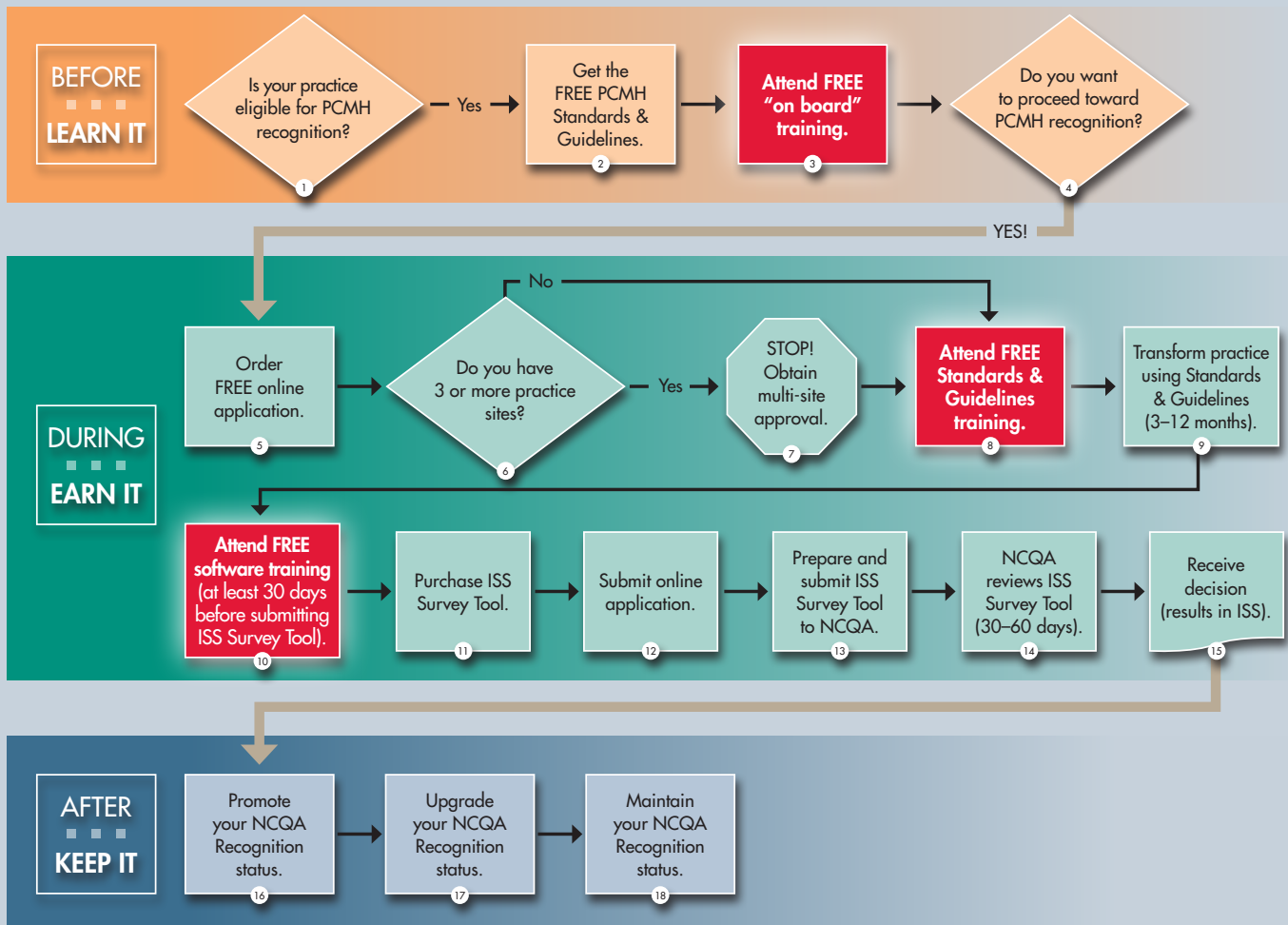
- **PCMH 1. Patient-Centered Access:** Accommodate patients' needs during and after hours, provide medical home information, offer team-based care
- **PCMH 2. Team-Based Care:** Engage all practice team members by providing medical home information, meet cultural and linguistic needs of patients and offer team-based care
- **PCMH 3. Population Health Management:** Collect and use data for population management
- **PCMH 4. Care Management and Support:** Use evidence-based guidelines for preventive, acute and chronic care management
- **PCMH 5. Care Coordination and Care Transitions:** Track and coordinate tests, referrals and care transitions
- **PCMH 6. Performance Measurement and Quality Improvement:** Use performance and experience data for continuous improvement

Practices must meet the following "must-pass" elements to achieve recognition:

- **1A:** Patient-Centered Appointment Access
- **2D:** The Practice Team
- **3D:** Using Data for Population Management
- **4B:** Care Planning and Self-Care Support
- **5B:** Referral Tracking and Follow-Up
- **6D:** Implement Continuous Quality Improvement

PCMH Recognition, Start to Finish

Visit www.ncqa.org/PCMH and click Step 1 of this chart to learn more from our interactive PCMH Start to Finish tool.



Resources and Opportunities

PCMH recognition is not an end point, but a process for validating that a primary care practice is poised for continuous improvement.

Know Who Knows PCMH—NCQA PCMH Content Expert Certification™ helps practices identify true authorities among the many professionals offering to help them prepare for surveys. NCQA cannot designate the best teachers of PCMH transformation, but does identify those who know PCMH standards. Certified experts complete NCQA education seminars, pass a comprehensive exam and commit to continuous learning and recertification.



Find IT That Fits PCMH—NCQA Prevalidation identifies EHR systems, registries, population health management tools and technologies that align with PCMH requirements. Practices that use prevalidated tools know their systems can support a successful survey.

Prevalidated tools can save time, reduce paperwork and relieve administrative burdens. They do not guarantee recognition, but can help practices focus on the real work of PCMH transformation.



Identify Partners Supporting PCMH Transformation—Financial support, training and technical aid are some ways partners help practices become medical homes.

Partners include health plans, business groups, medical societies and quality improvement organizations. E-mail pcmh-partners@ncqa.org to learn more. Is an organization helping you pursue PCMH recognition? Some sponsored practices qualify for discounts.

Commit to Patient Experience—Earning NCQA Distinction in Patient Experience Reporting lets recognized medical homes continue their journey of improvement through dedication to patient satisfaction.

NCQA Distinction means a practice contributes to national benchmarks of patient experience, driving improvement and providing a foundation for pay-for-performance programs that reward better patient satisfaction results.

Collaborate With Colleagues in Other Specialties—NCQA Patient-Centered Specialty Practice (PCSP) Recognition extends medical home principles beyond primary care, resulting in a community of specialists ready to work with medical homes.

PCSP-recognized practices are committed to access, communication and improving the referral process as “neighbors” surrounding the medical home. Primary care practices gain from this network of like-minded partners.

For more on how practices implement PCMH, see www.ncqa.org/PCMH.

Praise for PCMH

Practices

Many practices that earn NCQA PCMH Recognition qualify for higher reimbursements. There are other benefits, too.

NCQA customers say

"Have you seen enthusiasm in your employees? That's what being an NCQA medical home has meant to us."

"This was a great experience. We learned a lot."

"It was a great learning experience and the PCMH concept can only make practices the best they can be."

"The entire NCQA staff was extremely knowledgeable and helpful."

Payers

Evidence confirms that medical homes advance the "triple aim" of higher quality, better patient experience and cost containment.

- *Patient Experience Over Time in Patient-Centered Medical Homes*, Kern, Commonwealth Fund, May 2013
- *Impact of Medical Homes on Quality, Healthcare Utilization, and Costs*, DeVries, American Journal of Managed Care, September 2012
- *Benefits of Implementing the Patient-Centered Medical Home, A Review of Cost & Quality Results*, Patient Centered Primary Care Collaborative, September 2012
- *Achieving Better Quality of Care for Low-Income Populations: The Role of Health Insurance and the Medical Home for Reducing Health Inequities*, Berenson, Commonwealth Fund, May 2012
- *Colorado's Patient-Centered Medical Home Pilot Met Numerous Obstacles, Yet Saw Results Such As Reduced Hospital Admissions*, Harbrecht, Health Affairs, September 2012
- *Reinventing Medicaid: State Innovations to Qualify and Pay for Patient-Centered Medical Homes Show Promising Results*, Takach, Health Affairs, July 2011

Payers support NCQA PCMH Recognition

Insurers invest in the medical home concept by becoming sponsors.

"NCQA's PCMH Recognition program has been fundamental to the success of our Medicaid primary care transformation initiative and has created a common language with private insurers committed to generating a high-value primary care delivery system."

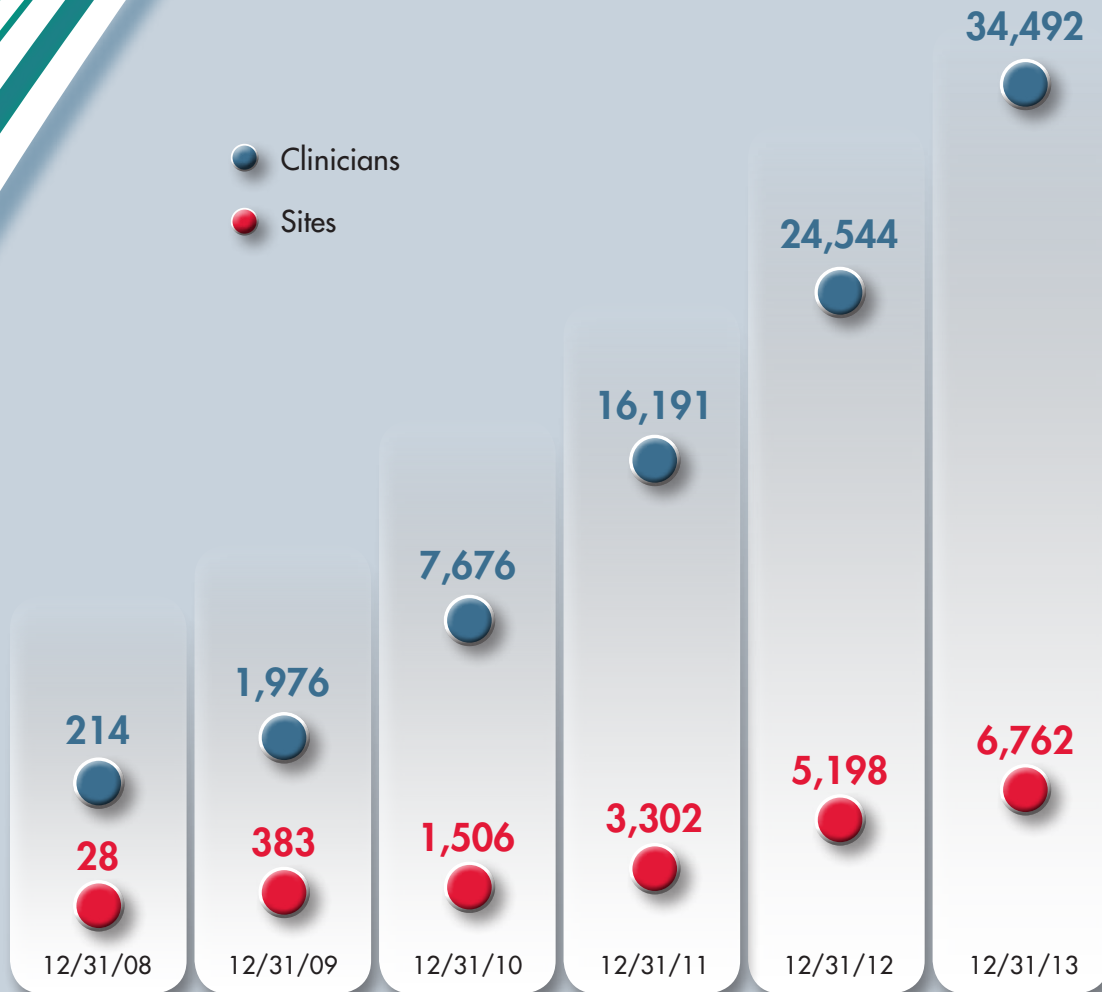
Foster Gesten, MD, Medical Director, Office of Health Insurance Programs, New York State Department of Health

"We chose NCQA PCMH Recognition because the model has been proven to improve quality and decrease costs."

Raquel J. Rosen, MA, CAE, CEO, Colorado Academy of Family Physicians

A Popular Program's Rapid Growth

NCQA Patient-Centered Medical Home Recognition is the most widely adopted method for transforming primary care practices into medical homes.



Genentech, Lead Sponsor, **abbvie**, Lead Sponsor, & **MERCK**, Champion Sponsor, have provided support for the marketing of the Patient-Centered Medical Home 2014 program. No support has been received for the development of the content or the expenses and honoraria of faculty associated with this activity.



To learn more, please visit www.ncqa.org/PCMH or contact NCQA Customer Support at 888-275-7585. For seminars about PCMH, visit www.ncqa.org/education.

NCQA is a private, non-profit organization dedicated to improving health care quality. NCQA accredits and certifies a wide range of health care organizations. It also recognizes clinicians and practices in key areas of performance. NCQA's Healthcare Effectiveness Data and Information Set (HEDIS®) is the most widely used performance measurement tool in health care. NCQA's Web site (www.ncqa.org) contains information to help consumers, employers and others make more informed health care choices.