Patient-Centered Medical Home (PCMH) Recognition

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Objectives

- Present what is Patient-Centered Medical Home (PCMH)
- Discuss the PCMH Joint Principles
- Compare the recognition processes of the accrediting agencies
- Compare the PCMH Joint Principles between accrediting agencies
- Discuss the benefits of PCMH for health system, practices, clinicians and patients
- Present the impact of PCMH in reducing costs, and improving quality and patient experience
- Present PCMH recognition status for PR health centers

HRSA Accreditation and Patient-Centered Medical Home Recognition Initiative

Ambulatory Health Care Accreditation

- Quality improvement/assurance
- Risk management
- Performance improvement

Patient-Centered Medical Home (PCMH) Recognition

- Patient-centered care
- Care coordination
- On-going quality improvement

PCMH Joint Principles

- Personal physician
- Physician directed medical practice
- Whole person orientation
- Care is coordinated and/or integrated
- Quality and safety all hallmarks
- Enhance access to care is available
- Payment appropriately recognizes the added value

Organizations contracted by HRSA to provide T/TA for the PCMH recognition process

	The Joint Commission	Accreditation Association for Ambulatory Health Care	National Committee for Quality Assurance
Acronym	TJC	AAAHC	NCQA
Name	Primary Care Medical Home certification	Medical Home accreditation	Patient-Centered Medical Home recognition
Duration	3 years	3 years	1 year
Levels	N/A	N/A	N/A
Ambulatory accreditation	Yes	Yes	No

PCMH Joint Principles

TJC	AAAHC	NCQA
❑Patient-centeredness ❑Comprehensiveness ❑Coordination of care ❑Superb access to care ❑Systems for quality/safety	❑Understanding and collaboration ❑Accessibility ❑Comprehensiveness of care ❑Continuity of care ❑Quality	❑Team-based care and practice organization ❑Knowing and managing your patients ❑Patient-centered access and continuity ❑Care management and support ❑Care coordination and care transitions ❑Performance measurement and quality improvement

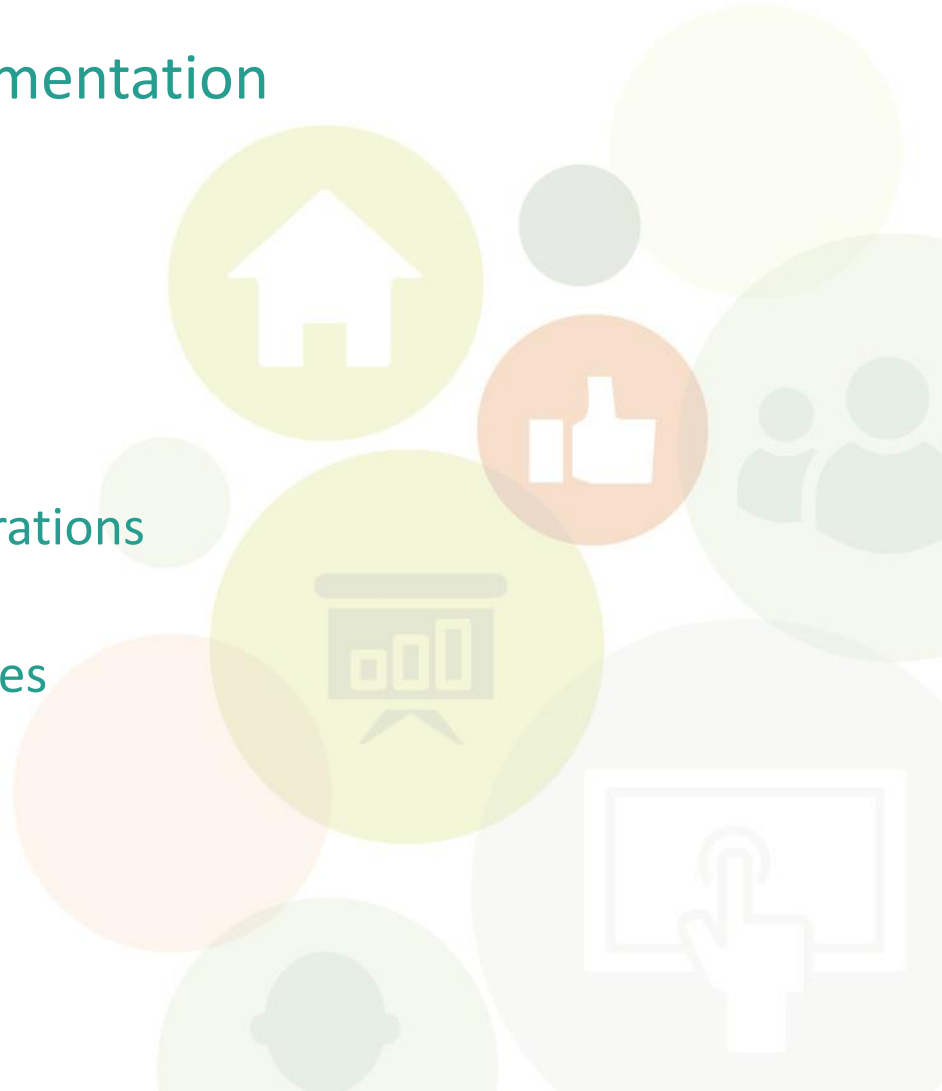
Evidence

Documented Processes

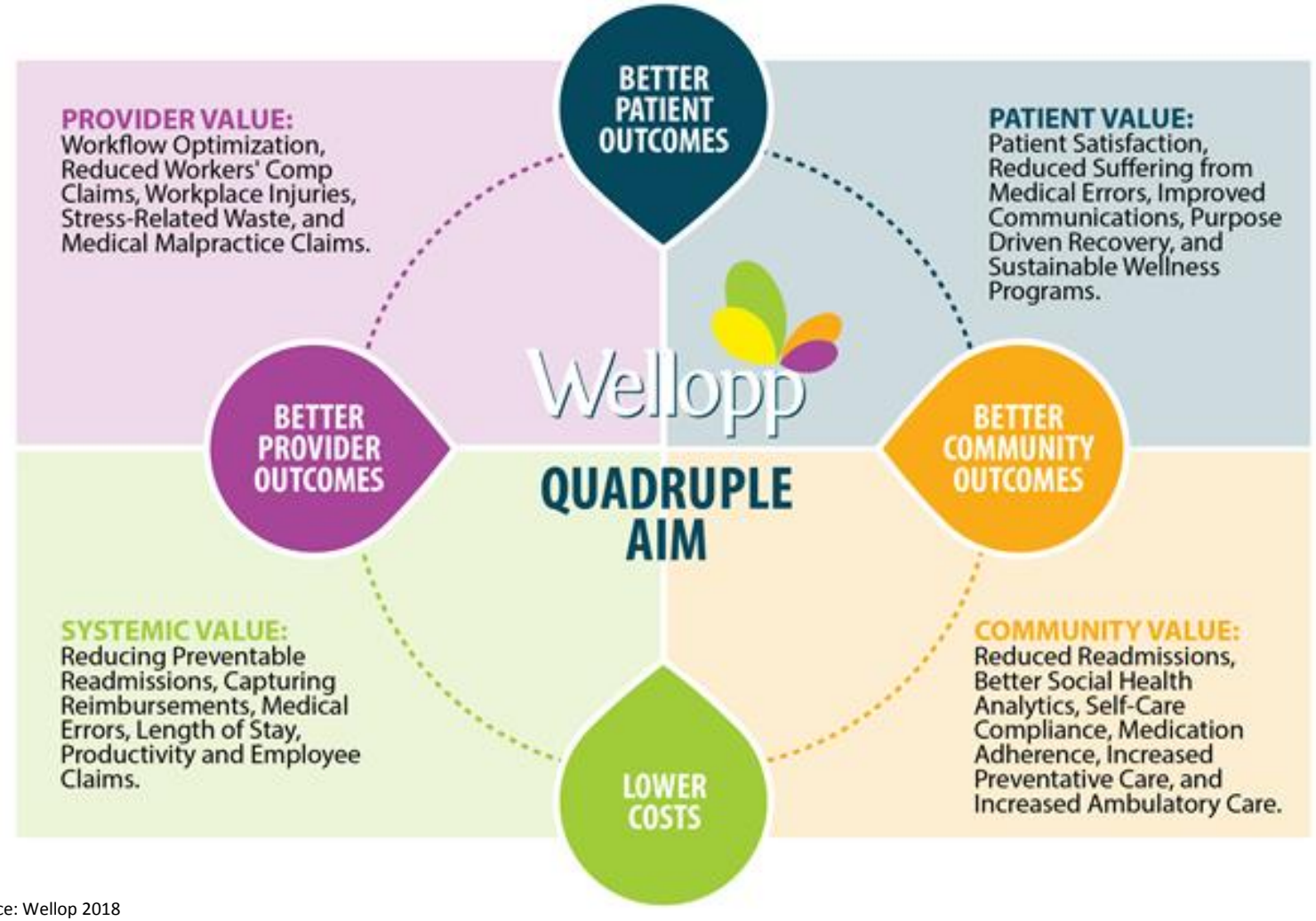
- Policies
- Procedures
- Protocols
- Guidelines
- Agreements
- Other documents:
  - ✓ Referral forms
  - ✓ Checklists
  - ✓ Flowsheets

Evidence of Implementation

- Reports
- Patient records
- Materials
- Examples
- Screen shots
- Virtual demostrations
- Attestation
- Quality measures
- Surveys



PCMH supports the achievement of the Quadruple Aim



Source: Wellop 2018

PCMH: Practice benefits

Align with where health care is headed

Integrate services across the practice

Support revenue growth

Improve practice

Keep staff happy

Market the practice

PCMH: Clinician benefits

Earn higher reimbursement

Succeed in MACRA

Earn maintenance of certification credits

Focus on patient care

PCMH: Patients benefits

Stay healthy

Better communication

Better manage chronic conditions

Have a better experience

Lower Costs & Improved Quality

PCMH recognition was associated with $265 lower annual total Medicare spend per beneficiary (-4.9%). It was also associated with lower hospital spending and fewer emergency department visits (55 fewer visits per 1,000 beneficiaries for all causes and 13 for ambulatory care-sensitive conditions).[1]

PCMH recognition resulted in a 9.3% reduction in emergency department utilization (resulting in approximately $5 million in savings per year). It also resulted in a 10.3% reduction in ambulatory-care-sensitive inpatient admissions for patients with two or more comorbidities.[2]

[1]Van Hasselt M, McCall N, Keyes V, Wensky SG & Smith KW (2014). Total cost of care lower among Medicare fee-for-service beneficiaries receiving care from Patient-Centered Medical Homes. Health Services Research.
[2]Rosenthal MB, Alidina S, Friedberg MW, Singer SJ, Eastman D, Li Z & Schneider EC. (2015). A difference-in-difference analysis of changes in quality, utilization and cost following the Colorado multi-payer Patient-Centered Medical Home Pilot. Journal of General Internal Medicine.

Improved Quality and Patient Experience

Health centers with PCMH recognition perform better on clinical quality measures (CQMs), with longer periods of recognition leading to better outcomes on 9 of 11 CQMs.[3]

PCMH recognition is associated with better experience for patients. In a recent study, 83% of patients surveyed said being treated in a PCMH practice improved their health. Also, patients of PCMH practices said they were able to get same day appointments 4 times more than patients of non-PCMH practices.[4]

[3]Hu R, Shi L, Sripipatana A, Liang H, Sharma R, Nair S, Chung M & Lee DC. (2018). The association of Patient-Centered Medical Home designation with quality of care of HRSA funded health centers. *Medical Care.*
[4]Langston C, Undem T, Dorr D. (2014). Transforming primary care what beneficiaries want and need from Patient-Centered Medical Homes to improve health and lower costs. *Hartford Foundation.*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Questions?

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Joint Principles of the Patient-Centered Medical Home
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TJC Primary Care Medical Home Self-Assessment Tool
https://www.jointcommission.org/joint_commission_primary_care_medical_home_self-assessment_tool___/
AAAHC 2018 Accreditation Handbook for Ambulatory Care
https://www.aaahc.org/Global/Handbooks/2018/HB18__FINAL_INTERACTIVE.pdf
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