

PCMH1: Enhance Access and Community

Improved access to team based primary care is a key component of the patient-centered medical home model of care. The ability to provide same-day appointments is critical to improved patient access to a medical home and coordinated care.

Element A: Patient-Centered Access — Must Pass

Element 1A is a “must-pass” element for NCQA so practices must score at least 50%. There are a total of 6 factors within 1A. To achieve 50%, you must get credit for **factor 1** (critical factor), PLUS at least one other factor:

Factor 1: Providing same-day appointments for routine and urgent care (**critical factor**)

Factor 2: Providing routine and urgent-care appointments outside regular business hours

Factor 3: Providing alternative types of clinical encounters

Factor 4: Availability of appointments

Factor 5: Monitoring no show rates

Factor 6: Acting on identified opportunities to improve access

1. Providing Same-Day Appointments: The ability to provide same-day appointments for routine and urgent care is identified as a **critical factor** in the 2014 NCQA PCMH Standards and is required for any level of recognition. Policy must be in place at least 90 days prior to submission, but not older than one year.

- Some PCMH practices adopt a full “Open-Access” scheduling policy. This means they strive to accommodate all patients that request a same-day appointment, regardless of the reason for the visit. However, not all PCMH practices adopt this model of scheduling and NCQA does not require it for recognition.
- Instead, practices may receive credit for this factor as long as they can demonstrate to NCQA they reserve an adequate number of same-day appointments to accommodate their patients who need same-day care. Same-day appointments must be reserved within the schedule and held open for same-day use – *adding ad hoc or unscheduled sick-care appointments to an already overbooked schedule (sometimes called “work-in” appointments) does not meet NCQA requirements.*
- Some PCMH practices reserve same-day appointments for sick care only, and others include same-day access for routine/chronic care as well. The practice written scheduling policy must outline criteria for the types of visits that warrant same-day access (triage requirements) and a policy for scheduling routine care.

Evaluate Current Scheduling Policies:

Examine current scheduling policies and procedures to determine if they meet PCMH transformation goals. Here are a few questions to help with the evaluation process:

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Q: How many appointments should be held open for same-day appointments?

Start looking at practice demand in order to accurately determine the number of same-day appointments necessary to accommodate patient population. Practice policy should state the number or percentage of appointments practice reserves for same-day appointments each day.

Q: Does practice have established criteria for the types of visits (sick and/or routine) that are eligible for same-day appointments? How does practice triage for same-day appointments?

Make sure practice policy includes your criteria and scheduling process for both sick and routine appointments. NCQA does not require same-day access for routine care, however, you still need to include your criteria for routine appointment scheduling in your policy.

Q: Does practice policy include procedures for scheduling with another physician within the practice if the patient's preferred physician is not available?

Some physicians in practice may have more room in their schedules for same-day appointments than others. For example, if Dr. A is over-paneled and doesn't always have room in her schedule to accommodate all of her same-day appointments requests, then practice may need to reserve additional same-day appointments in Dr. B's schedule (or nurse practitioner) to meet total practice patient demand. NCQA requires practices to make every effort to schedule patients with their own physician however this is not always possible.

Documentation Requirements:

Document Scheduling Policies:

Practice office policies for scheduling same-day appointments should include the following:

- Number (or percentage) of appointments reserved for same-day use
- Triage criteria for same-day access
- Procedures for scheduling with another physician/clinician within the practice if the patient's preferred physician is not available for same-day.
- Routine appointment criteria (including instructions for pre-planning for labs and other tests that may be needed prior to the visit)
- Effective date of office policies (must be in effect at least 90 days, but not more than one year, prior to submitting application to NCQA)

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2. Providing Timely Clinical Advice by Telephone during 24/7: The ability to provide timely, interactive clinical advice to patients by telephone or electronic messaging can reduce unnecessary use of the emergency room and is a key characteristic of a successful patient-centered medical home.
3. Providing Timely Clinical Advice by Secure Electronic Messages 24/7: In order to achieve credit for factor 3, practice must have a secure electronic messaging system (e.g., patient portal requiring username and password for access).
 - All clinical advice must be *interactive* (questions are answered by an individual). A recorded message directing patients to the ER does not meet the requirement.
4. Documenting Clinical Advice in the Medical Record: All clinical advice must be documented in the patient's record, whether it is provided by telephone or secure electronic messaging.

Evaluate office policies regarding clinical advice:

NCQA requires a written policy that describes procedures for providing clinical advice during office hours *and* requirements for documenting advice in the patient's medical record.

Office policies regarding providing clinical advice to patients should include, at least:

- A description of process for handling calls and messages from patients needing clinical advice during office hours.
- Turn-around time requirements for clinician responses to patients needing clinical advice during office hours. (NCQA does not prescribe specific turn-around times -- define requirements for timeliness and include them in written policy).
- Requirements and procedures for documenting clinical advice in patient records. (NCQA requires documentation of all clinical advice in patient records whether it is provided by telephone or secure electronic message).
- Effective date of policies (must be in effect at least 90 prior to application submission, but not older than one year – all policies must be dated).

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NCQA Documentation Requirements (summary):

1. Show office policies: Factors 1-6: Submit copies of office policies and indicate the date they were implemented (must be in effect at least 90 days prior to submitting application, but not older than one year – **make sure all policies are dated**).
2. Show evidence that performance meets the standards set in practice policies:
 - Factor 1: Provide a summary report (covering 5 days) showing the number of same- day appointments available throughout the practice at the beginning of each day (*make sure patient names and PHI are blocked*).
 - Factor 2: Report showing at least five days of data
 - Factor 3: Report with frequency of scheduled alternative encounter types in a recent 30-calendar day period
 - Factor 4: Report with at least 5 days of data showing appointment wait times compared to practice defined standards including a policy for how the practice monitors appointment availability
 - Factor 5: Report showing rate of no shows from a recent 30-day period.
 - Factor 6: Documented process indicating the method a practices uses to select, analyze and update its approach to creating greater access to appointments and three examples.

Recommended Links/Resources:

www.medicalhomeinfo.org

- Sample Practice Brochure

<https://www.communitycarenc.org/emerging-initiatives/pcmh-central1/2011-pcmh-resources/>

- Webinars on all standards
- Tools/practice examples for all measures/NCQA standards
- Practical tools/resources for practice transformation
- Specific tools to consider: (<https://www.communitycarenc.org/media/files/web-based-pcmh-2011-workbook-1-xls.xls>)
 - Sample Practice Access Communication Policy
 - Sample Policy: Telephone and E-Mail Response (PCMH 1A3,4)
 - Sample Patient Portal Policy and Procedure
 - PPC2F – 2.7
 - PPCA3 (<https://www.communitycarenc.org/elements/media/files/ppc1a-35triagepolicy.pdf>)

<http://www.safetynetmedicalhome.org/>

- Safety Net Medical Home Initiative
- Strategies and Tools to Orient and Engage Patients and Families to the Patient-Centered Medical Home Model of Care
(<http://www.safetynetmedicalhome.org/sites/default/files/Intro-To-PCMH.pdf>)
- Time to Third Next Available appointment
(<http://www.safetynetmedicalhome.org/sites/default/files/Third-Next-Appointment.pdf>)