Roadmap for Transformation to Patient-Centered Medical Home

Suggestions for First Steps

To help get you started with your transformation, we've gathered the following suggestions for "first steps":

1. Engage leadership
   - Outline the benefits for your practice and the reasons why you want to transform.
   - Physician support is a "must-have" for success.

2. Identify your transformation leaders – "Champions"
   - Ideal Champion teams should include a physician, clinical coordinator and administrative coordinator.

3. Educate your staff on the benefits of becoming a PCMH
   - Don't skip this step! If your employees understand the benefits of PCMH, it will make the transformation process a more positive experience.
   - Involve your entire staff. PCMH transformation is a *practice-wide* endeavor and will affect everyone from your front-desk staff to your clinicians.

4. Begin thinking about your patient population and the clinical conditions and behavioral health issues most prevalent within your practice. Some examples might include:

Diabetes	COPD
Hypertension	Depression
CHF	Obesity
Asthma	Smoking

5. Explore your practice management system and EMR. They can help you automate many of the processes required for optimal PCMH performance.

   - Performance reporting
   - Data mining
   - Patient registries
   - Flow sheeting
   - Tracking logs

NCQA PCMH Recognition - Application Tips

"Over-Achieve" on the Must-Pass Elements:
The 2014 PCMH Standards contain six **must-pass** elements and you must pass each one in order to receive any level of recognition. Even though only a 50% score is required to pass the must-pass elements, aim higher whenever possible. This will give you a cushion just in case NCQA does not pass you on all the factors you applied for. If you only aim for the minimum 50% and you miss one of them, you will not be eligible for any level of NCQA recognition.

Start with the Elements that Take the Most Time:
Review all of the Must-Pass Elements and evaluate based on your practice's current strengths and weaknesses. Begin with those that will require the most time based on this evaluation.

Put Yourself in your Reviewer's Shoes:
Consider your reviewer when completing your application. Can they easily connect the documentation to the relevant Element and Factor? Eliminate the risk of losing points for this reason by clearly labeling each document and the related Element and Factor. Many practices do this by inserting a text box (or comment) with the Standard, Element and Factor on each document (1A4, 2D3, etc.). For some documents, you may also want to provide explanations or summaries at the bottom for additional clarification.

Document Library:
When creating your document library, make sure you name all your documents consistently. This will make it much easier to upload them to your NCQA Survey Tool for final submission. Most practices begin each document name with the Standard, Element and Factor it applies to. (For example: "1A1 – Same Day Scheduling Policy").

Top Six (6) Most Useful Websites:

https://www.communitycarenc.org/emerging-initiatives/pcmh-central1/2011-pcmh-resources/
(Note: Check out the 2014 Updates)

http://www.safetynetmedicalhome.org/

http://medicalhomeinfo.org/

http://www.bizmedsolutions.com/

http://pcmh.ahrq.gov/

http://www.ncqa.org/Programs/Recognition/Practices/PatientCenteredMedicalHomePCMH.aspx

NCQA PCMH – Overview

The NCQA Standards

The NCQA PCMH 2014 program's six standards align with the core components of primary care:

- Standard 1: Patient-Centered Access
- Standard 2: Team Based Care
- Standard 3: Population and Health Management
- Standard 4: Care Management and Support
- Standard 5: Care Coordination and Care Transitions
- Standard 6: Performance Measurement and Quality Improvement

The "Must-Pass" Elements

Six must-pass elements are considered essential to the patient-centered medical home, and are required for practices at all recognition levels. Practices must achieve a score of 50% or higher on must-pass elements:

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

Recognition Levels and Point Requirements

There are three levels of NCQA PCMH Recognition; each level reflects the degree to which a practice meets the requirements of the elements and factors that comprise the standards. For each element's requirements, NCQA provides examples and requires specific documentation. The NCQA Recognition levels allow practices with a range of capabilities and sophistication to meet the standards' requirements successfully. The point allocation for the three levels is as follows:

Level 1	35–59 points
Level 2	60–84 points
Level 3	85–100 points

- 6 of 6 elements are required for each level
- Score for each Must-Pass element must be ≥ 50%

***Please visit**
http://www.ncqa.org/Programs/Recognition/Practices/PatientCenteredMedicalHomePCMH.aspx to download a full copy of the 2014 PCMH Standards and Guidelines