

The Patient Centered Medical Home Guidelines: A Tool to Compare National Programs



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Introduction

Several national organizations offer patient-centered medical home (PCMH) accreditation, certification, achievement and recognition programs. In February, the American Academy of Family Physicians (AAFP), the American Academy of Pediatrics (AAP), the American College of Physicians (ACP) and the American Osteopathic Association (AOA) released the "Guidelines for Patient-Centered Medical Home Recognition and Accreditation Programs," which address what PCMH programs should incorporate.

The Medical Group Management Association (MGMA) developed this comparison tool to assess how each of the national PCMH programs meets these guidelines. This summary provides a neutral and transparent review of the following organizations' accreditation, certification, achievement and recognition programs and their processes:

1. The Accreditation Association for Ambulatory Health Care: 2011 Medical Home Standards
2. The Joint Commission: Primary Care Medical Home 2011 Standards and Elements of Performance (Available July 2011)
3. The National Committee for Quality Assurance: Patient-Centered Medical Home 2011 Standards
4. URAC: Patient Centered Health Care Home (PCHCH) Practice Achievement Version 1.0 (Available June 2011)

How this tool will help you

The comparison tool focuses on how the four national programs meet the guidelines. If your organization is interested in becoming a PCMH, this tool will help narrow your assessment of the various programs and focus on the most important elements. By providing a detailed summary of all four programs, it should save you from having to read each organization's handbook. Additionally, MGMA has confirmed the accuracy of the tool with all four organizations and received feedback to ensure its correctness. The assessment was carefully worded to avoid any bias and to ensure that users of this tool can make their own decisions on the strengths and weakness (if any) of each program. Keep in mind that some pilots and demonstrations require a given recognition or their own health plan certification. Currently, there are no plans to standardize the requirements so all primary care providers and payers need to consider the various options. While MGMA can't say that the PCMH model is the future of healthcare, we can acknowledge its increased presence in the healthcare marketplace.

<p>American Academy of Family Physicians (AAFP), American Academy of Pediatrics (AAP), American College of Physicians (ACP) and American Osteopathic Association (AOA): Guidelines for Patient-Centered Medical Home (PCMH) Recognition and Accreditation Programs, 2011</p>	<p>The Accreditation Association for Ambulatory Health Care (AAAHC): 2011 Medical Home Standards</p>	<p>The Joint Commission: Primary Care Medical Home 2011 Standards and Elements of Performance</p>	<p>The National Committee for Quality Assurance (NCQA): Standards for Patient-Centered Medical Home (PCMH) 2011</p>	<p>URAC: Patient Centered Health Care Home (PCHCH) Practice: Standards 2011</p>
<p>1. Incorporate the Joint Principles of the PCMH. The principles are intended to describe the characteristics of a PCMH, including a personal physician in a physician-directed, team-based medical practice; whole person orientation; coordinated and/or integrated care; quality and safety; enhanced access; and payment.</p>	<p>Meets Guideline. The combined standards in the 2011 AAAHC Medical Home accreditation and on-site certification programs both meet the <i>Joint Principles of the Patient-Centered Medical Home</i>, February 2007, developed by American Academy of Family Physicians (AAFP), American Academy of Pediatrics (AAP), American College of Physicians (ACP) and American Osteopathic Association (AOA).</p> <p>The AAAHC Medical Home accreditation program comprises five main medical home standards: 1 - relationship, communication, understanding and collaboration; 2 - continuity of care; 3 - comprehensiveness of care; 4 - accessibility; and 5 - quality. Additionally, practices seeking AAAHC Medical Home accreditation must meet eight core standards: 1 - rights of patients; 2 - governance; 3 - administration; 4 - quality of care provided; 5 - quality management and improvement; 6 - clinical records and health information; 7 - infection prevention and control and safety; and 8 - facilities and environment.</p>	<p>Meets Guideline. The combined operational characteristics in the 2011 Joint Commission Primary Care Medical Home designation meet the <i>Joint Principles of the Patient-Centered Medical Home</i>, February 2007, developed by American Academy of Family Physicians (AAFP), American Academy of Pediatrics (AAP), American College of Physicians (ACP) and American Osteopathic Association (AOA).</p> <p>The Joint Commission Primary Care Medical Home designation evaluates five operational characteristics: 1 - patient-centered care; 2 - comprehensive care; 3 - coordinated care; 4 - superb access to care; and 5 - systems-based approach to quality and safety.</p>	<p>Meets Guideline. The combined standards in NCQA's PCMH 2011 Recognition program meet the <i>Joint Principles of the Patient-Centered Medical Home</i>, February 2007, developed by American Academy of Family Physicians (AAFP), American Academy of Pediatrics (AAP), American College of Physicians (ACP) and American Osteopathic Association (AOA).</p> <p>The NCQA PCMH recognition program comprises six standards: 1 - enhance access and continuity; 2 - identify and manage patient populations; 3 - plan and manage care; 4 - provide self-care support and community resources; 5 - track and coordinate care; and 6 - measure and improve.</p>	<p>Meets Guideline. The combined standards in URAC'S Patient Centered Health Care Home Practice Achievement Version 1.0 meet the <i>Joint Principles of the Patient-Centered Medical Home</i>, February 2007, developed by American Academy of Family Physicians (AAFP), American Academy of Pediatrics (AAP), American College of Physicians (ACP) and American Osteopathic Association (AOA).</p> <p>URAC'S PCHCH Practice Achievement Version 1.0 includes 28 standards in 7 modules: 1 - core quality care management; 2 - patient-centered operations management; 3 - access and communications; 4 - testing and referrals; 5 - care management and coordination; 6 - advanced electronic capability and 7 - performance reporting and improvement.</p>

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	<p>The AAAHC Medical Home on-site certification program comprises nine standards: 1 - patient rights; 2 - governance; 3 - administration; 4 - clinical records and health information; 5 - medical home relationships; 6 - medical home continuity of care; 7 - medical home comprehensiveness; 8 - medical home accessibility; and 9 - medical home quality.</p>			
<p>2. Address the complete scope of primary care services. Recognition and accreditation programs should attempt to assess all of the primary care domains outlined by the Institute of Medicine: <i>comprehensiveness, coordination, continuity, accessibility, and patient engagement and experience.</i> The care is delivered for all stages and ages of life, acute care, chronic care, behavioral and mental healthcare, preventive services and end-of-life care along with coordinating and/or integrating care for services not provided in-house.</p>	<p>Meets Guideline. The 2011 AAAHC Medical Home comprehensiveness of care standard addresses the requirement to provide the primary care scope of care. The services can include but are not limited to preventive care, wellness care, acute care, chronic care and end-of-life care. The primary care domains outlined by the Institute of Medicine: <i>comprehensiveness, coordination, continuity, accessibility, and patient engagement and experience</i> are addressed in this program.</p>	<p>Meets Guideline. The 2011 Joint Commission Primary Care Medical Home comprehensive care standard addresses acute care, chronic care, age- and gender-specific preventive services, behavioral health needs, oral health care, urgent and emergent care and substance abuse treatment. The primary care domains outlined by the Institute of Medicine: <i>comprehensiveness, coordination, continuity, accessibility, and patient engagement and experience</i> are addressed in this program.</p>	<p>Meets Guideline. NCQA's PCMH 2011 standards require the delivery of acute care, chronic care, behavioral and mental health, and preventive services. The primary care domains outlined by the Institute of Medicine: <i>comprehensiveness, coordination, continuity, accessibility, and patient engagement and experience</i> are addressed in this program.</p>	<p>Meets Guideline. URAC'S PCHCH Practice Achievement Version 1.0 standards for ongoing care management protocols-all patients and coordination of care address the requirement to provide the primary care scope of care. The primary care domains outlined by the Institute of Medicine: <i>comprehensiveness, coordination, continuity, accessibility, and patient engagement and experience</i> are addressed in this program.</p>

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<p>3. Ensure the incorporation of patient and family-centered care emphasizing engagement of patients, their families and their caregivers. Recognition and accreditation programs should attempt to incorporate elements that assess a practice's or organization's ability to implement patient- and family-centered care based on the needs and preferences of their patients, family and caregivers; ensure cultural and linguistic competency among its clinicians and staff; and collect and act upon patient, family and caregiver experience and satisfaction data among other opportunities to provide patient- and family-centered care.</p>	<p>Meets Guideline. The 2011 AAAHC Medical Home standards address patient-centeredness and patient engagement. The relationship standard heavily focuses on the need for the physician and/or physician-directed care team to develop relationships with their patients. The organization is required to treat all patients with cultural sensitivity. Additionally, the continuity of care and comprehensiveness standards support this guideline.</p>	<p>Meets Guideline. The 2011 Joint Commission Primary Care Medical Home standards do require patient-centered care emphasizing the patient's engagement, including performance improvement activities. The patient is involved in the development of treatment plans. Specific standards also address the patient's health literacy needs and the patient's preferred language for discussing health care.</p>	<p>Meets Guideline. The patient is encouraged to select a personal clinician and to collaborate in the development and management of individual care plans to include treatment goals. Care teams are expected to be trained on effective patient communication, particularly with vulnerable populations, to assess the cultural and linguistic needs of patients and families and to provide interpretation or bilingual services and materials in languages of its population. Another element requires a practice to develop and document self-management plans in collaboration with patients, their families and or/caregivers and to provide resources to support patient/family self-management. The practice is also expected to request feedback from patients on their experiences with the practice and the way care was delivered and to obtain performance and patient experience data for vulnerable patient groups.</p>	<p>Meets Guideline. URAC'S PCHCH Practice Achievement Version 1.0 standards of enhancing patient access to services, informed decision-making with patients, coordination of care, care transitions and self-management standards support this guideline. URAC provides in the standards how the PCHCH empowers patients and their families/caregivers to be active participants in their care, through patient-friendly education and informed shared, decision-making that is based on cooperation, trust, and respect for each individual's health care. The patient's knowledge, health literacy, beliefs, and cultural background are considered.</p>
<p>4. Engage multiple stakeholders in the development and implementation of the program.</p>	<p>Meets Guideline. The involvement of multiple parties in the development of the standards and program is addressed in the overview provided for the <i>2011 AAAHC Accreditation Handbook for Ambulatory Health Care</i>.</p>	<p>Meets Guideline. The Joint Commission developed its standards in consultation with healthcare experts, providers and researchers as well as purchasers and consumers. An expert panel assisted in the development of the 2011 Joint Commission Primary Care Medical Home designation. Public comments from numerous stakeholders were considered in developing</p>	<p>Meets Guideline. The involvement of multiple parties in the development of the standards and program is addressed in the overview of the NCQA's PCMH 2011 standards. In addition to the guidance of an active expert advisory committee, more than 200 responses were received from healthcare providers, health plans and consumer stakeholders during the public comment</p>	<p>Meets Guideline. The standards for URAC'S PCHCH Practice Achievement were developed by URAC's multi-stakeholder advisory committee. More than 200 responses were received from numerous stakeholders, health care providers, health plans, purchasers, employers and consumers during the public comment period and were reviewed and considered in the</p>

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		the final standards.	period.	final development of the program.
<p>5. Align standards, elements, characteristics and/or measures with meaningful use requirements.</p>	<p>Partially Meets Guideline. The 2011 AAAHC Medical Home standards do not specifically measure meaningful use requirements outlined by the Centers for Medicare and Medicaid Services and the Office of the National Coordinator for Health Information Technology. However, the AAAHC medical home accreditation and on-site certification both address the use of electronic data management being continually assessed as a tool to facilitate the given standards for four core principles of the Patient-Centered Medical Home: 1 – continuity of care; 2 – comprehensiveness; 3 – accessibility to care; and 4 – quality.</p>	<p>Partially Meets Guideline. The standards in the 2011 Joint Commission Primary Care Medical Home designation do not specifically measure meaningful use requirements outlined by the Centers for Medicare and Medicaid Services and the Office of the National Coordinator for Health Information Technology. However, The Joint Commission ambulatory care accreditation standards do include some of the meaningful use requirements, and practices seeking the primary care medical home designation can obtain it as an optional add-on to their ambulatory care accreditation.</p>	<p>Meets Guideline. NCQA’s PCMH 2011 standards include compliance with HITECH Act meaningful use requirements. The 15 core and 10 menu meaningful use requirements are embedded in the language of the standards. Practices seeking this PCMH recognition will be prepared to qualify for meaningful use if they meet the requirements of the following elements of performance: 1C - electronic access; 2A - patient information; 2B - clinical data; 2D - use data for population management; 3A - implement evidence-based guidelines; 3D - medication management; 3E - use electronic prescribing; 4A - support self-care process; 5A - test tracking and follow-up; 5B - referral tracking and follow-up; 5C - coordinate with facilities and care transitions; and 6F - report data externally. Additionally, practices are required to provide the name and number of the software they use in their PCMH 2011 application and attest to the required security analysis.</p>	<p>Meets Guideline. URAC’S PCHCH Practice Achievement Version 1.0 standards include compliance with HITECH Act meaningful use requirements. The standards include 15 core and 10 menu meaningful use requirements. The handbook provides a crosswalk of the program standards and the meaningful use requirements. The following 12 program elements include the meaningful use requirements: 7 - enhancing patient access to services; 14 - patient reminders; 15 - ongoing care management protocols; 17 - medication review and reconciliation; 19 - coordinating care transition and written plans; 20 - appropriate use of clinical guidelines; 22 - electronic communications portal; 23 - electronic communications portal review and evaluation; 24 - electronic prescribing utilized; 25 - basic electronic health record; 26 - advanced electronic health record; and 28 - performance reporting.</p>

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<p>6. Identify essential (core to being a medical home practice) standards, elements and characteristics. Recognition and accreditation programs should include but not be limited to advanced access principles; comprehensive, practice-based services; effective care management; care coordination; practice-based team care; and guarantees of quality and safety.</p>	<p>Meets Guideline. The 2011 AAAHC Medical Home standards: 1 - relationship, communication, understanding and collaboration; 2 - continuity of care; 3 - comprehensiveness of care; 4 - accessibility; and 5 - quality -- meet the intent of this guideline.</p>	<p>Meets Guideline. The operational characteristics in the 2011 Joint Commission Primary Care Medical Home designation: 1 -patient-centered care; 2 - comprehensive care; 3 - coordinated care; 4 - superb access to care; and 5 - systems-based approach to quality and safety -- meet the intent of this guideline.</p>	<p>Meets Guideline. NCQA's PCMH 2011 standards: 1 - enhance access and continuity; 2 - identify and manage patient populations; 3 - plan and manage care; 4 - provide self-care support and community resources; 5 - track and coordinate care; and 6 - measure and improve performance -- meet the intent of this guideline.</p>	<p>Meets Guideline. URAC'S PCHCH Practice Achievement Version 1.0 standards: 1 - core quality care management; 2 - patient-centered operations management; 3 - access and communications; 4 - testing and referrals; 5 - care management and coordination; 6 - advanced electronic capability and patient registry; and 7 - performance reporting and improvement -- meet the intent of this guideline.</p>
<p>7. Address the core concept of continuous improvement that is central to the PCMH model. Recognition and accreditation programs should foster practice transformation and acknowledge progress toward the medical home ideal by providing increasingly complex goals for practices to meet. Progressive goals can include different levels of recognition or accreditation, practice-level outcomes measurement, and time-limited recognition or accreditation for periodic evaluation.</p>	<p>Meets Guideline. The quality standard for the 2011 AAAHC Medical Home accreditation and on-site certification program includes several key continuous improvement requirements that meet the criteria for this guideline. There is a requirement of active participation from the professional staff for ongoing comprehensive self-assessment of the quality of care provided including medical necessity of care or procedures performed and appropriateness of care, and to use findings when appropriate in the revision of the organization policies and consideration of clinical privileges. Additionally, organizations are required to perform at least one study every three years on each one of the core principles of the Patient-Centered Medical Home: 1 -</p>	<p>Meets Guideline. The operational characteristic of patient-centered care in the 2011 Joint Commission Primary Care Medical Home program requires leaders to involve patients in performance improvement activities. Additionally, the system-based approach to quality and safety addresses the need for the primary care clinician and interdisciplinary team to actively participate in performance improvement activities. Progressive goals are reflected by accreditation status, and organizations accredited by The Joint Commission are eligible for resurvey on an unannounced basis within an 18- to 36-month window from the initial survey. Any feedback gathered from patients related to key aspects of practice operations and the changes to practice operations as a result of the feedback received is</p>	<p>Meets Guideline. The 2011 standards are based on prior versions of medical practice standards that are more challenging than the previous version. In addition, progressive goals are reflected with the three recognition levels which allow practices of varying capabilities to be recognized. Further, within the three-year recognition, practices may apply for a higher level. Standard 6, measure and improve performance, in NCQA's PCMH 2011 recognition program requires practices to set and measure goals and to improve performance over time. Standard 6 further requires practices to request feedback from patients and families as well as to actively participate in the practice's improvement programs. Finally, practices are required to identify at least one performance measure and one</p>	<p>Meets Guideline. URAC'S PCHCH Practice Achievement Version 1.0 standards show progressive goals. Practices can earn one of two achievement categories. If they meet the meaningful use requirements outlined in the standards in addition to other core requirements, they can earn the Achievement with Electronic Health Record vs. the Achievement. Practices have an opportunity to seek feedback from patients in the performance reporting and improvement standards and in the survey information resource. Additionally, two PCHCH guiding principles: promoting care quality and continuous quality improvement and commitment to transparency address commitment to providing high quality and validated data on its clinical outcomes. The PCHCH quality</p>

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	<p>patient/physician relationship; 2 - continuity of care; 3 - comprehensiveness of care; 4 - accessibility to care; and 5 - clinical study. Progressive goals are reflected by accreditation status. For the accreditation program, an organization can receive a six-month, one-year or three-year accreditation. For the on-site medical home certification program, an organization can receive a one-year term of recognition, two-year term of certification, or a three-year term of distinction based on compliance with standards.</p>	<p>addressed as part of the onsite survey process.</p>	<p>patient experience measure for continuous quality improvement.</p>	<p>improvement resources listed in the guide provide practices with options for collecting and analyzing information on how well they are performing both clinically and from the patient perspective, with the goal of using the results for quality improvement activities.</p>
<p>8. Allow for innovative ideas. Recognition and accreditation programs should encourage applicants to submit innovative approaches for providing patient- and family-centered care, particularly in a team-based environment.</p>	<p>Meets Guideline. The quality standard for the 2011 AAAHC Medical Home accreditation and on-site certification program includes quality improvement requirements. The quality standard requires the medical home to maintain an active, integrated, organized, and peer-based quality improvement program and to evaluate its overall effectiveness at least annually. The medical home on-site certification handbook provides checklists to help organizations analyze quality management programs and to create meaningful studies along with sample topics for potential quality improvement studies.</p>	<p>Meets Guideline. The operational characteristic of systems-based approach to quality and safety in the 2011 Joint Commission Primary Care Medical Home designation serves to offer organizations some latitude and innovation to demonstrate compliance with standards. In addition, since 2011 organizations are encouraged to share leading practices in an extranet-based “Leading Practice Library”. Also, another not-for-profit affiliate, the Center for Transforming Healthcare, provides additional innovative resources as part of the accreditation process. For example, Hand-Off Communications is a current project with implications for practices with a 2011 year-end release date from which internal/external referral</p>	<p>Meets Guideline. NCQA’s PCMH 2011 standard of measuring and improving performance addresses this guideline. Practices are encouraged to develop systems, processes and tools that fit their practice and patient population needs. Practices can obtain examples of innovative and effective approaches through NCQA’s educational workshops. NCQA requires practices to measure performance on preventive, chronic care measures and from patient/family experience surveys. NCQA expects practices to implement a Quality Improvement process tailored to the needs and performance opportunities based on monitoring activities.</p>	<p>Meets Guideline. URAC’S PCHCH guiding principles incorporate a principle to promote care quality and continuous quality improvement which reflects the commitment to provide high quality care for patients and to measure and track care outcomes to drive continuous quality improvement. The introduction section in the standards handbook provides guidance of how healthcare professionals must identify and implement a quality improvement methodology that works for their business model and setting. The standards offer flexibility and innovation for meeting the requirements. Additionally, URAC’s Annual Best Practice Awards Conference recognizes organizations and individual practitioners who demonstrate best practices and innovations in</p>

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		processes could be enhanced for the participating organization.		delivering quality care.
<p>9. Care coordination within the medical neighborhood. Recognition and accreditation programs should acknowledge the care coordination role of the PCMH practice or organization within the larger medical neighborhood and community that shares the care for its patients and families, including transitions across practices and settings, interactions with specialist and subspecialist practices, hospitalists, and care facilities such as hospitals and nursing homes and their connections to home- and community-based support services.</p>	<p>Meets Guideline. The 2011 AAAHC Medical Home standards of continuity of care and comprehensiveness of care meet the intent of this guideline.</p>	<p>Meets Guideline. The operational characteristics of comprehensive and coordinated care in the 2011 Joint Commission Primary Care Medical Home program meet the intent of this guideline.</p>	<p>Meets Guideline. NCQA's PCMH 2011 standard of tracking and coordinating care meets the intent of this guideline.</p>	<p>Meets Guideline. URAC'S PCHCH Practice Achievement Version 1.0 modules of access and communications, testing and referrals, and care management and coordination meet the intent of this guideline.</p>
<p>10. Clearly identify PCMH recognition or accreditation requirements for training programs. Recognition and accreditation programs should address the unique nature of health professional training programs by providing clarifications and/or additional explanations where necessary to permit such training site practices to be considered by recognition and accreditation programs.</p>	<p>Meets Guideline. <i>The Joint Principles for the Medical Education of Physicians as Preparation for Practice in the Patient-Centered Medical Home</i>, December 2010, developed by American Academy of Family Physicians (AAFP), American Academy of Pediatrics (AAP), American College of Physicians (ACP) and American Osteopathic Association (AOA) are considered. The AAAHC provides extensive training to its surveyors. Specific didactic and on-site mentoring trains them on how to support medical home organizations to include the unique nature of health</p>	<p>Meets Guideline. <i>The Joint Principles for the Medical Education of Physicians as Preparation for Practice in the Patient-Centered Medical Home</i>, December 2010, developed by American Academy of Family Physicians (AAFP), American Academy of Pediatrics (AAP), American College of Physicians (ACP) and American Osteopathic Association (AOA) are considered. The Joint Commission considers the need of special programs to include but not limited to training/residency programs and their surveyors are trained to assess the unique needs and</p>	<p>Meets Guideline. <i>The Joint Principles for the Medical Education of Physicians as Preparation for Practice in the Patient-Centered Medical Home</i>, December 2010, developed by American Academy of Family Physicians (AAFP), American Academy of Pediatrics (AAP), American College of Physicians (ACP) and American Osteopathic Association (AOA) are considered. The NCQA has and continues to recognize Residency program sites in their PCMH program. The residents who rotate in those practices are not recognized; however, the practice and attending physicians</p>	<p>Meets Guideline. <i>The Joint Principles for the Medical Education of Physicians as Preparation for Practice in the Patient-Centered Medical Home</i>, December 2010, developed by American Academy of Family Physicians (AAFP), American Academy of Pediatrics (AAP), American College of Physicians (ACP) and American Osteopathic Association (AOA) are considered. URAC provides training for its reviewer staff and PCHCH certified auditors. Specific PCHCH training courses and webinars are offered to practices and others. URAC's onsite review with practices also</p>

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	professional training programs. The surveyors provide the organization this knowledge both verbally and through the survey reports that document the consultative process.	settings of these programs.	are.	addresses educational program needs and opportunities.
11. Ensure transparency in program structure and scoring. Recognition and accreditation programs that involve scoring, rating or ranking of practices and organizations against their established standards, elements and/or characteristics should ensure that their scoring processes are informed by evidence and are as transparent, consistent and objective as possible. Scoring processes should include the provision of specific feedback to applicants regarding the calculation of their scores, and highlight areas of strengths and weaknesses relative to the program's requirements.	Meets Guideline. The policies and procedures in the <i>2011 AAAHC Accreditation Handbook for Ambulatory Health Care</i> and <i>2011 AAAHC Medical Home On-site Certification Handbook</i> provide an explanation of the accreditation and on-site certification process. Additionally, the accreditation handbook chapter on medical homes provides the characteristics and their criteria. The compliance, as stated in their policies and procedures, is assessed using documentation, answers to implementation questions, on-site observations and/or on-site interviews.	Meets Guideline. The 2011 Joint Commission Primary Care Medical Home standards allow for both awarding the ambulatory care accreditation and a primary care medical home designation for those that elect to receive the latter with only one on-site evaluation process. The individual elements of performance are defined for each one of the five operating characteristics. The delivery of the preliminary accreditation report at the close of the onsite process identifies areas of non-compliance and includes the surveyors' oral assessment of program strengths. The standards manual, <i>Comprehensive Accreditation Manual for Ambulatory Care</i> , covers the scoring and accreditation decision process.	Meets Guideline. The overview of NCQA's PCMH 2011 standards provides detailed information about the program structure and scoring methodology. Additionally, the policies and procedures highlight the eligibility and the application process. Once the review is complete, practices receive the results and access to comments from the reviewers.	Meets Guideline. URAC'S PCHCH Achievement Version 1.0 handbook provides information about eligibility criteria, program structure, achievement levels, mandatory standards, scoring methodology and reports. The introduction message from the standards handbook explains how practices are evaluated by URAC PCHCH Certified Auditors or a URAC Reviewer and rated on fully meeting, partially meeting or not meeting the standards. Reviewers discuss findings and provide feedback to the practices during the onsite review.
12. Apply reasonable documentation/data collection requirements.	Meets Guideline. The survey to obtain the AAAHC Medical Home accreditation or on-site medical home certification is conducted on-site. The practice is not only assessed on the medical home standards but they must also meet eight core standards (rights of patients, governance, administration, quality of care provided, quality management	Meets Guideline. The Joint Commission Primary Care Medical Home designation evaluation is conducted on-site as an optional add-on to its ambulatory care accreditation program. Surveyors have the opportunity to request all documents needed to verify/review compliance with the respective standards. During their on-site assessment,	Meets Guideline. NCQA requires a practice applying for PCMH recognition to submit electronic documentation for those elements in which information needs to be verified to make sure the practice meets the given standards. Additionally, the NCQA recognition process provides for potential requests for additional documentation and	Meets Guideline. In order for practices to earn the PCHCH Achievement, they must be evaluated on-site by a URAC Reviewer or URAC PCHCH Certified Auditors. Practices must obtain an overall 65% score for Achievement. Seven of the 28 standards are mandatory. The seven mandatory standards have a maximum weight of four points

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	<p>and improvement, clinical records and health information, infection prevention and control and safety, and facilities and environment). The organization submits required supporting documentation along with their application for a survey not sooner than six months prior to the desired on-site survey date. The survey is conducted by surveyors selected by the AAAHC. All the medical home organizations surveyed received a free consultation report which highlights where they are and what they need to do to achieve full compliance of the standards if they are not already there. The organization consults with the surveyor assigned for their assessment who in turn coaches them through their transition to this new care delivery model.</p>	<p>surveyors provide education and share best practices with the organization.</p>	<p>site visits should the NCQA deem it necessary to validate the information provided by the practice. NCQA offers a streamlined set of documentation requirements for practices currently recognized and seeking to renew their recognition.</p>	<p>each and the remaining 21 standards have a maximum weight of three points each.</p>
<p>13. Conduct evaluation of the program's effectiveness and implement improvements over time.</p>	<p>Meets Guideline. The proposed revision, deletions or additions by the Standards and Survey Procedures Committee, are posted for public comment on an annual basis. This information is in turn submitted to the board of directors for review and final approval. To evaluate the program's effectiveness, the organization is asked to complete an evaluation at the conclusion of the survey in order to evaluate the reasonableness of the standards, the value of the consultation, and the education provided to the organization's staff. This evaluation also enables the organization to</p>	<p>Meets Guideline. The Joint Commission has an ongoing process for developing its standards in consultation with healthcare experts, providers and researchers as well as purchasers and consumers. All public comments are presented to the Professional and Technical Advisory Committee and then submitted to the board of commissioners for final implementation approval. The Joint Commission's strategic plan for 2011-2013 includes further standards, survey process and performance measure development for its Primary Care Medical Home option. Additionally, accredited practice</p>	<p>Meets Guideline. NCQA provides an overview in the <i>Standards for Patient-Centered Medical Home 2011</i> of its PCMH 2011 standards, the revisions, improvements and the process used to develop PCMH 2011 including the results of data from PPC-PCMH, an Advisory Committee and public comment. NCQA is working with AHRQ and the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Consortium to develop a PCMH CAHPS-CG survey. NCQA is planning to provide this survey as an optional designation beginning early in 2012 for practices choosing to follow</p>	<p>Meets Guideline. The PCHCH Program standards were developed in consultation with experts representing providers, practitioners, consumers, purchasers and health plans represented on URAC's Advisory Committee. URAC's standards development process includes a continual monitoring of best practices, industry trends and regulations which guides further revisions and program development. Practices have an opportunity to provide feedback during the onsite review process and are given information to complete a satisfaction survey after they receive their achievement</p>

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	evaluate the survey process in terms of its effect on improving the quality of care provided. To verify organizations are fulfilling the medical home program requirements and to help the AAHC evaluate the consistency and quality of its medical home program, the AAHC selects organizations for random surveys. These random surveys are unannounced and conducted by one surveyor and may last one full day.	staff, patients and community members have the opportunity to provide feedback directly to The Joint Commission.	specified data collection methodology. The data will be used for benchmarking. To verify practices are fulfilling the program requirements, NCQA routinely audits 5% of submissions and surveys all practices after they receive their recognition decision to assess satisfaction with the NCQA's recognition staff and processes.	decision. Additionally, URAC's continuous quality improvement process receives feedback from its stakeholder's advisory group, health care experts, purchasers, employers, and consumers, along with public comment.
Overall program compliance with the <i>Guidelines for Patient-Centered Medical Home Recognition and Accreditation Programs</i>	The combined 2011 AAHC Medical Home accreditation and on-site certification standards meet the <i>Guidelines for Patient-Centered Medical Home Recognition and Accreditation Programs</i> , February 2011, developed by American Academy of Family Physicians (AAFP), American Academy of Pediatrics (AAP), American College of Physicians (ACP) and American Osteopathic Association (AOA) <i>except</i> as noted for guideline 5.	The combined operating characteristics in the 2011 Joint Commission Primary Care Medical Home designation meet the <i>Guidelines for Patient-Centered Medical Home Recognition and Accreditation Programs</i> , February 2011, developed by American Academy of Family Physicians (AAFP), American Academy of Pediatrics (AAP), American College of Physicians (ACP) and American Osteopathic Association (AOA) <i>except</i> as noted for guideline 5.	The combined standards in the NCQA's PCMH 2011 recognition program meet the <i>Guidelines for Patient-Centered Medical Home Recognition and Accreditation Programs</i> , February 2011, developed by American Academy of Family Physicians (AAFP), American Academy of Pediatrics (AAP), American College of Physicians (ACP) and American Osteopathic Association (AOA).	The combined modules in URAC'S PCHCH Practice Achievement program meet the <i>Guidelines for Patient-Centered Medical Home Recognition and Accreditation Programs</i> , February 2011, developed by American Academy of Family Physicians (AAFP), American Academy of Pediatrics (AAP), American College of Physicians (ACP) and American Osteopathic Association (AOA).
Evaluation Method	Surveyor on-site assessment. Once an organization decides to seek AAHC accreditation or on-site certification, an advisor/consultant is made available at no cost to assist in their preparation before the survey. The organization is notified in advance to have specific documents and supporting information available	Surveyor on-site assessment. Practices must undergo an unannounced on-site visit to ensure compliance with the respective standards. The on-site surveyor team provides feedback to practices on corrective actions, process improvement recommendations and education. Additionally, on an annual basis between surveys, practices are	Surveyor review. NCQA surveyors review each survey tool and all associated documentation and provide feedback on performance and opportunities for improvement in the completed survey tool. The Web-based survey tool allows practices to self-assess before submitting for NCQA review.	Reviewer or URAC PCHCH Certified Auditors on-site assessment. For practices to earn the PCHCH Achievement, they must be evaluated on-site by a URAC Reviewer or URAC PCHCH Certified Auditors. Practices can earn one of two achievements: Achievement or Achievement with Electronic Health Record.

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	<p>for the surveyor to review during the on-site visit. In addition to the document review, the surveyors conduct interviews with members of the organization and patients. At the conclusion of the on-site survey, the surveyors present their findings for discussion and clarification. The AAAHC reviews all the information supplied by the organization, obtained during the survey, and any other relevant information before making a final decision. The organization is then notified in writing of the decision and receives a detailed report of the survey findings. After the survey, the advisor/consultant continues to assist the organization during and after their conversion to deliver care as a PCMH.</p>	<p>required to self-assess their compliance with standards through an electronic process called "Periodic Performance Review" and submit this documentation to The Joint Commission. This process helps ensure the organization remains compliant with program standards. The organization has access to an advisor/consultant that can help guide them as they continue their path to delivered patient-centered care.</p>		<p>Practices must submit URAC's PCHCH Achievement application and required preliminary documents. The web-based platform allows practices to communicate with their reviewer prior to and after the onsite review process. Practices are provided a written Achievement Summary Report (ASR) that includes scores for each standard/element. In addition, the onsite review process provides feedback and education. The ASR will be posted on URAC's website directory.</p>
<p>Cost of Program</p>	<p>The factors considered in determining survey fees include the size, type and range of services provided by the organization. For accreditation, please contact AAAHC to determine the survey fee for your organization. For on-site certification, the cost of the application and survey fee is \$3,500.</p>	<p>An organization's survey fee is based on the type of services provided, volume, and the sites included in the organization's accreditation. Currently for PCMH designation there are NO additional fees for using this option, making PCMH a value-added option to the Joint Commission's accreditation program. For Joint Commission medical providers, over a three-year period, average fees are \$15,000. This fee is made up of annual fees based on patient volume (range of \$1,900-\$4,500) and a fee for the onsite evaluation (range of \$3,400 to \$13,400). Based on patient volume, total three-year fees can</p>	<p>NCQA charges an initial fee of \$80 for the practice to obtain a survey tool license. Additionally, the application fees for the NCQA review of the survey tool and recognition processes are assessed based on the number of clinicians per practice. This fee is \$500 per clinician up to seven. The fee for eight clinicians but less than 50 is \$4,000. NCQA does offer a 20 percent discount from the full survey fee to applicants sponsored by health plans, employers and other programs. For more details, access the NCQA's PCMH 2011 recognition program pricing structure at the NCQA website.</p>	<p>The price for the PCHCH Achievement program varies depending on the size of the practice, number of sites and level for the PCHCH Achievement program and the organization performing the on-site audit review. The average price range for awarding PCHCH Achievement is \$720 to \$2,400 excluding the PCHCH Certified Auditor onsite price. URAC's onsite pricing is dependent on the size of the practice and level of PCHCH Practice Achievement being reviewed and can range from 1-3 days (\$1,500 to \$4,500) or more for the onsite audit fee.</p>

PCMH Guidelines	AAAHC	The Joint Commission	NCQA	URAC
		range from \$9,000 to \$27,000 billed over the three-year period. Access The Joint Commission's website for more details on pricing.		

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