PCMH 2011 Standards
PCMH 1: Enhance Access and Continuity

The practice provides access to culturally and linguistically appropriate routine care and urgent team-based care that meets the needs of patients/families.

**Element A: Access During Office Hours**

*MUST-PASS*

| 100% | 75% | 50% | 25% | 0%
|------|-----|-----|-----|-----
| The practice meets all 4 factors | The practice meets 3 factors, including factor 1 | The practice meets 2 factors, including factor 1 | The practice meets factor 1 | The practice meets no factors or does not meet factor 1 |

**Scoring**

*MUST-PASS* elements are considered the basic building blocks of a patient-centered medical home. Practices must earn a score of 50% or higher. All six must-pass elements are required for recognition.

Patients can access the clinician and care team for routine and urgent care needs by office visit, by telephone and through secure electronic messaging. Practice staff considers patient care needs and preferences when determining the urgency of patient requests for same-day access. For all factors, the practice must provide their defined standards or policies and demonstrate they have monitored performance against the standards they have defined.

**Factor 1:** The practice reserves time for same-day appointments (also referred to as "open access," "advanced access" or "same-day scheduling") for routine and urgent care based on patient preference or triage. Adding ad hoc or unscheduled appointments to a full day of scheduled appointments does not meet the requirement.

An example of a measure of access is "third available appointment," with an open-access goal of zero days (same-day availability). **Third available appointment** measures the length of time from when a patient contacts the practice to request an appointment, to the third next available appointment on his/her clinician’s schedule. The practice may measure availability for a variety of appointment types including urgent care, new patient physicals, routine exams and return-visit exams.

Factor 1 has been identified as a **critical factor** and must be met for practices to receive any score on the element.

**Factors 2 and 3:** Clinicians return calls or respond to secure electronic messages in a timely manner, as defined by the practice to meet the clinical needs of the patient population. Factors 2 and 3 require the practice to define the time frame for a response, and monitor the timeliness of the response against the practice's standard.

Factor 3 is **NA** if the practice does not have the capability to communicate electronically with patients.

**Factor 4:** Clinical advice must be documented in the patient record, whether it is provided by phone or secure electronic message.
Examples

Factor 1: The practice has a documented process for staff to follow for scheduling same-day appointments and has a report that covers at least five consecutive days and shows the use of same-day appointments throughout the practice. The practice may provide a report showing the average third available appointment.

Factor 2: The practice has a documented process for staff to follow for providing timely clinical advice by telephone (including the practice's definition of 'timely') and has a report summarizing its actual response times. The report may be system generated or may be based on a spot check of at least one week of calls.

Factor 3: The practice has a documented process for staff to follow for providing timely clinical advice using a secure, interactive electronic system (including the practice's definition of 'timely') and has a report summarizing its actual response times. The report may be system generated or may be based on a spot check of at least one week of electronic messages.

Factor 4: The practice has a documented process for staff to follow for entering phone and electronic message clinical advice in the patient record and has at least three examples of clinical advice documented in a patient record.

Element B: After-Hours Access

The practice has a written process and defined standards, and demonstrates that it monitors performance against the standards for:

1. Providing access to routine and urgent-care appointments outside regular business hours
2. Providing continuity of medical record information for care and advice when the office is not open
3. Providing timely clinical advice by telephone when the office is not open
4. Providing timely clinical advice using a secure, interactive electronic system when the office is not open
5. Documenting after-hours clinical advice in patient records.

Scoring

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<tr>
<td>Yes</td>
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Explanation

Factor 1: The practice offers access to routine and non-routine care beyond regular business hours, such as early mornings, evenings or weekends. Appointment times are based on the needs of the patient population. If the practice does not provide care beyond regular office hours (e.g., a small practice with limited staffing), it may arrange for patients to receive care from other (non-ER) facilities or clinicians.

Factor 2: Patient clinical information is available to on-call staff and external facilities for after-hours care. Information may be provided by patients with individualized care plans or portable personal health records, or may be accomplished through access to an electronic health record (EHR). If care is provided by a facility that is not affiliated with the practice or does not have access to patient records, the practice makes provisions for patients to have an electronic or printed copy of a clinical summary of their medical record. Telephone consultation with the primary clinician or with a clinician with access to the patient's medical record is acceptable.
Factors 3 and 4: Patients can seek and receive interactive clinical advice by telephone or secure electronic communication (e.g., electronic message, Web site) when the office is closed. Interactive means that questions are answered by an individual, not just a recorded message. Factors 3 and 4 require the practice to:

- Define the time frame for a response, and
- Monitor the timeliness of the response against the practice's standard.

The ability of patients to receive clinical advice from the practice when the office is not open reduces patient use of the emergency room and provides more patient-centered care. Thus, Factor 3 has been identified as a critical factor and must be met for practices to score higher than 25 percent on this element.

Factor 4 is NA if the practice does not have the capability to communicate electronically with patients.

Factor 5: After-hours clinical advice must be documented in the patient record, whether it is provided by telephone or secure electronic message.

**Examples**

**Documentation**

Factor 1: The practice has a documented process for staff to follow for arranging after-hours access with other practices or clinicians and has a report showing after-hours availability or materials communicating practice hours. A process for arranging after-hours access is not required if the practice has regular extended hours.

Factor 2: The practice has a documented process for staff to follow for making medical record information available for after-hours care.

Factor 3: The practice has a documented process for staff to follow for providing timely clinical advice by telephone when the office is closed and has a report summarizing its actual response times. The report may be system generated or may be based on a spot check of calls for at least one week.

Factor 4: The practice has a documented process for staff to follow for providing timely clinical advice using a secure interactive electronic system when the office is closed and has a report summarizing its actual response times. The report may be system generated or may be based on a spot check of electronic messages for at least one week.

Factor 5: The practice has a documented process for staff to follow for documenting after-hours clinical advice in the patient record and has at least three examples of clinical advice documented in the patient record or a report identifying how often advice is documented. The report may be system generated or may be based on a spot check of calls and electronic messages for at least one week.
**Element C: Electronic Access**

The practice provides the following information and services to patients and families through a secure electronic system.

1. More than 50 percent of patients who request an electronic copy of their health information (e.g., problem list, diagnoses, diagnostic test results, medication lists, allergies) receive it within three business days*

2. At least 10 percent of patients have electronic access to their current health information (including lab results, problem list, medication lists, and allergies) within four business days of when the information is available to the practice**

3. Clinical summaries are provided to patients for more than 50 percent of office visits within three business days*

4. Two-way communication between patients/families and the practice

5. Request for appointments or prescription refills

6. Request for referrals or test results

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<tr>
<th>Scoring</th>
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<tbody>
<tr>
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<td>The practice meets 2 factors</td>
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<tr>
<td>The practice meets 1 factor</td>
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<tr>
<td>The practice meets no factors</td>
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**Explanation**

*Core meaningful use requirement

**Menu meaningful use requirement

Element C assesses the practice's ability to offer information and services to patients and their families via a secure electronic system. Patients should be able to view their medical record, access services and communicate with the health care team electronically. Practices with a Web site or patient portal should provide the URL.

**Factor 1:** More than 50 percent of patients (and others with legal authorization to the information) who request an electronic copy of their health information (e.g., problem lists, diagnoses, diagnostic test results, medication lists, allergies) are given one within three business days. Factor 1 addresses the capabilities of the electronic system used by the practice; it does not address legal issues of access to medical record information, such as by guardians, foster parents or caregivers of pediatric patients, or teen privacy rights.

**Factor 2:** Patients are provided timely (i.e., within four business days of when the information is available to the practice) electronic access to their health information (e.g., lab results, problem list, medication lists, allergies). To receive credit for this factor, at least 10 percent of the practice's patients must have access to the electronic system (e.g., be registered on the Web site or portal).

**Factor 3:** An electronic clinical summary is a summary of a visit that includes, when appropriate, diagnoses, medications, recommended treatment and follow-up. Federal meaningful use rules require that summaries be provided to more than 50 percent of patients within three business days, either by secure electronic message or as a printed copy from the practice's electronic system at the time of the visit. Patients may be notified that the information is available through a secure, interactive system such as a Web site or patient portal.

**Factor 4:** The practice has a secure, interactive electronic system, such as a Web site or patient portal, allowing two-way communication between patients/families and the practice.
Factor 5: Patients can use the secure electronic system (e.g., Web site or patient portal) to request appointments or medication refills.

Factor 6: Patients can use the secure electronic system (e.g., Web site or patient portal) to request referrals or test results.

Examples

Documentation

Factor 1: The practice has a report showing the percentage of patients who got an electronic copy of health information within three business days of their request.

Factor 2: The practice has a report showing the percentage of patients who were given electronic access to requested health information within four business days.

Factor 3: The practice has a report showing the percentage of patients who received electronically-generated clinical summaries of an office visit within three business days.

Factor 4: The practice has a screen shot of the secure two-way communication system demonstrating its implementation in the practice.

Factor 5: The practice has a screen shot of a Web page where patients can request medication refills or appointments, demonstrating its implementation in the practice.

Factor 6: The practice has a screen shot of a Web page where patients can request referrals or test results, demonstrating its implementation in the practice.

<table>
<thead>
<tr>
<th>Element D: Continuity</th>
<th>2 points</th>
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<tbody>
<tr>
<td>The practice provides continuity of care for patients/families by:</td>
<td>Yes</td>
</tr>
<tr>
<td>1. Expecting patients/families to select a personal clinician</td>
<td>☐</td>
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<tr>
<td>2. Documenting the patient's/family's choice of clinician</td>
<td>☐</td>
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<tr>
<td>3. Monitoring the percentage of patient visits with a selected clinician or team.</td>
<td>☐</td>
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<thead>
<tr>
<th>Scoring</th>
<th>100%</th>
<th>75%</th>
<th>50%</th>
<th>25%</th>
<th>0%</th>
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</thead>
<tbody>
<tr>
<td>The practice meets all 3 factors</td>
<td>No scoring option</td>
<td>The practice meets 2 factors</td>
<td>The practice meets 1 factor</td>
<td>The practice meets no factors</td>
<td></td>
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Explanation

A team is a primary clinician and the associated clinical and support staff who work with the clinician. A team may also represent a medical residency group assigned under a supervising physician.

The practice provides continuity of care by allowing patients and their families to select a personal clinician who works with a defined health care team, and by documenting the selection. All practice staff are aware of a patient's personal clinician or team and work to accommodate visits and other communication. The practice monitors the proportion of patient visits with the designated clinician or team.

Note: Solo practitioners should mark "yes" for each factor and indicate in the survey tool Comments/Text box that there is only one primary clinician in the practice.

Factors 1 and 2: The practice notifies patients about the process for choosing a personal clinician and care team and supports the selection process by discussing the importance of having a clinician and care team responsible for coordinating care. The practice documents the patient/family's choice of clinician and practice team.

Factor 3: The practice monitors the percentage of patient visits that occur with the selected clinician and team. The practice may include structured electronic visits (e-visits) or phone visits within these statistics if relevant.
Examples

Documentation

Factor 1: The practice has a documented process for patient/family selection of a personal clinician or has patient materials outlining the process.

Factor 2: The practice has a screen shot from its electronic system, showing documentation of patient/family choice of clinician.

Factor 3: The practice has a report with at least one week of data, showing the total proportion of patient encounters that occurred with the selected personal clinician or team.

Element E: Medical Home Responsibilities

The practice has a process and materials that it provides patients/families on the role of the medical home, which include the following.

1. The practice is responsible for coordinating patient care across multiple settings

2. Instructions on obtaining care and clinical advice during office hours and when the office is closed

3. The practice functions most effectively as a medical home if patients/families provide a complete medical history and information about care obtained outside the practice

4. The care team gives the patient/family access to evidence-based care and self-management support

Yes  No

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<tr>
<th>Scoring</th>
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<th>75%</th>
<th>50%</th>
<th>25%</th>
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<tbody>
<tr>
<td></td>
<td>The practice meets all 4 factors</td>
<td>The practice meets 3 factors</td>
<td>The practice meets 2 factors</td>
<td>The practice meets 1 factor</td>
<td>The practice meets no factors</td>
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</table>

Explanation

The practice has a process for giving patients/families information on the obligations of the medical home and the responsibilities of the patient and family as partners in care. Care team roles are explained to patients/families. The practice is encouraged to provide information in multiple formats to accommodate patient preference and language needs.

Factor 1: The practice is concerned about the range of a patient's health (i.e., "whole person" orientation, including behavioral health) and is responsible for coordinating care across settings.

Factor 2: The practice provides information about its office hours; where to seek after-hours care; and how to communicate with the personal clinician and team, including requesting and receiving clinical advice during and after business hours.

Factor 3: To effectively serve as a medical home, the practice must have comprehensive patient information such as medications; visits to specialists; medical history; health status; recent test results; self-care information; and data from recent hospitalizations, specialty care or ER visits.

Factor 4: Patients can expect evidence-based care from their clinician and team, as well as support for self-management of their health and health care.
Examples

Documentation

- The practice has a process for giving patients information and materials about the obligations of a medical home, and

- Has materials provided to patients, such as:
  - Patient brochure
  - Written statement for the patient and family
  - Link to online video
  - Web site
  - Patient compact (a written agreement between the patient/family and the practice specifying the role of the medical home practice and the patient/family)

NCQA encourages the practice to highlight the information in its materials that meets each factor before submitting materials to NCQA.

<table>
<thead>
<tr>
<th>Element F: Culturally and Linguistically Appropriate Services (CLAS)</th>
<th>2 points</th>
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<tbody>
<tr>
<td>The practice engages in activities to understand and meet the cultural and linguistic needs of its patients/families.</td>
<td>Yes No NA</td>
</tr>
<tr>
<td>1. Assesses the racial and ethnic diversity of its population</td>
<td>☐ ☐ ☐</td>
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<tr>
<td>2. Assesses the language needs of its population</td>
<td>☐ ☐ ☐</td>
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<tr>
<td>3. Provides interpretation or bilingual services to meet the language needs of its population</td>
<td>☐ ☐ ☐</td>
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<tr>
<td>4. Provides printed materials in the languages of its population</td>
<td>☐ ☐ ☐ ☐</td>
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Scoring

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<td>The practice meets 3 factors</td>
<td>The practice meets 2 factors</td>
<td>The practice meets 1 factor</td>
<td>The practice meets no factors</td>
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Explanation

Factors 1 and 2: The practice uses data to assess the cultural and linguistic needs of its population in order to address those needs adequately. This may be information collected by the practice directly from all patients or by using data that is available about the community it serves.

Factor 3: Language services may include third-party interpretation services or multilingual staff. Under Title VI of the Civil Rights Act, clinicians who receive federal funds are responsible for providing language and communication services to their patients as required to meet clinical needs. Requiring a friend or family member to interpret for the patient does not meet the intent of this standard. Studies demonstrate that patients are less likely to be forthcoming with a family member present, and the family member may not be familiar with medical terminology. A third party tends to be more objective.

Factor 4: The practice identifies individual languages spoken by at least 5 percent of its patient population and makes materials available in those languages. The practice provides the forms that patients are expected to sign, complete or read for administrative or clinical needs to patients with limited English proficiency in the native language of the patient.

Factor 4 is NA if the practice provides documentation that no single language (other than English) is spoken by 5 percent or more of its patient population.
Examples

Factor 1 and 2: The practice has a report showing its assessment of the racial, ethnic and language composition of its patient population.

Factor 3: The practice has an invoice or agreement from an interpretive service, or has a policy or statement that it uses bilingual staff. The policy or statement explains the practice’s procedures when a patient needs assistance in a language not spoken by bilingual staff.

Factor 4: The practice has materials in languages other than English or a link to online materials or a Web site in languages other than English.

Element G: The Practice Team

<table>
<thead>
<tr>
<th>The practice provides a range of patient care services by:</th>
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<tbody>
<tr>
<td>1. Defining roles for clinical and nonclinical team members</td>
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<td>2. Having regular team meetings and communication processes</td>
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<td>3. Using standing orders for services</td>
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<td>4. Training and assigning care teams to coordinate care for individual patients</td>
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<td>5. Training and assigning care teams to support patients and families in self-management, self-efficacy and behavior change</td>
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<tr>
<td>6. Training and assigning care teams for patient population management</td>
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<td>7. Training and designating care team members in communication skills</td>
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<td>8. Involving care team staff in the practice’s performance evaluation and quality improvement activities</td>
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<th>Scoring</th>
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<th>75%</th>
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<tbody>
<tr>
<td>The practice meets 7-8 factors, including factor 2</td>
<td>The practice meets 5-6 factors, including factor 2</td>
<td>The practice meets 4 factors, including factor 2</td>
<td>The practice meets 2-3 factors</td>
<td>The practice meets 0-1 factors</td>
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Explanation

Managing patient care is a team effort that involves clinical and nonclinical staff (e.g., physicians, nurse practitioners, physician assistants, nurses, medical assistants, educators, schedulers) interacting with patients and working to achieve stated objectives.

Factor 1: Job descriptions and responsibilities emphasize a team-based approach to care.

Factor 2: Team meetings may include daily huddles or review of daily schedules, with follow-up tasks. A huddle is a team meeting to discuss patients on the day’s schedule. (Idaho Primary Care Association, http://idahopca.org/programs-services/patient-centered-medical-home-initiative/patient-centered-medical-home-resources). Communication may include e-mail exchanges, tasks or messages about a patient in the medical record.

Excellent communication and coordination among the members of the team has been found to be a critical feature of successful patient-centered practices. Thus, Factor 2 has been identified as a critical factor and must be met for practices to score higher than 25 percent on this element.
Factor 3: Standing orders (e.g., testing protocols, defined triggers for prescription orders, medication refills, vaccinations, routine preventive services) may be clinician preapproved or may be executed without prior approval of the clinician as permitted by state law.

Factor 4: Care coordination may include obtaining test and referral results and communicating with community organizations, health plans, facilities and specialists.

Factor 5: Care team members are trained in evidence-based approaches to self-management support, such as patient coaching and motivational interviewing.

Factor 6: Care team members are trained in the concept of population management and proactively addressing needs of patients and families served by the practice. Population management is assessing and managing the health needs of a patient population such as defined groups of patients (e.g., patients with specific clinical conditions such as hypertension or diabetes, patients needing tests such as mammograms or immunizations).

Factor 7: Care team members are trained on effective patient communication, particularly with vulnerable populations. Vulnerable populations are “those who are made vulnerable by their financial circumstances or place of residence, health, age, personal characteristics, functional or developmental status, ability to communicate effectively, and presence of chronic illness or disability,” (AHRQ) and include people with multiple co-morbid conditions or who are at high risk for frequent hospitalizations or ER visits. Training includes information on health literacy, which may be based on Ask Me 3, Rapid Estimate of Adult Literacy in Medicine (REALM-R), Wide Range Achievement Test-Revised (WRAT-R) or other evidence-based approaches to addressing communication needs.

Factor 8: The care team receives performance measurement and patient survey data and is given the opportunity to identify areas for improvement and establish methods for quality improvement. This can include regular participation in quality improvement meetings or action plan development.

Examples

Documentation

Factors 1, 4, 5, 6, 7: The practice provides staff position descriptions describing roles and functions.

Factor 2: The practice provides a description of its communication processes and samples of meeting summaries, agendas or memos to staff.

Factor 3: The practice has written standing orders.

Factors 4, 5, 6, 7: The practice has a description of its training process and training schedule or materials showing how staff are trained in each area identified in the factors.

Factor 8: The practice has a description of staff roles in the practice evaluation and improvement process, or minutes from team meetings showing staff involvement and describing staff roles.

NCQA encourages the practice to highlight the information relevant to each factor in the documentation.