

# Medical Home

## NEWS

## Spreading Medical Home Concepts Beyond Primary Care

By Patricia Barrett

**NOTE:** *Medical Home News* has invited each of the five national organizations offering recognition/accreditation for medical homes – the American Association for Ambulatory Health Care (AAAHC), the Joint Commission, NCQA, Planetree, Inc., and URAC -- to provide a feature article in a month of their choosing describing their programs. This is the first in the series. Ed.

**N** CQA is expanding the concept of the medical home in a new evaluation program for non-primary care practices. Practices have three weeks to get in on the ground floor as Early Adopters and receive discounts, publicity support, and free training.

The new program, Patient-Centered Specialty Practice (PCSP) Recognition, builds on the success of NCQA's Patient-Centered Medical Home (PCMH) Recognition, the country's most-widely adopted medical home model.

The medical home has transformed primary care. Now NCQA is bringing that transformation to specialties in the 'neighborhood' that surround and inform the medical home. Specialty practices today are where primary care practices were in 2008, the year NCQA launched its Patient-Centered Medical Home program. The success of NCQA PCMH Recognition is a terrific precedent for expanding patient-centered care to other specialties. More than 25,000 primary care clinicians at more than 5,300 sites have earned NCQA PCMH Recognition since 2008.



### **Key Dates, Features and Benefits**

The Specialty Practice version of the medical home program launches March 25. Non-primary care practices that commit by March 19 to being Early Adopters of the new program receive discounts, publicity support, and free training.

The new program will distinguish non-primary care specialty practices that:

- Establish agreements with primary care clinicians to exchange key information and establish coordinated care planning and management.
- Provide timely access to care and clinical advice based on patient need.
- Use a systematic approach to identify and track patients and coordinate care.
- Include the patient and family or caregiver (if appropriate) in planning and managing care.

Earning NCQA PCSP Recognition will show consumers, private payers and government agencies that a practice has undergone a rigorous review of its capabilities and commitment to sharing information and coordinating care. Achieving NCQA Recognition also signals to primary care practices that specialists are ready to be effective partners in caring for their shared patients.

The PCSP program provides a framework payers can use to reward clinicians through incentives. These may include highlighting achievement of recognition through public reporting and rewarding practices that earn PCSP Recognition. Benefits to practices of earning Patient-Centered Specialty Practice Recognition may include:

- More favorable standing within health plan networks, more referrals and potential differences in reimbursement levels.
- More time to concentrate on patients with complex medical problems that require the expertise of the specialist, less time spent on issues not related to the specialty.
- Improved patient safety associated with medication management, timely responses to referral requests, improved information from colleagues in primary care, and better tracking of tests results.
- Preparation for a delivery/reimbursement model that focuses on outcomes and reduced duplication of services.
- Recognition of preparedness for the newly proposed integrative physician delivery and payment models, e.g. Accountable Care Organizations, Episode of Care, Bundled Payments.

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**Spreading Medical Home Concepts beyond Primary Care...continued****Addressing a Key Need: Better Coordination Leading to Better Quality**

Diverse studies<sup>1</sup> show that information sharing among and between specialists -- and the care coordination flows from these interactions -- needs to improve. Poor communication can result in frustration and wasted time, at best, and in poor quality and safety outcomes, at worst.

Specialists in many cases do not know about patients' other conditions or preferences that may affect specialty care. Primary care providers in turn do not know what treatments specialists deliver or what follow-up care is needed.

The variety of specialists and the deep roles they play in patients' care produce frequent and important opportunities to coordinate. Visits to specialists constitute more than half of all outpatient physician visits. The typical primary care provider coordinates with 229 physicians in 117 practices. Medicare beneficiaries see an average of seven physicians and fill 20 or more prescriptions annually, and about one in three younger patients has a specialist referral each year.

**Informed by Other Innovations and Ideas**

PCSP standards reflect the input from diverse stakeholders and the consensus of an expert panel about the elements most important to achieving better quality and better care outcomes.

The American College of Physicians' white paper, "[The Patient-Centered Medical Home Neighbor](#)," and the Agency for Health Care Policy and Research paper, "[Coordinating Care in the Medical Neighborhood](#)," are important intellectual underpinnings of PCSP Recognition.

PCSP also aligns with federal requirements for demonstrating Meaningful Use of Health IT. NCQA has built in an evolution from Stage 1 MU criteria to Stage 2 in alignment with federal timeframes.

Like the NCQA medical home program, the Specialty Practice evaluation offers three levels of recognition. These levels encourage practices to evolve over time and signal to purchasers and consumers that practices have varying capabilities at different stages of their evolution.

Specialty practices pursue recognition by completing an online survey and submitting documentation of their operational processes and capabilities that meet NCQA standards. Recognition status lasts for three years.

By fostering productive connections among and between specialties, practices that earn Patient-Centered Specialty Practice Recognition improve coordination of outpatient care, leading to less duplication and fewer hospitalizations. Those improvements, in turn, can reduce fragmentation and improve quality in American health care overall.

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**References**

1. Mehrotra, A., C.B. Forrest, C.Y. Lin. 2011. Dropping the Baton: Specialty Referrals in the United States. *The Milbank Quarterly*, 89 (1), 39-68.
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