Getting Started
Any practice assessing its ability to achieve NCQA Physician Recognition in PPC-PCMH is taking a bold step toward aligning with the 2007 Joint Principles of the Patient-Centered Medical Home developed by the AAFP, the AAP, the ACP and the AOA. The following pages summarize the elements and provide examples of how other practices meet the requirements.

Note: Examples are not meant to imply an endorsement of a specific software or format.

To get started, a practice should consider the elements’ “must-pass” requirements and its own electronic capabilities. This will help focus initial efforts to determine which elements to respond to first. Below are some basic guidelines and definitions.

Must-Pass Elements
There are 10 must-pass elements, identified by a yellow arrow on the element page. NCQA recommends that a practice start its evaluation by picking 5 must-pass elements it can meet with a performance level of at least 50%, at minimum. A practice that can meet 50% is well on the way to achieving Level 1 Recognition (refer Achievement Levels, below).

The must-pass elements are:
- PPC 1A  
- PPC 2D  
- PPC 3A  
- PPC 6A  
- PPC 8A  
- PPC 1B  
- PPC 2E  
- PPC 4B  
- PPC 7A  
- PPC 8C

Recognition Levels
There are three levels of recognition in PPC.

<table>
<thead>
<tr>
<th>Level</th>
<th>Points Required</th>
<th>Number of Must-Pass Elements Met With a Performance Level of ≥50%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>25–49</td>
<td>5 of 10</td>
</tr>
<tr>
<td>2</td>
<td>50–74</td>
<td>10 of 10</td>
</tr>
<tr>
<td>3</td>
<td>≥75</td>
<td>10 of 10</td>
</tr>
</tbody>
</table>
Electronic Capabilities ("IT Required" in the PPC-PCMH Standards & Guidelines)

These elements were developed with a small practice in mind and do not exclude practices with minimal electronic capabilities. Electronic capabilities are defined for each element by the following three categories.

1. **LIMITED**: Paper-based or basic (mostly administrative; for example, scheduling, claims) electronic system
2. **SOME**: Electronic system for clinical functions
3. **FULLY INTEGRATED**: Electronic system with connectivity or interoperability with other systems

More than half the elements fall within the Limited Electronic Capabilities category. The practice can focus its efforts on areas where it is most likely to meet requirements with their current IT resource use.

**ADDITIONAL RESOURCES**

American College of Physicians PCMH page:  
http://www.acponline.org/running_practice/pcmh/

American Academy of Family Physicians PCMH page:  

American Academy of Pediatrics Medical Home Resource page:  
http://www.medicalhomeinfo.org/tools/providerindex.html

American Osteopathic Association Home page:  http://www.osteopathic.org/index.cfm

NCQA’s PPC-PCMH Home Page:  www.ncqa.org/ppcpcmh.aspx

ORDER PPC-PCMH Standards and Survey Tool:  www.ncqa.org/ppcpubs.aspx

NCQA Customer Support:  customersupport@ncqa.org

This project was sponsored by a grant from Pfizer Inc.
The practice has written processes for scheduling appointments and communicating with patients.

The practice should have a written process that clearly communicates its scheduling policies. Policies should reflect how the practice accommodates patient needs and medical conditions, patient access to after-hours care and type of communication patients can expect with the practice’s physician and staff. The element’s intent is that written policies offer patients timely access to care, same-day response to phone inquiries, expanded visit hours and coordination of care between the physician’s practice and other clinicians.

**EXAMPLE* Documentation

<table>
<thead>
<tr>
<th>Standards</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Operations Steering Committee Goals for Advanced Access</strong></td>
</tr>
<tr>
<td>1. Maintain percentage (%) of patients seen with 0-2 days at greater than (&gt; or equal to (=) 60%).</td>
</tr>
<tr>
<td>2. Maintain See Your Own (SYO) Ratio at 60% - 80% to ensure patients have access to their Primary Care Provider (PCP). If SYO Ratio drops below 60%, consider closing PCP’s practice to new patients.</td>
</tr>
<tr>
<td>3. Maintain same day capacity sufficient to avoid triage of patient requests with goal that patients phoning in a given day will be offered an appointment for that same day, regardless of acuity of patient problem</td>
</tr>
</tbody>
</table>

*This is an example and is not an endorsement of a specific software or format.

**ADDITIONAL RESOURCES**
- NCQA’s PPC-PCMH Home Page: [www.ncqa.org/ppcpcmh.aspx](http://www.ncqa.org/ppcpcmh.aspx)
- ORDER PPC-PCMH Standards and Survey Tool: [www.ncqa.org/ppcpubs.aspx](http://www.ncqa.org/ppcpubs.aspx)
- NCQA Customer Support: customersupport@ncqa.org
The practice has data showing that it meets the standards in PPC1A for scheduling and communicating with patients.

The goal of this element is to ensure that the practice effectively implements the processes it defined in PPC 1A for patient scheduling and communication. A practice should demonstrate that it evaluates the processes and meets process goals in its written patient access and communication policies.

**TIP:** The practice must measure results of communication and access policy implementation—tracking reports showing same-day appointments, telephone response times for a specific time period, average time for returning after-hours phone calls, use of language services.

**EXAMPLE**

*This is an example and is not an endorsement of a specific software or format.

**ADDITIONAL RESOURCES**
- NCQA's PPC-PCMH Home Page: [www.ncqa.org/ppcpcmh.aspx](http://www.ncqa.org/ppcpcmh.aspx)
- ORDER PPC-PCMH Standards and Survey Tool: [www.ncqa.org/ppcpubs.aspx](http://www.ncqa.org/ppcpubs.aspx)
- NCQA Customer Support: customersupport@ncqa.org
Physician Practice Connections—Patient Centered Medical Home

**ELEMENT 2A: Basic system for managing patient data**

2 pts

The practice organizes patient-population data using an electronic system that includes searchable information.

The practice must collect basic patient information in its electronic system and be able to conduct a search by the identified items. The practice reports on the percentage of its patient population from whom the information is collected (e.g., information on 15 items for 75% of the patient population).

**EXAMPLE* Documentation**

<table>
<thead>
<tr>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
</tr>
</thead>
<tbody>
<tr>
<td>PPC 2A: Element A</td>
<td>Total number of patients seen at least once in last 3 months</td>
<td>24,860</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Data Elements</th>
<th># of times used</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Name</td>
<td>24,860</td>
<td>100.00%</td>
</tr>
<tr>
<td>2 Birthdate</td>
<td>24,869</td>
<td>100.00%</td>
</tr>
<tr>
<td>3 Gender</td>
<td>24,869</td>
<td>100.00%</td>
</tr>
<tr>
<td>4 Marital Status</td>
<td>19,566</td>
<td>78.70%</td>
</tr>
<tr>
<td>5 Language</td>
<td>22,916</td>
<td>92.18%</td>
</tr>
<tr>
<td>6 Race/Ethnicity</td>
<td>822</td>
<td>3.31%</td>
</tr>
<tr>
<td>7 Address</td>
<td>24,860</td>
<td>100.00%</td>
</tr>
<tr>
<td>8 Telephone</td>
<td>24,841</td>
<td>99.92%</td>
</tr>
<tr>
<td>9 Email</td>
<td>3,678</td>
<td>14.79%</td>
</tr>
<tr>
<td>10 Internal ID</td>
<td>24,860</td>
<td>100.00%</td>
</tr>
<tr>
<td>11 External ID</td>
<td>24,860</td>
<td>100.00%</td>
</tr>
<tr>
<td>12 Emergency Contact</td>
<td>9,605</td>
<td>36.64%</td>
</tr>
<tr>
<td>13 Current and past diagnoses</td>
<td>24,860</td>
<td>100.00%</td>
</tr>
<tr>
<td>14 Dates of previous clinical visits</td>
<td>24,860</td>
<td>100.00%</td>
</tr>
<tr>
<td>15 Billing codes for services</td>
<td>24,860</td>
<td>100.00%</td>
</tr>
</tbody>
</table>

*TIP: To demonstrate its system for managing patient data, the practice provides a report from the electronic system showing the number of items for a specified percentage of patients.*

**ADDITIONAL RESOURCES**

- NCQA’s PPC-PCMH Home Page: [www.ncqa.org/ppcpcmh.aspx](http://www.ncqa.org/ppcpcmh.aspx)
- ORDER PPC-PCMH Standards and Survey Tool: [www.ncqa.org/ppcpubs.aspx](http://www.ncqa.org/ppcpubs.aspx)
- NCQA Customer Support: customersupport@ncqa.org
Physician Practice Connections—Patient Centered Medical Home

ELEMENT 2B: Electronic system for clinical data

3 pts

**SOME**

Electronic Systems

The practice’s data system includes searchable clinical patient information that is used to manage patient care.

This element evaluates the practice’s ability to collect clinical patient information in searchable data fields. The practice should be able to create internal reports for these 11 items.

1. Status of age-appropriate preventive services
2. Allergies and adverse reactions
3. Blood pressure
4. Height
5. Weight
6. BMI calculated
7. Lab results
8. Presence of imaging results
9. Presence of pathology results
10. Presence of advance directives
11. Head circumference for patients 2 years or younger

**TIP:** The practice must demonstrate the searchable information fields it uses to manage patient care. The system may be a registry or an electronic health record that allows the practice to identify groups of patients by clinical element; for example, patients with a BMI ≥30.

**EXAMPLE** Documentation

[Image of a software interface]

This is an example and is not an endorsement of a specific software or format.

**ADDITIONAL RESOURCES**

NCQA’s PPC-PCMH Home Page: [www.ncqa.org/ppcpcmh.aspx](http://www.ncqa.org/ppcpcmh.aspx)
ORDER PPC-PCMH Standards and Survey Tool: [www.ncqa.org/ppcpubs.aspx](http://www.ncqa.org/ppcpubs.aspx)
NCQA Customer Support: customersupport@ncqa.org
ELEMENT 2C: Use of electronic clinical data
3 pts

The practice uses the data fields listed in PPC 2B consistently in patient records.

This element evaluates the practice’s ability to demonstrate its use of an electronic registry, practice management system or other electronic system. The practice must run reports on specific data collected from patients and stored in its electronic system. If it does not have an electronic system, the practice can pass this element by pulling a sample of patient medical records and entering the data in an NCQA Medical Record Review Workbook.

EXAMPLE* Documentation

<table>
<thead>
<tr>
<th>Element Number</th>
<th>Description</th>
<th>Numerator</th>
<th>Denominator</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>2E1</td>
<td>Status of preventive services</td>
<td>85622</td>
<td>92686</td>
<td>92%</td>
</tr>
<tr>
<td>2E2</td>
<td>Allergies and adverse reactions</td>
<td>52711</td>
<td>92686</td>
<td>57%</td>
</tr>
<tr>
<td>2E3</td>
<td>Blood pressure</td>
<td>80568</td>
<td>92686</td>
<td>87%</td>
</tr>
<tr>
<td>2E4</td>
<td>Height</td>
<td>75243</td>
<td>92686</td>
<td>81%</td>
</tr>
<tr>
<td>2E5</td>
<td>Weight</td>
<td>85594</td>
<td>92686</td>
<td>92%</td>
</tr>
<tr>
<td>2E6</td>
<td>BMI calculated</td>
<td>66524</td>
<td>92686</td>
<td>71%</td>
</tr>
<tr>
<td>2E7</td>
<td>Lab test results</td>
<td></td>
<td></td>
<td>100%</td>
</tr>
<tr>
<td>2E8</td>
<td>presence of imaging results</td>
<td></td>
<td></td>
<td>100%</td>
</tr>
<tr>
<td>2E9</td>
<td>presence of pathology results</td>
<td></td>
<td></td>
<td>100%</td>
</tr>
<tr>
<td>2E10</td>
<td>presence or absence of advance directives</td>
<td>6462</td>
<td>92686</td>
<td>7%</td>
</tr>
</tbody>
</table>

*This is an example and is not an endorsement of a specific software or format.

ADDITIONAL RESOURCES
NCQA’s PPC-PCMH Home Page: [www.ncqa.org/ppcpcmh.aspx](http://www.ncqa.org/ppcpcmh.aspx)
ORDER PPC-PCMH Standards and Survey Tool: [www.ncqa.org/ppcpubs.aspx](http://www.ncqa.org/ppcpubs.aspx)
NCQA Customer Support: [customersupport@ncqa.org](mailto:customersupport@ncqa.org)
**Physician Practice Connections—Patient Centered Medical Home**

**ELEMENT 2D: Organizing clinical data**

6 pts

The practice uses electronic or paper-based charting tools to organize and document clinical information in the medical record.

Charting tools enable practices to consistently document clinical information, such as updated problem lists; lists of OTC and prescribed medications; and developmental and growth charts. Tools prompt clinicians to document specific clinical information.

**EXAMPLE* Documentation**

*This is an example and is not an endorsement of a specific software or format.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Patient Files (Yes)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>36</td>
</tr>
<tr>
<td><strong>Patient Files (No)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
</tbody>
</table>

**ADDITIONAL RESOURCES**

- NCQA’s PPC-PCMH Home Page: [www.ncqa.org/ppcpcmh.aspx](http://www.ncqa.org/ppcpcmh.aspx)
- ORDER PPC-PCMH Standards and Survey Tool: [www.ncqa.org/ppcpubs.aspx](http://www.ncqa.org/ppcpubs.aspx)
- NCQA Customer Support: customersupport@ncqa.org
Physician Practice Connections—Patient Centered Medical Home

ELEMENT 2E: Identifying important conditions
4 pts

The practice uses an electronic or paper-based system to identify the following in the practice’s patient population:

- Most frequently seen diagnoses
- Most important risk factors
- Three clinically important conditions

The practice identifies important conditions for its patient population and uses the information to manage specific groups of patients. Practices may use a practice management system, a billing system or an electronic health record to identify the conditions.

EXAMPLE* Documentation

<table>
<thead>
<tr>
<th>Visit</th>
<th>Diagnosis ICD9</th>
<th>Diagnosis Description</th>
<th>Number of Patients</th>
<th>Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>272.4</td>
<td>272.4</td>
<td>HYPERLIPIDEMIA NOS</td>
<td>85875</td>
<td>Hyperlipid</td>
</tr>
<tr>
<td>401.3</td>
<td>401.3</td>
<td>HYPERTENSION NOS</td>
<td>56755</td>
<td>HTN</td>
</tr>
<tr>
<td>250.00</td>
<td>250.00</td>
<td>DM W/O COMPL TYPE III</td>
<td>38018</td>
<td>Diabetes</td>
</tr>
<tr>
<td>327.9</td>
<td>327.9</td>
<td>ALLERGIC RHINITIS NOS</td>
<td>27101</td>
<td>Allergies</td>
</tr>
<tr>
<td>244.9</td>
<td>244.9</td>
<td>HYPOTHYROIDISM NOS</td>
<td>24553</td>
<td>Hypothyroid</td>
</tr>
<tr>
<td>477.0</td>
<td>477.0</td>
<td>ALLERGIC RHINITIS NEC</td>
<td>19375</td>
<td>Allergies</td>
</tr>
<tr>
<td>311</td>
<td>311</td>
<td>DEPRESSION</td>
<td>18956</td>
<td>Depression</td>
</tr>
<tr>
<td>401.1</td>
<td>401.1</td>
<td>BENIGN HYPERTENSION</td>
<td>18508</td>
<td>HTN</td>
</tr>
<tr>
<td>V53.61</td>
<td>V53.61</td>
<td>LONGTERM (CURRENT) USE OF ANTICOAGULANTS</td>
<td>18351</td>
<td>Anticoag</td>
</tr>
<tr>
<td>427.31</td>
<td>427.31</td>
<td>ATRIAL FIBRILLATION</td>
<td>17990</td>
<td>Afib</td>
</tr>
<tr>
<td>174.9</td>
<td>174.9</td>
<td>MALE NEO BREAST FEMALE NOS</td>
<td>16723</td>
<td>Cancer/Breast</td>
</tr>
<tr>
<td>343.90</td>
<td>343.90</td>
<td>ASTHMA UNSPEC UNSPEC</td>
<td>15613</td>
<td>Asthma</td>
</tr>
<tr>
<td>414.00</td>
<td>414.00</td>
<td>CORONARY ATHEROSCLEROSIS UNSPECIFIED</td>
<td>11511</td>
<td>CVD</td>
</tr>
<tr>
<td>278.00</td>
<td>278.00</td>
<td>OBESITY, UNSPECIFIED</td>
<td>9644</td>
<td>Obesity</td>
</tr>
<tr>
<td>185</td>
<td>185</td>
<td>MALE NEO PROSTATE</td>
<td>9003</td>
<td>Cancer/Prostate</td>
</tr>
<tr>
<td>428.0</td>
<td>428.0</td>
<td>CONGESTIVE HEART FAILURE</td>
<td>6695</td>
<td>CHF</td>
</tr>
<tr>
<td>296.30</td>
<td>296.30</td>
<td>MAJOR DEPRESSIVE DISORDER, RECURRENT</td>
<td>5885</td>
<td>Depression</td>
</tr>
<tr>
<td>714.0</td>
<td>714.0</td>
<td>PNEUMATOID ARTHRITIS</td>
<td>4507</td>
<td>Arthritis</td>
</tr>
<tr>
<td>162.9</td>
<td>162.9</td>
<td>MALE NEO BRONCH/LUNG NOS</td>
<td>3973</td>
<td>Cancer/Lung</td>
</tr>
<tr>
<td>278.01</td>
<td>278.01</td>
<td>OBESITY, MORBID</td>
<td>3177</td>
<td>Obesity</td>
</tr>
</tbody>
</table>

TIP: The practice must produce reports to show how conditions were selected.

*This is an example and is not an endorsement of a specific software or format.

ADDITIONAL RESOURCES

American College of Physicians PCMH page: http://www.acponline.org/running_practice/pcmh/
American Osteopathic Association Home page: http://www.osteopathic.org/index.cfm
NCQA’s PPC-PCMH Home Page: www.ncqa.org/ppcpcmh.aspx
ORDER PPC-PCMH Standards and Survey Tool: www.ncqa.org/ppcpubs.aspx
NCQA Customer Support: customersupport@ncqa.org
The practice uses electronic information to generate patient lists and remind patients or clinicians about necessary services, such as specific medications or tests, preventive services, pre-visit planning and follow-up visits.

The practice should be able to manage its patient population by creating reports on the following fields.

- Demographic information
- Contact information such as zip codes
- Imaging tests
- Laboratory tests
- Prescription medications
- Over-the-counter medications
- Diagnosis or treatment codes
- Status of preventive health services and risk factors.

This element requires the practice to include the reports and show how it uses them to manage groups of patients, such as reminding patients about follow-up visits or services needed (e.g., women over 50 due for a mammogram).

**EXAMPLE* Documentation**

*This is an example and is not an endorsement of a specific software or format.*

### ADDITIONAL RESOURCES

- NCQA’s PPC-PCMH Home Page: [www.ncqa.org/pppcmhc.aspx](http://www.ncqa.org/pppcmhc.aspx)
- ORDER PPC-PCMH Standards and Survey Tool: [www.ncqa.org/ppcpubs.aspx](http://www.ncqa.org/ppcpubs.aspx)
- NCQA Customer Support: customersupport@ncqa.org
Physician Practice Connections—Patient Centered Medical Home

ELEMENT 3A: Guidelines for important conditions
3 pts

**MUST PASS** The practice implements evidence-based guidelines for the three identified clinically important conditions.

This element requires practices to adopt and implement evidence-based diagnosis and treatment guidelines for the three clinically important conditions (Element 2E). Practices must use a paper or electronic template (“workflow organizer”) to demonstrate consistent implementation of the adopted guidelines and clearly identify the source of the guidelines.

**EXAMPLE* Documentation**

*This is an example and is not an endorsement of a specific software or format.

**TIP:** The practice shows the templates for prompting clinicians to document clinical information, in accordance with adopted guidelines, at the patient’s visit. Paper-based supporting documentation includes flow sheets or templates used to document treatment plans or patient progress. Electronic supporting documentation includes screen shots of templates used to document treatment plans and patient progress.

**ADDITIONAL RESOURCES**
American College of Physicians PCMH page: http://www.acponline.org/running_practice/pcmh/
American Osteopathic Association Home page: http://www.osteopathic.org/index.cfm
NCQA’s PPC-PCMH Home Page: www.ncqa.org/ppcpcmh.aspx
ORDER PPC-PCMH Standards and Survey Tool: www.ncqa.org/ppcpubs.aspx
NCQA Customer Support: customersupport@ncqa.org
Physician Practice Connections—Patient Centered Medical Home

**ELEMENT 3B: Preventive-service clinician reminders**

*4 pts

**LIMITED**

Electronic Systems

The practice uses guideline-based reminders to prompt physicians about a patient’s preventive care needs at the time of the patient’s visit.

The practice should have systems in place to alert or remind clinicians about preventive services for patients during the patient’s office visit. Alerts may be paper-based or electronic prompts for clinicians to order screening tests, immunizations, risk assessments or counseling.

**EXAMPLE* Documentation**

<table>
<thead>
<tr>
<th>Paper Reminder for Risk Assessments, Immunizations, Screening Tests</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MMR/Polio</strong></td>
</tr>
<tr>
<td><strong>Tetanus</strong></td>
</tr>
<tr>
<td><strong>Pneumococcal</strong></td>
</tr>
<tr>
<td><strong>Influenza</strong></td>
</tr>
<tr>
<td><strong>Hepatitis B</strong></td>
</tr>
<tr>
<td><strong>Other</strong></td>
</tr>
<tr>
<td><strong>Blood Pressure</strong></td>
</tr>
<tr>
<td><strong>Cholesterol</strong></td>
</tr>
<tr>
<td><strong>Diabetes</strong></td>
</tr>
<tr>
<td><strong>Smoking</strong></td>
</tr>
<tr>
<td><strong>Alcohol Use</strong></td>
</tr>
<tr>
<td><strong>Violence (Domestic)</strong></td>
</tr>
<tr>
<td><strong>Mental Health Concerns</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EHR with Risk Assessment Reminders</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Maintenance &amp; Social History</td>
</tr>
<tr>
<td>Tobacco Exposure:</td>
</tr>
<tr>
<td>✻ No</td>
</tr>
<tr>
<td>✻ Yes</td>
</tr>
<tr>
<td>✻ Post</td>
</tr>
<tr>
<td>✻ Secondary Exposure:</td>
</tr>
<tr>
<td>✻ Yes</td>
</tr>
<tr>
<td>✻ Present Smoke:</td>
</tr>
<tr>
<td>✻ Past</td>
</tr>
<tr>
<td>✻ Family History of Alcohol Use:</td>
</tr>
<tr>
<td>✻ Family History of Drug Abuse:</td>
</tr>
<tr>
<td>Drug Use:</td>
</tr>
<tr>
<td>✻ Current Use:</td>
</tr>
<tr>
<td>✻ Past Use:</td>
</tr>
<tr>
<td>Domestic Violence Exposure:</td>
</tr>
<tr>
<td>✻ History of Domestic Violence:</td>
</tr>
<tr>
<td>✻ Current Domestic Violence Exposure:</td>
</tr>
<tr>
<td>✻ Past Domestic Violence Exposure:</td>
</tr>
</tbody>
</table>

*This is an example and is not an endorsement of a specific software or format.

**ADDITIONAL RESOURCES**

NCQA’s PPC-PCMH Home Page: [www.ncqa.org/ppcpcmh.aspx](http://www.ncqa.org/ppcpcmh.aspx)
ORDER PPC-PCMH Standards and Survey Tool: [www.ncqa.org/ppcpubs.aspx](http://www.ncqa.org/ppcpubs.aspx)
NCQA Customer Support: [customersupport@ncqa.org](mailto:customersupport@ncqa.org)
Physician Practice Connections—Patient Centered Medical Home

ELEMENT 3C: Practice organization
3 pts

The practice maintains a team approach to managing patient care.

A team approach includes use of nonphysician staff. Shared responsibilities are designed to maximize each team member's level of training and expertise. In small practices, roles may be designated for the physician, the nurse and existing administrative staff. Supporting documentation for this element includes protocols, job descriptions, standing orders that show how the practice involves nonphysician staff in various aspects of patient care management.

EXAMPLE* Documentation

<table>
<thead>
<tr>
<th>Type of med</th>
<th>Cholesterol Reducing</th>
<th>Hypertension</th>
<th>NCTZ/Diabetic For HTN</th>
<th>Cardiac (Digoxin and others)</th>
<th>Metab Infants</th>
<th>Allergy (allergen, nonsteroidal antinflammatory drugs)</th>
<th>Diabetes</th>
<th>GI (Nitric, Propanol, etc.)</th>
<th>Anti Depressants (Paxil, Prozac, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class of meds</td>
<td>Lipid fast CMP</td>
<td>BMP or CMP</td>
<td>BMP Q6 mo</td>
<td>Digoxin level, potassium</td>
<td></td>
<td></td>
<td>HbA1c Q6 mo</td>
<td>Lipid Q6 mo</td>
<td></td>
</tr>
<tr>
<td>Visit Frequency</td>
<td>6 mo</td>
<td>6 mo - If pt comes in regularly, otherwise 1 month and revisit</td>
<td>6 mo - If pt comes in regularly, otherwise 1 month and revisit</td>
<td>6 mo - Check chart note for revisit, no less than every 6 mo</td>
<td>3 months unless HbA1C &lt;7, then Q6 mo</td>
<td>See chart note, minimum Q6 mo</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*This is an example and is not an endorsement of a specific software or format.

ADDITIONAL RESOURCES
American College of Physicians PCMH page: http://www.acponline.org/running_practice/pcmh/
American Osteopathic Association Home page: http://www.osteopathic.org/index.cfm
NCQA’s PPC-PCMH Home Page: www.ncqa.org/ppcpcmh.aspx
ORDER PPC-PCMH Standards and Survey Tool: www.ncqa.org/ppcpubs.aspx
NCQA Customer Support: customersupport@ncqa.org
The practice demonstrates the use of various components of care management for patients with one or more of the clinically important conditions.

The practice documents care management support that physician and nonphysician staff provide to patients who have one of the three clinically important conditions (Element 2E). Using information documented in the patient record, the practice provides a report or a completed Medical Record Review Workbook, showing that clinicians provided specific components of care management: individualized care plans and treatment goals; medication review; assessment of barriers to patient goals.

**EXAMPLE* Documentation**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Diabetes</td>
<td>yes</td>
<td>yes</td>
<td>yes</td>
<td>yes</td>
<td>yes</td>
<td>yes</td>
<td>yes</td>
<td>5</td>
</tr>
<tr>
<td>2</td>
<td>Hypertension</td>
<td>yes</td>
<td>no</td>
<td>no</td>
<td>yes</td>
<td>yes</td>
<td>no</td>
<td>yes</td>
<td>4</td>
</tr>
<tr>
<td>3</td>
<td>Diabetes</td>
<td>yes</td>
<td>yes</td>
<td>no</td>
<td>yes</td>
<td>yes</td>
<td>no</td>
<td>yes</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Hypertension</td>
<td>yes</td>
<td>yes</td>
<td>no</td>
<td>yes</td>
<td>yes</td>
<td>yes</td>
<td>yes</td>
<td>3</td>
</tr>
<tr>
<td>5</td>
<td>Hyperlipidemia</td>
<td>yes</td>
<td>no</td>
<td>yes</td>
<td>yes</td>
<td>yes</td>
<td>yes</td>
<td>yes</td>
<td>4</td>
</tr>
<tr>
<td>6</td>
<td>Hypertension</td>
<td>yes</td>
<td>yes</td>
<td>no</td>
<td>yes</td>
<td>yes</td>
<td>yes</td>
<td>yes</td>
<td>3</td>
</tr>
<tr>
<td>7</td>
<td>Hypertension</td>
<td>yes</td>
<td>no</td>
<td>yes</td>
<td>yes</td>
<td>yes</td>
<td>yes</td>
<td>yes</td>
<td>3</td>
</tr>
<tr>
<td>8</td>
<td>Hyperlipidemia</td>
<td>yes</td>
<td>no</td>
<td>no</td>
<td>yes</td>
<td>yes</td>
<td>yes</td>
<td>yes</td>
<td>3</td>
</tr>
<tr>
<td>9</td>
<td>Diabetes</td>
<td>yes</td>
<td>yes</td>
<td>no</td>
<td>yes</td>
<td>yes</td>
<td>yes</td>
<td>yes</td>
<td>3</td>
</tr>
<tr>
<td>10</td>
<td>Hypertension</td>
<td>yes</td>
<td>yes</td>
<td>no</td>
<td>yes</td>
<td>yes</td>
<td>yes</td>
<td>yes</td>
<td>3</td>
</tr>
<tr>
<td>11</td>
<td>Hyperlipidemia</td>
<td>yes</td>
<td>yes</td>
<td>yes</td>
<td>yes</td>
<td>yes</td>
<td>yes</td>
<td>yes</td>
<td>3</td>
</tr>
</tbody>
</table>

*This is an example and is not an endorsement of a specific software or format.*

**ADDITIONAL RESOURCES**

NCQA’s PPC-PCMH Home Page: [www.ncqa.org/ppcpcmh.aspx](http://www.ncqa.org/ppcpcmh.aspx)
ORDER PPC-PCMH Standards and Survey Tool: [www.ncqa.org/ppcpubs.aspx](http://www.ncqa.org/ppcpubs.aspx)
NCQA Customer Support: customersupport@ncqa.org
Physician Practice Connections—Patient Centered Medical Home

ELEMENT 3E: Continuity of care
5 pts

The practice coordinates care with external organizations and other physicians.

The practice identifies patients treated in inpatient and outpatient settings and contacts them after discharge to provide or coordinate follow up care. It maintains processes for coordinating care for patients who receive care management or disease management services and provides coordination for patients who receive care from other physicians.

EXAMPLE* Documentation

<table>
<thead>
<tr>
<th>Date of ER Visit</th>
<th>Diagnosis</th>
<th>Follow up call</th>
<th>Follow up appointment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>SOB</td>
<td>We admitted pt</td>
<td>Pt has problems with providing care for his wife</td>
</tr>
<tr>
<td></td>
<td>Cath drop</td>
<td>Yes</td>
<td>no FU necessary</td>
</tr>
<tr>
<td></td>
<td>Fever dialysis pt</td>
<td>F/U to specialist</td>
<td>no FU with us</td>
</tr>
<tr>
<td></td>
<td>Injured L. Hand</td>
<td>no FU necessary</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Diarrhea, fever, vomiting</td>
<td>Told to go to ER</td>
<td>Pt told to go to ER</td>
</tr>
<tr>
<td></td>
<td>Flu</td>
<td>F/U scheduled</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Leg bleed</td>
<td>F/U scheduled</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Dialysis Pt C/p</td>
<td></td>
<td>Pt referred to pt assist for meds</td>
</tr>
<tr>
<td></td>
<td>Blood Test</td>
<td>F/U scheduled</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sodium Level</td>
<td>F/U scheduled</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Dropped Ams</td>
<td>F/U has been called</td>
<td>Not been in since</td>
</tr>
<tr>
<td></td>
<td>Chest Pain</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*This is an example and is not an endorsement of a specific software or format.

ADDITIONAL RESOURCES
NCQA’s PPC-PCMH Home Page: [www.ncqa.org/pppcpmh.aspx](http://www.ncqa.org/pppcpmh.aspx)
ORDER PPC-PCMH Standards and Survey Tool: [www.ncqa.org/ppcpubs.aspx](http://www.ncqa.org/ppcpubs.aspx)
NCQA Customer Support: [customersupport@ncqa.org](mailto:customersupport@ncqa.org)
The practice establishes a system to identify patients with unique communication needs.

This element assesses communication barriers at the point of care between clinician and patient; it requires the practice to establish a system that prompts clinicians to assess language, hearing and vision needs of each patient.

**EXAMPLE* Documentation**

<table>
<thead>
<tr>
<th>Language</th>
<th>Best Served In</th>
<th>Distinct Patient Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHINESE</td>
<td></td>
<td>6.00</td>
<td>0.41 %</td>
</tr>
<tr>
<td>ENGLISH</td>
<td></td>
<td>936.00</td>
<td>63.46 %</td>
</tr>
<tr>
<td>FRENCH</td>
<td></td>
<td>2.00</td>
<td>0.14 %</td>
</tr>
<tr>
<td>JAPANESE</td>
<td></td>
<td>2.00</td>
<td>0.14 %</td>
</tr>
<tr>
<td>OTHER</td>
<td></td>
<td>21.00</td>
<td>1.42 %</td>
</tr>
<tr>
<td>SIGN LANGUAGE</td>
<td></td>
<td>2.00</td>
<td>0.14 %</td>
</tr>
<tr>
<td>SPANISH</td>
<td></td>
<td>506.00</td>
<td>34.31 %</td>
</tr>
<tr>
<td><strong>Percent:</strong></td>
<td></td>
<td></td>
<td><strong>100.00 %</strong></td>
</tr>
<tr>
<td><strong>Sum:</strong></td>
<td></td>
<td></td>
<td><strong>1,475.00</strong></td>
</tr>
</tbody>
</table>

*This is an example and is not an endorsement of a specific software or format.

**ADDITIONAL RESOURCES**

- NCQA’s PPC-PCMH Home Page: [www.ncqa.org/ppcpcmh.aspx](http://www.ncqa.org/ppcpcmh.aspx)
- ORDER PPC-PCMH Standards and Survey Tool: [www.ncqa.org/ppcpubs.aspx](http://www.ncqa.org/ppcpubs.aspx)
- NCQA Customer Support: customersupport@ncqa.org
Physician Practice Connections—Patient Centered Medical Home

ELEMENT 4B: Self management support
4 pts

The practice works to facilitate self-management of care for patients with one of the three clinically important conditions.

This element assesses how a practice supports patient self-management and specifically aims to promote positive results for patients conducting self-management, through clear documentation of physician/practice communication and use of appropriate self-management options. It is not necessary for the practice to provide a self-management tool; it may simply connect the appropriate patients with the appropriate resources. Scoring is based on the percentage of patients with one of the three important conditions who documented at least three self-management elements in their record.

**EXAMPLE* Documentation**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Asthma</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>0</td>
</tr>
<tr>
<td>Diabetes</td>
<td>Yes</td>
<td>no</td>
<td>no</td>
<td>yes</td>
<td>no</td>
<td>1</td>
</tr>
<tr>
<td>Adult Asthma</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>1</td>
</tr>
<tr>
<td>Asthma</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>0</td>
</tr>
<tr>
<td>Diabetes</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>Adult Asthma</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>0</td>
</tr>
<tr>
<td>Asthma</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>0</td>
</tr>
<tr>
<td>Diabetes</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>1</td>
</tr>
<tr>
<td>Adult Asthma</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>0</td>
</tr>
<tr>
<td>Asthma</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>0</td>
</tr>
<tr>
<td>Diabetes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>0</td>
</tr>
<tr>
<td>Adult Asthma</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>0</td>
</tr>
</tbody>
</table>

*This is an example and is not an endorsement of a specific software or format.

**ADDITIONAL RESOURCES**
NCQA’s PPC-PCMH Home Page: [www.ncqa.org/pppcmh.aspx](http://www.ncqa.org/pppcmh.aspx)
ORDER PPC-PCMH Standards and Survey Tool: [www.ncqa.org/ppcpubs.aspx](http://www.ncqa.org/ppcpubs.aspx)
NCQA Customer Support: customersupport@ncqa.org
Physician Practice Connections—Patient Centered Medical Home

ELEMENT 5A: Electronic prescription writing  
3 pts

The practice seeks to reduce medical errors and improve efficiency by eliminating handwritten prescriptions.

To receive full credit for this element, a practice that prescribes electronically must produce data to demonstrate the percentage of its use of one of two types of prescribing systems: a stand-alone electronic prescription writer that connects to a printer in the office or communicates directly with a pharmacy, or a system integrated with patient-specific demographic or clinical information in the electronic medical record (EMR). Partial credit is earned by a practice that has a system but has not used it, to allow time for practice-wide adoption.

EXAMPLE* Documentation

Evaluation:  
Our physicians and nurses put all prescriptions in EMRs, which are linked to patient-specific demographic and clinical data. Note the screen shot that denotes the number of prescriptions for our physicians in the last three months (2,046) and the report of the number of patients seen during that same time period (2,482). We propose that this represents a percentage between 75% and 100%, understanding that one prescription does not mean one patient.

2046 prescriptions provides the numerator to determine the percentage. The practice provided another report showing the summary of the 2482 patients seen during the same period to provide the denominator.

*This is an example and is not an endorsement of a specific software or format.

ADDITIONAL RESOURCES
American College of Physicians PCMH page: http://www.acponline.org/running_practice/pcmh/
American Osteopathic Association Home page: http://www.osteopathic.org/index.cfm
NCQA’s PPC-PCMH Home Page: www.ncqa.org/ppcpcmh.aspx
ORDER PPC-PCMH Standards and Survey Tool: www.ncqa.org/ppcppubs.aspx
NCQA Customer Support: customersupport@ncqa.org
The practice seeks to reduce medical errors and improve efficiency by using drug safety alerts when prescribing.

When a clinician uses an electronic prescription writing tool, it is important that described safety reference information is available at the point of care; for example, alerts for drug-drug interactions, drug-disease interactions, appropriate dosing and drug duplication. This element evaluates the use of such safety alerts and the number and type of alerts built into the system.

EXAMPLE* Documentation

*This is an example and is not an endorsement of a specific software or format.

ADDITIONAL RESOURCES
American College of Physicians PCMH page: http://www.acponline.org/running_practice/pcmh/
American Osteopathic Association Home page: http://www.osteopathic.org/index.cfm
NCQA’s PPC-PCMH Home Page: www.ncqa.org/ppcpcmh.aspx
ORDER PPC-PCMH Standards and Survey Tool: www.ncqa.org/ppcpubs.aspx
NCQA Customer Support: customersupport@ncqa.org
The practice seeks to improve efficiency by using cost information when prescribing.

Each practice that has electronic prescribing may demonstrate one of two methods for cost-effective prescribing: general automatic alerts for medication choices, including generics, or a connection to payer-specific formularies that automatically alert the clinician to alternative drugs, including generics, built into the electronic prescribing tool. Partial credit is earned by a practice that has a system but has not used it, to allow time for practice-wide adoption.

EXAMPLE* Documentation

*This is an example and is not an endorsement of a specific software or format.

ADDITIONAL RESOURCES
American College of Physicians PCMH page: http://www.acponline.org/running_practice/pcmh/
American Osteopathic Association Home page: http://www.osteopathic.org/index.cfm
NCQA’s PPC-PCMH Home Page: www.ncqa.org/ppcpcmh.aspx
ORDER PPC-PCMH Standards and Survey Tool: www.ncqa.org/ppcpubs.aspx
NCQA Customer Support: customersupport@ncqa.org
Physician Practice Connections—Patient Centered Medical Home

ELEMENT 6A: Test tracking and follow-up
7 pts

**MUST PASS** The practice works to improve effectiveness of care by managing the timely receipt of information on all tests and results.

As a medical home, a practice must demonstrate that it communicates test results with patients. To demonstrate that it does this appropriately, the practice should document a system for following imaging or laboratory test orders, receipt of results by the ordering clinician, overdue orders and patient follow-up. All normal results should be communicated to the patient and abnormal results flagged for follow-up. The practice does not meet the intent of the element if it waits until a patient’s next visit to communicate results.

**EXAMPLE** Documentation

![Manual Log Spreadsheet](image)

*This is an example and is not an endorsement of a specific software or format.

**ADDITIONAL RESOURCES**


NCQA’s PPC-PCMH Home Page: [www.ncqa.org/ppcpcmh.aspx](http://www.ncqa.org/ppcpcmh.aspx)

ORDER PPC-PCMH Standards and Survey Tool: [www.ncqa.org/ppcpubs.aspx](http://www.ncqa.org/ppcpubs.aspx)

NCQA Customer Support: [customersupport@ncqa.org](mailto:customersupport@ncqa.org)
**ELEMENT 6B: Electronic system for managing tests**

*6 pts*

The practice can order and view lab test and imaging results electronically, with electronic alerts.

Practices earn points by maintaining interoperable systems that communicate with laboratory and imaging facilities to order tests, view results and manage alerts. Electronic system capabilities allow a practice to optimize its role as active coordinator of patient care.

**EXAMPLE* Screen shots from EMR**

**Laboratory Test Order Screen**

**Radiology Test Order Screen**

*This is an example and is not an endorsement of a specific software or format.*

**ADDITIONAL RESOURCES**


NCQA’s PPC-PCMH Home Page: [www.ncqa.org/ppcppcmh.aspx](http://www.ncqa.org/ppcppcmh.aspx)

ORDER PPC-PCMH Standards and Survey Tool: [www.ncqa.org/ppcpubs.aspx](http://www.ncqa.org/ppcpubs.aspx)

NCQA Customer Support: [customersupport@ncqa.org](mailto:customersupport@ncqa.org)
Physician Practice Connections—Patient Centered Medical Home

ELEMENT 7A: Referral tracking
4 pts

The practice seeks to improve effectiveness, timeliness and coordination of care by following through on critical consultations with other practitioners.

When a physician orders a referral for a patient, it is important to have a system in place to track the status of the referral until the results are returned to the originating physician for evaluation—especially when the referral is critical to a patient’s care. This standard looks for a tracking system for critical referrals that note the origin, tracking status and administrative and clinical details of a referral.

**EXAMPLE* Documentation**

*This is an example and is not an endorsement of a specific software or format.

**ADDITIONAL RESOURCES**

- NCQA’s PPC-PCMH Home Page: [www.ncqa.org/ppcpcmh.aspx](http://www.ncqa.org/ppcpcmh.aspx)
- ORDER PPC-PCMH Standards and Survey Tool: [www.ncqa.org/ppcpubs.aspx](http://www.ncqa.org/ppcpubs.aspx)
- NCQA Customer Support: customersupport@ncqa.org
The practice measures or receives performance data by physician or across the practice regarding:

- Clinical process
- Clinical outcomes
- Service data
- Patient safety

The practice must demonstrate that it measures two of the four types of performance by individual physician or by practice. It receives credit for NCQA Diabetes Physician Recognition (DPRP) or Heart Stroke Recognition (HSRP) for clinical process and clinical outcomes.

**EXAMPLE**

*This is an example and is not an endorsement of a specific software or format.

**CAHP’s Patient Satisfaction Report**

<table>
<thead>
<tr>
<th>Element</th>
<th>Total Respondents</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Composite Affectiveness Score</td>
<td>96.7%</td>
<td>96.5%</td>
<td></td>
</tr>
<tr>
<td>Rating of Overall Care</td>
<td>77.6%</td>
<td>77.9%</td>
<td></td>
</tr>
<tr>
<td>Rating of Physicians</td>
<td>85.8%</td>
<td>77.0%</td>
<td></td>
</tr>
<tr>
<td>Getting Personalized Cares</td>
<td>86.0%</td>
<td>82.6%</td>
<td></td>
</tr>
<tr>
<td>Getting Care Outside</td>
<td>85.7%</td>
<td>71.0%</td>
<td></td>
</tr>
<tr>
<td>Ease with Doctors Communication</td>
<td>94.8%</td>
<td>94.8%</td>
<td></td>
</tr>
<tr>
<td>Overall and Helpful Office Staff</td>
<td>90.1%</td>
<td>93.5%</td>
<td></td>
</tr>
<tr>
<td>Rating of Health Plan</td>
<td>93.0%</td>
<td>79.3%</td>
<td></td>
</tr>
<tr>
<td>Customer Service</td>
<td>83.6%</td>
<td>83.8%</td>
<td></td>
</tr>
<tr>
<td>Claims Processing</td>
<td>93.2%</td>
<td>83.8%</td>
<td></td>
</tr>
</tbody>
</table>

**Clinical Performance Report**

7. Control of Triglycerides in Diabetic Patients

- Percentage of patients with LDL <100 (desired range of control)
- Percentage of patients with LDL <130 (minimum desired range of control)

**TIP:**
Reports should reflect care for all patients, not just patients covered by one payer.

**ADDITIONAL RESOURCES**

NCQA’s PPC-PCMH Home Page: [www.ncqa.org/pppcmh.aspx](http://www.ncqa.org/pppcmh.aspx)
ORDER PPC-PCMH Standards and Survey Tool: [www.ncqa.org/ppcpubs.aspx](http://www.ncqa.org/ppcpubs.aspx)
NCQA Customer Support: [customersupport@ncqa.org](mailto:customersupport@ncqa.org)
The practice collects data on patient experience with:

- Access to care
- Quality of physician communication
- Patient/family confidence in self-care
- Patient/family satisfaction with care

Practices may collect patient experience information by phone or through a paper or electronic survey. Practices should be able to provide a summary of the survey information, not just a blank questionnaire or survey form.

**EXAMPLE* Documentation**

<table>
<thead>
<tr>
<th>Results of Patient Phone Satisfaction Study</th>
</tr>
</thead>
<tbody>
<tr>
<td>66 patients Surveyed</td>
</tr>
<tr>
<td>5 minutes Waiting</td>
</tr>
<tr>
<td>7% surveyed</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Results of Patient Time from Check In to Exam Room</th>
</tr>
</thead>
<tbody>
<tr>
<td>42 Patients Tracked</td>
</tr>
<tr>
<td>Patients taken to exam room before Scheduled time</td>
</tr>
<tr>
<td>24% of tracked</td>
</tr>
</tbody>
</table>

*This is an example and is not an endorsement of a specific software or format.

**ADDITIONAL RESOURCES**

NCQA’s PPC-PCMH Home Page: [www.ncqa.org/pppcmhm.aspx](http://www.ncqa.org/pppcmhm.aspx)
ORDER PPC-PCMH Standards and Survey Tool: [www.ncqa.org/ppcpubs.aspx](http://www.ncqa.org/ppcpubs.aspx)
NCQA Customer Support: customersupport@ncqa.org
The practice reports on its performance on the factors in Elements 8A and 8B (measures of performance and patient experience data).

This element requires the practice to give physicians and staff reports of the data collected in 8A and 8B, reported by the practice and by individual physician. Data may be from an affiliated group, such as a larger medical group, practice association or health plan, but it must reflect care provided for all patients.

**EXAMPLE* Documentation**

![Example Documentation](image)

*This is an example and is not an endorsement of a specific software or format.

**ADDITIONAL RESOURCES**
- NCQA’s PPC-PCMH Home Page: [www.ncqa.org/pppcmhm.aspx](http://www.ncqa.org/pppcmhm.aspx)
- ORDER PPC-PCMH Standards and Survey Tool: [www.ncqa.org/ppcpubs.aspx](http://www.ncqa.org/ppcpubs.aspx)
- NCQA Customer Support: [customersupport@ncqa.org](mailto:customersupport@ncqa.org)
The practice uses performance data to:

- Set goals based on measurement results referenced in Elements 8A and 8B
- Where necessary, act to improve performance of individual physicians or of the practice as a whole

This element requires the practice to use clinical evaluation (8A) and patient experience (8B) data to set goals for improvement and to show that it is working to implement the goals through periodic reassessment. Improvement goals and activities may be practice-wide or by individual physician.

**EXAMPLE* Documentation**

<table>
<thead>
<tr>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Areas for Analysis</td>
<td>Data Source or Measure</td>
<td>Opportunity Identified</td>
<td>Current Performance</td>
<td>Performance Goal</td>
<td>Action Taken and Date of Implementation</td>
</tr>
<tr>
<td>To complete table –</td>
<td>List at least one data source or measure for each opportunity</td>
<td>List at least one opportunity</td>
<td>List current rate of performance</td>
<td>List at least one goal for each opportunity</td>
<td>List at least one activity for each opportunity and the start date of the activity</td>
</tr>
</tbody>
</table>

*This is an example and is not an endorsement of a specific software or format.

**ADDITIONAL RESOURCES**
NCQA’s PPC-PCMH Home Page: [www.ncqa.org/pppcpmh.aspx](http://www.ncqa.org/pppcpmh.aspx)
ORDER PPC-PCMH Standards and Survey Tool: [www.ncqa.org/ppcpubs.aspx](http://www.ncqa.org/ppcpubs.aspx)
NCQA Customer Support: [customersupport@ncqa.org](mailto:customersupport@ncqa.org)
Physician Practice Connections—Patient Centered Medical Home

ELEMENT 8E: Reporting standardized measures
2 pts

The practice measures performance and produces reports using nationally approved clinical measures.

This element requires the practice to show the ability to report measures endorsed by the National Quality Forum (NQF) for use at the physician or practice level. Scoring is based on number of measures reported. Access NQF-endorsed measures at: http://www.qualityforum.org/pdf/Btblendorsedmeasurescurrent.xls.

EXAMPLE* Documentation

*This is an example and is not an endorsement of a specific software or format.

ADDITIONAL RESOURCES
American College of Physicians PCMH page: http://www.acponline.org/running_practice/pcmh/
American Osteopathic Association Home page: http://www.osteopathic.org/index.cfm
NCQA’s PPC-PCMH Home Page: www.ncqa.org/ppcpcmh.aspx
ORDER PPC-PCMH Standards and Survey Tool: www.ncqa.org/ppcpubs.aspx
NCQA Customer Support: customersupport@ncqa.org
Physician Practice Connections—Patient Centered Medical Home

ELEMENT 8F: Electronic reporting—external entities

1 pt

The practice electronically transmits performance measures to external entities.

This element assesses the practice’s ability to transmit performance reports (Element 8E) electronically to health plans, to the public sector and to other entities external to the practice. The practice may receive partial credit for this element if its electronic system can transmit reports to external entities but the practice has not transmitted reports.

EXAMPLE* Documentation

TIP: To demonstrate compliance with this element, the practice describes the reports it transmits, the external entity that receives the report and a screenshot of the portal or other system showing transmission.

*This is an example and is not an endorsement of a specific software or format.

ADDITIONAL RESOURCES
American College of Physicians PCMH page: http://www.acponline.org/running_practice/pcmh/
American Osteopathic Association Home page: http://www.osteopathic.org/index.cfm
NCQA’s PPC-PCMH Home Page: www.ncqa.org/ppcpcmh.aspx
ORDER PPC-PCMH Standards and Survey Tool: www.ncqa.org/ppcpubs.aspx
NCQA Customer Support: customersupport@ncqa.org
Physician Practice Connections—Patient Centered Medical Home

**ELEMENT 9A: Availability of interactive Web site**

1 pt

The practice maximizes electronic communication with patients via the Web to support patient access and self-management.

A practice that maintains a Web site is considered “advanced”; it meets the requirements of this element when it includes interactive functions such as patients’ ability to request appointments, prescription refills, referrals and test results, and see sections of their medical record. A Web site may include the ability to enter data into a personal health record. Partial credit is given if the site includes any of these functions.

**EXAMPLE* Documentation**

*This is an example and is not an endorsement of a specific software or format.

**ADDITIONAL RESOURCES**

- NCQA’s PPC-PCMH Home Page: [www.ncqa.org/pppcmhm.aspx](http://www.ncqa.org/pppcmhm.aspx)
- ORDER PPC-PCMH Standards and Survey Tool: [www.ncqa.org/ppcpubs.aspx](http://www.ncqa.org/ppcpubs.aspx)
- NCQA Customer Support: [customersupport@ncqa.org](mailto:customersupport@ncqa.org)
The practice maximizes use of electronic communication capability with e-mails that notify patients about specific needs and clinical alerts.

A practice must demonstrate that it can communicate with its patients through e-mails to inform them about the need for care that requires clinical review or action; preventive care; specific tests; follow-up visits; or additional information on a particular medication or disease/case management support. NCQA expects practices to identify their patients who would benefit from such e-mail messages. The practice earns partial credit if it identifies patients who need e-mail communication but does not communicate with patients through e-mails.

**EXAMPLE* Documentation**

*This is an example and is not an endorsement of a specific software or format.

**ADDITIONAL RESOURCES**
NCQA’s PPC-PCMH Home Page: [www.ncqa.org/ppccmh.aspx](http://www.ncqa.org/ppccmh.aspx)
ORDER PPC-PCMH Standards and Survey Tool: [www.ncqa.org/ppcpubs.aspx](http://www.ncqa.org/ppcpubs.aspx)
NCQA Customer Support: [customersupport@ncqa.org](mailto:customersupport@ncqa.org)
The practice maximizes use of electronic communication among the care management team to support the care management process for patients with one of the three identified clinically important conditions.

This element awards credit to practices that use electronic communication to manage patients (e.g., exchanges between case management staff about patients, Web-based educational models for patient self-management).

EXAMPLE* Documentation

*This is an example and is not an endorsement of a specific software or format.

ADDITIONAL RESOURCES
American College of Physicians PCMH page: http://www.acponline.org/running_practice/pcmh/
American Osteopathic Association Home page: http://www.osteopathic.org/index.cfm
NCQA’s PPC-PCMH Home Page: www.ncqa.org/ppcpcmh.aspx
ORDER PPC-PCMH Standards and Survey Tool: www.ncqa.org/ppcpubs.aspx
NCQA Customer Support: customersupport@ncqa.org