Medical Home Standards Focus on Patients

BY MARY ELLEN SCHNEIDER

The National Committee for Quality Assurance has released new standards for practices seeking recognition as a medical home.

The standards now require practices to demonstrate continuity of care by allowing patients to select a personal physician, offering after-hour access to appointments and medical advice, and having interpreters available and making sure forms and other documents are in the patient's preferred language. The standards also were redesigned to better echo the requirements of the new Medicare and Medicaid programs offering incentives for the implementation of electronic health records.

Most practices are still physician centric, said Dr. Xavier Sevilla, a pediatrician in Lakewood Ranch, Fla., and a member of the NCQA Patient-Centered Medical Home Advisory Committee. For example, practices typically open their doors when it's convenient for physicians and offer standard 15-minute appointments for the same reason.

With some of the new standards, NCQA officials are looking to get physicians thinking about things from the patient's point of view, he said.

"There is a big gap between where we want to go, which is that advanced primary care patient-centered medical home, and what we have right now," Dr. Sevilla said in an interview.

This is the first time the standards have been revamped since they were issued in January 2008. As with the earlier version of the recognition program, the NCQA offers practices three levels of recognition based on points earned for each element of the standards. However, all recognition levels require practices to comply with six "must-pass" elements: access during office hours, using data for population management, care management, supporting the self-care process, tracking referrals and follow-up, and implementing continuous quality improvement.

Starting in 2012, participating practices will receive extra credit if they report the results of a new, standardized patient experience survey. The survey is being developed in collaboration with the Agency for Healthcare Research and Quality and will be a medical home version of the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Clinician & Group Survey. It is expected to be released later this year.

Practices will get credit for reporting in 2012, but the NCQA expects to evaluate practices on results in the future.

The updated standards also include more requirements for the use of health information technology and are closely modeled on the federal EHR incentive program that began earlier this year.

For example, the NCQA standards require practices to use an electronic prescribing system that generates and transmits at least 40% of eligible prescriptions to pharmacies. The NCQA also calls on practices to use an electronic system to record up-to-date problem lists, allergies and adverse reactions, smoking status, and a list of prescription medications.

The revised standards are a "paragon of 21st century primary care," NCQA President Margaret E. O'Kane said in a statement. "By emphasizing access, health information technology, and partnerships between clinicians and patients to improve health, these new standards raise the bar in defining high-quality care."

Officials at the NCQA rewrote the standards to be clearer and more specific, but also to be more challenging. Dr. Sevilla, who also serves as chair of the American Academy of Pediatrics Steering Committee of Quality Improvement and Management, advises practices to try to qualify for NCQA recognition in terms of where they are today as a medical home, then use the standards as a "road map" for continuing to improve. But earning 100 points from the start will be very difficult, he said.

The NCQA's medical home recognition program is the organization's fastest growing program. Since December 2008, the number of clinicians recognized through the program has climbed from 214 to 7,676 at the end of 2010. Over the same period, the number of practices recognized as medical homes has risen from 28 to 1,506. ■

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