URAC Patient Centered Health Care Home (PCHCH) Education, Evaluation, and Recognition

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DATE: April 25, 2013
About URAC

Mission
• To promote continuous improvement in the quality and efficiency of healthcare management through the processes of accreditation, education and measurement.

Structure
• Non-profit, independent entity
• Broad-based governance
  • Providers
  • MCO's
  • Purchasers
• Regulators
• Labor
• Consumers
• Expert Advisory Panels (Volunteer)

Strategic Focus
• Consumer Protection and Empowerment
• Improving and Innovating Healthcare Management

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The URAC Board maintains at-large representatives from consumer groups, public organizations and other industry experts.
URAC Offers a Full Range of Accreditation and Certification Programs

I. Core Organizational Quality

II. Health Care Management
- Case Management
- Comprehensive Wellness
- Disease Management
- Health Call Center
- Health Utilization Management
- Independent Review Organization (Comprehensive)
- Independent Review Organization (Internal)
- Independent Review Organization (External)
- Workers’ Compensation Utilization Management

III. Pharmacy Quality Management
- Pharmacy Core
- Drug Therapy Management
- Mail Service Pharmacy
- Pharmacy Benefit Management
- Specialty Pharmacy
- Workers’ Compensation Pharmacy Benefit Management

IV. Patient-Centered Health Care Home
- PCHCH Practice Achievement
- PCHCH Practice Achievement with EHR
- PCHCH Auditor Certification

V. Health Care Operations
- Claims Processing
- Consumer Education and Support
- Credentials Verification Organization
- Health Network
- Health Plan
- Medicare Advantage Health Plan
- Provider Credentialing

VI. Health Information Technology
- Health Content Provider
- Health Web Site
- HIPAA Privacy
- HIPAA Security
- mHealth (under development)

VII. Dental Accreditation
- Dental Network
- Dental Plan
- Dental Case Management
- Dental Claims Processing
Defining a URAC Patient Centered Health Care Home

URAC Patient Centered Health Care Home (PCHCH)

• A quality driven, interdisciplinary clinician-led team approach to delivering and coordinating care that puts patients, family members, and personal caregivers at the center of all decisions concerning the patient’s health and wellness.

• A PCHCH provides comprehensive and individualized access to physical health, behavioral health, and supportive community and social services, ensuring patients receive the right care in the right setting at the right time.”
10 Principles – Foundation of PCHCH Program

URAC PCHCH Principles

• Principle 1: Patient Centered Care Team Culture
• Principle 2: Appropriate Access to Care
• Principle 3: Individualized Care Planning
• Principle 4: Effective and Timely Care Coordination and Follow-up
• Principle 5: Eliminating Health Care Disparities
• Principle 6: Promoting Care Quality and Continuous Quality Improvement
• Principle 7: Stewarding the Cost-effective Use of Health Care Resources
• Principle 8: Excellence In Customer Service
• Principle 9: Commitment To Transparency
• Principle 10: PCHCH Infrastructure and Operations
Health Care Accreditation Continuum

Accreditation Building Blocks

Evolution of the Delivery System

Health Care Delivery

Medicare Home
- Medical Home Neighborhood
- Specialty Providers
- Clinically Integrated Networks
- Clinically Integrated Accountable Organizations

Convergence Point

Health Care Financing & Management

Health Plan

Care Management
- Traditional Case Management
- Care Coordination
- Transitions of Care
- Patient Engagement

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URAC PCHCH Practice Achievement

28 Comprehensive URAC PCHCH Standards

- 7 Mandatory and 21 Essential standards
- Standards are aligned with the meaningful use requirements
- Interactive educational review
- Achievement awarded to the practice
  - PCHCH Achievement
  - PCHCH Achievement with EHR

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# PCHCH Practice Achievement Modules/Standards

<table>
<thead>
<tr>
<th>Module</th>
<th>Modules</th>
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<tbody>
<tr>
<td>Core Quality Care Management</td>
<td>• Organizational Core (COR)</td>
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<tr>
<td>Patient-Centered Operations Management</td>
<td>• Patient Registry (PR)</td>
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<tr>
<td>Access and Communications</td>
<td>• Access to Services (ATS)</td>
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<tr>
<td></td>
<td>• Community Services &amp; Resources (CSR)</td>
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<tr>
<td>Testing and Referrals</td>
<td>• Managing Tests and Results (MTR)</td>
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<td></td>
<td>• Referral Process (RP)</td>
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<tr>
<td>Care Management and Coordination</td>
<td>• Wellness and Health Promotion (WHP)</td>
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<td></td>
<td>• Individual Care Management (ICM)</td>
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<td>• Coordination of Care (COC)</td>
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<td>• Self-Management Support (SMS)</td>
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<td>Advanced Electronic Capabilities</td>
<td>• Electronic Communications Portal (ECP)</td>
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<td>• Electronic Prescribing and Distribution (EPD)</td>
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<td>• Electronic Health Records (EHR)</td>
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<tr>
<td>Performance Reporting and Improvement</td>
<td>• Performance Reporting (PRT)</td>
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## Access to Services (ATS)
Goal is to ensure all patients have comprehensive and timely access to health care services that are patient centered, culturally sensitive, and delivered in the least intensive and most appropriate setting based on the patient’s needs.

<table>
<thead>
<tr>
<th>PCH-PA 6 (ATS): Patient Access to Services and Information</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>The Practice has a process to ensure that patients:</td>
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<tr>
<td>a) Have access to timely appointments with appropriate clinician(s);</td>
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<td>b) Have access to referrals with appropriate specialist(s), if applicable;</td>
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<td>c) Receive clearly specified hours of office operation and location(s);</td>
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<td>d) Receive instructions about what to do in an emergency; and</td>
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<td>e) How to access after hour services non-emergency and urgent care needs.</td>
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## Referral Process (RP)
Goal is to create a well coordinated process where PCHCH patients are referred to specialty care in an efficient manner, and both the practice clinicians and specialists receive timely access to the information they need to provide optimal care to the patient.

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<tr>
<th>PCH-PA 10 (RP): Referrals Process</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>The Practice has an established process to:</td>
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<tr>
<td>a) Identify patients who need a referral;</td>
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<td>b) Coordinate referrals;</td>
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<td>c) Ensure referrals are made to specialists and/or appropriate programs; and</td>
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<tr>
<td>d) Involve patients in selecting the clinician(s).</td>
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Welcome to the Medical Home Today, the knowledge source for today's enlightened practitioners operating (or seeking to operate) in a patient-centered health care home.

This biweekly source for news and analysis on the emerging trend of the medical home is brought to you by URAC, a quality-driven accreditation body and Dorland Health.

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View newsletters - [www.urac.org/medicalhometoday](http://www.urac.org/medicalhometoday)
Summary
PCHCH Practice Achievement

- Designed to recognize practices transformation
- 28 PCHCH Standards (mandatory and essential)
- Must meet 7 Mandatory Standards at least partially
- Any Combination of Essential Standards / Elements
- Must have a 65% Overall Score