



## PHYSICIAN PRACTICE CONNECTIONS® – PATIENT-CENTERED MEDICAL HOME (PPC-PCMH™)

### RECOGNIZING PHYSICIAN PRACTICES AS MEDICAL HOMES

NCQA's Physician Recognition Programs identify physicians who deliver superior care using standards firmly rooted in medical evidence. To date, nearly 10,000 physicians nationwide have been recognized by NCQA in the areas of diabetes care, cardiovascular care, back pain care and practices that systematically provide preventive and chronic care.

On January 2, 2008, NCQA released standards for *Physician Practice Connections®–Patient-Centered Medical Home (PPC-PCMH™)*. This program builds upon NCQA's current *Physician Practice Connections* program to identify primary care practices that function as patient-centered medical homes.

#### Why the Patient-Centered Medical Home?

The patient-centered medical home is a model of care that holds significant promise for better health care quality, improved involvement of patients in their own care and reduced avoidable costs over time. The precepts of the medical home are articulated in the Joint Principles of the Medical Home developed by the primary care medical societies (see sidebar, right) and measured by the PPC-PCMH program.

#### How does PPC-PCMH compare with PPC?

PPC-PCMH builds upon NCQA's *Physician Practice Connections (PPC)* Recognition Program. The programs share many requirements; both have nine generally similar standards, score on a scale of 100 points and have three possible levels of Recognition. Notable differences between the programs are highlighted below:

- For PPC-PCMH Recognition, practices “must pass” at least five basic elements (two for PPC).

#### WHAT IS A MEDICAL HOME?

The patient-centered medical home is a model for care provided by physician practices that seeks to strengthen the physician-patient relationship by replacing episodic care based on illnesses and patient complaints with coordinated care and a long-term healing relationship.

The American College of Physicians, the American Academy of Family Physicians, the American Academy of Pediatrics and the American Osteopathic Association have jointly defined the medical home as a model of care where each patient has an **ongoing relationship with a personal physician** who leads a team that takes collective responsibility for patient care. The physician-led care team is responsible for providing all the patient's health care needs and, when needed, arranges for appropriate care with other qualified physicians.

A medical home also emphasizes enhanced care through open scheduling, expanded hours and communication between patients, physicians and staff.

- Some elements differ between the two versions. Most notably, a standard on interoperability in PPC has been changed for PPC-PCMH to assess advanced electronic communications with and about patients.
- The relative weighting of certain elements differ between the two programs.
- Minor changes to the standards make them more universal to primary care practice, making it feasible for more practices (e.g., pediatric practices) to participate.

### **What does PPC-PCMH measure?**

Among the aspects of care measured by PPC-PCMH:

- |   |   |
|---|---|
| • Access and Communication                | • Test Tracking                         |
| • Patient Tracking and Registry Functions | • Referral Tracking                     |
| • Care Management                         | • Performance Reporting and Improvement |
| • Patient Self-Management Support         | • Advanced Electronic Communications    |
| • Electronic Prescribing                  |   |

### **Why apply?**

Many private and public health plans and employers are considering projects to Recognize and compensate practices as patient-centered medical homes. The AAFP, AAP, ACP and AOA support the use of PPC-PCMH within medical home demonstration projects. PPC-PCMH Recognition demonstrates that a physician practice is a patient-centered medical home and NCQA broadly publicizes Recognized physicians.

And where select demonstration programs are in place, practices earning PPC-PCMH Recognition may qualify for additional payment. Bridges to Excellence considers PPC-PCMH Recognition to satisfy their requirements to qualify for Physician Office Link rewards in the same way as PPC Recognition.

### **Should I apply for PPC or PPC-PCMH Recognition?**

PPC Recognition satisfies requirements for a number of programs, including Bridges to Excellence. Practices seeking designation as a patient-centered medical home should apply for PPC-PCMH. PPC-PCMH will satisfy requirements for some programs presently in existence and a number of demonstration programs currently in development.

NCQA is developing a process by which practices Recognized for PPC can be re-evaluated for PPC-PCMH Recognition.

**FOR MORE INFORMATION ABOUT PPC-PCMH, VISIT [WWW.NCQA.ORG](http://www.ncqa.org)  
OR CONTACT NCQA CUSTOMER SUPPORT AT (888) 275-7585.**

For more information about NCQA, visit us on the Web at [www.ncqa.org](http://www.ncqa.org).