The Joint Commission's

Primary Care Medical Home (PCMH) Question & Answer Guide

(Revised October 2019)

1. **Question:** We are already Joint Commission accredited under the Ambulatory Care manual. Do we need to wait until we have fully implemented the PCMH requirements in all our care delivery sites before we submit our application for PCMH certification?

   Answer: No, you don't need to wait; for organizations seeking PCMH certification for the first time you can still apply even if your organization is not 100% compliant with all standards at all sites. During the initial survey, we will expect the following:

   a) Implementation of the PCMH requirements for at least one patient population in at least one PCMH-eligible site;

   b) Written policy and procedures to support that implementation; and,

   c) Written plans for organization-wide application of the PCMH requirements in all PCMH-eligible sites by the time of your next triennial survey (in 18 to 36 months).

   For example, if an organization has only implemented the requirement that "the primary care clinician and team members provide care for a panel of patients" (PC.02.04.05/EP 4) at one of its sites at the time of their survey, but has written policies and procedures to support empanelment and implementation of empanelment at all of its PCMH-eligible sites within the next 18 months, this would be considered minimally acceptable compliance for this element of performance.

2. **Question:** What does PCMH-eligible mean?

   Answer: A PCMH-eligible site is defined as a location where on-going established relationships exist between a primary care clinician and a panel of patients. This site needs to provide on-going and continuous primary care to a majority of its patients, irrespective of the location of the site (i.e. school-based or primary care clinic operating out of a mobile van), or the population of patients being served.

   Examples of sites that are **not PCMH-eligible** include: administrative offices, dental-only practices, lab/phlebotomy-only, physical therapy services-only, opioid treatment programs, podiatric services- only, mental health services-only, and sites that primarily provide episodic or urgent medical care, rather than on-going and continuous primary care.

3. **Question:** What are the minimum requirements for my organization to provide 24 hours a day, 7 days a week, patients the ability to: schedule a same or next day appointment; request prescription renewal; and obtain clinical advice for urgent health needs? (PC.02.04.01/EP 1)

Answer: The intent of this requirement is to support patient access by providing alternatives to face-to-face visits, through the use of telephonic or electronic access to a member of the care team, and alternative methods of communication, such as e-mail and patient portals. The PCMH is responsive to patients' preferences regarding access. During the hours when the clinic is closed, simply having an answering machine that prompts patients to go to the nearest emergency department or to 'call back' during normal business hours *does not meet the intent of this requirement.*

- ✓ For 24/7 appointment availability/scheduling:

At a minimum, a PCMH has a process in place that provide patients the opportunity to contact the organization 24 hours a day, seven days a week, to make or request a same or next day appointment. For example, a patient could speak to the provider on-call, who based on their assessment, could advise the patient to either go to the ER or come into the office the next day to be seen.

- ✓ For 24/7 prescription renewal requests:

At a minimum, the PCMH has a process that allows the patient to request a prescription renewal 24 hours a day, seven days a week. It does not require an organization to *fill* prescriptions 24/7. An organization could utilize an automated phone line, answering service, or patient portal that prompts the primary care clinician (or a member of the interdisciplinary team that has prescriptive authority) to complete the renewal. At the time of a patient's visit, the PCMH provides education to the patient about their process to renew prescriptions (and, if applicable, which medications may require additional care), as well as their timeframes for following up on prescription renewal requests.

- ✓ For 24/7 clinical advice for urgent care needs:

At a minimum, a PCMH has a process to provide patients with the opportunity to contact them 24 hours a day, seven days a week to obtain clinical advice for concerns the patient (or their family as appropriate) may have.

An organization may utilize an after-hours service (e.g., on-call clinician with competency in making clinical decisions, or triage service) to provide clinical advice that ranges from offering at home self-care instructions, how to make a next day appointment, or directing them to go to an emergency department.

An example is providing patients the ability to email or instant message their PCMH (or a designated member of their interdisciplinary team) with questions or concerns about their health care.

4. **Question:** Will my organization be out of compliance if one of my primary care clinicians is no longer accepting new patients into his/her panel? (PC.02.01.01/EP16)

   Answer: No, the intent of this requirement is to give patients the opportunity to select an *available* primary care clinician, and to provide patients with information necessary to make an informed selection of an *available* primary care clinician. Also, in those instances where a patient does not select a primary care clinician during their initial contact with the organization, or where a patient is assigned a primary care clinician by a third-party payor or health plan, the PCMH needs to have a process that supports patient in selecting or changing their primary care clinician.

5. **Question:** How can the interdisciplinary team identify the patient's health literacy needs? (PC.02.03.01, EP 30) How should an organization ensure that patient education is consistent with the identified health literacy needs? (PC.02.03.01, EP 31)

   Answer: Health Literacy is defined in the glossary as: *"The degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions."*

   Also, the related note to this requirement states, *"Health Literacy is typically an interactive process, the goal of which is to ascertain the patients' capacity to process and understand basic health information needed to make appropriate health decisions"*.

   The intent of this requirement is to improve communication between health care professionals and patients (and their families) by going beyond simply documenting the patient's highest level of education and preferred language. In addition to being affected by basic literacy skills (the ability to read/write) and English proficiency, health literacy is also impacted by a patient's knowledge of health topics, terminology, and numeracy skills.

   The identification of a patient's health literacy needs builds on the assessment of a patient's learning needs *(PC.02.03.01/EP 1),* which includes identifying both potential learning barriers (e.g. any physical limitations affecting learning), and preferred learning methods and modalities (e.g. drawings, models, audio, video).

   To assess health literacy needs, there are several well-established tools and guidance available on the websites of:

   - Agency for Healthcare Research and Quality (AHRQ)
   - Institute of Medicine (IOM)
   - Office of Disease Prevention and Health Promotion
   - Healthy People 2020, and
   - The Centers for Disease Control and Prevention (CDC).

The use of a specific assessment tool or the determination of a specific health literacy level is not required, however, *an interactive process or method must be evident in order to be minimally compliant.*

Although one effective approach to evaluating a patient's understanding of the education/training provided *(PC.02.03.01/EP 25)* is to ask the patient to repeat back the instructions in their own words (the "teach-back" technique) and to document confirmation in the clinical record, *using that approach alone is not sufficient for compliance.*

Finally, there needs to be patient interaction with a trained professional who works to make sure patients understand their treatment plan, disease processes, and associated risk areas. Identifying a patient's health literacy needs first, will enable any subsequent patient education to be more efficient and effective.

6. **Question:** What are tips for communicating information about the specified functions and services of the PCMH to patients? (RI.01.04.03 EPs 1-3, 5-7)

   Answer: The intent of this patient-centered requirement is to help foster a partnership relationship between providers and patients (and their families when appropriate) that enable them to be actively involved in their own care.

   The PCMH must inform patients about:

   - Their mission, vision, and goals; scope of care; and types of services;
   - Processes that support patient's selection of a primary care clinician
   - Involvement of patients in their own treatment plan
   - How they manage referrals and coordination of care
   - Collaboration with patient-selected clinicians who provide specialty care or second opinions; and communication about a patient's health care concerns;
   - Patient's responsibilities, including providing health history and current medications and participating in self-management activities;
   - The patient's right to obtain care from other clinicians within the primary care medical home, to seek a second opinion, and to seek specialty care; and,
   - The credentials and educational background information of individuals serving in the role of primary care clinician.

   There are a variety of methods that a PCMH might choose to communicate the required information, while taking into consideration patients' needs and preferences. The information might be:

   - posted on the organization's website
   - included in a patient orientation brochure or other handout
   - displayed on posters in the waiting or exam rooms
   - verbally described during patient visits.

7. **Question:** How would a surveyor evaluate the interdisciplinary team' s review and tracking of internal and external referrals for care, care, treatment, or services? (PC.02.04.05/EP 6)

   Answer: The intent of this requirement is more than simply providing the patient with a referral or order for a test, informing them to make their own appointment, and then checking for referral notes or test results just prior to the patient's next appointment.

   The surveyor would validate tracking by examining the organization's policy/procedure/process for reviewing, tracking, and following up as needed. The evaluation would include interviewing patients about how the organization works with them when they have tests ordered or are referred to external providers, and/or direct observation of the review and tracking process with members of the care team.

   An example of a compliance would be providing a patient with the contact information for the referral and asking if the patient requires any assistance. The primary care clinician or designated interdisciplinary team member would then follow-up with the patient or referred organization/department to see if the patient saw the specialist or had the ordered test done and obtain and review the results or referral notes. Alternatively, an organization may utilize a referral center or designate a member of the interdisciplinary team to make the patient's appointment, pro-actively working with the patient to ensure the patient makes the appointment, and follow-up iff as needed if recommended tests or specialty visits are not completed.