Overview

URAC

Patient Centered Medical Home

Standards and Recognition Process

Tools and Resources
About URAC

Founded in 1990, URAC is a nonprofit, independent organization originally chartered to accredit utilization review services.

URAC offers more than 30 distinct accreditation programs across the entire continuum of healthcare services.

URAC's outcomes-oriented approach to accreditation supports the emerging trends in healthcare delivery and payment.

URAC measures harmonize with other federal, state, and local quality measurement and reporting initiatives.

References to URAC accreditation appear in government statutes, regulations, agency publications, Requests for Proposals, and contract language.

Government frequently turns to accreditors to validate functions that might otherwise fall under oversight and regulation.
To promote continuous improvement in the quality and efficiency of health care management through processes of accreditation, education and measures

- Non-profit, independent entity
- Broad-based governance
  - Providers ✓ Purchase ✓ Labor
  - MCO’s ✓ Regulators ✓ Consumers
  - Expert Advisory Panels (Volunteer)

- Consumer Protection and Empowerment
- Improving and Innovating Health Care Management
The URAC Board also maintains at-large representatives from consumer groups, public organizations and other industry experts.
Why URAC?

• Core philosophy of URAC is educational with a consultative approach
• URAC PCMH Program is patient centric
• Design supports a stepwise approach to transformation of a practice to a truly patient centered health care home
• Standards focus on access and coordination of care
• On-site review by professional clinician reviewer
**URAC Accreditation Standards**

**Quality and Accountability Across the Continuum**

### URAC Patient Centered Medical Home

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<tr>
<th>Healthcare Continuum</th>
<th>Well</th>
<th>At Risk</th>
<th>Acute Illness: Discretionary Care</th>
<th>Chronic Illness</th>
<th>Catastrophic</th>
<th>End-of-life care</th>
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### Comprehensive Wellness

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<tr>
<th>HWS, CES</th>
<th>HCC</th>
<th>HCC, UM</th>
<th>DM, DTM</th>
<th>Core Organizational Quality</th>
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<td>Health Plan (HP), Health Plan with Health Insurance Marketplace</td>
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<td>Health Network (HN)</td>
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<td>Claims Processing</td>
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<td>HIPAA Privacy and Security</td>
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<td>Health Web Site (HWS)</td>
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<td>Provider Suite</td>
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<td>Pharmacy Quality Management (PBM, DTM, SPECIALTY, and MAIL)</td>
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<td>WCUM, HUM, and Independent Review (IRO)</td>
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URAC is the largest national accreditor of case management companies; full suite of medical management programs—UM, CM, DM.
URAC PCMH Program

Began development March 2010

Large multi-stakeholder advisory group of over 60 thought leaders

Initial rollout began in 2011
PCMH Program Principles and Foundation

- Patient Centered Care
- Team Culture
- Commitment To Transparency
- Appropriate Access to Care
- Individualized Care Planning
- Effective Use of Healthcare Resources
- Eliminating Health Disparities
- Promoting Continuous Quality Improvement

PCMH Infrastructure and Operations
URAC Patient Centered Medical Home (PCMH)

Program Toolkit and Information Resources
- Details PCMH Assessment Standards
- Survey Information Resource
- Performance Measures Information Resource

Practice Achievement
- Verified via office onsite that practices successfully meet the PCMH Standards
- Standards from PCMH Program Toolkit
- 2-Year or 3-Year
Focus On Health Not Just Disease

- Focus on Whole Person, Not Just Illness
- Wellness Modules
- Formation of Patient/Provider Agreement
- Care Coordination is Enhanced
- Accommodating Health Literacy
- Respect for Cultural Differences/Needs
Central to the PCMH Standards: Institute of Medicine Quality Aims

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<tr>
<th>IOM Aims</th>
<th>How URAC PCMH Standards Promote IOM Quality Aims</th>
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<tbody>
<tr>
<td>1. Safe</td>
<td>Registry, Medication Reconciliation, Transitions of Care, Privacy and Security</td>
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<td>2. Effective</td>
<td>Evidence Based Guidelines, Wellness Promotion and Quality Management Programs</td>
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<td>4. Timely</td>
<td>Lab Values, Requests for Health Information and Enhanced Coordination of Care</td>
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<td>5. Efficient</td>
<td>Organizational Structure, Policies and Procedures, Electronic Health Record and Total Quality Management</td>
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<td>6. Equitable</td>
<td>Disparity, Cultural Sensitivity, Complaint Process and Coordination with the Payer</td>
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10 Principles: Foundation of PCMH Program

**URAC PCMH 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

Based on 4 major primary care medical associations: AAFP, AAP, ACP, AOA
10 Principles: Foundation of PCMH Program

**URAC PCMH Principles**

**Principle 6:**  
- Promoting Care Quality and Continuous Quality Improvement

**Principle 7:**  
- Stewarding the Cost-Effective Use of Healthcare Resources

**Principle 8:**  
- Excellence in Customer Service

**Principle 9:**  
- Commitment to Transparency

**Principle 10:**  
- PCMH Infrastructure and Operations

Based on 4 major primary care medical associations: AAFP, AAP, ACP, AOA
URAC PCMH Program

29 Comprehensive URAC PCMH Standards

- Mandatory and essential standards
- Standards are aligned with the meaningful use requirements
- All practice offices are audited
- Certificate awarded to the practice
URAC PCMH Program
Mandatory Standards

- **PCH-PA 4**
  - Patient Rights and Responsibilities (COR)

- **PCH-PA 6**
  - Patient Access to Services and Information (ATS)

- **PCH-PA 7**
  - Enhancing Patient Access to Services (ATS)

- **PCH-PA 11**
  - Track and Follow-Up on Referral (RP)

- **PCH-PA 15**
  - Ongoing Care Management Protocols – All Patients (ICM)

- **PCH-PA 18**
  - Coordination of Care (COC)

- **PCH-PA 27**
  - Performance Reporting – Tracking and Reporting (PRT)
PCMH Practice Achievement Process

1. Complete Self-Assessment
2. Purchase PCMH Application and Complete within 6 Months
3. Onsite Review Conducted
4. Application Scored and Reviewed
5. Summary Report Issued to Practice
Summary
PCMH Program

- Designed to recognize practice transformation
- 29 PCMH Standards (mandatory and essential)
- Must meet 7 Mandatory Standards
- Any Combination of Essential Standards / Elements
Advancing Levels of Provider Care Integration and Coordination

Accreditation Building Blocks

Evolution of the Delivery System

- Medical Home
- Primary Care Practitioners
- Provider Network
- Specialty Providers
- Clinically Integrated Networks / Systems
- Accountable Care Organizations

Health Care Financing and Management

Pay for Performance

Fee for Service

Health Care Delivery
Thank You for Your Time

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