



Stand up. Stand out.

Accreditation and the PCMH:

Validating transformative practices

Commission for Case Manager Certification

Patrice Sminkey, CEO

PCMH Summit, March 2014



Stand up. Stand out.

About the Commission

- First nationally accredited case manager credential
- More than 35,000 board certified case managers in every state, U.S. territory and abroad
- Certification exam based on ongoing scientific research; practice-based questions developed by case management subject matter experts
- Quality of exam and renewal requirements rigorously upheld by the Commission and externally validated through NCCA accreditation



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**35,000 CCM[®]
Certificant holders**



**PCMH
Accreditation**

**Professional
Standards for
Individuals**



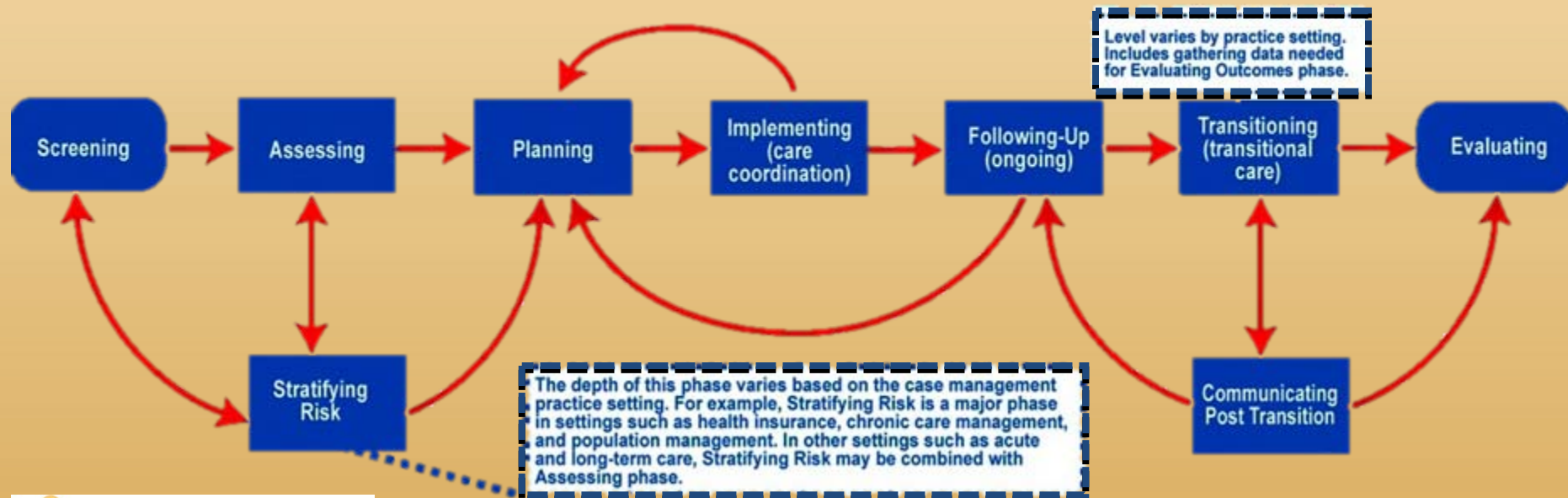
Informs

**Organizational
Standards for
Practices & Medical
Home Community**



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Case Management Process





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AHRQ Definition of PCMH

Comprehensive
Care

Patient-
Centered

Coordinated
Care

Accessible
Services

Quality &
Safety



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Reasons for accreditation

- To identify and validate practices that are structured to align with medical home principles (Joint Principles or AHRQ's PCMH definition)
- To trigger payment mechanisms and minimize administrative burdens for pay-for-performance programs
- To continue to raise the bar via new, progressive standards





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Early studies:

Crosswalk of accreditation domains for PCMH

- 10 Provider Survey Tools designed to measure the extent to which a practice is a “patient-centered medical home”
- Report compares operational details (price, site visit requirement, content emphasis)

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Patient-Centered Medical Home Recognition Tools: A Comparison of Ten Surveys' Content and Operational Details

By Rachel A. Burton, Kelly J. Devers, Robert A. Berenson

The Urban Institute, Health Policy Center
2100 M Street, NW, Washington, DC 20037

March 2012

For the Centers for Medicare and Medicaid Services (CMS)
CMS Project Officer: Suzanne Goodwin



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Evidence-
Based Care

Culturally
Competent
Communi-
cation

Compact
Between
Practice and
Patient

Quality
Improvement

Standard
Care (Non-
PCMH)

Population
Management

Medical
Records

Care Plan

Community
Resources

Adheres to
Current Law
& Business
Practices



Stand up. Stand out.

Access to
Care

Health
Information
Technology

Patient
Engagement
& Self -
Management

Continuity
of Care

Presence of
Policies

Comprehen-
siveness of
Care

Quality
Measures

Team-Based
Care

Coordination
of Care



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