# Comparison of NCQA 2014 Medical Home Recognition to
# 2014 Joint Commission Primary Care Medical Home Certification
## for Ambulatory Care Organizations

This tool, prepared by The Joint Commission, has two parts:

➢ Part 1 <u>compares the evaluation and scoring processes</u> between the National Committee for Quality Assurance's (NCQA's) 2014 Patient-Centered Medical Home recognition and the Joint Commission's 2014 Primary Care Medical Home certification for ambulatory care organizations/practices.

➢ Part 2 <u>compares a description of standards</u> between NCQA's PCMH recognition and the Joint Commission's Primary Care Medical Home certification standards and elements of performance for ambulatory care organizations/practices.

While there are differing approaches to the evaluation and scoring process, the standards comparison indicates that the Joint Commission's 2014 Primary Care Medical Home certification requirements are comparable to NCQA's 2014 Patient-Centered Medical Home Level 3 requirements.

PART 1

| FEATURE | THE JOINT COMMISSION | NCQA |
|---|---|---|
| Name | Primary Care Medical Home | Patient-Centered Medical Home |
| Award Label | Certification | Recognition |
| Length of award | 3 years | 3 years |
| Scope of Evaluation | Entire organization/practice | Delivery site specific |
| Core components/Operational Characteristics | Patient-Centered Care; Comprehensive Care; Coordinated Care; Superb Access to Care; Systems Approach to Quality & Safety | Patient-Centered Access; Team-based Care; Population Health Management; Care Management & Support; Care Coordination & Care Transitions; Performance Measurement & Quality Improvement |
| Accreditation of organization also required? | YES | NO |
| Includes levels of achievement? | NO | YES: Levels 1, 2, 3 |
| Need to submit documentation of compliance? | NO | YES |
| On-site survey conducted to evaluate compliance? | YES | NO |
| On-site consultation on approaches to compliance? | YES | NO |
| Scoring process | Must comply with all standards, with post-survey opportunity & support to comply | Points-based, with Must Pass elements & critical factors |
| Copy of preliminary report available on-site? | YES | NO |
| Post-survey support? | YES | NO |
| Continued compliance support? | YES | NO |

# Part 2  -  Medical Home Crosswalk

## Comparison of NCQA's 2014 Patient-Centered Medical Home Requirements to 2015 Joint Commission Ambulatory Care Primary Care Medical Home Standards & EPs

| Number | Description of NCQA Standards | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance |
|---|---|---|---|
| **PCMH-1A**        **TAG: PCMH-1A** | | **LD.04.01.05** | **The organization effectively manages its programs, services, or sites.** |
| Patient-Centered Appointment Access*: In this section, the NCQA standards address ensuring patients are able to obtain appointments on the day they present or call and have access to care when the office is closed; providing various types of patient interactions; providing health care advice by electronic methods and on the telephone; and measures and monitors patient access to appointments, appointment utilization, and performance improvement opportunities.  \* denotes requirements that NCQA says must be met | | **EP 11** | For organizations that elect The Joint Commission Primary Care Medical Home option: The organization evaluates how effectively the primary care clinician and the interdisciplinary team work in partnership with the patient to support the continuity of care and the provision of comprehensive and coordinated care, treatment, or services. |
| | | **PC.02.04.01** | **For organizations that elect The Joint Commission Primary Care Medical Home option: The patient has access to the organization 24 hours a day, 7 days a week.** **Note: Access may be provided through a number of methods, including telephone, email, websites, portals, and flexible hours.** |
| | | **EP 1** | For organizations that elect The Joint Commission Primary Care Medical Home option: The organization provides patients with the ability to do the following 24 hours a day, 7 days a week: - Contact the primary care medical home to obtain a same- or next-day appointment - Request prescription renewal - Obtain clinical advice for urgent health needs |
| | | **EP 2** | For organizations that elect The Joint Commission Primary Care Medical Home option: The organization offers flexible scheduling to accommodate patient care needs. Note: This may include open scheduling, same-day appointments, group visits, expanded hours, and arrangements with other organizations. |
| | | **EP 3** | For organizations that elect The Joint Commission Primary Care Medical Home option: The organization has a process to respond to patient urgent care needs 24 hours a day, 7 days a week. |
| | | **PI.01.01.01** | **The organization collects data to monitor its performance.** |
| | | **EP 41** | For organizations that elect The Joint Commission Primary Care Medical Home option: The organization collects data on the following: Patient access to care within time frames established by the organization. |
| | | **EP 42** | For organizations that elect The Joint Commission Primary Care Medical Home option: The organization collects data on the following: - Patient experience and satisfaction related to access to care, treatment, or services and communication - Patient perception of the comprehensiveness of care, treatment, or services - Patient perception of the coordination of care, treatment, or services - Patient perception of the continuity of care, treatment, or services (Refer to PI.01.01.01, EP 16) |
| | | **PI.03.01.01** | **The organization improves performance.** |
| | | **EP 2** | The organization takes action on improvement priorities. |

This crosswalk demonstrates that The Joint Commission PCMH standards are comparable to NCQA's Level 3 PCMH Recognition requirements

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| Number PCMH-1B | Description of NCQA Standards | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance |
|---|---|---|---|
| **PCMH-1B**      TAG: PCMH-1B | | **IM.02.02.03** | **The organization retrieves, disseminates, and transmits health information in useful formats.** |
| 24/7 Access to Clinical Advice: NCQA requires that timely clinical advice be provided to patients and entered into the patient's medical record to support continuity of care. And it also requires organizations to have written procedures for these activities and that they monitor whether they are following their procedures. | | **EP 2** | The organization's storage and retrieval systems make health information accessible when needed for patient care, treatment, or services. (See also IC.01.02.01, EP 1) |
| | | **LD.03.02.01** | **The organization uses data and information to guide decisions and to understand variation in the performance of processes supporting safety and quality.** |
| | | **EP 4** | Leaders provide the resources needed for data and information use, including staff, equipment, and information systems. |
| | | **EP 5** | The organization uses data and information in decision making that supports the safety and quality of care, treatment, or services. (See also PI.02.01.01, EP 8) |
| | | **PC.02.04.01** | **For organizations that elect The Joint Commission Primary Care Medical Home option: The patient has access to the organization 24 hours a day, 7 days a week.** <br> **Note: Access may be provided through a number of methods, including telephone, email, websites, portals, and flexible hours.** |
| | | **EP 1** | For organizations that elect The Joint Commission Primary Care Medical Home option: The organization provides patients with the ability to do the following 24 hours a day, 7 days a week: <br> - Contact the primary care medical home to obtain a same- or next-day appointment <br> - Request prescription renewal <br> - Obtain clinical advice for urgent health needs |
| | | **EP 2** | For organizations that elect The Joint Commission Primary Care Medical Home option: The organization offers flexible scheduling to accommodate patient care needs. <br> Note: This may include open scheduling, same-day appointments, group visits, expanded hours, and arrangements with other organizations. |
| | | **EP 3** | For organizations that elect The Joint Commission Primary Care Medical Home option: The organization has a process to respond to patient urgent care needs 24 hours a day, 7 days a week. |
| | | **PC.02.04.03** | **For organizations that elect The Joint Commission Primary Care Medical Home option: The organization is accountable for providing patient care. (Refer to Standard PC.02.04.05)** |
| | | **EP 5** | For organizations that elect The Joint Commission Primary Care Medical Home option: The organization uses a certified electronic health record system to do the following: <br> - Support the continuity of care, and the provision of comprehensive and coordinated care, treatment, or services <br> - Document and track care, treatment, or services <br> - Support disease management, including providing patient education <br> - Support preventive care, treatment, or services <br> - Create reports for internal use <br> - Create and submit reports to external providers and organizations, including public health agencies, disease-specific registries, immunization registries, and other specialized registries <br> - Facilitate electronic exchange of information among providers <br> - Support performance improvement <br> - Identify and provide patient-specific education resources |

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| Number<br>PCMH-1B | Description of NCQA Standards | Joint Commission<br>Equivalent Number | Joint Commission Standards and Elements of Performance |
|---|---|---|---|
| | | **RC.01.01.01** | **The organization maintains complete and accurate clinical records.** |
| | | EP 5 | The clinical record contains the information needed to support the patient's diagnosis and condition. |
| | | EP 6 | The clinical record contains the information needed to justify the patient's care, treatment, or services. |
| | | EP 7 | The clinical record contains information that documents the course and result of the patient's care, treatment, or services. |
| | | EP 8 | The clinical record contains information about the patient's care, treatment, or services that promotes continuity of care among providers.<br>Note: For organizations that elect The Joint Commission Primary Care Medical Home option: This requirement refers to care provided by both internal and external providers. |
| | | EP 9 | The organization uses standardized formats to document the care, treatment, or services it provides to patients. |
| | | EP 11 | All entries in the clinical record are dated. |
| | | EP 12 | The organization tracks the location of all components of the clinical record. |
| | | EP 13 | The organization assembles or makes available in a summary in the clinical record all information required to provide patient care, treatment, or services. (See also MM.01.01.01, EP 1) |
| | | EP 14 | When needed to provide care, summaries of treatment and other documents provided by the organization are forwarded to other care providers. |
| | | **RC.01.03.01** | **Documentation in the clinical record is entered in a timely manner.** |
| | | EP 1 | The organization has a written policy that requires timely entry of information into the clinical record. (See also PC.01.02.03, EP 1) |
| | | EP 2 | The organization defines the time frame for completion of the clinical record. |
| | | EP 3 | The organization implements its policy requiring timely entry of information into the patient's clinical record. (See also PC.01.02.03, EP 2) |

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| Number<br>PCMH-1B | Description of NCQA Standards | Joint Commission<br>Equivalent Number | Joint Commission Standards and Elements of Performance |
|---|---|---|---|
| | | RC.02.01.01 | **The clinical record contains information that reflects the patient's care, treatment, or services.** |
| | | EP 2 | The clinical record contains the following clinical information:<br>- The patient's initial diagnosis, diagnostic impression(s), or condition(s)<br>- Any findings of assessments and reassessments (See also PC.01.02.01, EPs 1 and 4; PC.03.01.03, EPs 1 and 8)<br>- Any allergies to food<br>- Any allergies to medications<br>- Any conclusions or impressions drawn from the patient's medical history and physical examination<br>- Any diagnoses or conditions established during the patient's course of care, treatment, or services<br>- Any consultation reports<br>- Any progress notes<br>- Any medications ordered or prescribed<br>- Any medications administered, including the strength, dose, and route<br>- Any access site for medication, administration devices used, and rate of administration<br>- The patient's response to any medication administered<br>- Any adverse drug reactions<br>- Plans for care and any revisions to the plan for care (See also PC.01.03.01, EP 1)<br>- Orders for diagnostic and therapeutic tests and procedures and their results |
| | | EP 4 | As needed to provide care, treatment, or services, the clinical record contains the following additional information:<br>- Any advance directives<br>Note: For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The organization documents in a prominent place in the clinical record whether or not the patient has advance directives in place.<br>- Any informed consent (See also RI.01.03.01, EP 13)<br>- Any documentation of clinical research interventions distinct from entries related to regular patient care, treatment, or services (See also RI.01.03.05, EPs 4-6)<br>- Any records of communication with the patient, such as telephone calls or e-mail<br>- Any referrals or communications made to internal or external care providers and community agencies<br>- Any patient-generated information |
| | | EP 21 | The clinical record of a patient who receives urgent or immediate care, treatment, or services contains the following:<br>- The time and means of arrival<br>- Indication that the patient left against medical advice, when applicable<br>- Conclusions reached at the termination of care, treatment, or services, including the patient's final disposition, condition, and instructions given for follow-up care, treatment, or services<br>- A copy of any information made available to the practitioner or medical organization providing follow-up care, treatment, or services |
| | | RI.01.01.01 | **The organization respects patient rights.** |
| | | EP 5 | The organization respects the patient's right to and need for effective communication. (See also RI.01.01.03, EP 1) |
| | | EP 6 | The organization respects the patient's cultural and personal values, beliefs, and preferences. |
| | | EP 7 | The organization respects the patient's right to privacy. (See also IM.02.01.01, EPs 1–5)<br>Note: This element of performance (EP) addresses a patient's personal privacy. For EPs addressing the privacy of a patient's health information, please refer to Standard IM.02.01.01. |

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| Number PCMH-1C | Description of NCQA Standards | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance |
|---|---|---|---|
| **PCMH-1C**     TAG: PCMH-1C | | **LD.03.02.01** | **The organization uses data and information to guide decisions and to understand variation in the performance of processes supporting safety and quality.** |
| Electronic Access: NCQA also sets the following targets for providing patients with health care information electronically, receive responses electronically, and to request appointments, prescriptions, referrals, and test results electronically: more than half of the patients who request health information receive it within three business days; more than half of the patients having office visits are able to receive clinical summaries within three business days; after health information is available to the organization, access is provided to at least ten percent of patients within four business days. | | **EP 1** | Leaders set expectations for using data and information to improve the safety and quality of care, treatment, or services. |
| | | **EP 2** | Leaders are able to describe how data and information are used to create a culture of safety and quality. |
| | | **EP 3** | The organization uses processes to support systematic data and information use. |
| | | **EP 4** | Leaders provide the resources needed for data and information use, including staff, equipment, and information systems. |
| | | **EP 5** | The organization uses data and information in decision making that supports the safety and quality of care, treatment, or services. (See also PI.02.01.01, EP 8) |
| | | **EP 6** | The organization uses data and information to identify and respond to internal and external changes in the environment. |
| | | **EP 7** | Leaders evaluate how effectively data and information are used throughout the organization. |
| | | **LD.04.04.01** | **Leaders establish priorities for performance improvement. (Refer to the "Performance Improvement" [PI] chapter.)** |
| | | **EP 1** | Leaders set priorities for performance improvement activities and patient health outcomes. (See also PI.01.01.01, EPs 1 and 3) |
| | | **EP 5** | For organizations that elect The Joint Commission Primary Care Medical Home option: Ongoing performance improvement occurs organizationwide for the purpose of demonstrably improving the quality and safety of care, treatment, or services. |
| | | **PC.02.04.01** | **For organizations that elect The Joint Commission Primary Care Medical Home option: The patient has access to the organization 24 hours a day, 7 days a week.** **Note: Access may be provided through a number of methods, including telephone, email, websites, portals, and flexible hours.** |
| | | **EP 4** | For organizations that elect The Joint Commission Primary Care Medical Home option: Primary care medical home patients are provided online access to their health information within four business days after the information is available to the primary care clinician or interdisciplinary team. This information includes diagnostic test results, lab results, summary lists, and medication lists. |
| | | **EP 5** | For organizations that elect The Joint Commission Primary Care Medical Home option: The organization uses a certified electronic health record to provide appointment reminders to patients with two or more office visits in the last two years. |

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| Number<br>PCMH-1C | Description of NCQA Standards | Joint Commission<br>Equivalent Number | Joint Commission Standards and Elements of Performance |
|---|---|---|---|
| | | **PC.02.04.03** | **For organizations that elect The Joint Commission Primary Care Medical Home option: The organization is accountable for providing patient care. (Refer to Standard PC.02.04.05)** |
| | | EP 5 | For organizations that elect The Joint Commission Primary Care Medical Home option: The organization uses a certified electronic health record system to do the following:<br>- Support the continuity of care, and the provision of comprehensive and coordinated care, treatment, or services<br>- Document and track care, treatment, or services<br>- Support disease management, including providing patient education<br>- Support preventive care, treatment, or services<br>- Create reports for internal use<br>- Create and submit reports to external providers and organizations, including public health agencies, disease-specific registries, immunization registries, and other specialized registries<br>- Facilitate electronic exchange of information among providers<br>- Support performance improvement<br>- Identify and provide patient-specific education resources |
| | | **PI.01.01.01** | **The organization collects data to monitor its performance.** |
| | | EP 1 | The leaders set priorities for data collection. (See also LD.04.04.01, EP 1) |
| | | EP 2 | The organization identifies the frequency for data collection. |
| | | EP 3 | The organization collects data on the following: Performance improvement priorities identified by leaders. (See also LD.04.04.01, EP 1) |
| | | **PI.02.01.01** | **The organization compiles and analyzes data.** |
| | | EP 1 | The organization compiles data in usable formats. |
| | | EP 2 | The organization identifies the frequency for data analysis. |
| | | EP 4 | The organization analyzes and compares internal data over time to identify levels of performance, patterns, trends, and variations. |
| | | EP 5 | The organization compares data with external sources, when available. |
| | | EP 8 | The organization uses the results of data analysis to identify improvement opportunities. (See also LD.03.02.01, EP 5; PI.03.01.01, EP 1) |
| | | **PI.03.01.01** | **The organization improves performance.** |
| | | EP 1 | Leaders prioritize the identified improvement opportunities. (See also PI.02.01.01, EP 8) |
| | | EP 2 | The organization takes action on improvement priorities. |
| | | EP 3 | The organization evaluates actions to confirm that they resulted in improvements. |
| | | EP 4 | The organization takes action when it does not achieve or sustain planned improvements. |

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| Number<br>PCMH-1C | Description of NCQA Standards | Joint Commission<br>Equivalent Number | Joint Commission Standards and Elements of Performance |
|---|---|---|---|
| | | **RI.01.01.01**      **The organization respects patient rights.** | |
| | | EP 5 | The organization respects the patient's right to and need for effective communication. (See also RI.01.01.03, EP 1) |
| | | EP 10 | The organization allows the patient to access, request amendment to, and obtain information on disclosures of his or her health information, in accordance with law and regulation. |
| **PCMH-2A**        **TAG: PCMH-2A** | | **LD.04.01.05**      **The organization effectively manages its programs, services, or sites.** | |
| Continuity: In this section, the NCQA standards address patient selection of a primary care clinician, recording the patient's choice of a primary care clinician, and determining how many of the patient's visits are with the selected primary care clinician. | | EP 11 | For organizations that elect The Joint Commission Primary Care Medical Home option: The organization evaluates how effectively the primary care clinician and the interdisciplinary team work in partnership with the patient to support the continuity of care and the provision of comprehensive and coordinated care, treatment, or services. |
| | | **PC.02.01.01**      **The organization provides care, treatment, or services for each patient.** | |
| | | EP 16 | For organizations that elect The Joint Commission Primary Care Medical Home option: Each patient has a designated primary care clinician. |
| | | **PC.02.02.01**      **The organization coordinates the patient's care, treatment, or services based on the patient's needs.** | |
| | | EP 1 | The organization has a process to receive or share patient information when the patient is referred to other internal or external providers of care, treatment, or services. (See also PC.04.02.01, EP 1) |
| | | **PC.02.04.03**      **For organizations that elect The Joint Commission Primary Care Medical Home option: The organization is accountable for providing patient care. (Refer to Standard PC.02.04.05)** | |
| | | EP 5 | For organizations that elect The Joint Commission Primary Care Medical Home option: The organization uses a certified electronic health record system to do the following:<br>- Support the continuity of care, and the provision of comprehensive and coordinated care, treatment, or services<br>- Document and track care, treatment, or services<br>- Support disease management, including providing patient education<br>- Support preventive care, treatment, or services<br>- Create reports for internal use<br>- Create and submit reports to external providers and organizations, including public health agencies, disease-specific registries, immunization registries, and other specialized registries<br>- Facilitate electronic exchange of information among providers<br>- Support performance improvement<br>- Identify and provide patient-specific education resources |
| | | **PC.02.04.05**      **For organizations that elect The Joint Commission Primary Care Medical Home option: The primary care clinician and the interdisciplinary team work in partnership with the patient to support the continuity of care and the provision of comprehensive and coordinated care, treatment, or services.** | |
| | | EP 9 | For organizations that elect The Joint Commission Primary Care Medical Home option: The interdisciplinary team works in partnership with the patient to achieve planned outcomes. |

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| Number<br>PCMH-2A | Description of NCQA Standards | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance |
|---|---|---|---|
| | | EP 11 | For organizations that elect The Joint Commission Primary Care Medical Home option: The interdisciplinary team involves the patient in the development of his or her treatment plan. |
| | | **PC.04.01.03** | **The organization discharges or transfers the patient based on his or her assessed needs and the organization's ability to meet those needs.** |
| | | EP 2 | The organization identifies any needs the patient may have for continuing psychosocial or physical care. |
| | | EP 3 | The patient, the patient's family, licensed independent practitioners, physicians, and staff involved in the patient's care, treatment, or services participate in planning the patient's discharge or transfer. |
| | | EP 4 | Prior to discharge, the organization arranges or assists in arranging the services required by the patient after discharge in order to meet his or her ongoing needs for care and services. |
| | | **PC.04.01.05** | **Before the organization discharges or transfers a patient, it informs and educates the patient about his or her follow-up care, treatment, or services.** |
| | | EP 1 | When the organization determines the patient's needs at the end of an episode of care, or at discharge or transfer, it promptly shares this information with the patient. |
| | | EP 7 | The organization educates the patient about how to obtain any continuing care, treatment, or services that he or she will need. |
| | | EP 8 | The organization provides written instructions at the end of an episode of care or at discharge in a manner that the patient and/or the patient's family or caregiver can understand. (See also RI.01.01.03, EP 1) |
| | | **PC.04.02.01** | **When a patient is discharged or transferred, the organization gives information about the care, treatment, or services provided to the patient to other service providers who will provide the patient with care, treatment, or services.** |
| | | EP 1 | At the end of an episode of care, or at the time of the patient's discharge or transfer, the organization informs other service providers who will provide care, treatment, or services to the patient about the following:<br>- The reason for the patient's discharge or transfer<br>- The patient's physical and psychosocial status<br>- A summary of care, treatment, or services it provided to the patient<br>- The patient's progress toward goals<br>Note: This bullet is not applicable to settings that do not provide continuing care, such as urgent care and convenient care clinics.<br>- A list of community resources or referrals made or provided to the patient (See also PC.02.02.01, EP 1)<br>- A list of the patient's current medications, including any allergies to medications |
| | | **PI.01.01.01** | **The organization collects data to monitor its performance.** |
| | | EP 41 | For organizations that elect The Joint Commission Primary Care Medical Home option: The organization collects data on the following: Patient access to care within time frames established by the organization. |
| | | **RC.01.01.01** | **The organization maintains complete and accurate clinical records.** |
| | | EP 1 | The organization defines the components of a complete clinical record. |
| | | EP 5 | The clinical record contains the information needed to support the patient's diagnosis and condition. |

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| Number<br>PCMH-2A | Description of NCQA Standards | Joint Commission<br>Equivalent Number | Joint Commission Standards and Elements of Performance |
|---|---|---|---|
| | | EP 6 | The clinical record contains the information needed to justify the patient's care, treatment, or services. |
| | | EP 7 | The clinical record contains information that documents the course and result of the patient's care, treatment, or services. |
| | | EP 8 | The clinical record contains information about the patient's care, treatment, or services that promotes continuity of care among providers.<br>Note: For organizations that elect The Joint Commission Primary Care Medical Home option: This requirement refers to care provided by both internal and external providers. |
| | | EP 13 | The organization assembles or makes available in a summary in the clinical record all information required to provide patient care, treatment, or services. (See also MM.01.01.01, EP 1) |
| | | EP 14 | When needed to provide care, summaries of treatment and other documents provided by the organization are forwarded to other care providers. |
| | | RC.02.01.01 | The clinical record contains information that reflects the patient's care, treatment, or services. |
| | | EP 2 | The clinical record contains the following clinical information:<br>- The patient's initial diagnosis, diagnostic impression(s), or condition(s)<br>- Any findings of assessments and reassessments (See also PC.01.02.01, EPs 1 and 4; PC.03.01.03, EPs 1 and 8)<br>- Any allergies to food<br>- Any allergies to medications<br>- Any conclusions or impressions drawn from the patient's medical history and physical examination<br>- Any diagnoses or conditions established during the patient's course of care, treatment, or services<br>- Any consultation reports<br>- Any progress notes<br>- Any medications ordered or prescribed<br>- Any medications administered, including the strength, dose, and route<br>- Any access site for medication, administration devices used, and rate of administration<br>- The patient's response to any medication administered<br>- Any adverse drug reactions<br>- Plans for care and any revisions to the plan for care (See also PC.01.03.01, EP 1)<br>- Orders for diagnostic and therapeutic tests and procedures and their results |
| | | EP 4 | As needed to provide care, treatment, or services, the clinical record contains the following additional information:<br>- Any advance directives<br>Note: For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The organization documents in a prominent place in the clinical record whether or not the patient has advance directives in place.<br>- Any informed consent (See also RI.01.03.01, EP 13)<br>- Any documentation of clinical research interventions distinct from entries related to regular patient care, treatment, or services (See also RI.01.03.05, EPs 4-6)<br>- Any records of communication with the patient, such as telephone calls or e-mail<br>- Any referrals or communications made to internal or external care providers and community agencies<br>- Any patient-generated information |

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| Number<br>PCMH-2A | Description of NCQA Standards | Joint Commission<br>Equivalent Number | Joint Commission Standards and Elements of Performance |
|---|---|---|---|
| | | EP 28 | For organizations that elect The Joint Commission Primary Care Medical Home option: The clinical record contains the patient's:<br>- Gender, race, and ethnicity<br>- Family history<br>- Work history<br>- Blood pressure (for patients age 3 and older)<br>- Smoking status (for patients age 13 and older) |
| | | RI.01.02.01 | **The organization respects the patient's right to participate in decisions about his or her care, treatment, or services.** |
| | | EP 31 | For organizations that elect The Joint Commission Primary Care Medical Home option: The organization respects the patient's right to make decisions about the management of his or her care. |
| | | EP 32 | For organizations that elect The Joint Commission Primary Care Medical Home option: The organization respects the patient's right and provides the patient the opportunity to do the following:<br>- Obtain care from other clinicians of the patient's choosing within the primary care medical home<br>- Seek a second opinion from a clinician of the patient's choosing<br>- Seek specialty care<br>Note: This element of performance does not imply financial responsibility for any activities associated with these rights. |
| | | RI.01.04.01 | **The organization respects the patient's right to receive information about the individual(s) responsible for his or her care, treatment, or services.** |
| | | EP 1 | The organization informs the patient of the name of the physician or other practitioner who has primary responsibility for his or her care, treatment, or services. |
| | | EP 2 | The organization informs the patient of the name of the physician(s) or other practitioner(s) who will provide his or her care, treatment, and services. |
| | | EP 7 | For organizations that elect The Joint Commission Primary Care Medical Home option: The organization allows the patient to select his or her primary care clinician. |
| | | RI.01.04.03 | **For organizations that elect The Joint Commission Primary Care Medical Home option: The organization provides patients with information about the functions and services of the primary care medical home.** |
| | | EP 1 | For organizations that elect The Joint Commission Primary Care Medical Home option: The organization provides information to the patient about: The mission, vision, and goals of the primary care medical home. (Refer to LD.02.01.01, EP 3)<br>Note: This may include how it provides for patient-centered and team-based comprehensive care, a systems-based approach to quality and safety, and enhanced patient access. |
| | | EP 2 | For organizations that elect The Joint Commission Primary Care Medical Home option: The organization provides information to the patient about: How the primary care medical home functions, its scope of care, and its types of services. (For more information, refer to Standards PC.01.01.01 and LD.01.03.01) |

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| Number PCMH-2A | Description of NCQA Standards | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance |
|---|---|---|---|
| | | EP 3 | For organizations that elect The Joint Commission Primary Care Medical Home option: The organization provides information to the patient about the following:<br>- Selection of a primary care clinician<br>- Involvement in his or her own treatment plan<br>- Management of referrals<br>- Coordination of care<br>- Collaboration with patient-selected clinicians who provide specialty care or second opinions<br>- Communication with the primary care medical home about health care concerns or other information |
| | | EP 5 | For organizations that elect The Joint Commission Primary Care Medical Home option: The organization provides information to the patient about: Patient responsibilities, including providing health history and current medications, and participating in self-management activities. (Refer to RI.02.01.01, EP 2) |
| | | EP 6 | For organizations that elect The Joint Commission Primary Care Medical Home option: The organization provides information to the patient about: 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. (Refer to PC.02.03.01, EP 4; RI.01.01.03, EPs 1 and 3) |
| **PCMH-2B**          TAG: PCMH-2B | | **LD.04.02.03**          Ethical principles guide the organization's business practices. | |
| Medical Home Responsibilities: They address providing patients with information on the functioning of the medical home and types of available services, including those that address mental health needs. They address working with patients to develop written care goals, as their needs shift from pediatric to adult healthcare. They also address coordinating care that is provided in different locations, giving the patient information on how to obtain care and advice when the organization is open or closed, providing the patient with care that is based on evidence, educating patients, and supporting the patient in managing his or her care. NCQA expects the organization to provide the same level of care to all patients, irrespective of their method of payment. They require organizations to provide patients who do not have insurance information on how they might obtain it. They also require that patients be given information about how to provide their previous medical records to the organization and who their contact person will be. | | EP 5 | Care, treatment, or services are provided based on patient needs, regardless of compensation or financial risk-sharing with those who work in the organization, including staff and licensed independent practitioners. |
| | | EP 10 | The safety and quality of care, treatment, or services do not depend on the patient's ability to pay. |
| | | **LD.04.04.09**          The organization uses clinical practice guidelines to design or to improve processes that evaluate and treat specific diagnoses, conditions, or symptoms. | |
| | | EP 1 | The organization uses clinical practice guidelines to design or improve processes that evaluate and treat specific diagnoses, conditions, or symptoms. |
| | | EP 2 | The organization identifies criteria that guide the selection and implementation of guidelines to design or improve processes that evaluate and treat specific diagnoses, conditions, or symptoms. |
| | | EP 3 | The organization manages and evaluates the implementation of the guidelines to design or improve processes that evaluate and treat specific diagnoses, conditions, or symptoms. |
| | | EP 4 | The leaders of the organization review and approve the clinical practice guidelines that have been selected to design or improve processes that evaluate and treat specific diagnoses, conditions, or symptoms. |
| | | EP 5 | The organization monitors and reviews clinical practice guidelines for their effectiveness and modifies them as needed. |
| | | **PC.01.03.01**          The organization plans the patient's care. | |
| | | EP 45 | For organizations that elect The Joint Commission Primary Care Medical Home option: The primary care medical home uses clinical decision support tools to guide decision making. (For more information, refer to LD.04.04.09, EPs 1-5) |

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| Number PCMH-2B | Description of NCQA Standards | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance |
|---|---|---|---|
| | | PC.02.03.01 | **The organization provides patient education and training based on each patient's needs and abilities.** |
| | | EP 28 | For organizations that elect The Joint Commission Primary Care Medical Home option: The primary care clinician and the interdisciplinary team educate the patient on self-management tools and techniques based on the patient's individual needs. |
| | | PC.02.04.03 | **For organizations that elect The Joint Commission Primary Care Medical Home option: The organization is accountable for providing patient care. (Refer to Standard PC.02.04.05)** |
| | | EP 5 | For organizations that elect The Joint Commission Primary Care Medical Home option: The organization uses a certified electronic health record system to do the following:<br>- Support the continuity of care, and the provision of comprehensive and coordinated care, treatment, or services<br>- Document and track care, treatment, or services<br>- Support disease management, including providing patient education<br>- Support preventive care, treatment, or services<br>- Create reports for internal use<br>- Create and submit reports to external providers and organizations, including public health agencies, disease-specific registries, immunization registries, and other specialized registries<br>- Facilitate electronic exchange of information among providers<br>- Support performance improvement<br>- Identify and provide patient-specific education resources |
| | | PI.01.01.01 | **The organization collects data to monitor its performance.** |
| | | EP 42 | For organizations that elect The Joint Commission Primary Care Medical Home option: The organization collects data on the following:<br>- Patient experience and satisfaction related to access to care, treatment, or services and communication<br>- Patient perception of the comprehensiveness of care, treatment, or services<br>- Patient perception of the coordination of care, treatment, or services<br>- Patient perception of the continuity of care, treatment, or services<br>(Refer to PI.01.01.01, EP 16) |
| | | RC.01.01.01 | **The organization maintains complete and accurate clinical records.** |
| | | EP 1 | The organization defines the components of a complete clinical record. |
| | | EP 5 | The clinical record contains the information needed to support the patient's diagnosis and condition. |
| | | EP 6 | The clinical record contains the information needed to justify the patient's care, treatment, or services. |
| | | EP 7 | The clinical record contains information that documents the course and result of the patient's care, treatment, or services. |
| | | EP 9 | The organization uses standardized formats to document the care, treatment, or services it provides to patients. |

| Number<br>PCMH-2B | Description of NCQA Standards | Joint Commission<br>Equivalent Number | Joint Commission Standards and Elements of Performance |
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| | | RI.01.02.01 | **The organization respects the patient's right to participate in decisions about his or her care, treatment, or services.** |
| | | EP 31 | For organizations that elect The Joint Commission Primary Care Medical Home option: The organization respects the patient's right to make decisions about the management of his or her care. |
| | | EP 32 | For organizations that elect The Joint Commission Primary Care Medical Home option: The organization respects the patient's right and provides the patient the opportunity to do the following:<br>- Obtain care from other clinicians of the patient's choosing within the primary care medical home<br>- Seek a second opinion from a clinician of the patient's choosing<br>- Seek specialty care<br>Note: This element of performance does not imply financial responsibility for any activities associated with these rights. |
| | | RI.01.04.03 | **For organizations that elect The Joint Commission Primary Care Medical Home option: The organization provides patients with information about the functions and services of the primary care medical home.** |
| | | EP 1 | For organizations that elect The Joint Commission Primary Care Medical Home option: The organization provides information to the patient about: The mission, vision, and goals of the primary care medical home. (Refer to LD.02.01.01, EP 3)<br>Note: This may include how it provides for patient-centered and team-based comprehensive care, a systems-based approach to quality and safety, and enhanced patient access. |
| | | EP 2 | For organizations that elect The Joint Commission Primary Care Medical Home option: The organization provides information to the patient about: How the primary care medical home functions, its scope of care, and its types of services. (For more information, refer to Standards PC.01.01.01 and LD.01.03.01) |
| | | EP 3 | For organizations that elect The Joint Commission Primary Care Medical Home option: The organization provides information to the patient about the following:<br>- Selection of a primary care clinician<br>- Involvement in his or her own treatment plan<br>- Management of referrals<br>- Coordination of care<br>- Collaboration with patient-selected clinicians who provide specialty care or second opinions<br>- Communication with the primary care medical home about health care concerns or other information |
| | | EP 5 | For organizations that elect The Joint Commission Primary Care Medical Home option: The organization provides information to the patient about: Patient responsibilities, including providing health history and current medications, and participating in self-management activities. (Refer to RI.02.01.01, EP 2) |
| | | EP 6 | For organizations that elect The Joint Commission Primary Care Medical Home option: The organization provides information to the patient about: 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. (Refer to PC.02.03.01, EP 4; RI.01.01.03, EPs 1 and 3) |
| | | RI.02.01.01 | **The organization informs the patient about his or her responsibilities related to his or her care, treatment, or services.** |
| | | EP 2 | The organization informs the patient about his or her responsibilities.<br>Note: Information about patient responsibilities can be shared verbally, in writing, or both. |

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| Number<br>PCMH-2C | Description of NCQA Standards | Joint Commission<br>Equivalent Number | Joint Commission Standards and Elements of Performance |
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| **PCMH-2C**      TAG: PCMH-2C | | **PC.01.02.01**      The organization assesses and reassesses its patients. | |
| Culturally and Linguistically Appropriate Services: The NCQA standards address identifying the characteristics of their patient population, including primary languages of patients, providing interpretation services and written materials in accordance with patient language needs, and gathering information on the racial and ethnic characteristics of patients. | | **EP 1** | The organization defines, in writing, the scope and content of screening, assessment, and reassessment information it collects. (See also RC.02.01.01, EP 2)<br>Note 1: The scope and content are dependent on whether the patient is making an initial or follow-up visit and whether the assessment is focused or comprehensive.<br>Note 2: In defining the scope and content of the information it collects, the organization may want to consider information that it can obtain, with the patient's consent, from the patient's family and the patient's other care providers, as well as information conveyed on any medical jewelry. |
| | | **EP 2** | The organization defines, in writing, criteria that identify when additional, specialized, or more in-depth assessments are performed. (See also PC.01.02.07, EP 1)<br>Note: Examples of criteria could include those that identify when a nutritional, functional, or pain assessment should be performed for patients who are at risk. |
| | | **EP 4** | Based on the patient's condition, information gathered in the initial assessment includes the following:<br>- Physical, psychological, and social assessment<br>- Nutrition and hydration status<br>- Functional status<br>- For patients who are receiving end-of-life care, the social, spiritual, and cultural variables that influence the patient's and family members' perception of grief<br>Note: This bullet is not applicable to settings that provide episodic care, such as urgent care and convenient care clinics.<br>(See also RC.02.01.01, EP 2) |
| | | **EP 23** | During patient assessments and reassessments, the organization gathers the data and information it requires. |
| | | **PC.01.02.03**      The organization assesses and reassesses the patient and his or her condition according to defined time frames. | |
| | | **EP 1** | The organization defines, in writing, the time frame(s) within which it conducts the patient's initial assessment, in accordance with law and regulation. (See also RC.01.03.01, EP 1) |
| | | **EP 2** | The organization performs initial patient assessments within its defined time frame. (See also RC.01.03.01, EP 3) |
| | | **EP 3** | Each patient is reassessed as necessary based on his or her plan for care or changes in his or her condition.<br>Note: Reassessments may also be based on the patient's diagnosis; desire for care, treatment, or services; response to previous care, treatment, or services; and/or his or her setting requirements. |
| | | **EP 9** | At each patient's visit, the organization documents updates to the patient's condition. |

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| Number PCMH-2C | Description of NCQA Standards | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance |
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| | | PC.02.01.21 | **For organizations that elect The Joint Commission Primary Care Medical Home option: The organization effectively communicates with patients when providing care, treatment, or services.** |
| | | EP 1 | For organizations that elect The Joint Commission Primary Care Medical Home option: The primary care clinician and the interdisciplinary team identify the patient's oral and written communication needs, including the patient's preferred language for discussing health care. Note: Examples of communication needs include the need for personal devices such as hearing aids or glasses, language interpreters, communication boards, and translated or plain language materials. (Refer to RC.02.01.01, EP 1) |
| | | EP 2 | For organizations that elect The Joint Commission Primary Care Medical Home option: The primary care clinician and the interdisciplinary team communicate with the patient during the provision of care, treatment, or services in a manner that meets the patient's oral and written communication needs. |
| | | RC.01.01.01 | **The organization maintains complete and accurate clinical records.** |
| | | EP 1 | The organization defines the components of a complete clinical record. |
| | | EP 5 | The clinical record contains the information needed to support the patient's diagnosis and condition. |
| | | EP 6 | The clinical record contains the information needed to justify the patient's care, treatment, or services. |
| | | EP 7 | The clinical record contains information that documents the course and result of the patient's care, treatment, or services. |
| | | RC.02.01.01 | **The clinical record contains information that reflects the patient's care, treatment, or services.** |
| | | EP 1 | The clinical record contains the following demographic information: - The patient's name, address, phone number, and date of birth and the name of any legally authorized representative - The patient's sex, height, and weight - The legal status of any patient receiving behavioral health care services - The patient's language and communication needs Note: If the patient is a minor, is incapacitated, or has a designated advocate, the communication needs of the parent or legal guardian, surrogate decision-maker, or legally authorized representative are documented in the clinical record. |
| | | EP 28 | For organizations that elect The Joint Commission Primary Care Medical Home option: The clinical record contains the patient's: - Gender, race, and ethnicity - Family history - Work history - Blood pressure (for patients age 3 and older) - Smoking status (for patients age 13 and older) |
| | | EP 30 | For organizations that elect The Joint Commission Primary Care Medical Home option: The clinical record contains the patient's preferred language for discussing health care. |
| **PCMH-2D** | **TAG: PCMH-2D** | HR.01.02.01 | **The organization defines staff qualifications.** |
| The Practice Team*: They also address defining the roles of members of the care team | | | |

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| members, determining how the teams will be designed and led, and maintained. They address holding regular team meetings, and using standing orders. NCQA also requires team member participation and patient involvement in performance improvement initiatives. It also requires team member training on coordinating care and helping patients to manage their care and make necessary changes in their actions that affect their health.  * denotes requirements that NCQA says must be met | | EP 1 | The organization defines staff qualifications specific to their job responsibilities. (See also IC.01.01.01, EP 3) Note: Qualifications for infection control may be met through ongoing education, training, experience, and/or certification (such as that offered by the Certification Board for Infection Control). |
| | | HR.01.02.07 | The organization determines how staff function within the organization. |
| | | EP 1 | All staff who provide patient care, treatment, or services possess a current license, certification, or registration, in accordance with law and regulation. |
| | | EP 2 | Staff who provide patient care, treatment, or services practice within the scope of their license, certification, or registration and as required by law and regulation. (See also HR.01.02.05, EPs 1 and 2) |
| | | HR.01.04.01 | The organization provides orientation to staff. |
| | | EP 1 | The organization determines the key safety content of orientation provided to staff. (See also EC.03.01.01, EPs 1-3) Note: Key safety content may include specific processes and procedures related to the provision of care, treatment, or services; the environment of care; and infection control. |
| | | EP 2 | The organization orients its staff to the key safety content before staff provides care, treatment, or services. Completion of this orientation is documented. (See also IC.01.05.01, EP 6) |
| | | EP 3 | The organization orients staff on the following: Relevant policies and procedures. Completion of this orientation is documented. |
| | | EP 4 | The organization orients staff on the following: Their specific job duties, including those related to infection prevention and control and assessing and managing pain. Completion of this orientation is documented. (See also IC.01.05.01, EP 6; IC.02.01.01, EP 7; RI.01.01.01, EP 8) |
| | | EP 5 | The organization orients staff on the following: Sensitivity to cultural diversity based on their job duties and responsibilities. Completion of this orientation is documented. |
| | | EP 6 | The organization orients staff on the following: Patient rights, including ethical aspects of care, treatment, or services and the process used to address ethical issues based on their job duties and responsibilities. Completion of this orientation is documented. |
| | | HR.01.05.03 | Staff participate in ongoing education and training. |
| | | EP 1 | Staff participate in ongoing education and training to maintain or increase their competency. Staff participation is documented. For ambulatory surgical centers that elect to use The Joint Commission deemed status option: Staff participate in ongoing education and training with respect to their roles in the fire response plan. (For information on staff's roles in the fire response plan, see EC.02.03.01, EP 10.) |
| | | EP 5 | Staff participate in education and training that is specific to the needs of the population(s) served by the organization. Staff participation is documented. (See also PC.01.02.09, EP 3) |
| | | EP 7 | Staff participate in education and training that includes information about the need to report unanticipated adverse events and how to report these events. Staff participation is documented. |

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| | | HR.02.01.03 | **The organization grants initial, renewed, or revised clinical privileges to individuals who are permitted by law and the organization to practice independently.** |
| | | EP 1 | The organization has a process, approved by its leaders, to grant initial, renewed, or revised privileges and to deny privileges. |
| | | EP 3 | Before granting initial or revised privileges, the organization uses primary sources when documenting training specific to the privileges requested. (See also PC.03.01.01, EP 1)<br>Note 1: The verification of relevant training informs the organization of the licensed independent practitioner's clinical knowledge and skill set. Verification must be obtained from the primary source of the specific credential. Primary sources include the specialty certifying boards approved by the American Dental Association for a dentist's board certification, letters from professional schools (for example, medical, dental, nursing) and letters from postgraduate education or postdoctoral programs for completion of training. Designated equivalent sources include, but are not limited to, the following:<br>- The American Medical Association (AMA) Physician Masterfile for verification of a physician's U.S. and Puerto Rico medical school graduation and residency completion<br>- The American Board of Medical Specialties (ABMS) for verification of a physician's board certification<br>- The Educational Commission for Foreign Medical Graduates (ECFMG) for verification of a physician's graduation from a foreign medical school<br>- The American Osteopathic Association (AOA) Physician Database for predoctoral education accredited by the AOA Bureau of Professional Education, postdoctoral education approved by the AOA Council on Postdoctoral Training, and Osteopathic Specialty Board Certification<br>- The Federation of State Medical Boards (FSMB) for all actions against a physician's medical license<br>- The American Academy of Physician Assistants (AAPA) Profile for physician assistant education, provided through the AMA Physician Profile Service (https://profiles.ama-assn.org/amaprofiles/)<br>Note 2: A primary source of verified information may designate to an agency the role of communicating credentials information. The designated agency then becomes acceptable to be used as a primary source.<br>Note 3: An external organization (for example, a credentials verification organization [CVO]) or a Joint Commission–accredited health care organization functioning as a CVO may be used to collect credentialing information. Both of these organizations must meet the CVO guidelines listed in the Glossary.<br>Note 4: When it is not possible to obtain information from the primary source, reliable secondary sources may be used. A reliable secondary source could be another health care organization that has documented primary source verification of the applicant's credentials. |
| | | EP 4 | All licensed independent practitioners that provide care possess a current license, certification, or registration, as required by law and regulation. (See also PC.03.01.01, EP 1) |
| | | EP 25 | The scope and content of patient services provided by a licensed independent practitioner is limited to the granted initial, renewed, or revised privileges. |

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| | | **LD.01.07.01** | **Individual leaders have the knowledge needed for their roles in the organization or they seek guidance to fulfill their roles.** |
| | | EP 2 | Leaders are oriented to all of the following:<br>- The organization's mission and vision<br>- The organization's safety and quality goals<br>- The organization's structure and the decision-making process<br>- The development of the budget as well as the interpretation of the organization's financial statements<br>- The population(s) served by the organization and any issues related to that population(s)<br>- The individual and interdependent responsibilities and accountabilities of leaders as they relate to supporting the mission of the organization and to providing safe and quality care<br>- Applicable law and regulation |
| | | **LD.03.04.01** | **The organization communicates information related to safety and quality to those who need it, including staff, licensed independent practitioners, patients, families, and external interested parties.** |
| | | EP 1 | Communication processes foster the safety of the patient and the quality of care. |
| | | EP 2 | Leaders are able to describe how communication supports a culture of safety and quality. |
| | | EP 3 | Communication is designed to meet the needs of internal and external users. |
| | | EP 4 | Leaders provide the resources required for communication, based on the needs of patients, staff, and management. |
| | | EP 5 | Communication supports safety and quality throughout the organization. (See also LD.04.04.05, EPs 6 and 12) |
| | | EP 6 | When changes in the environment occur, the organization communicates those changes effectively. |
| | | EP 7 | Leaders evaluate the effectiveness of communication methods. |
| | | **LD.04.04.01** | **Leaders establish priorities for performance improvement. (Refer to the "Performance Improvement" [PI] chapter.)** |
| | | EP 24 | For organizations that elect The Joint Commission Primary Care Medical Home option: Leaders involve patients in performance improvement activities.<br>Note: Patient involvement may include activities such as participating on a quality committee. |
| | | **LD.04.04.09** | **The organization uses clinical practice guidelines to design or to improve processes that evaluate and treat specific diagnoses, conditions, or symptoms.** |
| | | EP 1 | The organization uses clinical practice guidelines to design or improve processes that evaluate and treat specific diagnoses, conditions, or symptoms. |
| | | EP 2 | The organization identifies criteria that guide the selection and implementation of guidelines to design or improve processes that evaluate and treat specific diagnoses, conditions, or symptoms. |
| | | EP 3 | The organization manages and evaluates the implementation of the guidelines to design or improve processes that evaluate and treat specific diagnoses, conditions, or symptoms. |

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| | | EP 4 | The leaders of the organization review and approve the clinical practice guidelines that have been selected to design or improve processes that evaluate and treat specific diagnoses, conditions, or symptoms. |
| | | EP 5 | The organization monitors and reviews clinical practice guidelines for their effectiveness and modifies them as needed. |
| | | **MM.04.01.01** | **Medication orders are clear and accurate.** |
| | | EP 1 | The organization has a written policy that identifies the specific types of medication orders that it deems acceptable for use.<br>Note: There are several different types of medication orders. Medication orders commonly used include the following:<br>- As needed (PRN) orders: Orders acted on based on the occurrence of a specific indication or symptom<br>- Standing orders: A prewritten medication order and specific instructions from the licensed independent practitioner to administer a medication to a person in clearly defined circumstances<br>- Automatic stop orders: Orders that include a date or time to discontinue a medication<br>- Titrating orders: Orders in which the dose is either progressively increased or decreased in response to the patient's status<br>- Taper orders: Orders in which the dose is decreased by a particular amount with each dosing interval<br>- Range orders: Orders in which the dose or dosing interval varies over a prescribed range, depending on the situation or patient's status<br>- Orders for compounded drugs or drug mixtures not commercially available<br>- Orders for medication-related devices (for example, nebulizers, catheters)<br>- Orders for investigational medications<br>- Orders for herbal products<br>- Orders for medications at the end of an episode of care, or at discharge or transfer |
| | | EP 2 | The organization has a written policy that defines the following: The required elements of a complete medication order. |
| | | EP 3 | The organization has a written policy that defines the following: When indication for use is required on a medication order. |
| | | EP 4 | The organization has a written policy that defines the following: The precautions for ordering medications with look-alike or sound-alike names. |
| | | EP 5 | The organization has a written policy that defines the following: Actions to take when medication orders are incomplete, illegible, or unclear. |
| | | EP 7 | If the organization uses preprinted medication order sheets, it updates them based on current evidence and practice. |
| | | EP 8 | The organization prohibits summary (blanket) orders to resume previous medications. |
| | | EP 13 | The organization implements its policies for medication orders. |
| | | **PC.01.03.01** | **The organization plans the patient's care.** |
| | | EP 45 | For organizations that elect The Joint Commission Primary Care Medical Home option: The primary care medical home uses clinical decision support tools to guide decision making. (For more information, refer to LD.04.04.09, EPs 1-5) |

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| | | **PC.02.04.05** | **For organizations that elect The Joint Commission Primary Care Medical Home option: The primary care clinician and the interdisciplinary team work in partnership with the patient to support the continuity of care and the provision of comprehensive and coordinated care, treatment, or services.** |
| | | EP 1 | For organizations that elect The Joint Commission Primary Care Medical Home option: The organization identifies the composition of the interdisciplinary team. The team must include a doctor of medicine or doctor of osteopathy.<br>Note: The intent of this requirement is that while a doctor of medicine or doctor of osteopathy is always available to be part of the interdisciplinary team, his or her involvement in a patient's care would be determined by the needs of the patient. |
| | | EP 2 | For organizations that elect The Joint Commission Primary Care Medical Home option: The members of the interdisciplinary team provide comprehensive and coordinated care, treatment, or services and maintain the continuity of care.<br>Note: The provision of care may include making internal and external referrals. |
| | | EP 4 | For organizations that elect The Joint Commission Primary Care Medical Home option: The primary care clinician and the interdisciplinary team provide care for a panel of patients. |
| | | EP 5 | For organizations that elect The Joint Commission Primary Care Medical Home option: The primary care clinician is responsible for making certain that the interdisciplinary team provides comprehensive and coordinated care, treatment, or services and maintains the continuity of care as described in EPs 6 through 13.<br>Note: Coordination of care may include making internal and external referrals, developing and evaluating treatment plans, and resolving conflicts in the provision of care. |
| | | EP 6 | For organizations that elect The Joint Commission Primary Care Medical Home option: When a patient is referred to an external organization, the interdisciplinary team reviews and tracks the care provided to the patient. |
| | | EP 7 | For organizations that elect The Joint Commission Primary Care Medical Home option: The interdisciplinary team acts on recommendations from internal and external referrals for additional care, treatment, or services. |
| | | EP 8 | For organizations that elect The Joint Commission Primary Care Medical Home option: The interdisciplinary team participates in the development of the patient's treatment plan. |
| | | EP 9 | For organizations that elect The Joint Commission Primary Care Medical Home option: The interdisciplinary team works in partnership with the patient to achieve planned outcomes. |
| | | EP 10 | For organizations that elect The Joint Commission Primary Care Medical Home option: The interdisciplinary team monitors the patient's progress toward achieving treatment goals. |
| | | **PI.01.01.01** | **The organization collects data to monitor its performance.** |
| | | EP 1 | The leaders set priorities for data collection. (See also LD.04.04.01, EP 1) |
| | | EP 2 | The organization identifies the frequency for data collection. |
| | | EP 3 | The organization collects data on the following: Performance improvement priorities identified by leaders. (See also LD.04.04.01, EP 1) |

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| | | **EP 40** | For organizations that elect The Joint Commission Primary Care Medical Home option: The organization collects data on the following: Disease management outcomes. |
| | | **PI.02.01.01** | **The organization compiles and analyzes data.** |
| | | **EP 1** | The organization compiles data in usable formats. |
| | | **EP 2** | The organization identifies the frequency for data analysis. |
| | | **EP 4** | The organization analyzes and compares internal data over time to identify levels of performance, patterns, trends, and variations. |
| | | **EP 5** | The organization compares data with external sources, when available. |
| | | **EP 8** | The organization uses the results of data analysis to identify improvement opportunities. (See also LD.03.02.01, EP 5; PI.03.01.01, EP 1) |
| **PCMH-3A**            TAG: PCMH-3A | | **LD.04.04.09** | **The organization uses clinical practice guidelines to design or to improve processes that evaluate and treat specific diagnoses, conditions, or symptoms.** |
| Patient Information: In this section, the NCQA standards address the use of electronic processes to capture specific patient demographic and contact information, insurance coverage, and prior health history and care providers. | | **EP 1** | The organization uses clinical practice guidelines to design or improve processes that evaluate and treat specific diagnoses, conditions, or symptoms. |
| | | **PC.01.02.01** | **The organization assesses and reassesses its patients.** |
| | | **EP 1** | The organization defines, in writing, the scope and content of screening, assessment, and reassessment information it collects. (See also RC.02.01.01, EP 2)<br>Note 1: The scope and content are dependent on whether the patient is making an initial or follow-up visit and whether the assessment is focused or comprehensive.<br>Note 2: In defining the scope and content of the information it collects, the organization may want to consider information that it can obtain, with the patient's consent, from the patient's family and the patient's other care providers, as well as information conveyed on any medical jewelry. |
| | | **EP 2** | The organization defines, in writing, criteria that identify when additional, specialized, or more in-depth assessments are performed. (See also PC.01.02.07, EP 1)<br>Note: Examples of criteria could include those that identify when a nutritional, functional, or pain assessment should be performed for patients who are at risk. |
| | | **EP 4** | Based on the patient's condition, information gathered in the initial assessment includes the following:<br>- Physical, psychological, and social assessment<br>- Nutrition and hydration status<br>- Functional status<br>- For patients who are receiving end-of-life care, the social, spiritual, and cultural variables that influence the patient's and family members' perception of grief<br>Note: This bullet is not applicable to settings that provide episodic care, such as urgent care and convenient care clinics.<br>(See also RC.02.01.01, EP 2) |
| | | **EP 23** | During patient assessments and reassessments, the organization gathers the data and information it requires. |

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| Number<br>PCMH-3A | Description of NCQA Standards | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance |
|---|---|---|---|
| | | PC.01.02.03 | **The organization assesses and reassesses the patient and his or her condition according to defined time frames.** |
| | | EP 1 | The organization defines, in writing, the time frame(s) within which it conducts the patient's initial assessment, in accordance with law and regulation. (See also RC.01.03.01, EP 1) |
| | | EP 2 | The organization performs initial patient assessments within its defined time frame. (See also RC.01.03.01, EP 3) |
| | | EP 3 | Each patient is reassessed as necessary based on his or her plan for care or changes in his or her condition.<br>Note: Reassessments may also be based on the patient's diagnosis; desire for care, treatment, or services; response to previous care, treatment, or services; and/or his or her setting requirements. |
| | | EP 9 | At each patient's visit, the organization documents updates to the patient's condition. |
| | | PC.01.03.01 | **The organization plans the patient's care.** |
| | | EP 1 | The organization plans the patient's care, treatment, or services based on needs identified by the patient's assessment, reassessment, and results of diagnostic testing. (See also RC.02.01.01, EP 2) |
| | | PC.02.01.01 | **The organization provides care, treatment, or services for each patient.** |
| | | EP 1 | The organization provides the patient with care, treatment, or services according to his or her individualized plan of care. |
| | | PC.02.02.01 | **The organization coordinates the patient's care, treatment, or services based on the patient's needs.** |
| | | EP 1 | The organization has a process to receive or share patient information when the patient is referred to other internal or external providers of care, treatment, or services. (See also PC.04.02.01, EP 1) |
| | | EP 3 | The organization coordinates the patient's care, treatment, or services.<br>Note: Coordination involves resolving scheduling conflicts and duplication of care, treatment, or services. |
| | | EP 17 | The organization coordinates care, treatment, or services within a time frame that meets the patient's needs. |

| Number<br>PCMH-3A | Description of NCQA Standards | Joint Commission<br>Equivalent Number | Joint Commission Standards and Elements of Performance |
|---|---|---|---|
| | | PC.02.04.03 | **For organizations that elect The Joint Commission Primary Care Medical Home option: The organization is accountable for providing patient care. (Refer to Standard PC.02.04.05)** |
| | | EP 5 | For organizations that elect The Joint Commission Primary Care Medical Home option: The organization uses a certified electronic health record system to do the following:<br>- Support the continuity of care, and the provision of comprehensive and coordinated care, treatment, or services<br>- Document and track care, treatment, or services<br>- Support disease management, including providing patient education<br>- Support preventive care, treatment, or services<br>- Create reports for internal use<br>- Create and submit reports to external providers and organizations, including public health agencies, disease-specific registries, immunization registries, and other specialized registries<br>- Facilitate electronic exchange of information among providers<br>- Support performance improvement<br>- Identify and provide patient-specific education resources |
| | | RC.01.01.01 | **The organization maintains complete and accurate clinical records.** |
| | | EP 1 | The organization defines the components of a complete clinical record. |
| | | EP 5 | The clinical record contains the information needed to support the patient's diagnosis and condition. |
| | | EP 6 | The clinical record contains the information needed to justify the patient's care, treatment, or services. |
| | | EP 7 | The clinical record contains information that documents the course and result of the patient's care, treatment, or services. |
| | | EP 8 | The clinical record contains information about the patient's care, treatment, or services that promotes continuity of care among providers.<br>Note: For organizations that elect The Joint Commission Primary Care Medical Home option: This requirement refers to care provided by both internal and external providers. |
| | | RC.02.01.01 | **The clinical record contains information that reflects the patient's care, treatment, or services.** |
| | | EP 1 | The clinical record contains the following demographic information:<br>- The patient's name, address, phone number, and date of birth and the name of any legally authorized representative<br>- The patient's sex, height, and weight<br>- The legal status of any patient receiving behavioral health care services<br>- The patient's language and communication needs<br>Note: If the patient is a minor, is incapacitated, or has a designated advocate, the communication needs of the parent or legal guardian, surrogate decision-maker, or legally authorized representative are documented in the clinical record. |

| Number **PCMH-3A** | Description of NCQA Standards | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance |
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| | | EP 2 | The clinical record contains the following clinical information:<br>- The patient's initial diagnosis, diagnostic impression(s), or condition(s)<br>- Any findings of assessments and reassessments (See also PC.01.02.01, EPs 1 and 4; PC.03.01.03, EPs 1 and 8)<br>- Any allergies to food<br>- Any allergies to medications<br>- Any conclusions or impressions drawn from the patient's medical history and physical examination<br>- Any diagnoses or conditions established during the patient's course of care, treatment, or services<br>- Any consultation reports<br>- Any progress notes<br>- Any medications ordered or prescribed<br>- Any medications administered, including the strength, dose, and route<br>- Any access site for medication, administration devices used, and rate of administration<br>- The patient's response to any medication administered<br>- Any adverse drug reactions<br>- Plans for care and any revisions to the plan for care (See also PC.01.03.01, EP 1)<br>- Orders for diagnostic and therapeutic tests and procedures and their results |
| | | EP 4 | As needed to provide care, treatment, or services, the clinical record contains the following additional information:<br>- Any advance directives<br>Note: For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The organization documents in a prominent place in the clinical record whether or not the patient has advance directives in place.<br>- Any informed consent (See also RI.01.03.01, EP 13)<br>- Any documentation of clinical research interventions distinct from entries related to regular patient care, treatment, or services (See also RI.01.03.05, EPs 4-6)<br>- Any records of communication with the patient, such as telephone calls or e-mail<br>- Any referrals or communications made to internal or external care providers and community agencies<br>- Any patient-generated information |
| | | EP 28 | For organizations that elect The Joint Commission Primary Care Medical Home option: The clinical record contains the patient's:<br>- Gender, race, and ethnicity<br>- Family history<br>- Work history<br>- Blood pressure (for patients age 3 and older)<br>- Smoking status (for patients age 13 and older) |
| | | EP 30 | For organizations that elect The Joint Commission Primary Care Medical Home option: The clinical record contains the patient's preferred language for discussing health care. |
| **PCMH-3B**      TAG: PCMH-3B | | **LD.03.02.01** | **The organization uses data and information to guide decisions and to understand variation in the performance of processes supporting safety and quality.** |
| Clinical Data: They must be able to maintain current patient information, including health care summaries, vital signs, height, weight, and length, BMI, tobacco use, and medication lists. The process must also capture patients' family history and have functionality that would support the use of growth charts, BMI calculations and comparisons, and documentation of clinical notes that track patient progress towards goals. | | EP 1 | Leaders set expectations for using data and information to improve the safety and quality of care, treatment, or services. |
| | | EP 2 | Leaders are able to describe how data and information are used to create a culture of safety and quality. |
| | | EP 3 | The organization uses processes to support systematic data and information use. |

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| | | EP 4 | Leaders provide the resources needed for data and information use, including staff, equipment, and information systems. |
| | | EP 5 | The organization uses data and information in decision making that supports the safety and quality of care, treatment, or services. (See also PI.02.01.01, EP 8) |
| | | EP 6 | The organization uses data and information to identify and respond to internal and external changes in the environment. |
| | | EP 7 | Leaders evaluate how effectively data and information are used throughout the organization. |
| | | LD.04.04.01 | **Leaders establish priorities for performance improvement. (Refer to the "Performance Improvement" [PI] chapter.)** |
| | | EP 1 | Leaders set priorities for performance improvement activities and patient health outcomes. (See also PI.01.01.01, EPs 1 and 3) |
| | | EP 5 | For organizations that elect The Joint Commission Primary Care Medical Home option: Ongoing performance improvement occurs organizationwide for the purpose of demonstrably improving the quality and safety of care, treatment, or services. |
| | | MM.01.01.01 | **The organization plans its medication management processes.** |
| | | EP 1 | The organization has a written policy that describes that the following information about the patient is accessible to licensed independent practitioners and staff who participate in the management of the patient's medications:<br>- Age<br>- Sex<br>- Diagnoses<br>- Allergies<br>- Sensitivities<br>- Current medications<br>- Height and weight (when necessary)<br>- Pregnancy and lactation information (when necessary)<br>- Laboratory results (when necessary)<br>- Any additional information required by the organization<br>(See also IM.02.01.01, EP 3; RC.01.01.01, EP 13)<br>Note: This element of performance is also applicable to sample medications. |
| | | MM.04.01.01 | **Medication orders are clear and accurate.** |
| | | EP 21 | For organizations that elect The Joint Commission Primary Care Medical Home option: The primary care medical home uses an electronic prescribing process for at least 50% of allowable prescriptions. |
| | | EP 22 | For organizations that elect The Joint Commission Primary Care Medical Home option: The primary care medical home uses a computerized order entry system for at least 60% of medication orders. |
| | | PC.01.03.01 | **The organization plans the patient's care.** |
| | | EP 1 | The organization plans the patient's care, treatment, or services based on needs identified by the patient's assessment, reassessment, and results of diagnostic testing. (See also RC.02.01.01, EP 2) |

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| Number PCMH-3B | Description of NCQA Standards | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance |
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| | | EP 45 | For organizations that elect The Joint Commission Primary Care Medical Home option: The primary care medical home uses clinical decision support tools to guide decision making. (For more information, refer to LD.04.04.09, EPs 1-5) |
| | | PC.02.01.01 | **The organization provides care, treatment, or services for each patient.** |
| | | EP 1 | The organization provides the patient with care, treatment, or services according to his or her individualized plan of care. |
| | | PC.02.04.03 | **For organizations that elect The Joint Commission Primary Care Medical Home option: The organization is accountable for providing patient care. (Refer to Standard PC.02.04.05)** |
| | | EP 5 | For organizations that elect The Joint Commission Primary Care Medical Home option: The organization uses a certified electronic health record system to do the following:<br>- Support the continuity of care, and the provision of comprehensive and coordinated care, treatment, or services<br>- Document and track care, treatment, or services<br>- Support disease management, including providing patient education<br>- Support preventive care, treatment, or services<br>- Create reports for internal use<br>- Create and submit reports to external providers and organizations, including public health agencies, disease-specific registries, immunization registries, and other specialized registries<br>- Facilitate electronic exchange of information among providers<br>- Support performance improvement<br>- Identify and provide patient-specific education resources |
| | | PI.01.01.01 | **The organization collects data to monitor its performance.** |
| | | EP 1 | The leaders set priorities for data collection. (See also LD.04.04.01, EP 1) |
| | | EP 2 | The organization identifies the frequency for data collection. |
| | | EP 3 | The organization collects data on the following: Performance improvement priorities identified by leaders. (See also LD.04.04.01, EP 1) |
| | | PI.02.01.01 | **The organization compiles and analyzes data.** |
| | | EP 1 | The organization compiles data in usable formats. |
| | | EP 2 | The organization identifies the frequency for data analysis. |
| | | EP 4 | The organization analyzes and compares internal data over time to identify levels of performance, patterns, trends, and variations. |
| | | EP 5 | The organization compares data with external sources, when available. |
| | | EP 8 | The organization uses the results of data analysis to identify improvement opportunities. (See also LD.03.02.01, EP 5; PI.03.01.01, EP 1) |
| | | PI.03.01.01 | **The organization improves performance.** |
| | | EP 1 | Leaders prioritize the identified improvement opportunities. (See also PI.02.01.01, EP 8) |

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| Number<br>PCMH-3B | Description of NCQA Standards | Joint Commission<br>Equivalent Number | Joint Commission Standards and Elements of Performance |
|---|---|---|---|
| | | EP 2 | The organization takes action on improvement priorities. |
| | | EP 3 | The organization evaluates actions to confirm that they resulted in improvements. |
| | | EP 4 | The organization takes action when it does not achieve or sustain planned improvements. |
| | | **RC.01.01.01** | **The organization maintains complete and accurate clinical records.** |
| | | EP 1 | The organization defines the components of a complete clinical record. |
| | | EP 5 | The clinical record contains the information needed to support the patient's diagnosis and condition. |
| | | EP 6 | The clinical record contains the information needed to justify the patient's care, treatment, or services. |
| | | EP 7 | The clinical record contains information that documents the course and result of the patient's care, treatment, or services. |
| | | EP 9 | The organization uses standardized formats to document the care, treatment, or services it provides to patients. |
| | | EP 13 | The organization assembles or makes available in a summary in the clinical record all information required to provide patient care, treatment, or services. (See also MM.01.01.01, EP 1) |
| | | **RC.02.01.01** | **The clinical record contains information that reflects the patient's care, treatment, or services.** |
| | | EP 2 | The clinical record contains the following clinical information:<br>- The patient's initial diagnosis, diagnostic impression(s), or condition(s)<br>- Any findings of assessments and reassessments (See also PC.01.02.01, EPs 1 and 4; PC.03.01.03, EPs 1 and 8)<br>- Any allergies to food<br>- Any allergies to medications<br>- Any conclusions or impressions drawn from the patient's medical history and physical examination<br>- Any diagnoses or conditions established during the patient's course of care, treatment, or services<br>- Any consultation reports<br>- Any progress notes<br>- Any medications ordered or prescribed<br>- Any medications administered, including the strength, dose, and route<br>- Any access site for medication, administration devices used, and rate of administration<br>- The patient's response to any medication administered<br>- Any adverse drug reactions<br>- Plans for care and any revisions to the plan for care (See also PC.01.03.01, EP 1)<br>- Orders for diagnostic and therapeutic tests and procedures and their results |
| | | EP 21 | The clinical record of a patient who receives urgent or immediate care, treatment, or services contains the following:<br>- The time and means of arrival<br>- Indication that the patient left against medical advice, when applicable<br>- Conclusions reached at the termination of care, treatment, or services, including the patient's final disposition, condition, and instructions given for follow-up care, treatment, or services<br>- A copy of any information made available to the practitioner or medical organization providing follow-up care, treatment, or services |

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| Number<br>PCMH-3B | Description of NCQA Standards | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance |
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| | | **EP 28** | For organizations that elect The Joint Commission Primary Care Medical Home option: The clinical record contains the patient's:<br>- Gender, race, and ethnicity<br>- Family history<br>- Work history<br>- Blood pressure (for patients age 3 and older)<br>- Smoking status (for patients age 13 and older) |
| | | **EP 29** | For organizations that elect The Joint Commission Primary Care Medical Home option: The clinical record includes the patient's self-management goals and the patient's progress toward achieving those goals. |
| **PCMH-3C**      TAG: PCMH-3C | | **LD.04.04.09** | **The organization uses clinical practice guidelines to design or to improve processes that evaluate and treat specific diagnoses, conditions, or symptoms.** |
| Comprehensive Health Assessment: The NCQA standards address data collection and maintaining current and thorough evaluations of patients' health status. These evaluations must cover recommended preventive care and health assessments, patient and family healthcare history, developmental assessments and depression screenings, assessments of health risk behaviors, and patient needs related to health literacy and communication. | | **EP 1** | The organization uses clinical practice guidelines to design or improve processes that evaluate and treat specific diagnoses, conditions, or symptoms. |
| | | **EP 2** | The organization identifies criteria that guide the selection and implementation of guidelines to design or improve processes that evaluate and treat specific diagnoses, conditions, or symptoms. |
| | | **EP 3** | The organization manages and evaluates the implementation of the guidelines to design or improve processes that evaluate and treat specific diagnoses, conditions, or symptoms. |
| | | **EP 4** | The leaders of the organization review and approve the clinical practice guidelines that have been selected to design or improve processes that evaluate and treat specific diagnoses, conditions, or symptoms. |
| | | **EP 5** | The organization monitors and reviews clinical practice guidelines for their effectiveness and modifies them as needed. |
| | | **PC.01.02.01** | **The organization assesses and reassesses its patients.** |
| | | **EP 1** | The organization defines, in writing, the scope and content of screening, assessment, and reassessment information it collects. (See also RC.02.01.01, EP 2)<br>Note 1: The scope and content are dependent on whether the patient is making an initial or follow-up visit and whether the assessment is focused or comprehensive.<br>Note 2: In defining the scope and content of the information it collects, the organization may want to consider information that it can obtain, with the patient's consent, from the patient's family and the patient's other care providers, as well as information conveyed on any medical jewelry. |
| | | **EP 2** | The organization defines, in writing, criteria that identify when additional, specialized, or more in-depth assessments are performed. (See also PC.01.02.07, EP 1)<br>Note: Examples of criteria could include those that identify when a nutritional, functional, or pain assessment should be performed for patients who are at risk. |

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| Number PCMH-3C | Description of NCQA Standards | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance |
|---|---|---|---|
| | | **EP 4** | Based on the patient's condition, information gathered in the initial assessment includes the following:<br>- Physical, psychological, and social assessment<br>- Nutrition and hydration status<br>- Functional status<br>- For patients who are receiving end-of-life care, the social, spiritual, and cultural variables that influence the patient's and family members' perception of grief<br>Note: This bullet is not applicable to settings that provide episodic care, such as urgent care and convenient care clinics.<br>(See also RC.02.01.01, EP 2) |
| | | **EP 23** | During patient assessments and reassessments, the organization gathers the data and information it requires. |
| | | **PC.01.02.03** | **The organization assesses and reassesses the patient and his or her condition according to defined time frames.** |
| | | **EP 1** | The organization defines, in writing, the time frame(s) within which it conducts the patient's initial assessment, in accordance with law and regulation. (See also RC.01.03.01, EP 1) |
| | | **EP 2** | The organization performs initial patient assessments within its defined time frame. (See also RC.01.03.01, EP 3) |
| | | **EP 9** | At each patient's visit, the organization documents updates to the patient's condition. |
| | | **PC.02.03.01** | **The organization provides patient education and training based on each patient's needs and abilities.** |
| | | **EP 30** | For organizations that elect The Joint Commission Primary Care Medical Home option: The interdisciplinary team identifies the patient's health literacy needs.<br>Note: Typically this is an interactive process, the goal of which is to ascertain the patient's capacity to process and understand basic health information needed to make appropriate health decisions. |
| | | **PC.02.04.05** | **For organizations that elect The Joint Commission Primary Care Medical Home option: The primary care clinician and the interdisciplinary team work in partnership with the patient to support the continuity of care and the provision of comprehensive and coordinated care, treatment, or services.** |
| | | **EP 10** | For organizations that elect The Joint Commission Primary Care Medical Home option: The interdisciplinary team monitors the patient's progress toward achieving treatment goals. |
| | | **EP 12** | For organizations that elect The Joint Commission Primary Care Medical Home option: The interdisciplinary team assesses patients for health risk behaviors. |
| | | **RC.01.01.01** | **The organization maintains complete and accurate clinical records.** |
| | | **EP 1** | The organization defines the components of a complete clinical record. |
| | | **EP 5** | The clinical record contains the information needed to support the patient's diagnosis and condition. |
| | | **EP 6** | The clinical record contains the information needed to justify the patient's care, treatment, or services. |
| | | **EP 7** | The clinical record contains information that documents the course and result of the patient's care, treatment, or services. |

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| Number PCMH-3C | Description of NCQA Standards | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance |
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| | | **RI.01.02.01** | **The organization respects the patient's right to participate in decisions about his or her care, treatment, or services.** |
| | | EP 1 | The organization involves the patient in making decisions about his or her care, treatment, or services. |
| **PCMH-3D** TAG: PCMH-3D | | **LD.04.04.09** | **The organization uses clinical practice guidelines to design or to improve processes that evaluate and treat specific diagnoses, conditions, or symptoms.** |
| Use Data for Population Management*: The NCQA standards address informing specified patient populations of recommended evidence-based care, including preventive care, acute or chronic care, required immunizations, medication issues, and patients that have not been seen for some time. | | EP 1 | The organization uses clinical practice guidelines to design or improve processes that evaluate and treat specific diagnoses, conditions, or symptoms. |
| | | **PC.01.03.01** | **The organization plans the patient's care.** |
| * denotes requirements that NCQA says must be met | | EP 1 | The organization plans the patient's care, treatment, or services based on needs identified by the patient's assessment, reassessment, and results of diagnostic testing. (See also RC.02.01.01, EP 2) |
| | | EP 44 | For organizations that elect The Joint Commission Primary Care Medical Home option: Patient self-management goals are identified, agreed upon with the patient, and incorporated into the patient's treatment plan. (Refer to RI.01.02.01, EP 1) |
| | | EP 45 | For organizations that elect The Joint Commission Primary Care Medical Home option: The primary care medical home uses clinical decision support tools to guide decision making. (For more information, refer to LD.04.04.09, EPs 1-5) |
| | | **PC.02.01.01** | **The organization provides care, treatment, or services for each patient.** |
| | | EP 1 | The organization provides the patient with care, treatment, or services according to his or her individualized plan of care. |
| | | **PC.02.03.01** | **The organization provides patient education and training based on each patient's needs and abilities.** |
| | | EP 10 | Based on the patient's condition and assessed needs, the education and training provided to the patient by the organization include the following: - An explanation of the plan for care, treatment, or services - Basic health practices and safety - Information on the safe and effective use of medications (See also MM.06.01.01, EP 9) - Nutrition interventions (for example, supplements) and modified diets - Discussion of pain, the risk for pain, the importance of effective pain management, the pain assessment process, and methods for pain management - Information on oral health - Information on the safe and effective use of medical equipment or supplies provided by the organization - Habilitation or rehabilitation techniques to help the patient reach maximum independence |
| | | **PC.02.04.01** | **For organizations that elect The Joint Commission Primary Care Medical Home option: The patient has access to the organization 24 hours a day, 7 days a week. Note: Access may be provided through a number of methods, including telephone, email, websites, portals, and flexible hours.** |
| | | EP 5 | For organizations that elect The Joint Commission Primary Care Medical Home option: The organization uses a certified electronic health record to provide appointment reminders to patients with two or more office visits in the last two years. |

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| | | **PC.02.04.03** | **For organizations that elect The Joint Commission Primary Care Medical Home option: The organization is accountable for providing patient care. (Refer to Standard PC.02.04.05)** |
| | | EP 1 | For organizations that elect The Joint Commission Primary Care Medical Home option: The organization manages transitions in care and provides or facilitates patient access to care, treatment, or services including the following:<br>- Acute care<br>- Management of chronic care<br>- Preventive services that are age- and gender-specific<br>- Behavioral health needs<br>- Oral health care<br>- Optical health<br>- Urgent and emergent care<br>- Substance abuse treatment<br>- Rehabilitative services and equipment (examples include physical, occupational, and speech therapy and equipment such as orthotics, prosthetics, and wheelchairs)<br>Note: Some of these services may be obtained through the use of community resources as available, or in collaboration with other organizations. |
| | | EP 2 | For organizations that elect The Joint Commission Primary Care Medical Home option: The organization provides care that addresses various phases of a patient's lifespan, including end-of-life care. |
| | | EP 3 | For organizations that elect The Joint Commission Primary Care Medical Home option: The organization provides disease and chronic care management services to its patients. |
| | | EP 4 | For organizations that elect The Joint Commission Primary Care Medical Home option: The organization provides population-based care. |
| | | EP 5 | For organizations that elect The Joint Commission Primary Care Medical Home option: The organization uses a certified electronic health record system to do the following:<br>- Support the continuity of care, and the provision of comprehensive and coordinated care, treatment, or services<br>- Document and track care, treatment, or services<br>- Support disease management, including providing patient education<br>- Support preventive care, treatment, or services<br>- Create reports for internal use<br>- Create and submit reports to external providers and organizations, including public health agencies, disease-specific registries, immunization registries, and other specialized registries<br>- Facilitate electronic exchange of information among providers<br>- Support performance improvement<br>- Identify and provide patient-specific education resources |
| | | **PI.01.01.01** | **The organization collects data to monitor its performance.** |
| | | EP 1 | The leaders set priorities for data collection. (See also LD.04.04.01, EP 1) |
| | | EP 2 | The organization identifies the frequency for data collection. |
| | | EP 3 | The organization collects data on the following: Performance improvement priorities identified by leaders. (See also LD.04.04.01, EP 1) |

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| | | PI.02.01.01 | **The organization compiles and analyzes data.** |
| | | EP 1 | The organization compiles data in usable formats. |
| | | EP 2 | The organization identifies the frequency for data analysis. |
| | | EP 4 | The organization analyzes and compares internal data over time to identify levels of performance, patterns, trends, and variations. |
| | | EP 5 | The organization compares data with external sources, when available. |
| | | EP 8 | The organization uses the results of data analysis to identify improvement opportunities. (See also LD.03.02.01, EP 5; PI.03.01.01, EP 1) |
| | | RI.01.04.03 | **For organizations that elect The Joint Commission Primary Care Medical Home option: The organization provides patients with information about the functions and services of the primary care medical home.** |
| | | EP 1 | For organizations that elect The Joint Commission Primary Care Medical Home option: The organization provides information to the patient about: The mission, vision, and goals of the primary care medical home. (Refer to LD.02.01.01, EP 3)<br>Note: This may include how it provides for patient-centered and team-based comprehensive care, a systems-based approach to quality and safety, and enhanced patient access. |
| | | EP 2 | For organizations that elect The Joint Commission Primary Care Medical Home option: The organization provides information to the patient about: How the primary care medical home functions, its scope of care, and its types of services. (For more information, refer to Standards PC.01.01.01 and LD.01.03.01) |
| | | EP 3 | For organizations that elect The Joint Commission Primary Care Medical Home option: The organization provides information to the patient about the following:<br>- Selection of a primary care clinician<br>- Involvement in his or her own treatment plan<br>- Management of referrals<br>- Coordination of care<br>- Collaboration with patient-selected clinicians who provide specialty care or second opinions<br>- Communication with the primary care medical home about health care concerns or other information |
| | | EP 5 | For organizations that elect The Joint Commission Primary Care Medical Home option: The organization provides information to the patient about: Patient responsibilities, including providing health history and current medications, and participating in self-management activities. (Refer to RI.02.01.01, EP 2) |
| | | EP 6 | For organizations that elect The Joint Commission Primary Care Medical Home option: The organization provides information to the patient about: 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. (Refer to PC.02.03.01, EP 4; RI.01.01.03, EPs 1 and 3) |
| | | RI.02.01.01 | **The organization informs the patient about his or her responsibilities related to his or her care, treatment, or services.** |
| | | EP 2 | The organization informs the patient about his or her responsibilities.<br>Note: Information about patient responsibilities can be shared verbally, in writing, or both. |

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| **PCMH-3E** | | | |
| PCMH-3E | TAG: PCMH-3E | LD.01.03.01 | **Governance is ultimately accountable for the safety and quality of care, treatment, or services.** |
| Implement Evidence-based Decision Support: The NCQA standards also address the use of systems that incorporate guidance based on evidence that can focus on disorders related to mental or substance abuse, acute or chronic conditions, conditions related to health risk behaviors, pediatric or adult care, and issues of overuse and/or appropriate use of services. | | EP 5 | Governance provides for the resources needed to maintain safe, quality care, treatment, or services. |
| | | LD.04.03.09 | **Care, treatment, or services provided through contractual agreement are provided safely and effectively.** |
| | | EP 1 | Clinical leaders have an opportunity to provide advice about the sources of clinical services to be provided through contractual agreement. |
| | | EP 2 | The organization describes, in writing, the nature and scope of services provided through contractual agreements. |
| | | EP 3 | Designated leaders approve contractual agreements. |
| | | EP 4 | Leaders monitor contracted services by establishing expectations for the performance of the contracted services.<br>Note: When the organization contracts with another accredited organization for patient care, treatment, or services to be provided off site, it can do the following:<br>- Verify that all licensed independent practitioners who will be providing patient care, treatment, or services have appropriate privileges by obtaining, for example, a copy of the list of privileges.<br>- Specify in the written agreement that the contracted organization will ensure that all contracted services provided by licensed independent practitioners will be within the scope of their privileges. |
| | | EP 5 | Leaders monitor contracted services by communicating the expectations in writing to the provider of the contracted services.<br>Note: A written description of the expectations can be provided either as part of the written agreement or in addition to it. |
| | | EP 6 | Leaders monitor contracted services by evaluating these services in relation to the organization's expectations. |
| | | EP 7 | Leaders take steps to improve contracted services that do not meet expectations.<br>Note: Examples of improvement efforts to consider include the following:<br>- Increase monitoring of the contracted services.<br>- Provide consultation or training to the contractor.<br>- Renegotiate the contract terms.<br>- Apply defined penalties.<br>- Terminate the contract. |
| | | LD.04.04.09 | **The organization uses clinical practice guidelines to design or to improve processes that evaluate and treat specific diagnoses, conditions, or symptoms.** |
| | | EP 1 | The organization uses clinical practice guidelines to design or improve processes that evaluate and treat specific diagnoses, conditions, or symptoms. |
| | | EP 2 | The organization identifies criteria that guide the selection and implementation of guidelines to design or improve processes that evaluate and treat specific diagnoses, conditions, or symptoms. |
| | | EP 3 | The organization manages and evaluates the implementation of the guidelines to design or improve processes that evaluate and treat specific diagnoses, conditions, or symptoms. |

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| | | **EP 4** | The leaders of the organization review and approve the clinical practice guidelines that have been selected to design or improve processes that evaluate and treat specific diagnoses, conditions, or symptoms. |
| | | **EP 5** | The organization monitors and reviews clinical practice guidelines for their effectiveness and modifies them as needed. |
| | | **MM.04.01.01** | **Medication orders are clear and accurate.** |
| | | **EP 21** | For organizations that elect The Joint Commission Primary Care Medical Home option: The primary care medical home uses an electronic prescribing process for at least 50% of allowable prescriptions. |
| | | **PC.01.03.01** | **The organization plans the patient's care.** |
| | | **EP 1** | The organization plans the patient's care, treatment, or services based on needs identified by the patient's assessment, reassessment, and results of diagnostic testing. (See also RC.02.01.01, EP 2) |
| | | **EP 44** | For organizations that elect The Joint Commission Primary Care Medical Home option: Patient self-management goals are identified, agreed upon with the patient, and incorporated into the patient's treatment plan. (Refer to RI.01.02.01, EP 1) |
| | | **EP 45** | For organizations that elect The Joint Commission Primary Care Medical Home option: The primary care medical home uses clinical decision support tools to guide decision making. (For more information, refer to LD.04.04.09, EPs 1-5) |
| | | **PC.02.01.01** | **The organization provides care, treatment, or services for each patient.** |
| | | **EP 1** | The organization provides the patient with care, treatment, or services according to his or her individualized plan of care. |
| | | **PC.02.02.01** | **The organization coordinates the patient's care, treatment, or services based on the patient's needs.** |
| | | **EP 1** | The organization has a process to receive or share patient information when the patient is referred to other internal or external providers of care, treatment, or services. (See also PC.04.02.01, EP 1) |
| | | **EP 3** | The organization coordinates the patient's care, treatment, or services. Note: Coordination involves resolving scheduling conflicts and duplication of care, treatment, or services. |
| | | **EP 17** | The organization coordinates care, treatment, or services within a time frame that meets the patient's needs. |

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| Number PCMH-3E | Description of NCQA Standards | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance |
|---|---|---|---|
| | | PC.02.04.03 | **For organizations that elect The Joint Commission Primary Care Medical Home option: The organization is accountable for providing patient care. (Refer to Standard PC.02.04.05)** |
| | | EP 1 | For organizations that elect The Joint Commission Primary Care Medical Home option: The organization manages transitions in care and provides or facilitates patient access to care, treatment, or services including the following:<br>- Acute care<br>- Management of chronic care<br>- Preventive services that are age- and gender-specific<br>- Behavioral health needs<br>- Oral health care<br>- Optical health<br>- Urgent and emergent care<br>- Substance abuse treatment<br>- Rehabilitative services and equipment (examples include physical, occupational, and speech therapy and equipment such as orthotics, prosthetics, and wheelchairs)<br>Note: Some of these services may be obtained through the use of community resources as available, or in collaboration with other organizations. |
| | | EP 2 | For organizations that elect The Joint Commission Primary Care Medical Home option: The organization provides care that addresses various phases of a patient's lifespan, including end-of-life care. |
| | | EP 3 | For organizations that elect The Joint Commission Primary Care Medical Home option: The organization provides disease and chronic care management services to its patients. |
| | | EP 4 | For organizations that elect The Joint Commission Primary Care Medical Home option: The organization provides population-based care. |
| | | EP 5 | For organizations that elect The Joint Commission Primary Care Medical Home option: The organization uses a certified electronic health record system to do the following:<br>- Support the continuity of care, and the provision of comprehensive and coordinated care, treatment, or services<br>- Document and track care, treatment, or services<br>- Support disease management, including providing patient education<br>- Support preventive care, treatment, or services<br>- Create reports for internal use<br>- Create and submit reports to external providers and organizations, including public health agencies, disease-specific registries, immunization registries, and other specialized registries<br>- Facilitate electronic exchange of information among providers<br>- Support performance improvement<br>- Identify and provide patient-specific education resources |
| | | PC.02.04.05 | **For organizations that elect The Joint Commission Primary Care Medical Home option: The primary care clinician and the interdisciplinary team work in partnership with the patient to support the continuity of care and the provision of comprehensive and coordinated care, treatment, or services.** |
| | | EP 6 | For organizations that elect The Joint Commission Primary Care Medical Home option: When a patient is referred to an external organization, the interdisciplinary team reviews and tracks the care provided to the patient. |

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| Number PCMH-4A | Description of NCQA Standards | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance |
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| **PCMH-4A**      TAG: PCMH-4A | | **LD.03.02.01** | **The organization uses data and information to guide decisions and to understand variation in the performance of processes supporting safety and quality.** |
| Identify Patients for Care Management: In this section, NCQA requirements address the need to create a process that be used to identify patients who could use case management services. The process should include criteria that take into account factors such as behavioral health and other complex conditions, utilization, social determinants of health, and external referrals.  NCQA also requires monitoring the percent of patients being identified through this process as a critical factor in meeting this standard's element. | | **EP 1** | Leaders set expectations for using data and information to improve the safety and quality of care, treatment, or services. |
| | | **EP 2** | Leaders are able to describe how data and information are used to create a culture of safety and quality. |
| | | **EP 3** | The organization uses processes to support systematic data and information use. |
| | | **EP 4** | Leaders provide the resources needed for data and information use, including staff, equipment, and information systems. |
| | | **EP 5** | The organization uses data and information in decision making that supports the safety and quality of care, treatment, or services. (See also PI.02.01.01, EP 8) |
| | | **EP 6** | The organization uses data and information to identify and respond to internal and external changes in the environment. |
| | | **EP 7** | Leaders evaluate how effectively data and information are used throughout the organization. |
| | | **LD.04.04.01** | **Leaders establish priorities for performance improvement. (Refer to the "Performance Improvement" [PI] chapter.)** |
| | | **EP 1** | Leaders set priorities for performance improvement activities and patient health outcomes. (See also PI.01.01.01, EPs 1 and 3) |
| | | **EP 5** | For organizations that elect The Joint Commission Primary Care Medical Home option: Ongoing performance improvement occurs organizationwide for the purpose of demonstrably improving the quality and safety of care, treatment, or services. |
| | | **EP 6** | For organizations that elect The Joint Commission Primary Care Medical Home option: The interdisciplinary team actively participates in performance improvement activities. |
| | | **PC.01.02.01** | **The organization assesses and reassesses its patients.** |
| | | **EP 1** | The organization defines, in writing, the scope and content of screening, assessment, and reassessment information it collects. (See also RC.02.01.01, EP 2)<br>Note 1: The scope and content are dependent on whether the patient is making an initial or follow-up visit and whether the assessment is focused or comprehensive.<br>Note 2: In defining the scope and content of the information it collects, the organization may want to consider information that it can obtain, with the patient's consent, from the patient's family and the patient's other care providers, as well as information conveyed on any medical jewelry. |
| | | **EP 2** | The organization defines, in writing, criteria that identify when additional, specialized, or more in-depth assessments are performed. (See also PC.01.02.07, EP 1)<br>Note: Examples of criteria could include those that identify when a nutritional, functional, or pain assessment should be performed for patients who are at risk. |

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| | | **EP 4** | Based on the patient's condition, information gathered in the initial assessment includes the following:<br>- Physical, psychological, and social assessment<br>- Nutrition and hydration status<br>- Functional status<br>- For patients who are receiving end-of-life care, the social, spiritual, and cultural variables that influence the patient's and family members' perception of grief<br>Note: This bullet is not applicable to settings that provide episodic care, such as urgent care and convenient care clinics.<br>(See also RC.02.01.01, EP 2) |
| | | **EP 23** | During patient assessments and reassessments, the organization gathers the data and information it requires. |
| | | **PC.01.03.01** | **The organization plans the patient's care.** |
| | | **EP 1** | The organization plans the patient's care, treatment, or services based on needs identified by the patient's assessment, reassessment, and results of diagnostic testing. (See also RC.02.01.01, EP 2) |
| | | **PC.02.01.01** | **The organization provides care, treatment, or services for each patient.** |
| | | **EP 1** | The organization provides the patient with care, treatment, or services according to his or her individualized plan of care. |
| | | **PC.02.01.21** | **For organizations that elect The Joint Commission Primary Care Medical Home option: The organization effectively communicates with patients when providing care, treatment, or services.** |
| | | **EP 1** | For organizations that elect The Joint Commission Primary Care Medical Home option: The primary care clinician and the interdisciplinary team identify the patient's oral and written communication needs, including the patient's preferred language for discussing health care.<br>Note: Examples of communication needs include the need for personal devices such as hearing aids or glasses, language interpreters, communication boards, and translated or plain language materials.<br>(Refer to RC.02.01.01, EP 1) |
| | | **EP 2** | For organizations that elect The Joint Commission Primary Care Medical Home option: The primary care clinician and the interdisciplinary team communicate with the patient during the provision of care, treatment, or services in a manner that meets the patient's oral and written communication needs. |
| | | **PC.02.02.01** | **The organization coordinates the patient's care, treatment, or services based on the patient's needs.** |
| | | **EP 1** | The organization has a process to receive or share patient information when the patient is referred to other internal or external providers of care, treatment, or services. (See also PC.04.02.01, EP 1) |
| | | **EP 2** | The organization's process for hand-off communication provides for the opportunity for discussion between the giver and receiver of patient information.<br>Note: Such information may include the patient's condition, care, treatment, medications, services, and any recent or anticipated changes to any of these. |
| | | **EP 3** | The organization coordinates the patient's care, treatment, or services.<br>Note: Coordination involves resolving scheduling conflicts and duplication of care, treatment, or services. |

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| | | EP 17 | The organization coordinates care, treatment, or services within a time frame that meets the patient's needs. |
| | | PC.02.03.01 | **The organization provides patient education and training based on each patient's needs and abilities.** |
| | | EP 1 | The organization assesses the patient's learning needs. |
| | | EP 4 | The organization provides education and training to the patient based on his or her assessed needs. |
| | | EP 5 | The organization coordinates the patient education and training provided by all disciplines involved in the patient's care, treatment, or services. |
| | | EP 10 | Based on the patient's condition and assessed needs, the education and training provided to the patient by the organization include the following:<br>- An explanation of the plan for care, treatment, or services<br>- Basic health practices and safety<br>- Information on the safe and effective use of medications (See also MM.06.01.01, EP 9)<br>- Nutrition interventions (for example, supplements) and modified diets<br>- Discussion of pain, the risk for pain, the importance of effective pain management, the pain assessment process, and methods for pain management<br>- Information on oral health<br>- Information on the safe and effective use of medical equipment or supplies provided by the organization<br>- Habilitation or rehabilitation techniques to help the patient reach maximum independence |
| | | EP 25 | The organization evaluates the patient's understanding of the education and training it provided. |
| | | EP 27 | The organization provides the patient education on how to communicate concerns about patient safety issues that occur before, during, and after care is received. |
| | | EP 28 | For organizations that elect The Joint Commission Primary Care Medical Home option: The primary care clinician and the interdisciplinary team educate the patient on self-management tools and techniques based on the patient's individual needs. |
| | | EP 30 | For organizations that elect The Joint Commission Primary Care Medical Home option: The interdisciplinary team identifies the patient's health literacy needs.<br>Note: Typically this is an interactive process, the goal of which is to ascertain the patient's capacity to process and understand basic health information needed to make appropriate health decisions. |
| | | EP 31 | For organizations that elect The Joint Commission Primary Care Medical Home option: Patient education is consistent with the patient's health literacy needs. |

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| | | **PC.02.04.03** | **For organizations that elect The Joint Commission Primary Care Medical Home option: The organization is accountable for providing patient care. (Refer to Standard PC.02.04.05)** |
| | | EP 5 | For organizations that elect The Joint Commission Primary Care Medical Home option: The organization uses a certified electronic health record system to do the following:<br>- Support the continuity of care, and the provision of comprehensive and coordinated care, treatment, or services<br>- Document and track care, treatment, or services<br>- Support disease management, including providing patient education<br>- Support preventive care, treatment, or services<br>- Create reports for internal use<br>- Create and submit reports to external providers and organizations, including public health agencies, disease-specific registries, immunization registries, and other specialized registries<br>- Facilitate electronic exchange of information among providers<br>- Support performance improvement<br>- Identify and provide patient-specific education resources |
| | | **PC.02.04.05** | **For organizations that elect The Joint Commission Primary Care Medical Home option: The primary care clinician and the interdisciplinary team work in partnership with the patient to support the continuity of care and the provision of comprehensive and coordinated care, treatment, or services.** |
| | | EP 6 | For organizations that elect The Joint Commission Primary Care Medical Home option: When a patient is referred to an external organization, the interdisciplinary team reviews and tracks the care provided to the patient. |
| | | EP 9 | For organizations that elect The Joint Commission Primary Care Medical Home option: The interdisciplinary team works in partnership with the patient to achieve planned outcomes. |
| | | EP 11 | For organizations that elect The Joint Commission Primary Care Medical Home option: The interdisciplinary team involves the patient in the development of his or her treatment plan. |
| | | **PI.01.01.01** | **The organization collects data to monitor its performance.** |
| | | EP 1 | The leaders set priorities for data collection. (See also LD.04.04.01, EP 1) |
| | | EP 2 | The organization identifies the frequency for data collection. |
| | | EP 3 | The organization collects data on the following: Performance improvement priorities identified by leaders. (See also LD.04.04.01, EP 1) |
| | | **PI.02.01.01** | **The organization compiles and analyzes data.** |
| | | EP 1 | The organization compiles data in usable formats. |
| | | EP 2 | The organization identifies the frequency for data analysis. |
| | | EP 4 | The organization analyzes and compares internal data over time to identify levels of performance, patterns, trends, and variations. |
| | | EP 5 | The organization compares data with external sources, when available. |

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| Number<br>PCMH-4A | Description of NCQA Standards | Joint Commission<br>Equivalent Number | Joint Commission Standards and Elements of Performance |
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| | | EP 8 | The organization uses the results of data analysis to identify improvement opportunities. (See also LD.03.02.01, EP 5; PI.03.01.01, EP 1) |
| | | **PI.03.01.01** | **The organization improves performance.** |
| | | EP 1 | Leaders prioritize the identified improvement opportunities. (See also PI.02.01.01, EP 8) |
| | | EP 2 | The organization takes action on improvement priorities. |
| | | EP 3 | The organization evaluates actions to confirm that they resulted in improvements. |
| | | EP 4 | The organization takes action when it does not achieve or sustain planned improvements. |
| **PCMH-4B**        TAG: PCMH-4B | | **PC.01.02.01** | **The organization assesses and reassesses its patients.** |
| Care Planning and Self-Care Support*: In this section, the NCQA standards address meeting targets relative to the creation of a written plan of care for every patient, including consideration of a patient's personal treatment goals, obstacles to meeting those goals, and self-management plans. These individualized care plan should be developed by the care team in collaboration with the patient.<br><br>* denotes a requirement that NCQA says must be met | | EP 23 | During patient assessments and reassessments, the organization gathers the data and information it requires. |
| | | **PC.02.01.01** | **The organization provides care, treatment, or services for each patient.** |
| | | EP 1 | The organization provides the patient with care, treatment, or services according to his or her individualized plan of care. |
| | | **PC.02.03.01** | **The organization provides patient education and training based on each patient's needs and abilities.** |
| | | EP 1 | The organization assesses the patient's learning needs. |
| | | EP 4 | The organization provides education and training to the patient based on his or her assessed needs. |
| | | EP 5 | The organization coordinates the patient education and training provided by all disciplines involved in the patient's care, treatment, or services. |
| | | EP 10 | Based on the patient's condition and assessed needs, the education and training provided to the patient by the organization include the following:<br>- An explanation of the plan for care, treatment, or services<br>- Basic health practices and safety<br>- Information on the safe and effective use of medications (See also MM.06.01.01, EP 9)<br>- Nutrition interventions (for example, supplements) and modified diets<br>- Discussion of pain, the risk for pain, the importance of effective pain management, the pain assessment process, and methods for pain management<br>- Information on oral health<br>- Information on the safe and effective use of medical equipment or supplies provided by the organization<br>- Habilitation or rehabilitation techniques to help the patient reach maximum independence |
| | | EP 25 | The organization evaluates the patient's understanding of the education and training it provided. |
| | | EP 27 | The organization provides the patient education on how to communicate concerns about patient safety issues that occur before, during, and after care is received. |

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| | | EP 28 | For organizations that elect The Joint Commission Primary Care Medical Home option: The primary care clinician and the interdisciplinary team educate the patient on self-management tools and techniques based on the patient's individual needs. |
| | | EP 30 | For organizations that elect The Joint Commission Primary Care Medical Home option: The interdisciplinary team identifies the patient's health literacy needs.<br>Note: Typically this is an interactive process, the goal of which is to ascertain the patient's capacity to process and understand basic health information needed to make appropriate health decisions. |
| | | EP 31 | For organizations that elect The Joint Commission Primary Care Medical Home option: Patient education is consistent with the patient's health literacy needs. |
| | | PC.02.04.01 | **For organizations that elect The Joint Commission Primary Care Medical Home option: The patient has access to the organization 24 hours a day, 7 days a week.**<br>**Note: Access may be provided through a number of methods, including telephone, email, websites, portals, and flexible hours.** |
| | | EP 4 | For organizations that elect The Joint Commission Primary Care Medical Home option: Primary care medical home patients are provided online access to their health information within four business days after the information is available to the primary care clinician or interdisciplinary team. This information includes diagnostic test results, lab results, summary lists, and medication lists. |
| | | PC.02.04.03 | **For organizations that elect The Joint Commission Primary Care Medical Home option: The organization is accountable for providing patient care. (Refer to Standard PC.02.04.05)** |
| | | EP 5 | For organizations that elect The Joint Commission Primary Care Medical Home option: The organization uses a certified electronic health record system to do the following:<br>- Support the continuity of care, and the provision of comprehensive and coordinated care, treatment, or services<br>- Document and track care, treatment, or services<br>- Support disease management, including providing patient education<br>- Support preventive care, treatment, or services<br>- Create reports for internal use<br>- Create and submit reports to external providers and organizations, including public health agencies, disease-specific registries, immunization registries, and other specialized registries<br>- Facilitate electronic exchange of information among providers<br>- Support performance improvement<br>- Identify and provide patient-specific education resources |
| | | PC.02.04.05 | **For organizations that elect The Joint Commission Primary Care Medical Home option: The primary care clinician and the interdisciplinary team work in partnership with the patient to support the continuity of care and the provision of comprehensive and coordinated care, treatment, or services.** |
| | | EP 6 | For organizations that elect The Joint Commission Primary Care Medical Home option: When a patient is referred to an external organization, the interdisciplinary team reviews and tracks the care provided to the patient. |
| | | EP 7 | For organizations that elect The Joint Commission Primary Care Medical Home option: The interdisciplinary team acts on recommendations from internal and external referrals for additional care, treatment, or services. |

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| | | EP 8 | For organizations that elect The Joint Commission Primary Care Medical Home option: The interdisciplinary team participates in the development of the patient's treatment plan. |
| | | EP 9 | For organizations that elect The Joint Commission Primary Care Medical Home option: The interdisciplinary team works in partnership with the patient to achieve planned outcomes. |
| | | EP 10 | For organizations that elect The Joint Commission Primary Care Medical Home option: The interdisciplinary team monitors the patient's progress toward achieving treatment goals. |
| | | EP 11 | For organizations that elect The Joint Commission Primary Care Medical Home option: The interdisciplinary team involves the patient in the development of his or her treatment plan. |
| | | EP 12 | For organizations that elect The Joint Commission Primary Care Medical Home option: The interdisciplinary team assesses patients for health risk behaviors. |
| | | RC.02.01.01 | **The clinical record contains information that reflects the patient's care, treatment, or services.** |
| | | EP 29 | For organizations that elect The Joint Commission Primary Care Medical Home option: The clinical record includes the patient's self-management goals and the patient's progress toward achieving those goals. |
| | | RI.01.02.01 | **The organization respects the patient's right to participate in decisions about his or her care, treatment, or services.** |
| | | EP 20 | The organization provides the patient or surrogate decision-maker with the information about the outcomes of care, treatment, or services that the patient needs in order to participate in current and future health care decisions. |
| | | RI.01.04.03 | **For organizations that elect The Joint Commission Primary Care Medical Home option: The organization provides patients with information about the functions and services of the primary care medical home.** |
| | | EP 5 | For organizations that elect The Joint Commission Primary Care Medical Home option: The organization provides information to the patient about: Patient responsibilities, including providing health history and current medications, and participating in self-management activities. (Refer to RI.02.01.01, EP 2) |
| **PCMH-4C** | **TAG: PCMH-4C** | LD.03.02.01 | **The organization uses data and information to guide decisions and to understand variation in the performance of processes supporting safety and quality.** |
| Medication Management: In this section, the NCQA standards address meeting targets relative to medication management, specifically that in more than half of the episodes of care, medications are reviewed and reconciled for the patient and in more than 80% of the episodes of care, medications are reviewed and reconciled for the patient. NCQA also requires that more than 80% of patients are given information about newly prescribed medications. NCQA also requires organizations to assess patient understanding of medications, barriers to compliance, and patient response to medications for more than half of the patients. Organizations need to document the use of non-prescription medications for half of the patients. | | EP 1 | Leaders set expectations for using data and information to improve the safety and quality of care, treatment, or services. |
| | | EP 2 | Leaders are able to describe how data and information are used to create a culture of safety and quality. |
| | | EP 3 | The organization uses processes to support systematic data and information use. |
| | | EP 4 | Leaders provide the resources needed for data and information use, including staff, equipment, and information systems. |
| | | EP 5 | The organization uses data and information in decision making that supports the safety and quality of care, treatment, or services. (See also PI.02.01.01, EP 8) |

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| Number<br>PCMH-4C | Description of NCQA Standards | Joint Commission<br>Equivalent Number | Joint Commission Standards and Elements of Performance |
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| | | EP 6 | The organization uses data and information to identify and respond to internal and external changes in the environment. |
| | | EP 7 | Leaders evaluate how effectively data and information are used throughout the organization. |
| | | LD.04.04.01 | **Leaders establish priorities for performance improvement. (Refer to the "Performance Improvement" [PI] chapter.)** |
| | | EP 1 | Leaders set priorities for performance improvement activities and patient health outcomes. (See also PI.01.01.01, EPs 1 and 3) |
| | | EP 5 | For organizations that elect The Joint Commission Primary Care Medical Home option: Ongoing performance improvement occurs organizationwide for the purpose of demonstrably improving the quality and safety of care, treatment, or services. |
| | | MM.02.01.01 | **The organization selects and procures medications.** |
| | | EP 3 | Before using a medication new to the organization, the organization determines a method to monitor the response of the patient. (See also MM.07.01.01, EP 2)<br>Note: This element of performance is also applicable to sample medications. |
| | | MM.07.01.01 | **The organization monitors patients to determine the effects of their medication(s).** |
| | | EP 1 | The organization monitors the patient's perception of side effects and the effectiveness of his or her medication(s).<br>Note: This element of performance is also applicable to sample medications. |
| | | EP 2 | The organization monitors the patient's response to medication(s) by taking into account clinical information from the clinical record, relevant lab values, clinical response, and medication profile. (See also MM.02.01.01, EP 3)<br>Note 1: Monitoring the patient's response to medications is an important assessment activity for nurses, physicians, and pharmacists. In particular, monitoring the patient's response to the first dose of a new medication is essential to the safety of the patient because any adverse reactions, including serious ones, are more unpredictable if the medication has never been used before with the patient.<br>Note 2: This element of performance is also applicable to sample medications. |
| | | NPSG.03.06.01 | **Maintain and communicate accurate patient medication information.** |
| | | EP 1 | Obtain and/or update information on the medications the patient is currently taking. This information is documented in a list or other format that is useful to those who manage medications.<br>Note 1: The organization obtains the patient's medication information at the beginning of an episode of care. The information is updated when the patient's medications change.<br>Note 2: Current medications include those taken at scheduled times and those taken on an as-needed basis. See the Glossary for a definition of medications.<br>Note 3: It is often difficult to obtain complete information on current medications from the patient. A good faith effort to obtain this information from the patient and/or other sources will be considered as meeting the intent of the EP. |
| | | EP 2 | Define the types of medication information to be collected in different settings and patient circumstances.<br>Note 1: Examples of such settings include primary care, urgent and emergent care, ambulatory surgery, convenient care, outpatient radiology, and diagnostic settings.<br>Note 2: Examples of medication information that may be collected include name, dose, route, frequency, and purpose. |

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| Number<br>PCMH-4C | Description of NCQA Standards | Joint Commission<br>Equivalent Number | Joint Commission Standards and Elements of Performance |
|---|---|---|---|
| | | EP 3 | For organizations that prescribe medications: Compare the medication information the patient brought to the organization with the medications ordered for the patient by the organization in order to identify and resolve discrepancies.<br>Note: Discrepancies include omissions, duplications, contraindications, unclear information, and changes. A qualified individual, identified by the organization, does the comparison. (See also HR.01.06.01, EP 1) |
| | | EP 4 | For organizations that prescribe medications: Provide the patient (or family as needed) with written information on the medications the patient should be taking at the end of the episode of care (for example, name, dose, route, frequency, purpose).<br>Note: When the only additional medications prescribed are for a short duration, the medication information the organization provides may include only those medications. For more information about communications to other providers of care at the end of an episode of care, or when the patient is discharged or transferred, refer to Standard PC.04.02.01. |
| | | EP 5 | For organizations that prescribe medications: Explain the importance of managing medication information to the patient at the end of the episode of care.<br>Note: Examples include instructing the patient to give a list to his or her primary care physician; to update the information when medications are discontinued, doses are changed, or new medications (including over-the-counter products) are added; and to carry medication information at all times in the event of emergency situations. (For information on patient education on medications, refer to Standards MM.06.01.03, PC.02.03.01, and PC.04.01.05.) |
| | | PC.02.03.01 | **The organization provides patient education and training based on each patient's needs and abilities.** |
| | | EP 1 | The organization assesses the patient's learning needs. |
| | | EP 4 | The organization provides education and training to the patient based on his or her assessed needs. |
| | | EP 10 | Based on the patient's condition and assessed needs, the education and training provided to the patient by the organization include the following:<br>- An explanation of the plan for care, treatment, or services<br>- Basic health practices and safety<br>- Information on the safe and effective use of medications (See also MM.06.01.01, EP 9)<br>- Nutrition interventions (for example, supplements) and modified diets<br>- Discussion of pain, the risk for pain, the importance of effective pain management, the pain assessment process, and methods for pain management<br>- Information on oral health<br>- Information on the safe and effective use of medical equipment or supplies provided by the organization<br>- Habilitation or rehabilitation techniques to help the patient reach maximum independence |
| | | EP 25 | The organization evaluates the patient's understanding of the education and training it provided. |

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| Number<br>PCMH-4C | Description of NCQA Standards | Joint Commission<br>Equivalent Number | Joint Commission Standards and Elements of Performance |
|---|---|---|---|
| | | **PC.02.04.03** | **For organizations that elect The Joint Commission Primary Care Medical Home option: The organization is accountable for providing patient care. (Refer to Standard PC.02.04.05)** |
| | | EP 5 | For organizations that elect The Joint Commission Primary Care Medical Home option: The organization uses a certified electronic health record system to do the following:<br>- Support the continuity of care, and the provision of comprehensive and coordinated care, treatment, or services<br>- Document and track care, treatment, or services<br>- Support disease management, including providing patient education<br>- Support preventive care, treatment, or services<br>- Create reports for internal use<br>- Create and submit reports to external providers and organizations, including public health agencies, disease-specific registries, immunization registries, and other specialized registries<br>- Facilitate electronic exchange of information among providers<br>- Support performance improvement<br>- Identify and provide patient-specific education resources |
| | | **PI.01.01.01** | **The organization collects data to monitor its performance.** |
| | | EP 1 | The leaders set priorities for data collection. (See also LD.04.04.01, EP 1) |
| | | EP 2 | The organization identifies the frequency for data collection. |
| | | EP 3 | The organization collects data on the following: Performance improvement priorities identified by leaders. (See also LD.04.04.01, EP 1) |
| | | **PI.02.01.01** | **The organization compiles and analyzes data.** |
| | | EP 1 | The organization compiles data in usable formats. |
| | | EP 2 | The organization identifies the frequency for data analysis. |
| | | EP 4 | The organization analyzes and compares internal data over time to identify levels of performance, patterns, trends, and variations. |
| | | EP 5 | The organization compares data with external sources, when available. |
| | | EP 8 | The organization uses the results of data analysis to identify improvement opportunities. (See also LD.03.02.01, EP 5; PI.03.01.01, EP 1) |
| | | **PI.03.01.01** | **The organization improves performance.** |
| | | EP 1 | Leaders prioritize the identified improvement opportunities. (See also PI.02.01.01, EP 8) |
| | | EP 2 | The organization takes action on improvement priorities. |
| | | EP 3 | The organization evaluates actions to confirm that they resulted in improvements. |
| | | EP 4 | The organization takes action when it does not achieve or sustain planned improvements. |

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| Number<br>PCMH-4C | Description of NCQA Standards | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance |
|---|---|---|---|
| | | **RC.02.01.01** | **The clinical record contains information that reflects the patient's care, treatment, or services.** |
| | | **EP 2** | The clinical record contains the following clinical information:<br>- The patient's initial diagnosis, diagnostic impression(s), or condition(s)<br>- Any findings of assessments and reassessments (See also PC.01.02.01, EPs 1 and 4; PC.03.01.03, EPs 1 and 8)<br>- Any allergies to food<br>- Any allergies to medications<br>- Any conclusions or impressions drawn from the patient's medical history and physical examination<br>- Any diagnoses or conditions established during the patient's course of care, treatment, or services<br>- Any consultation reports<br>- Any progress notes<br>- Any medications ordered or prescribed<br>- Any medications administered, including the strength, dose, and route<br>- Any access site for medication, administration devices used, and rate of administration<br>- The patient's response to any medication administered<br>- Any adverse drug reactions<br>- Plans for care and any revisions to the plan for care (See also PC.01.03.01, EP 1)<br>- Orders for diagnostic and therapeutic tests and procedures and their results |
| | | **EP 21** | The clinical record of a patient who receives urgent or immediate care, treatment, or services contains the following:<br>- The time and means of arrival<br>- Indication that the patient left against medical advice, when applicable<br>- Conclusions reached at the termination of care, treatment, or services, including the patient's final disposition, condition, and instructions given for follow-up care, treatment, or services<br>- A copy of any information made available to the practitioner or medical organization providing follow-up care, treatment, or services |
| **PCMH-4D**                    TAG: PCMH-4D | | **LD.01.03.01** | **Governance is ultimately accountable for the safety and quality of care, treatment, or services.** |
| Use Electronic Prescribing: In this section, the NCQA standards address using an electronic prescribing system that meets specific targets, including that at least 50% of relevant prescriptions are compared to drug formularies and sent electronically to pharmacies. NCQA standards state that electronic prescriptions are integrated into at least 60% of patients' health records, and that potential drug interactions are checked electronically. In the NCQA standards, the electronic prescribing system also informs clinicians when generic drugs are available. | | **EP 5** | Governance provides for the resources needed to maintain safe, quality care, treatment, or services. |
| | | **MM.04.01.01** | **Medication orders are clear and accurate.** |
| | | **EP 21** | For organizations that elect The Joint Commission Primary Care Medical Home option: The primary care medical home uses an electronic prescribing process for at least 50% of allowable prescriptions. |
| | | **EP 22** | For organizations that elect The Joint Commission Primary Care Medical Home option: The primary care medical home uses a computerized order entry system for at least 60% of medication orders. |

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| Number PCMH-4D | Description of NCQA Standards | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance |
|---|---|---|---|
| | | PC.02.04.03 | **For organizations that elect The Joint Commission Primary Care Medical Home option: The organization is accountable for providing patient care. (Refer to Standard PC.02.04.05)** |
| | | EP 5 | For organizations that elect The Joint Commission Primary Care Medical Home option: The organization uses a certified electronic health record system to do the following:<br>- Support the continuity of care, and the provision of comprehensive and coordinated care, treatment, or services<br>- Document and track care, treatment, or services<br>- Support disease management, including providing patient education<br>- Support preventive care, treatment, or services<br>- Create reports for internal use<br>- Create and submit reports to external providers and organizations, including public health agencies, disease-specific registries, immunization registries, and other specialized registries<br>- Facilitate electronic exchange of information among providers<br>- Support performance improvement<br>- Identify and provide patient-specific education resources |
| | | PC.02.04.05 | **For organizations that elect The Joint Commission Primary Care Medical Home option: The primary care clinician and the interdisciplinary team work in partnership with the patient to support the continuity of care and the provision of comprehensive and coordinated care, treatment, or services.** |
| | | EP 6 | For organizations that elect The Joint Commission Primary Care Medical Home option: When a patient is referred to an external organization, the interdisciplinary team reviews and tracks the care provided to the patient. |
| | | RC.02.01.01 | **The clinical record contains information that reflects the patient's care, treatment, or services.** |
| | | EP 2 | The clinical record contains the following clinical information:<br>- The patient's initial diagnosis, diagnostic impression(s), or condition(s)<br>- Any findings of assessments and reassessments (See also PC.01.02.01, EPs 1 and 4; PC.03.01.03, EPs 1 and 8)<br>- Any allergies to food<br>- Any allergies to medications<br>- Any conclusions or impressions drawn from the patient's medical history and physical examination<br>- Any diagnoses or conditions established during the patient's course of care, treatment, or services<br>- Any consultation reports<br>- Any progress notes<br>- Any medications ordered or prescribed<br>- Any medications administered, including the strength, dose, and route<br>- Any access site for medication, administration devices used, and rate of administration<br>- The patient's response to any medication administered<br>- Any adverse drug reactions<br>- Plans for care and any revisions to the plan for care (See also PC.01.03.01, EP 1)<br>- Orders for diagnostic and therapeutic tests and procedures and their results |
| **PCMH-4E** TAG: PCMH-4E | | LD.03.02.01 | **The organization uses data and information to guide decisions and to understand variation in the performance of processes supporting safety and quality.** |
| Support Self-Care and Shared Decision Making: In this section, the NCQA standards address supporting a patient's management of his or her care. This specifically includes: using an electronic health record to identify educational resources for more than 10% of | | EP 1 | Leaders set expectations for using data and information to improve the safety and quality of care, treatment, or services. |

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| the patients; providing or referring patients to educational resources and self-management tools; identifying, keeping a list of, and assessing community resources; and offering or referring patients to these external resources. NCQA standards also expect the use of shared decision-making aids. | | EP 2 | Leaders are able to describe how data and information are used to create a culture of safety and quality. |
| | | EP 3 | The organization uses processes to support systematic data and information use. |
| | | EP 4 | Leaders provide the resources needed for data and information use, including staff, equipment, and information systems. |
| | | EP 5 | The organization uses data and information in decision making that supports the safety and quality of care, treatment, or services. (See also PI.02.01.01, EP 8) |
| | | EP 6 | The organization uses data and information to identify and respond to internal and external changes in the environment. |
| | | EP 7 | Leaders evaluate how effectively data and information are used throughout the organization. |
| | | LD.04.04.01 | Leaders establish priorities for performance improvement. (Refer to the "Performance Improvement" [PI] chapter.) |
| | | EP 1 | Leaders set priorities for performance improvement activities and patient health outcomes. (See also PI.01.01.01, EPs 1 and 3) |
| | | EP 5 | For organizations that elect The Joint Commission Primary Care Medical Home option: Ongoing performance improvement occurs organizationwide for the purpose of demonstrably improving the quality and safety of care, treatment, or services. |
| | | PC.01.03.01 | The organization plans the patient's care. |
| | | EP 44 | For organizations that elect The Joint Commission Primary Care Medical Home option: Patient self-management goals are identified, agreed upon with the patient, and incorporated into the patient's treatment plan. (Refer to RI.01.02.01, EP 1) |
| | | PC.02.03.01 | The organization provides patient education and training based on each patient's needs and abilities. |
| | | EP 28 | For organizations that elect The Joint Commission Primary Care Medical Home option: The primary care clinician and the interdisciplinary team educate the patient on self-management tools and techniques based on the patient's individual needs. |

| Number PCMH-4E | Description of NCQA Standards | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance |
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| | | PC.02.04.03 | **For organizations that elect The Joint Commission Primary Care Medical Home option: The organization is accountable for providing patient care. (Refer to Standard PC.02.04.05)** |
| | | EP 1 | For organizations that elect The Joint Commission Primary Care Medical Home option: The organization manages transitions in care and provides or facilitates patient access to care, treatment, or services including the following:<br>- Acute care<br>- Management of chronic care<br>- Preventive services that are age- and gender-specific<br>- Behavioral health needs<br>- Oral health care<br>- Optical health<br>- Urgent and emergent care<br>- Substance abuse treatment<br>- Rehabilitative services and equipment (examples include physical, occupational, and speech therapy and equipment such as orthotics, prosthetics, and wheelchairs)<br>Note: Some of these services may be obtained through the use of community resources as available, or in collaboration with other organizations. |
| | | EP 5 | For organizations that elect The Joint Commission Primary Care Medical Home option: The organization uses a certified electronic health record system to do the following:<br>- Support the continuity of care, and the provision of comprehensive and coordinated care, treatment, or services<br>- Document and track care, treatment, or services<br>- Support disease management, including providing patient education<br>- Support preventive care, treatment, or services<br>- Create reports for internal use<br>- Create and submit reports to external providers and organizations, including public health agencies, disease-specific registries, immunization registries, and other specialized registries<br>- Facilitate electronic exchange of information among providers<br>- Support performance improvement<br>- Identify and provide patient-specific education resources |
| | | PC.02.04.05 | **For organizations that elect The Joint Commission Primary Care Medical Home option: The primary care clinician and the interdisciplinary team work in partnership with the patient to support the continuity of care and the provision of comprehensive and coordinated care, treatment, or services.** |
| | | EP 2 | For organizations that elect The Joint Commission Primary Care Medical Home option: The members of the interdisciplinary team provide comprehensive and coordinated care, treatment, or services and maintain the continuity of care.<br>Note: The provision of care may include making internal and external referrals. |
| | | EP 5 | For organizations that elect The Joint Commission Primary Care Medical Home option: The primary care clinician is responsible for making certain that the interdisciplinary team provides comprehensive and coordinated care, treatment, or services and maintains the continuity of care as described in EPs 6 through 13.<br>Note: Coordination of care may include making internal and external referrals, developing and evaluating treatment plans, and resolving conflicts in the provision of care. |

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| Number<br>PCMH-4E | Description of NCQA Standards | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance |
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| | | EP 6 | For organizations that elect The Joint Commission Primary Care Medical Home option: When a patient is referred to an external organization, the interdisciplinary team reviews and tracks the care provided to the patient. |
| | | EP 9 | For organizations that elect The Joint Commission Primary Care Medical Home option: The interdisciplinary team works in partnership with the patient to achieve planned outcomes. |
| | | EP 11 | For organizations that elect The Joint Commission Primary Care Medical Home option: The interdisciplinary team involves the patient in the development of his or her treatment plan. |
| | | PI.01.01.01 | The organization collects data to monitor its performance. |
| | | EP 1 | The leaders set priorities for data collection. (See also LD.04.04.01, EP 1) |
| | | EP 2 | The organization identifies the frequency for data collection. |
| | | EP 3 | The organization collects data on the following: Performance improvement priorities identified by leaders. (See also LD.04.04.01, EP 1) |
| | | PI.02.01.01 | The organization compiles and analyzes data. |
| | | EP 1 | The organization compiles data in usable formats. |
| | | EP 2 | The organization identifies the frequency for data analysis. |
| | | EP 4 | The organization analyzes and compares internal data over time to identify levels of performance, patterns, trends, and variations. |
| | | EP 5 | The organization compares data with external sources, when available. |
| | | EP 8 | The organization uses the results of data analysis to identify improvement opportunities. (See also LD.03.02.01, EP 5; PI.03.01.01, EP 1) |
| | | PI.03.01.01 | The organization improves performance. |
| | | EP 1 | Leaders prioritize the identified improvement opportunities. (See also PI.02.01.01, EP 8) |
| | | EP 2 | The organization takes action on improvement priorities. |
| | | EP 3 | The organization evaluates actions to confirm that they resulted in improvements. |
| | | EP 4 | The organization takes action when it does not achieve or sustain planned improvements. |
| | | RC.02.01.01 | The clinical record contains information that reflects the patient's care, treatment, or services. |
| | | EP 29 | For organizations that elect The Joint Commission Primary Care Medical Home option: The clinical record includes the patient's self-management goals and the patient's progress toward achieving those goals. |

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| Number | Description of NCQA Standards | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance |
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| **PCMH-5A** | | | |

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| **PCMH-5A** | **TAG: PCMH-5A** | **LD.03.02.01** | **The organization uses data and information to guide decisions and to understand variation in the performance of processes supporting safety and quality.** |
| Test Tracking and Follow-Up: In this section, the NCQA standards address monitoring all lab and imaging tests and following up on overdue results. NCQA standards state that electronic systems are used to order lab and imaging tests and obtain results, and that the relevant care providers are informed of any lab or imaging results that are not normal. NCQA also states that patients are notified of both normal and abnormal results. | | **EP 1** | Leaders set expectations for using data and information to improve the safety and quality of care, treatment, or services. |
| | | **EP 2** | Leaders are able to describe how data and information are used to create a culture of safety and quality. |
| The NCQA requirements also cover monitoring hearing and blood-spot screening done on newborns in hospitals. Imaging results and at least 40% of lab results are placed in the patient's health record electronically. NCQA requires written procedures for the activities identified above, and demonstration that the organization follows those procedures. | | **EP 3** | The organization uses processes to support systematic data and information use. |
| | | **EP 4** | Leaders provide the resources needed for data and information use, including staff, equipment, and information systems. |
| | | **EP 5** | The organization uses data and information in decision making that supports the safety and quality of care, treatment, or services. (See also PI.02.01.01, EP 8) |
| | | **EP 6** | The organization uses data and information to identify and respond to internal and external changes in the environment. |
| | | **EP 7** | Leaders evaluate how effectively data and information are used throughout the organization. |
| | | **LD.04.04.01** | **Leaders establish priorities for performance improvement. (Refer to the "Performance Improvement" [PI] chapter.)** |
| | | **EP 1** | Leaders set priorities for performance improvement activities and patient health outcomes. (See also PI.01.01.01, EPs 1 and 3) |
| | | **EP 5** | For organizations that elect The Joint Commission Primary Care Medical Home option: Ongoing performance improvement occurs organizationwide for the purpose of demonstrably improving the quality and safety of care, treatment, or services. |
| | | **PC.02.01.01** | **The organization provides care, treatment, or services for each patient.** |
| | | **EP 18** | For organizations that elect The Joint Commission Primary Care Medical Home option: The primary care medical home uses a computerized order entry system for at least 30% of laboratory orders. |
| | | **EP 19** | For organizations that elect The Joint Commission Primary Care Medical Home option: The primary care medical home uses a computerized order entry system for at least 30% of radiology orders. |
| | | **PC.02.01.05** | **The organization provides interdisciplinary, collaborative care, treatment, or services.** |
| | | **EP 1** | Care, treatment, or services are provided to the patient in an interdisciplinary, collaborative manner. |
| | | **PC.02.02.01** | **The organization coordinates the patient's care, treatment, or services based on the patient's needs.** |
| | | **EP 1** | The organization has a process to receive or share patient information when the patient is referred to other internal or external providers of care, treatment, or services. (See also PC.04.02.01, EP 1) |
| | | **EP 2** | The organization's process for hand-off communication provides for the opportunity for discussion between the giver and receiver of patient information.<br>Note: Such information may include the patient's condition, care, treatment, medications, services, and any recent or anticipated changes to any of these. |

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| Number PCMH-5A | Description of NCQA Standards | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance |
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| | | EP 3 | The organization coordinates the patient's care, treatment, or services. Note: Coordination involves resolving scheduling conflicts and duplication of care, treatment, or services. |
| | | EP 10 | When the organization uses external resources to meet the patient's needs, it participates in coordinating the patient's care, treatment, or services. |
| | | EP 17 | The organization coordinates care, treatment, or services within a time frame that meets the patient's needs. |
| | | PC.02.04.03 | **For organizations that elect The Joint Commission Primary Care Medical Home option: The organization is accountable for providing patient care. (Refer to Standard PC.02.04.05)** |
| | | EP 5 | For organizations that elect The Joint Commission Primary Care Medical Home option: The organization uses a certified electronic health record system to do the following: <br> - Support the continuity of care, and the provision of comprehensive and coordinated care, treatment, or services <br> - Document and track care, treatment, or services <br> - Support disease management, including providing patient education <br> - Support preventive care, treatment, or services <br> - Create reports for internal use <br> - Create and submit reports to external providers and organizations, including public health agencies, disease-specific registries, immunization registries, and other specialized registries <br> - Facilitate electronic exchange of information among providers <br> - Support performance improvement <br> - Identify and provide patient-specific education resources |
| | | PC.02.04.05 | **For organizations that elect The Joint Commission Primary Care Medical Home option: The primary care clinician and the interdisciplinary team work in partnership with the patient to support the continuity of care and the provision of comprehensive and coordinated care, treatment, or services.** |
| | | EP 6 | For organizations that elect The Joint Commission Primary Care Medical Home option: When a patient is referred to an external organization, the interdisciplinary team reviews and tracks the care provided to the patient. |
| | | EP 7 | For organizations that elect The Joint Commission Primary Care Medical Home option: The interdisciplinary team acts on recommendations from internal and external referrals for additional care, treatment, or services. |
| | | EP 9 | For organizations that elect The Joint Commission Primary Care Medical Home option: The interdisciplinary team works in partnership with the patient to achieve planned outcomes. |
| | | PI.01.01.01 | **The organization collects data to monitor its performance.** |
| | | EP 1 | The leaders set priorities for data collection. (See also LD.04.04.01, EP 1) |
| | | EP 2 | The organization identifies the frequency for data collection. |
| | | EP 3 | The organization collects data on the following: Performance improvement priorities identified by leaders. (See also LD.04.04.01, EP 1) |

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| **Number** **PCMH-5A** | **Description of NCQA Standards** | **Joint Commission Equivalent Number** | **Joint Commission Standards and Elements of Performance** |
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| | | PI.02.01.01 | **The organization compiles and analyzes data.** |
| | | EP 1 | The organization compiles data in usable formats. |
| | | EP 2 | The organization identifies the frequency for data analysis. |
| | | EP 4 | The organization analyzes and compares internal data over time to identify levels of performance, patterns, trends, and variations. |
| | | EP 5 | The organization compares data with external sources, when available. |
| | | EP 8 | The organization uses the results of data analysis to identify improvement opportunities. (See also LD.03.02.01, EP 5; PI.03.01.01, EP 1) |
| | | PI.03.01.01 | **The organization improves performance.** |
| | | EP 1 | Leaders prioritize the identified improvement opportunities. (See also PI.02.01.01, EP 8) |
| | | EP 2 | The organization takes action on improvement priorities. |
| | | EP 3 | The organization evaluates actions to confirm that they resulted in improvements. |
| | | EP 4 | The organization takes action when it does not achieve or sustain planned improvements. |
| | | RC.01.01.01 | **The organization maintains complete and accurate clinical records.** |
| | | EP 1 | The organization defines the components of a complete clinical record. |
| | | EP 5 | The clinical record contains the information needed to support the patient's diagnosis and condition. |
| | | EP 7 | The clinical record contains information that documents the course and result of the patient's care, treatment, or services. |
| | | EP 9 | The organization uses standardized formats to document the care, treatment, or services it provides to patients. |
| | | EP 13 | The organization assembles or makes available in a summary in the clinical record all information required to provide patient care, treatment, or services. (See also MM.01.01.01, EP 1) |
| | | RC.01.03.01 | **Documentation in the clinical record is entered in a timely manner.** |
| | | EP 1 | The organization has a written policy that requires timely entry of information into the clinical record. (See also PC.01.02.03, EP 1) |
| | | EP 2 | The organization defines the time frame for completion of the clinical record. |
| | | EP 3 | The organization implements its policy requiring timely entry of information into the patient's clinical record. (See also PC.01.02.03, EP 2) |

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| | | **RC.01.04.01** | **The organization audits its clinical records.** |
| | | **EP 1** | According to a time frame it defines, the organization reviews its clinical records to confirm that the required information is present, accurate, legible, authenticated, and completed on time. |
| | | **RC.02.01.01** | **The clinical record contains information that reflects the patient's care, treatment, or services.** |
| | | **EP 2** | The clinical record contains the following clinical information:<br>- The patient's initial diagnosis, diagnostic impression(s), or condition(s)<br>- Any findings of assessments and reassessments (See also PC.01.02.01, EPs 1 and 4; PC.03.01.03, EPs 1 and 8)<br>- Any allergies to food<br>- Any allergies to medications<br>- Any conclusions or impressions drawn from the patient's medical history and physical examination<br>- Any diagnoses or conditions established during the patient's course of care, treatment, or services<br>- Any consultation reports<br>- Any progress notes<br>- Any medications ordered or prescribed<br>- Any medications administered, including the strength, dose, and route<br>- Any access site for medication, administration devices used, and rate of administration<br>- The patient's response to any medication administered<br>- Any adverse drug reactions<br>- Plans for care and any revisions to the plan for care (See also PC.01.03.01, EP 1)<br>- Orders for diagnostic and therapeutic tests and procedures and their results |
| **PCMH-5B**        TAG: PCMH-5B | | **LD.03.02.01** | **The organization uses data and information to guide decisions and to understand variation in the performance of processes supporting safety and quality.** |
| Referral Tracking and Follow-Up: In this section, the NCQA standards address activities related to referrals, specifically that the organization provides the clinician with the reason for referral and relevant patient information; establishes timeframes for receiving reports and monitors the status of referrals; and creates agreements with specialists when co-management of a patient is needed (this is documented in the patient's health record). NCQA also requires that the organization obtains information from patients about self-referral, and acquires those results, and exchanges information electronically with other clinicians. The NCQA also requires an electronic summary of care provided is placed in more than half of the records of patients who were referred. | | **EP 1** | Leaders set expectations for using data and information to improve the safety and quality of care, treatment, or services. |
| | | **EP 2** | Leaders are able to describe how data and information are used to create a culture of safety and quality. |
| | | **EP 3** | The organization uses processes to support systematic data and information use. |
| | | **EP 4** | Leaders provide the resources needed for data and information use, including staff, equipment, and information systems. |
| | | **EP 5** | The organization uses data and information in decision making that supports the safety and quality of care, treatment, or services. (See also PI.02.01.01, EP 8) |
| | | **EP 6** | The organization uses data and information to identify and respond to internal and external changes in the environment. |
| | | **EP 7** | Leaders evaluate how effectively data and information are used throughout the organization. |
| | | **LD.04.03.09** | **Care, treatment, or services provided through contractual agreement are provided safely and effectively.** |
| | | **EP 1** | Clinical leaders have an opportunity to provide advice about the sources of clinical services to be provided through contractual agreement. |

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| Number<br>PCMH-5B | Description of NCQA Standards | Joint Commission<br>Equivalent Number | Joint Commission Standards and Elements of Performance |
|---|---|---|---|
| | | EP 2 | The organization describes, in writing, the nature and scope of services provided through contractual agreements. |
| | | EP 3 | Designated leaders approve contractual agreements. |
| | | EP 4 | Leaders monitor contracted services by establishing expectations for the performance of the contracted services.<br>Note: When the organization contracts with another accredited organization for patient care, treatment, or services to be provided off site, it can do the following:<br>- Verify that all licensed independent practitioners who will be providing patient care, treatment, or services have appropriate privileges by obtaining, for example, a copy of the list of privileges.<br>- Specify in the written agreement that the contracted organization will ensure that all contracted services provided by licensed independent practitioners will be within the scope of their privileges. |
| | | EP 5 | Leaders monitor contracted services by communicating the expectations in writing to the provider of the contracted services.<br>Note: A written description of the expectations can be provided either as part of the written agreement or in addition to it. |
| | | EP 6 | Leaders monitor contracted services by evaluating these services in relation to the organization's expectations. |
| | | EP 7 | Leaders take steps to improve contracted services that do not meet expectations.<br>Note: Examples of improvement efforts to consider include the following:<br>- Increase monitoring of the contracted services.<br>- Provide consultation or training to the contractor.<br>- Renegotiate the contract terms.<br>- Apply defined penalties.<br>- Terminate the contract. |
| | | LD.04.04.01 | **Leaders establish priorities for performance improvement. (Refer to the "Performance Improvement" [PI] chapter.)** |
| | | EP 1 | Leaders set priorities for performance improvement activities and patient health outcomes. (See also PI.01.01.01, EPs 1 and 3) |
| | | EP 5 | For organizations that elect The Joint Commission Primary Care Medical Home option: Ongoing performance improvement occurs organizationwide for the purpose of demonstrably improving the quality and safety of care, treatment, or services. |
| | | PC.02.02.01 | **The organization coordinates the patient's care, treatment, or services based on the patient's needs.** |
| | | EP 1 | The organization has a process to receive or share patient information when the patient is referred to other internal or external providers of care, treatment, or services. (See also PC.04.02.01, EP 1) |
| | | EP 10 | When the organization uses external resources to meet the patient's needs, it participates in coordinating the patient's care, treatment, or services. |

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| Number PCMH-5B | Description of NCQA Standards | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance |
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| | | **PC.02.04.03** | **For organizations that elect The Joint Commission Primary Care Medical Home option: The organization is accountable for providing patient care. (Refer to Standard PC.02.04.05)** |
| | | EP 5 | For organizations that elect The Joint Commission Primary Care Medical Home option: The organization uses a certified electronic health record system to do the following:<br>- Support the continuity of care, and the provision of comprehensive and coordinated care, treatment, or services<br>- Document and track care, treatment, or services<br>- Support disease management, including providing patient education<br>- Support preventive care, treatment, or services<br>- Create reports for internal use<br>- Create and submit reports to external providers and organizations, including public health agencies, disease-specific registries, immunization registries, and other specialized registries<br>- Facilitate electronic exchange of information among providers<br>- Support performance improvement<br>- Identify and provide patient-specific education resources |
| | | **PC.02.04.05** | **For organizations that elect The Joint Commission Primary Care Medical Home option: The primary care clinician and the interdisciplinary team work in partnership with the patient to support the continuity of care and the provision of comprehensive and coordinated care, treatment, or services.** |
| | | EP 2 | For organizations that elect The Joint Commission Primary Care Medical Home option: The members of the interdisciplinary team provide comprehensive and coordinated care, treatment, or services and maintain the continuity of care.<br>Note: The provision of care may include making internal and external referrals. |
| | | EP 6 | For organizations that elect The Joint Commission Primary Care Medical Home option: When a patient is referred to an external organization, the interdisciplinary team reviews and tracks the care provided to the patient. |
| | | EP 7 | For organizations that elect The Joint Commission Primary Care Medical Home option: The interdisciplinary team acts on recommendations from internal and external referrals for additional care, treatment, or services. |
| | | **PI.01.01.01** | **The organization collects data to monitor its performance.** |
| | | EP 1 | The leaders set priorities for data collection. (See also LD.04.04.01, EP 1) |
| | | EP 2 | The organization identifies the frequency for data collection. |
| | | EP 3 | The organization collects data on the following: Performance improvement priorities identified by leaders. (See also LD.04.04.01, EP 1) |
| | | **PI.02.01.01** | **The organization compiles and analyzes data.** |
| | | EP 1 | The organization compiles data in usable formats. |
| | | EP 2 | The organization identifies the frequency for data analysis. |
| | | EP 4 | The organization analyzes and compares internal data over time to identify levels of performance, patterns, trends, and variations. |

| Number PCMH-5B | Description of NCQA Standards | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance |
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| | | EP 5 | The organization compares data with external sources, when available. |
| | | EP 8 | The organization uses the results of data analysis to identify improvement opportunities. (See also LD.03.02.01, EP 5; PI.03.01.01, EP 1) |
| | | PI.03.01.01 | **The organization improves performance.** |
| | | EP 1 | Leaders prioritize the identified improvement opportunities. (See also PI.02.01.01, EP 8) |
| | | EP 2 | The organization takes action on improvement priorities. |
| | | EP 3 | The organization evaluates actions to confirm that they resulted in improvements. |
| | | EP 4 | The organization takes action when it does not achieve or sustain planned improvements. |
| | | RC.01.01.01 | **The organization maintains complete and accurate clinical records.** |
| | | EP 1 | The organization defines the components of a complete clinical record. |
| | | EP 5 | The clinical record contains the information needed to support the patient's diagnosis and condition. |
| | | EP 6 | The clinical record contains the information needed to justify the patient's care, treatment, or services. |
| | | EP 7 | The clinical record contains information that documents the course and result of the patient's care, treatment, or services. |
| | | EP 14 | When needed to provide care, summaries of treatment and other documents provided by the organization are forwarded to other care providers. |
| | | RI.01.04.03 | **For organizations that elect The Joint Commission Primary Care Medical Home option: The organization provides patients with information about the functions and services of the primary care medical home.** |
| | | EP 3 | For organizations that elect The Joint Commission Primary Care Medical Home option: The organization provides information to the patient about the following:<br>- Selection of a primary care clinician<br>- Involvement in his or her own treatment plan<br>- Management of referrals<br>- Coordination of care<br>- Collaboration with patient-selected clinicians who provide specialty care or second opinions<br>- Communication with the primary care medical home about health care concerns or other information |
| **PCMH-5C**      TAG: PCMH-5C | | IM.02.01.01 | **The organization protects the privacy of health information.** |
| Coordinate Care Transitions: In this section, the NCQA standards address identifying patients who were admitted to a hospital or made an ED visit, sharing patient information with the hospital or ED, and exchanging information for admitted patients. NCQA requires organizations to regularly obtain discharge summaries and contact the patient in a timely manner for follow up care.<br>NCQA also expects the organization to exchange information electronically with other organizations, and provide a care summary to other organizations when there are transitions in care, for more than half of the patients. The organization works with the patient to create a care plan when the patient moves from pediatric to adult care. | | EP 1 | The organization has a written policy addressing the privacy of health information. (See also RI.01.01.01, EP 7)<br>Note: For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The organization must comply with Section 45 of the Code of Federal Regulations parts 160 and 164, generally known as the Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rules. |

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| | | **EP 2** | The organization implements its policy on the privacy of health information. (See also RI.01.01.01, EP 7)<br>Note: For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The organization must comply with Section 45 of the Code of Federal Regulations parts 160 and 164, generally known as the Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rules. |
| | | **EP 3** | The organization uses health information only for purposes permitted by law and regulation or as further limited by its policy on privacy. (See also MM.01.01.01, EP 1; RI.01.01.01, EP 7)<br>Note: For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The organization must comply with Section 45 of the Code of Federal Regulations parts 160 and 164, generally known as the Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rules. |
| | | **EP 4** | The organization discloses health information only as authorized by the patient or as otherwise consistent with law and regulation. (See also RI.01.01.01, EP 7)<br>Note: For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The organization must comply with Section 45 of the Code of Federal Regulations parts 160 and 164, generally known as the Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rules. |
| | | **EP 5** | The organization monitors compliance with its policy on the privacy of health information. (See also RI.01.01.01, EP 7)<br>Note: For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The organization must comply with Section 45 of the Code of Federal Regulations parts 160 and 164, generally known as the Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rules. |
| | | **IM.02.01.03** | **The organization maintains the security and integrity of health information.** |
| | | **EP 1** | The organization has a written policy that addresses the security of health information, including access, use, and disclosure.<br>Note: For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The organization must comply with Section 45 of the Code of Federal Regulations parts 160 and 164, generally known as the Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rules. |
| | | **EP 2** | The organization has a written policy addressing the integrity of health information against loss, damage, unauthorized alteration, unintentional change, and accidental destruction. |
| | | **EP 3** | The organization has a written policy addressing the intentional destruction of health information. |
| | | **EP 4** | The organization has a written policy that defines when and by whom the removal of health information is permitted.<br>Note: Removal refers to those actions that place health information outside the organization's control. |
| | | **EP 5** | The organization protects against unauthorized access, use, and disclosure of health information.<br>Note: For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The organization must comply with Section 45 of the Code of Federal Regulations parts 160 and 164, generally known as the Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rules. |
| | | **EP 6** | The organization protects health information against loss, damage, unauthorized alteration, unintentional change, and accidental destruction. |

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| | | EP 7 | The organization controls the intentional destruction of health information. |
| | | EP 8 | The organization monitors compliance with its policies on the security and integrity of health information. Note: For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The organization must comply with Section 45 of the Code of Federal Regulations parts 160 and 164, generally known as the Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rules. |
| | | **LD.03.02.01** | **The organization uses data and information to guide decisions and to understand variation in the performance of processes supporting safety and quality.** |
| | | EP 1 | Leaders set expectations for using data and information to improve the safety and quality of care, treatment, or services. |
| | | EP 2 | Leaders are able to describe how data and information are used to create a culture of safety and quality. |
| | | EP 3 | The organization uses processes to support systematic data and information use. |
| | | EP 4 | Leaders provide the resources needed for data and information use, including staff, equipment, and information systems. |
| | | EP 5 | The organization uses data and information in decision making that supports the safety and quality of care, treatment, or services. (See also PI.02.01.01, EP 8) |
| | | EP 6 | The organization uses data and information to identify and respond to internal and external changes in the environment. |
| | | EP 7 | Leaders evaluate how effectively data and information are used throughout the organization. |
| | | **LD.04.01.05** | **The organization effectively manages its programs, services, or sites.** |
| | | EP 11 | For organizations that elect The Joint Commission Primary Care Medical Home option: The organization evaluates how effectively the primary care clinician and the interdisciplinary team work in partnership with the patient to support the continuity of care and the provision of comprehensive and coordinated care, treatment, or services. |
| | | **LD.04.04.01** | **Leaders establish priorities for performance improvement. (Refer to the "Performance Improvement" [PI] chapter.)** |
| | | EP 1 | Leaders set priorities for performance improvement activities and patient health outcomes. (See also PI.01.01.01, EPs 1 and 3) |
| | | EP 5 | For organizations that elect The Joint Commission Primary Care Medical Home option: Ongoing performance improvement occurs organizationwide for the purpose of demonstrably improving the quality and safety of care, treatment, or services. |

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| | | **PC.01.02.01** | **The organization assesses and reassesses its patients.** |
| | | EP 1 | The organization defines, in writing, the scope and content of screening, assessment, and reassessment information it collects. (See also RC.02.01.01, EP 2)<br>Note 1: The scope and content are dependent on whether the patient is making an initial or follow-up visit and whether the assessment is focused or comprehensive.<br>Note 2: In defining the scope and content of the information it collects, the organization may want to consider information that it can obtain, with the patient's consent, from the patient's family and the patient's other care providers, as well as information conveyed on any medical jewelry. |
| | | EP 23 | During patient assessments and reassessments, the organization gathers the data and information it requires. |
| | | **PC.02.04.03** | **For organizations that elect The Joint Commission Primary Care Medical Home option: The organization is accountable for providing patient care. (Refer to Standard PC.02.04.05)** |
| | | EP 5 | For organizations that elect The Joint Commission Primary Care Medical Home option: The organization uses a certified electronic health record system to do the following:<br>- Support the continuity of care, and the provision of comprehensive and coordinated care, treatment, or services<br>- Document and track care, treatment, or services<br>- Support disease management, including providing patient education<br>- Support preventive care, treatment, or services<br>- Create reports for internal use<br>- Create and submit reports to external providers and organizations, including public health agencies, disease-specific registries, immunization registries, and other specialized registries<br>- Facilitate electronic exchange of information among providers<br>- Support performance improvement<br>- Identify and provide patient-specific education resources |
| | | **PC.02.04.05** | **For organizations that elect The Joint Commission Primary Care Medical Home option: The primary care clinician and the interdisciplinary team work in partnership with the patient to support the continuity of care and the provision of comprehensive and coordinated care, treatment, or services.** |
| | | EP 9 | For organizations that elect The Joint Commission Primary Care Medical Home option: The interdisciplinary team works in partnership with the patient to achieve planned outcomes. |
| | | EP 11 | For organizations that elect The Joint Commission Primary Care Medical Home option: The interdisciplinary team involves the patient in the development of his or her treatment plan. |
| | | **PC.04.01.03** | **The organization discharges or transfers the patient based on his or her assessed needs and the organization's ability to meet those needs.** |
| | | EP 2 | The organization identifies any needs the patient may have for continuing psychosocial or physical care. |
| | | EP 3 | The patient, the patient's family, licensed independent practitioners, physicians, and staff involved in the patient's care, treatment, or services participate in planning the patient's discharge or transfer. |
| | | EP 4 | Prior to discharge, the organization arranges or assists in arranging the services required by the patient after discharge in order to meet his or her ongoing needs for care and services. |

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| Number<br>PCMH-5C | Description of NCQA Standards | Joint Commission<br>Equivalent Number | Joint Commission Standards and Elements of Performance |
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| | | PC.04.01.05 | **Before the organization discharges or transfers a patient, it informs and educates the patient about his or her follow-up care, treatment, or services.** |
| | | EP 1 | When the organization determines the patient's needs at the end of an episode of care, or at discharge or transfer, it promptly shares this information with the patient. |
| | | EP 7 | The organization educates the patient about how to obtain any continuing care, treatment, or services that he or she will need. |
| | | EP 8 | The organization provides written instructions at the end of an episode of care or at discharge in a manner that the patient and/or the patient's family or caregiver can understand. (See also RI.01.01.03, EP 1) |
| | | PC.04.02.01 | **When a patient is discharged or transferred, the organization gives information about the care, treatment, or services provided to the patient to other service providers who will provide the patient with care, treatment, or services.** |
| | | EP 1 | At the end of an episode of care, or at the time of the patient's discharge or transfer, the organization informs other service providers who will provide care, treatment, or services to the patient about the following:<br>- The reason for the patient's discharge or transfer<br>- The patient's physical and psychosocial status<br>- A summary of care, treatment, or services it provided to the patient<br>- The patient's progress toward goals<br>Note: This bullet is not applicable to settings that do not provide continuing care, such as urgent care and convenient care clinics.<br>- A list of community resources or referrals made or provided to the patient (See also PC.02.02.01, EP 1)<br>- A list of the patient's current medications, including any allergies to medications |
| | | PI.01.01.01 | **The organization collects data to monitor its performance.** |
| | | EP 1 | The leaders set priorities for data collection. (See also LD.04.04.01, EP 1) |
| | | EP 2 | The organization identifies the frequency for data collection. |
| | | EP 3 | The organization collects data on the following: Performance improvement priorities identified by leaders. (See also LD.04.04.01, EP 1) |
| | | PI.02.01.01 | **The organization compiles and analyzes data.** |
| | | EP 1 | The organization compiles data in usable formats. |
| | | EP 2 | The organization identifies the frequency for data analysis. |
| | | EP 4 | The organization analyzes and compares internal data over time to identify levels of performance, patterns, trends, and variations. |
| | | EP 5 | The organization compares data with external sources, when available. |
| | | EP 8 | The organization uses the results of data analysis to identify improvement opportunities. (See also LD.03.02.01, EP 5; PI.03.01.01, EP 1) |

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| | | **PI.03.01.01** | **The organization improves performance.** |
| | | EP 1 | Leaders prioritize the identified improvement opportunities. (See also PI.02.01.01, EP 8) |
| | | EP 2 | The organization takes action on improvement priorities. |
| | | EP 3 | The organization evaluates actions to confirm that they resulted in improvements. |
| | | EP 4 | The organization takes action when it does not achieve or sustain planned improvements. |
| | | **RC.01.01.01** | **The organization maintains complete and accurate clinical records.** |
| | | EP 7 | The clinical record contains information that documents the course and result of the patient's care, treatment, or services. |
| | | EP 13 | The organization assembles or makes available in a summary in the clinical record all information required to provide patient care, treatment, or services. (See also MM.01.01.01, EP 1) |
| | | EP 14 | When needed to provide care, summaries of treatment and other documents provided by the organization are forwarded to other care providers. |
| | | **RI.01.01.01** | **The organization respects patient rights.** |
| | | EP 7 | The organization respects the patient's right to privacy. (See also IM.02.01.01, EPs 1–5)<br>Note: This element of performance (EP) addresses a patient's personal privacy. For EPs addressing the privacy of a patient's health information, please refer to Standard IM.02.01.01. |
| **PCMH-6A**          TAG: PCMH-6A | | **LD.03.02.01** | **The organization uses data and information to guide decisions and to understand variation in the performance of processes supporting safety and quality.** |
| Measure Clinical Quality Performance: In this section, the NCQA standards address collecting data on preventive care (at least three measures), chronic or acute care (at least three measures), and utilization and cost (two measures). NCQA requires organizations to analyze data to identify whether there are differences in care provided to specific populations. | | EP 1 | Leaders set expectations for using data and information to improve the safety and quality of care, treatment, or services. |
| | | EP 2 | Leaders are able to describe how data and information are used to create a culture of safety and quality. |
| | | EP 3 | The organization uses processes to support systematic data and information use. |
| | | EP 4 | Leaders provide the resources needed for data and information use, including staff, equipment, and information systems. |
| | | EP 5 | The organization uses data and information in decision making that supports the safety and quality of care, treatment, or services. (See also PI.02.01.01, EP 8) |
| | | EP 6 | The organization uses data and information to identify and respond to internal and external changes in the environment. |
| | | EP 7 | Leaders evaluate how effectively data and information are used throughout the organization. |

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| | | LD.04.04.01 | **Leaders establish priorities for performance improvement. (Refer to the "Performance Improvement" [PI] chapter.)** |
| | | EP 1 | Leaders set priorities for performance improvement activities and patient health outcomes. (See also PI.01.01.01, EPs 1 and 3) |
| | | EP 5 | For organizations that elect The Joint Commission Primary Care Medical Home option: Ongoing performance improvement occurs organizationwide for the purpose of demonstrably improving the quality and safety of care, treatment, or services. |
| | | PI.01.01.01 | **The organization collects data to monitor its performance.** |
| | | EP 1 | The leaders set priorities for data collection. (See also LD.04.04.01, EP 1) |
| | | EP 2 | The organization identifies the frequency for data collection. |
| | | EP 3 | The organization collects data on the following: Performance improvement priorities identified by leaders. (See also LD.04.04.01, EP 1) |
| | | EP 40 | For organizations that elect The Joint Commission Primary Care Medical Home option: The organization collects data on the following: Disease management outcomes. |
| | | EP 41 | For organizations that elect The Joint Commission Primary Care Medical Home option: The organization collects data on the following: Patient access to care within time frames established by the organization. |
| | | PI.02.01.01 | **The organization compiles and analyzes data.** |
| | | EP 1 | The organization compiles data in usable formats. |
| | | EP 2 | The organization identifies the frequency for data analysis. |
| | | EP 4 | The organization analyzes and compares internal data over time to identify levels of performance, patterns, trends, and variations. |
| | | EP 5 | The organization compares data with external sources, when available. |
| | | EP 8 | The organization uses the results of data analysis to identify improvement opportunities. (See also LD.03.02.01, EP 5; PI.03.01.01, EP 1) |
| | | PI.03.01.01 | **The organization improves performance.** |
| | | EP 1 | Leaders prioritize the identified improvement opportunities. (See also PI.02.01.01, EP 8) |
| | | EP 2 | The organization takes action on improvement priorities. |
| | | EP 3 | The organization evaluates actions to confirm that they resulted in improvements. |
| | | EP 4 | The organization takes action when it does not achieve or sustain planned improvements. |
| **PCMH-6B**  TAG: PCMH-6B | Measure Resource Use and Care Coordination: In this section, the NCQA standards address collecting data from the patient (including patients from vulnerable groups) on his | LD.03.02.01 | **The organization uses data and information to guide decisions and to understand variation in the performance of processes supporting safety and quality.** |

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| or her experience with care in at least three of the following categories: access, communication, coordination, and care of the whole person. NCQA requires the organization uses the CAHPS survey instrument and qualitative methods to collect this information. | | EP 1 | Leaders set expectations for using data and information to improve the safety and quality of care, treatment, or services. |
| | | EP 2 | Leaders are able to describe how data and information are used to create a culture of safety and quality. |
| | | EP 3 | The organization uses processes to support systematic data and information use. |
| | | EP 4 | Leaders provide the resources needed for data and information use, including staff, equipment, and information systems. |
| | | EP 5 | The organization uses data and information in decision making that supports the safety and quality of care, treatment, or services. (See also PI.02.01.01, EP 8) |
| | | EP 6 | The organization uses data and information to identify and respond to internal and external changes in the environment. |
| | | EP 7 | Leaders evaluate how effectively data and information are used throughout the organization. |
| | | LD.04.04.01 | **Leaders establish priorities for performance improvement. (Refer to the "Performance Improvement" [PI] chapter.)** |
| | | EP 1 | Leaders set priorities for performance improvement activities and patient health outcomes. (See also PI.01.01.01, EPs 1 and 3) |
| | | EP 5 | For organizations that elect The Joint Commission Primary Care Medical Home option: Ongoing performance improvement occurs organizationwide for the purpose of demonstrably improving the quality and safety of care, treatment, or services. |
| | | PI.01.01.01 | **The organization collects data to monitor its performance.** |
| | | EP 1 | The leaders set priorities for data collection. (See also LD.04.04.01, EP 1) |
| | | EP 2 | The organization identifies the frequency for data collection. |
| | | EP 3 | The organization collects data on the following: Performance improvement priorities identified by leaders. (See also LD.04.04.01, EP 1) |
| | | EP 40 | For organizations that elect The Joint Commission Primary Care Medical Home option: The organization collects data on the following: Disease management outcomes. |
| | | PI.02.01.01 | **The organization compiles and analyzes data.** |
| | | EP 1 | The organization compiles data in usable formats. |
| | | EP 2 | The organization identifies the frequency for data analysis. |
| | | EP 4 | The organization analyzes and compares internal data over time to identify levels of performance, patterns, trends, and variations. |
| | | EP 5 | The organization compares data with external sources, when available. |

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| Number<br>PCMH-6B | Description of NCQA Standards | Joint Commission<br>Equivalent Number | Joint Commission Standards and Elements of Performance |
|---|---|---|---|
| | | **EP 8** | The organization uses the results of data analysis to identify improvement opportunities. (See also LD.03.02.01, EP 5; PI.03.01.01, EP 1) |
| | | **PI.03.01.01** | **The organization improves performance.** |
| | | **EP 1** | Leaders prioritize the identified improvement opportunities. (See also PI.02.01.01, EP 8) |
| | | **EP 2** | The organization takes action on improvement priorities. |
| | | **EP 3** | The organization evaluates actions to confirm that they resulted in improvements. |
| | | **EP 4** | The organization takes action when it does not achieve or sustain planned improvements. |
| | | **EP 11** | For organizations that elect The Joint Commission Primary Care Medical Home option: The organization uses the data it collects on the patient's perception of the safety and quality of care, treatment, or services to improve its performance. This data includes the following:<br>- Patient experience and satisfaction related to access to care, treatment, or services and communication<br>- Patient perception of the comprehensiveness of care, treatment, or services<br>- Patient perception of the coordination of care, treatment, or services<br>- Patient perception of the continuity of care, treatment, or services |
| **PCMH-6C**          TAG: PCMH-6C | | **LD.03.02.01** | **The organization uses data and information to guide decisions and to understand variation in the performance of processes supporting safety and quality.** |
| Measure Patient/Family Experience: In this section, the NCQA standards address collecting data from the patient on his or her experience with care in at least three of the following categories: access, communication, coordination, and care of the whole person. NCQA also requires using the CAHPS Clinician & Group survey instrument, obtaining feedback from patients of vulnerable populations, and using qualitative methods to collect this information. | | **EP 1** | Leaders set expectations for using data and information to improve the safety and quality of care, treatment, or services. |
| | | **EP 2** | Leaders are able to describe how data and information are used to create a culture of safety and quality. |
| | | **EP 3** | The organization uses processes to support systematic data and information use. |
| | | **EP 4** | Leaders provide the resources needed for data and information use, including staff, equipment, and information systems. |
| | | **EP 5** | The organization uses data and information in decision making that supports the safety and quality of care, treatment, or services. (See also PI.02.01.01, EP 8) |
| | | **EP 6** | The organization uses data and information to identify and respond to internal and external changes in the environment. |
| | | **EP 7** | Leaders evaluate how effectively data and information are used throughout the organization. |
| | | **LD.04.04.01** | **Leaders establish priorities for performance improvement. (Refer to the "Performance Improvement" [PI] chapter.)** |
| | | **EP 1** | Leaders set priorities for performance improvement activities and patient health outcomes. (See also PI.01.01.01, EPs 1 and 3) |
| | | **EP 5** | For organizations that elect The Joint Commission Primary Care Medical Home option: Ongoing performance improvement occurs organizationwide for the purpose of demonstrably improving the quality and safety of care, treatment, or services. |

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| Number<br>PCMH-6C | Description of NCQA Standards | Joint Commission<br>Equivalent Number | Joint Commission Standards and Elements of Performance |
|---|---|---|---|
| | | EP 24 | For organizations that elect The Joint Commission Primary Care Medical Home option: Leaders involve patients in performance improvement activities.<br>Note: Patient involvement may include activities such as participating on a quality committee. |
| | | PI.01.01.01 | **The organization collects data to monitor its performance.** |
| | | EP 1 | The leaders set priorities for data collection. (See also LD.04.04.01, EP 1) |
| | | EP 2 | The organization identifies the frequency for data collection. |
| | | EP 3 | The organization collects data on the following: Performance improvement priorities identified by leaders. (See also LD.04.04.01, EP 1) |
| | | PI.02.01.01 | **The organization compiles and analyzes data.** |
| | | EP 1 | The organization compiles data in usable formats. |
| | | EP 2 | The organization identifies the frequency for data analysis. |
| | | EP 4 | The organization analyzes and compares internal data over time to identify levels of performance, patterns, trends, and variations. |
| | | EP 5 | The organization compares data with external sources, when available. |
| | | EP 8 | The organization uses the results of data analysis to identify improvement opportunities. (See also LD.03.02.01, EP 5; PI.03.01.01, EP 1) |
| | | PI.03.01.01 | **The organization improves performance.** |
| | | EP 1 | Leaders prioritize the identified improvement opportunities. (See also PI.02.01.01, EP 8) |
| | | EP 2 | The organization takes action on improvement priorities. |
| | | EP 3 | The organization evaluates actions to confirm that they resulted in improvements. |
| | | EP 4 | The organization takes action when it does not achieve or sustain planned improvements. |
| | | EP 11 | For organizations that elect The Joint Commission Primary Care Medical Home option: The organization uses the data it collects on the patient's perception of the safety and quality of care, treatment, or services to improve its performance. This data includes the following:<br>- Patient experience and satisfaction related to access to care, treatment, or services and communication<br>- Patient perception of the comprehensiveness of care, treatment, or services<br>- Patient perception of the coordination of care, treatment, or services<br>- Patient perception of the continuity of care, treatment, or services |
| **PCMH-6D**          **TAG: PCMH-6D** | | LD.02.03.01 | **Leaders regularly communicate with each other on issues of safety and quality.** |
| Implement Continuous Quality Improvement*: In this section, the NCQA standards address using performance improvement methods to improve results from at least three measures from section A and one from section B. When there are disparities in care for certain populations, improvement efforts are initiated for at least one disparity. NCQA also requires that patients are involved in performance improvement activities. | | | |

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| Number<br>PCMH-6D | Description of NCQA Standards | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance |
|---|---|---|---|
| * denotes a requirement that NCQA says must be met | | EP 1 | Leaders discuss issues that affect the organization and the population(s) it serves, including the following:<br>- Performance improvement activities<br>- Reported safety and quality issues<br>- Proposed solutions and their impact on the organization's resources<br>- Reports on key quality measures and safety indicators<br>- Safety and quality issues specific to the population served<br>- Input from the population(s) served |
| | | LD.03.01.01 | **Leaders create and maintain a culture of safety and quality throughout the organization.** |
| | | EP 1 | Leaders regularly evaluate the culture of safety and quality. |
| | | LD.03.02.01 | **The organization uses data and information to guide decisions and to understand variation in the performance of processes supporting safety and quality.** |
| | | EP 1 | Leaders set expectations for using data and information to improve the safety and quality of care, treatment, or services. |
| | | EP 2 | Leaders are able to describe how data and information are used to create a culture of safety and quality. |
| | | EP 3 | The organization uses processes to support systematic data and information use. |
| | | EP 4 | Leaders provide the resources needed for data and information use, including staff, equipment, and information systems. |
| | | EP 5 | The organization uses data and information in decision making that supports the safety and quality of care, treatment, or services. (See also PI.02.01.01, EP 8) |
| | | EP 6 | The organization uses data and information to identify and respond to internal and external changes in the environment. |
| | | EP 7 | Leaders evaluate how effectively data and information are used throughout the organization. |
| | | LD.03.04.01 | **The organization communicates information related to safety and quality to those who need it, including staff, licensed independent practitioners, patients, families, and external interested parties.** |
| | | EP 1 | Communication processes foster the safety of the patient and the quality of care. |
| | | EP 2 | Leaders are able to describe how communication supports a culture of safety and quality. |
| | | EP 3 | Communication is designed to meet the needs of internal and external users. |
| | | EP 4 | Leaders provide the resources required for communication, based on the needs of patients, staff, and management. |
| | | EP 5 | Communication supports safety and quality throughout the organization. (See also LD.04.04.05, EPs 6 and 12) |
| | | EP 6 | When changes in the environment occur, the organization communicates those changes effectively. |
| | | EP 7 | Leaders evaluate the effectiveness of communication methods. |

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| Number PCMH-6D | Description of NCQA Standards | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance |
|---|---|---|---|
| | | **LD.04.04.01** | **Leaders establish priorities for performance improvement. (Refer to the "Performance Improvement" [PI] chapter.)** |
| | | EP 1 | Leaders set priorities for performance improvement activities and patient health outcomes. (See also PI.01.01.01, EPs 1 and 3) |
| | | EP 5 | For organizations that elect The Joint Commission Primary Care Medical Home option: Ongoing performance improvement occurs organizationwide for the purpose of demonstrably improving the quality and safety of care, treatment, or services. |
| | | EP 24 | For organizations that elect The Joint Commission Primary Care Medical Home option: Leaders involve patients in performance improvement activities. Note: Patient involvement may include activities such as participating on a quality committee. |
| | | **PI.01.01.01** | **The organization collects data to monitor its performance.** |
| | | EP 1 | The leaders set priorities for data collection. (See also LD.04.04.01, EP 1) |
| | | EP 2 | The organization identifies the frequency for data collection. |
| | | EP 3 | The organization collects data on the following: Performance improvement priorities identified by leaders. (See also LD.04.04.01, EP 1) |
| | | EP 40 | For organizations that elect The Joint Commission Primary Care Medical Home option: The organization collects data on the following: Disease management outcomes. |
| | | EP 41 | For organizations that elect The Joint Commission Primary Care Medical Home option: The organization collects data on the following: Patient access to care within time frames established by the organization. |
| | | EP 42 | For organizations that elect The Joint Commission Primary Care Medical Home option: The organization collects data on the following: <br>- Patient experience and satisfaction related to access to care, treatment, or services and communication <br>- Patient perception of the comprehensiveness of care, treatment, or services <br>- Patient perception of the coordination of care, treatment, or services <br>- Patient perception of the continuity of care, treatment, or services <br>(Refer to PI.01.01.01, EP 16) |
| | | **PI.02.01.01** | **The organization compiles and analyzes data.** |
| | | EP 1 | The organization compiles data in usable formats. |
| | | EP 2 | The organization identifies the frequency for data analysis. |
| | | EP 4 | The organization analyzes and compares internal data over time to identify levels of performance, patterns, trends, and variations. |
| | | EP 5 | The organization compares data with external sources, when available. |
| | | EP 8 | The organization uses the results of data analysis to identify improvement opportunities. (See also LD.03.02.01, EP 5; PI.03.01.01, EP 1) |

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| Number PCMH-6D | Description of NCQA Standards | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance |
|---|---|---|---|
| | | PI.03.01.01 | **The organization improves performance.** |
| | | EP 1 | Leaders prioritize the identified improvement opportunities. (See also PI.02.01.01, EP 8) |
| | | EP 2 | The organization takes action on improvement priorities. |
| | | EP 3 | The organization evaluates actions to confirm that they resulted in improvements. |
| | | EP 4 | The organization takes action when it does not achieve or sustain planned improvements. |
| | | EP 11 | For organizations that elect The Joint Commission Primary Care Medical Home option: The organization uses the data it collects on the patient's perception of the safety and quality of care, treatment, or services to improve its performance. This data includes the following:<br>- Patient experience and satisfaction related to access to care, treatment, or services and communication<br>- Patient perception of the comprehensiveness of care, treatment, or services<br>- Patient perception of the coordination of care, treatment, or services<br>- Patient perception of the continuity of care, treatment, or services |
| **PCMH-6E**      TAG: PCMH-6E | | LD.01.07.01 | **Individual leaders have the knowledge needed for their roles in the organization or they seek guidance to fulfill their roles.** |
| Demonstrate Continuous Quality Improvement: In this section, the NCQA standards address evaluating the effectiveness of processes by assessing results, the effectiveness of improvements, and achieving improved performance on two measures. | | EP 2 | Leaders are oriented to all of the following:<br>- The organization's mission and vision<br>- The organization's safety and quality goals<br>- The organization's structure and the decision-making process<br>- The development of the budget as well as the interpretation of the organization's financial statements<br>- The population(s) served by the organization and any issues related to that population(s)<br>- The individual and interdependent responsibilities and accountabilities of leaders as they relate to supporting the mission of the organization and to providing safe and quality care<br>- Applicable law and regulation |
| | | LD.02.03.01 | **Leaders regularly communicate with each other on issues of safety and quality.** |
| | | EP 1 | Leaders discuss issues that affect the organization and the population(s) it serves, including the following:<br>- Performance improvement activities<br>- Reported safety and quality issues<br>- Proposed solutions and their impact on the organization's resources<br>- Reports on key quality measures and safety indicators<br>- Safety and quality issues specific to the population served<br>- Input from the population(s) served |
| | | LD.03.01.01 | **Leaders create and maintain a culture of safety and quality throughout the organization.** |
| | | EP 1 | Leaders regularly evaluate the culture of safety and quality. |
| | | LD.03.02.01 | **The organization uses data and information to guide decisions and to understand variation in the performance of processes supporting safety and quality.** |
| | | EP 1 | Leaders set expectations for using data and information to improve the safety and quality of care, treatment, or services. |
| | | EP 2 | Leaders are able to describe how data and information are used to create a culture of safety and quality. |

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| Number PCMH-6E | Description of NCQA Standards | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance |
|---|---|---|---|
| | | EP 3 | The organization uses processes to support systematic data and information use. |
| | | EP 4 | Leaders provide the resources needed for data and information use, including staff, equipment, and information systems. |
| | | EP 5 | The organization uses data and information in decision making that supports the safety and quality of care, treatment, or services. (See also PI.02.01.01, EP 8) |
| | | EP 6 | The organization uses data and information to identify and respond to internal and external changes in the environment. |
| | | EP 7 | Leaders evaluate how effectively data and information are used throughout the organization. |
| | | LD.03.04.01 | The organization communicates information related to safety and quality to those who need it, including staff, licensed independent practitioners, patients, families, and external interested parties. |
| | | EP 1 | Communication processes foster the safety of the patient and the quality of care. |
| | | EP 2 | Leaders are able to describe how communication supports a culture of safety and quality. |
| | | EP 3 | Communication is designed to meet the needs of internal and external users. |
| | | EP 4 | Leaders provide the resources required for communication, based on the needs of patients, staff, and management. |
| | | EP 5 | Communication supports safety and quality throughout the organization. (See also LD.04.04.05, EPs 6 and 12) |
| | | EP 6 | When changes in the environment occur, the organization communicates those changes effectively. |
| | | EP 7 | Leaders evaluate the effectiveness of communication methods. |
| | | LD.04.04.01 | Leaders establish priorities for performance improvement. (Refer to the "Performance Improvement" [PI] chapter.) |
| | | EP 1 | Leaders set priorities for performance improvement activities and patient health outcomes. (See also PI.01.01.01, EPs 1 and 3) |
| | | EP 5 | For organizations that elect The Joint Commission Primary Care Medical Home option: Ongoing performance improvement occurs organizationwide for the purpose of demonstrably improving the quality and safety of care, treatment, or services. |
| | | PI.01.01.01 | The organization collects data to monitor its performance. |
| | | EP 1 | The leaders set priorities for data collection. (See also LD.04.04.01, EP 1) |
| | | EP 2 | The organization identifies the frequency for data collection. |
| | | EP 3 | The organization collects data on the following: Performance improvement priorities identified by leaders. (See also LD.04.04.01, EP 1) |

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| Number<br>PCMH-6E | Description of NCQA Standards | Joint Commission<br>Equivalent Number | Joint Commission Standards and Elements of Performance |
|---|---|---|---|
| | | **EP 40** | For organizations that elect The Joint Commission Primary Care Medical Home option: The organization collects data on the following: Disease management outcomes. |
| | | **EP 41** | For organizations that elect The Joint Commission Primary Care Medical Home option: The organization collects data on the following: Patient access to care within time frames established by the organization. |
| | | **EP 42** | For organizations that elect The Joint Commission Primary Care Medical Home option: The organization collects data on the following:<br>- Patient experience and satisfaction related to access to care, treatment, or services and communication<br>- Patient perception of the comprehensiveness of care, treatment, or services<br>- Patient perception of the coordination of care, treatment, or services<br>- Patient perception of the continuity of care, treatment, or services<br>(Refer to PI.01.01.01, EP 16) |
| | | **PI.02.01.01** | **The organization compiles and analyzes data.** |
| | | **EP 1** | The organization compiles data in usable formats. |
| | | **EP 2** | The organization identifies the frequency for data analysis. |
| | | **EP 4** | The organization analyzes and compares internal data over time to identify levels of performance, patterns, trends, and variations. |
| | | **EP 5** | The organization compares data with external sources, when available. |
| | | **EP 8** | The organization uses the results of data analysis to identify improvement opportunities. (See also LD.03.02.01, EP 5; PI.03.01.01, EP 1) |
| | | **PI.03.01.01** | **The organization improves performance.** |
| | | **EP 1** | Leaders prioritize the identified improvement opportunities. (See also PI.02.01.01, EP 8) |
| | | **EP 2** | The organization takes action on improvement priorities. |
| | | **EP 3** | The organization evaluates actions to confirm that they resulted in improvements. |
| | | **EP 4** | The organization takes action when it does not achieve or sustain planned improvements. |
| | | **EP 11** | For organizations that elect The Joint Commission Primary Care Medical Home option: The organization uses the data it collects on the patient's perception of the safety and quality of care, treatment, or services to improve its performance. This data includes the following:<br>- Patient experience and satisfaction related to access to care, treatment, or services and communication<br>- Patient perception of the comprehensiveness of care, treatment, or services<br>- Patient perception of the coordination of care, treatment, or services<br>- Patient perception of the continuity of care, treatment, or services |
| **PCMH-6F**        TAG: PCMH-6F | | **LD.01.07.01** | **Individual leaders have the knowledge needed for their roles in the organization or they seek guidance to fulfill their roles.** |
| Report Performance: In this section, the NCQA standards address reporting measures electronically to CMS, data to immunization registries, and syndrome information to public health agencies. | | | |

| Number<br>PCMH-6F | Description of NCQA Standards | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance |
|---|---|---|---|
| | | **EP 2** | Leaders are oriented to all of the following:<br>- The organization's mission and vision<br>- The organization's safety and quality goals<br>- The organization's structure and the decision-making process<br>- The development of the budget as well as the interpretation of the organization's financial statements<br>- The population(s) served by the organization and any issues related to that population(s)<br>- The individual and interdependent responsibilities and accountabilities of leaders as they relate to supporting the mission of the organization and to providing safe and quality care<br>- Applicable law and regulation |
| | | **LD.02.03.01** | **Leaders regularly communicate with each other on issues of safety and quality.** |
| | | **EP 1** | Leaders discuss issues that affect the organization and the population(s) it serves, including the following:<br>- Performance improvement activities<br>- Reported safety and quality issues<br>- Proposed solutions and their impact on the organization's resources<br>- Reports on key quality measures and safety indicators<br>- Safety and quality issues specific to the population served<br>- Input from the population(s) served |
| | | **LD.03.01.01** | **Leaders create and maintain a culture of safety and quality throughout the organization.** |
| | | **EP 1** | Leaders regularly evaluate the culture of safety and quality. |
| | | **LD.03.02.01** | **The organization uses data and information to guide decisions and to understand variation in the performance of processes supporting safety and quality.** |
| | | **EP 1** | Leaders set expectations for using data and information to improve the safety and quality of care, treatment, or services. |
| | | **EP 2** | Leaders are able to describe how data and information are used to create a culture of safety and quality. |
| | | **EP 3** | The organization uses processes to support systematic data and information use. |
| | | **EP 4** | Leaders provide the resources needed for data and information use, including staff, equipment, and information systems. |
| | | **EP 5** | The organization uses data and information in decision making that supports the safety and quality of care, treatment, or services. (See also PI.02.01.01, EP 8) |
| | | **EP 6** | The organization uses data and information to identify and respond to internal and external changes in the environment. |
| | | **EP 7** | Leaders evaluate how effectively data and information are used throughout the organization. |
| | | **LD.03.04.01** | **The organization communicates information related to safety and quality to those who need it, including staff, licensed independent practitioners, patients, families, and external interested parties.** |
| | | **EP 1** | Communication processes foster the safety of the patient and the quality of care. |
| | | **EP 2** | Leaders are able to describe how communication supports a culture of safety and quality. |

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| Number PCMH-6F | Description of NCQA Standards | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance |
|---|---|---|---|
| | | EP 3 | Communication is designed to meet the needs of internal and external users. |
| | | EP 4 | Leaders provide the resources required for communication, based on the needs of patients, staff, and management. |
| | | EP 5 | Communication supports safety and quality throughout the organization. (See also LD.04.04.05, EPs 6 and 12) |
| | | EP 6 | When changes in the environment occur, the organization communicates those changes effectively. |
| | | EP 7 | Leaders evaluate the effectiveness of communication methods. |
| | | LD.04.04.01 | **Leaders establish priorities for performance improvement. (Refer to the "Performance Improvement" [PI] chapter.)** |
| | | EP 1 | Leaders set priorities for performance improvement activities and patient health outcomes. (See also PI.01.01.01, EPs 1 and 3) |
| | | EP 5 | For organizations that elect The Joint Commission Primary Care Medical Home option: Ongoing performance improvement occurs organizationwide for the purpose of demonstrably improving the quality and safety of care, treatment, or services. |
| | | PC.02.04.03 | **For organizations that elect The Joint Commission Primary Care Medical Home option: The organization is accountable for providing patient care. (Refer to Standard PC.02.04.05)** |
| | | EP 5 | For organizations that elect The Joint Commission Primary Care Medical Home option: The organization uses a certified electronic health record system to do the following: - Support the continuity of care, and the provision of comprehensive and coordinated care, treatment, or services - Document and track care, treatment, or services - Support disease management, including providing patient education - Support preventive care, treatment, or services - Create reports for internal use - Create and submit reports to external providers and organizations, including public health agencies, disease-specific registries, immunization registries, and other specialized registries - Facilitate electronic exchange of information among providers - Support performance improvement - Identify and provide patient-specific education resources |
| | | PI.01.01.01 | **The organization collects data to monitor its performance.** |
| | | EP 1 | The leaders set priorities for data collection. (See also LD.04.04.01, EP 1) |
| | | EP 2 | The organization identifies the frequency for data collection. |
| | | EP 3 | The organization collects data on the following: Performance improvement priorities identified by leaders. (See also LD.04.04.01, EP 1) |
| | | PI.02.01.01 | **The organization compiles and analyzes data.** |
| | | EP 1 | The organization compiles data in usable formats. |

| Number<br>PCMH-6F | Description of NCQA Standards | Joint Commission<br>Equivalent Number | Joint Commission Standards and Elements of Performance |
|---|---|---|---|
| | | EP 2 | The organization identifies the frequency for data analysis. |
| | | EP 4 | The organization analyzes and compares internal data over time to identify levels of performance, patterns, trends, and variations. |
| | | EP 5 | The organization compares data with external sources, when available. |
| | | EP 8 | The organization uses the results of data analysis to identify improvement opportunities. (See also LD.03.02.01, EP 5; PI.03.01.01, EP 1) |
| | | PI.03.01.01 | **The organization improves performance.** |
| | | EP 1 | Leaders prioritize the identified improvement opportunities. (See also PI.02.01.01, EP 8) |
| | | EP 2 | The organization takes action on improvement priorities. |
| | | EP 3 | The organization evaluates actions to confirm that they resulted in improvements. |
| | | EP 4 | The organization takes action when it does not achieve or sustain planned improvements. |
| **PCMH-6G** TAG: PCMH-6G | | LD.03.02.01 | **The organization uses data and information to guide decisions and to understand variation in the performance of processes supporting safety and quality.** |
| Use Certified EHR Technology: In this section, the NCQA standards address the use of a certified Electronic Health Record, as it relates to Stage 2 Core and Menu Meaningful Use requirements. | | EP 1 | Leaders set expectations for using data and information to improve the safety and quality of care, treatment, or services. |
| | | EP 2 | Leaders are able to describe how data and information are used to create a culture of safety and quality. |
| | | EP 3 | The organization uses processes to support systematic data and information use. |
| | | EP 4 | Leaders provide the resources needed for data and information use, including staff, equipment, and information systems. |
| | | EP 5 | The organization uses data and information in decision making that supports the safety and quality of care, treatment, or services. (See also PI.02.01.01, EP 8) |
| | | EP 6 | The organization uses data and information to identify and respond to internal and external changes in the environment. |
| | | EP 7 | Leaders evaluate how effectively data and information are used throughout the organization. |
| | | LD.04.04.01 | **Leaders establish priorities for performance improvement. (Refer to the "Performance Improvement" [PI] chapter.)** |
| | | EP 1 | Leaders set priorities for performance improvement activities and patient health outcomes. (See also PI.01.01.01, EPs 1 and 3) |
| | | EP 5 | For organizations that elect The Joint Commission Primary Care Medical Home option: Ongoing performance improvement occurs organizationwide for the purpose of demonstrably improving the quality and safety of care, treatment, or services. |

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|---|---|---|---|
| | | **LD.04.04.09** | **The organization uses clinical practice guidelines to design or to improve processes that evaluate and treat specific diagnoses, conditions, or symptoms.** |
| | | EP 1 | The organization uses clinical practice guidelines to design or improve processes that evaluate and treat specific diagnoses, conditions, or symptoms. |
| | | **PC.01.03.01** | **The organization plans the patient's care.** |
| | | EP 1 | The organization plans the patient's care, treatment, or services based on needs identified by the patient's assessment, reassessment, and results of diagnostic testing. (See also RC.02.01.01, EP 2) |
| | | EP 44 | For organizations that elect The Joint Commission Primary Care Medical Home option: Patient self-management goals are identified, agreed upon with the patient, and incorporated into the patient's treatment plan. (Refer to RI.01.02.01, EP 1) |
| | | EP 45 | For organizations that elect The Joint Commission Primary Care Medical Home option: The primary care medical home uses clinical decision support tools to guide decision making. (For more information, refer to LD.04.04.09, EPs 1-5) |
| | | **PC.02.01.01** | **The organization provides care, treatment, or services for each patient.** |
| | | EP 1 | The organization provides the patient with care, treatment, or services according to his or her individualized plan of care. |
| | | **PC.02.03.01** | **The organization provides patient education and training based on each patient's needs and abilities.** |
| | | EP 10 | Based on the patient's condition and assessed needs, the education and training provided to the patient by the organization include the following:<br>- An explanation of the plan for care, treatment, or services<br>- Basic health practices and safety<br>- Information on the safe and effective use of medications (See also MM.06.01.01, EP 9)<br>- Nutrition interventions (for example, supplements) and modified diets<br>- Discussion of pain, the risk for pain, the importance of effective pain management, the pain assessment process, and methods for pain management<br>- Information on oral health<br>- Information on the safe and effective use of medical equipment or supplies provided by the organization<br>- Habilitation or rehabilitation techniques to help the patient reach maximum independence |
| | | **PC.02.04.01** | **For organizations that elect The Joint Commission Primary Care Medical Home option: The patient has access to the organization 24 hours a day, 7 days a week.**<br>**Note: Access may be provided through a number of methods, including telephone, email, websites, portals, and flexible hours.** |
| | | EP 5 | For organizations that elect The Joint Commission Primary Care Medical Home option: The organization uses a certified electronic health record to provide appointment reminders to patients with two or more office visits in the last two years. |

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| Number<br>PCMH-6G | Description of NCQA Standards | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance |
|---|---|---|---|
| | | **PC.02.04.03** | **For organizations that elect The Joint Commission Primary Care Medical Home option: The organization is accountable for providing patient care. (Refer to Standard PC.02.04.05)** |
| | | EP 1 | For organizations that elect The Joint Commission Primary Care Medical Home option: The organization manages transitions in care and provides or facilitates patient access to care, treatment, or services including the following:<br>- Acute care<br>- Management of chronic care<br>- Preventive services that are age- and gender-specific<br>- Behavioral health needs<br>- Oral health care<br>- Optical health<br>- Urgent and emergent care<br>- Substance abuse treatment<br>- Rehabilitative services and equipment (examples include physical, occupational, and speech therapy and equipment such as orthotics, prosthetics, and wheelchairs)<br>Note: Some of these services may be obtained through the use of community resources as available, or in collaboration with other organizations. |
| | | EP 2 | For organizations that elect The Joint Commission Primary Care Medical Home option: The organization provides care that addresses various phases of a patient's lifespan, including end-of-life care. |
| | | EP 3 | For organizations that elect The Joint Commission Primary Care Medical Home option: The organization provides disease and chronic care management services to its patients. |
| | | EP 4 | For organizations that elect The Joint Commission Primary Care Medical Home option: The organization provides population-based care. |
| | | EP 5 | For organizations that elect The Joint Commission Primary Care Medical Home option: The organization uses a certified electronic health record system to do the following:<br>- Support the continuity of care, and the provision of comprehensive and coordinated care, treatment, or services<br>- Document and track care, treatment, or services<br>- Support disease management, including providing patient education<br>- Support preventive care, treatment, or services<br>- Create reports for internal use<br>- Create and submit reports to external providers and organizations, including public health agencies, disease-specific registries, immunization registries, and other specialized registries<br>- Facilitate electronic exchange of information among providers<br>- Support performance improvement<br>- Identify and provide patient-specific education resources |
| | | **PI.01.01.01** | **The organization collects data to monitor its performance.** |
| | | EP 1 | The leaders set priorities for data collection. (See also LD.04.04.01, EP 1) |
| | | EP 2 | The organization identifies the frequency for data collection. |
| | | EP 3 | The organization collects data on the following: Performance improvement priorities identified by leaders. (See also LD.04.04.01, EP 1) |

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| Number<br>**PCMH-6G** | **Description of NCQA Standards** | **Joint Commission Equivalent Number** | **Joint Commission Standards and Elements of Performance** |
|---|---|---|---|
| | | **PI.02.01.01** | **The organization compiles and analyzes data.** |
| | | **EP 1** | The organization compiles data in usable formats. |
| | | **EP 2** | The organization identifies the frequency for data analysis. |
| | | **EP 4** | The organization analyzes and compares internal data over time to identify levels of performance, patterns, trends, and variations. |
| | | **EP 5** | The organization compares data with external sources, when available. |
| | | **EP 8** | The organization uses the results of data analysis to identify improvement opportunities. (See also LD.03.02.01, EP 5; PI.03.01.01, EP 1) |
| | | **PI.03.01.01** | **The organization improves performance.** |
| | | **EP 1** | Leaders prioritize the identified improvement opportunities. (See also PI.02.01.01, EP 8) |
| | | **EP 2** | The organization takes action on improvement priorities. |
| | | **EP 3** | The organization evaluates actions to confirm that they resulted in improvements. |
| | | **EP 4** | The organization takes action when it does not achieve or sustain planned improvements. |

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