

# **MOST CHALLENGING PRIMARY CARE MEDICAL HOME REQUIREMENTS**

Joint Commission PCMH Requirements Generating FINDINGS in 10%+ Organizations Surveyed  
(2011 - 2014)

(Note: Requirements updated to reflect July 2014 wording)

## **SELF-MANAGEMENT GOALS**

- Patient **self-management goals** are identified, agreed upon with the patient, and incorporated into the patient's treatment plan. (PC.01.03.01/EP 44)
- The primary care clinician and the interdisciplinary team educate the patient on **self-management goals** and techniques based on the patient's individual needs. (PC.02.03.01/EP 28)

## **HEALTH LITERACY**

- The interdisciplinary team identifies the patient's **health literacy needs**. (PC.02.02.01/EP 24)

## **TRACKING REFERRALS**

- When a patient is referred to an external organization, the interdisciplinary team **reviews and tracks the care** provided to the patient. (PC.02.04.05/EP 6)
- Members of the interdisciplinary team provide comprehensive and coordinated care, and **maintain continuity of care**. (PC.02.04.05/EP 2)

## **PERFORMANCE IMPROVEMENT**

- The organization **collects data** on (PI.01.01.01/EP 42):
  - Patient experience and satisfaction related to **access to care and communication**, and
  - Patient perception of the **comprehensiveness, coordination and continuity** of care.
- The organization collects data on patient **access to care within time frames** established by the organization. (PI.01.01.01/EP 41)

## **PATIENT COMMUNICATION**

- The clinical record contains the **patient's communication needs**, including preferred language for discussing health care. (RC.02.01.01/EP 29)

## **ACCESS TO CARE**

- The organization **provides patients with the ability to do** the following 24/7: (PC.02.04.01/EP 1)
  - Contact the PCMH to obtain a same or next day appointment
  - Request prescription renewal
  - Obtain clinical advice for urgent health needs.

## **INFORMATION TO PATIENT/FAMILY ABOUT PMCH**

- The organization provides information to the patient about **how the PMCH functions**, including the following: (RI.01.04.03/EP 3)
  - Selection of a primary care clinician
  - Involvement in his or her own treatment plan
  - Management of referrals
  - Coordination of care
  - Collaboration with patient-selected clinicians who provide specialty care or second opinions
  - Communication with the primary care medical home about health care concerns/other information.
- The organization provides patients **information about the mission, vision, and goals** of the primary care medical home. (RI.01.04.03/EP 1)