

# JOINT COMMISSION PRIMARY CARE MEDICAL HOME (PCMH) CERTIFICATION INTEGRATION WITH BEHAVIORAL HEALTH CARE SERVICES

The integration of primary care and behavioral health services as part of the Joint Commission's Primary Care Medical Home (PCMH) certification option for accredited ambulatory care providers, hospitals, and critical access hospital) is reflected in several ways described below pertaining to the PCMH model, PCMH standards, and on-site PCMH assessment process.

## **1) PCMH MODEL**

The Primary Care Medical Home (PCMH) Model provides the foundational concepts that underlie its PCMH requirements. The model addresses behavioral health in a number of ways. For instance, the model describes the medical home as having the following operational characteristics, each of which contain concepts that directly relate to behavioral health care:

- Patient-centered care
- Comprehensive care
- Coordinated care
- Superb access to care
- A systems-based approach to quality and safety

Also, the model includes the expectation that Joint Commission PCMH-certified medical homes have a wholistic and comprehensive approach to patient care. Therefore, PCMH's are expected to address both their patient's physical and behavioral health care needs.

In addition, they are also expected to provide team-based care, with a primary care clinician working with an interdisciplinary team that would include mental health workers, social workers, and care coordinators, based on individual patient needs.

Finally, the PCMH must have processes in place to support 24/7 access for patients with urgent physical or behavioral healthcare needs. A copy of The Joint Commission's PCMH model is provided as Attachment A.

## **2) PCMH STANDARDS/REQUIREMENTS**

- a) The following two PCMH requirements explicitly refer to behavioral health care.

### **PC.02.04.03, 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:

- Acute care
- Management of chronic care
- Preventive services that are age- and gender-specific
- Behavioral health needs
- Oral health care

- Optical health
- Urgent and emergent care
- Substance abuse treatment
- Rehabilitative services and equipment (examples include physical, occupational, and speech therapy and equipment such as orthotics, prosthetics, and wheelchairs)

Note: Some of these services may be obtained through the use of community resources as available, or in collaboration with other organizations.

**PC.02.04.05, EP 12**

For organizations that elect The Joint Commission Primary Care Medical Home option: The interdisciplinary team assesses patients for health risk behaviors.

- b) In addition, there are 17 other PCMH requirements that also relate to behavioral health services, needs, goals, risks, or providers.

These can be found in the version of the PCMH Self-Assessment Tool that is used to highlight the Behavioral Health-related requirements (see Appendix B: “AHCCMH SAT 2014 – Behavioral Health highlighted”). See some examples below:

4. The **clinical record contains information that promotes continuity of care** among providers. [RC.01.01.01/EP 8] *[including Behavioral Health-related services]*

*This requirement refers to care provided by both internal and external providers.*

3. The organization has a **process to respond to patient urgent care needs 24 hours a day, 7 days a week.** [PC.02.04.01/EP 3] *[including Behavioral Health-related needs]*

4. The interdisciplinary team **participates in the development of the patient’s treatment plan.** [PC.02.04.05/EP 8] *[including Behavioral Health-related needs]*

### **3) ON-SITE SURVEY ACTIVITIES THAT ASSESS BEHAVIORAL HEALTH**

As described in detail in the “2015 Survey Activity Guide for Ambulatory Care Organizations” (see Appendix C), it would be during the following survey process activities that surveyors would most typically address behavioral health-related requirements.

- a) Opening Conference and Orientation to the Organization
- b) Individual Patient Tracer
- c) Data Management System tracer
- d) Continuity of Care Program-specific Tracer
- e) Leadership Discussion Session
- f) Daily Briefing
- g) Organization Exit Conference.