



RE: Public Comment –

Patient Centered Health Care Home (PCHCH) Education and Evaluation Program

Comments Sought for Draft PCHCH Education and Evaluation Program Definition, Principles, First of Three Toolkits, and Overall Program Design and Content

Public comments are due no later than August 12, 2010

Dear Colleague:

URAC is pleased to present for your review its new Patient Centered Health Care Home Education and Evaluation Program. The Program is comprised of three toolkits designed to educate and guide health care practices, and/or their sponsoring health plans, insurers, and pilot programs, on how to transform themselves into truly patient centered health care homes (PCHCH). Based on the latest market research, URAC's PCHCH Education and Evaluation Program represents health care reform in action, and is the first national program to identify and address the key essential characteristics of a truly patient-centered health care home, including:

1. Greatly enhanced patient access to their health care team;
2. A personal relationship between patients, families, and caregivers and their assigned and accountable health care team members;
3. Shared decision-making that actively engages the patient and respects his/her personal health goals cultural needs;
4. Direct and ongoing health care team oversight and coordination of all patient care and social needs;
5. Ensuring smooth and timely health care transitions and follow-up; and
6. Actively striving to provide the highest quality care possible, eliminating health care disparities, and driving down care costs by minimizing duplication, reducing medical errors, reducing unnecessary utilization, and guiding patients to clinically appropriate high value health care.

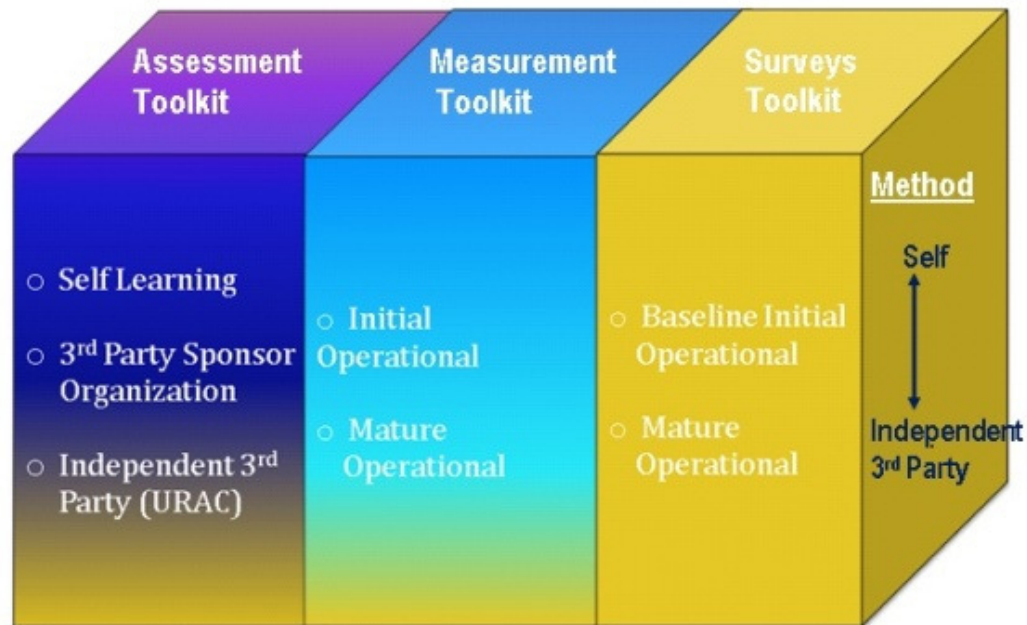
NOTE: URAC Call for Beta Test Sites-

URAC is eager to have multiple practice organizations, health plans, insurers, state and federal health agencies, and pilot programs participate in the beta test of this PCHCH Education and Evaluation Program. Please contact Mark Gorden, PCHCH Product Manager, at (202) 326-3970 or mgorden@urac.org for further information.

Background on URAC's Patient Centered Health Care Home Evaluation and Education Program:

The diagrams on the next two pages provide a graphic summary of the program's framework, key design features, and intended audiences.

URAC PCHCH Program Framework



The first toolkit is the Health Care Practice Assessment Toolkit, which is released for public comment, helps practices and third party sponsoring organizations learn the essential characteristics of what constitutes a PCHCH, and provide a foundation for assessing a health care practice's current organization and infrastructure.

The second toolkit is the Patient Experience/Satisfaction Survey Toolkit. This toolkit will be released for public comment later this summer. The purpose of this toolkit will be to provide health care practices with patient/family/caregiver feedback on its effectiveness in providing a high level of patient-centered care and customer satisfaction, to be used in quality improvement activities, as well as for public reporting and marketing activities. The intent of the survey is to focus on the patient's perception of the care and support they received from the care team.

The third toolkit is the Performance Measures Toolkit. This toolkit will be released for public comment later this summer. The purpose of this toolkit will be to provide practices with data on care processes and clinical outcomes to facilitate continuous quality improvement, public reporting, and incentive payment programs.

The URAC PCHCH Education and Evaluation Program-

What it IS and IS NOT:

URAC PCHCH Education and Evaluation Program Is	URAC PCHCH Education and Evaluation Program Is Not
<ul style="list-style-type: none"> ➤ A series of practice assessment tools that can be used to educate and move a practice towards becoming a PCHCH ➤ Based on a continuous quality improvement approach—the hallmark of all URAC programs, where benchmarking and education are critical components ➤ Flexible, Scalable ➤ Gives full credit for what providers do well, focusing on results rather than "How" ➤ Real time, implementable, self-paced learning to build PCHCH competencies ➤ An easy to follow, step-wise, organized framework to allow self-assessment and tracking of progress ➤ For Medical Home Pilots and Health Plans to use in partnership with physicians and other healthcare providers ➤ Able to measure and enhance patient- centered care and care coordination across the health care delivery system 	<ul style="list-style-type: none"> ➤ An inspection, or "pass/fail" ➤ A one size fits all model ➤ Rigid with mandatory requirements ➤ Prescriptive in dictating the "right or best way" to optimize patient care ➤ A point-in-time audit ➤ Limited to physicians ➤ Technology-centric

A. Background on PCHCH Education and Evaluation Program – Four (4) Comment Areas for PUBLIC COMMENT

Comment Area 1: Definition of a Patient Centered Health Care Home (PCHCH)

While many initiatives use the term “Patient Centered Medical Home,” this carries with it the connotation of only addressing the needs of acutely or chronically ill patients. URAC believes the benefits of patient-centered care should be available for ALL patients, with the focus on optimizing health, well being, and quality of life—hence our name: *Patient Centered Health Care Home*. URAC’s PCHCH definition went through many iterations under the purview of our PCHCH Advisory Group, resulting in the precise and comprehensive definition now presented for public comment.

A *Patient Centered Health Care Home* is defined as an interdisciplinary clinician led team approach to delivering and coordinating care that puts patients, their families, and caregivers at the center of all decisions concerning the patient’s health and wellness. A PCHCH provides enhanced access to physical health, behavioral health, and supportive community and social services, ensuring patients receive the right care in the right setting at the right time. A PCHCH also:

- Utilizes population health management tools to proactively establish wellness and care goals for each patient, aimed at preventing illness and improving individual well being, clinical outcomes and quality of life;
- Empowers patients to be active participants in their care, through patient-friendly education and informed shared decision-making that is based on cooperation, trust, and respect for each individual’s health care knowledge and health literacy, values, beliefs, and cultural background;
- Is accountable for a patient’s needs, including prevention, wellness, medical and behavioral health treatment, care transitions, and social and community services where appropriate by planning, providing, coordinating, executing, and monitoring a plan of care for each patient;
- Optimizes value for patients, payers, and society at large, driven by a commitment to care excellence and customer service.
- Provides a rewarding place to work, offering a high level of job training and satisfaction for all members of the team allowing team members to optimize their training and experience.

Comment Area 2: Principles for the PCHCH Education and Evaluation Program

Using the PCHCH definition as a starting point, the PCHCH Advisory Group developed a set of guiding ideals for the culture, organization, and operation of a PCHCH, the goal of which is optimizing care impact and satisfaction for patients. These guiding ideals are known as the PCHCH Principles, and form the underlying foundation for all three PCHCH

toolkits.

PCHCH Guiding Principles:

PRINCIPLE 1 — PATIENT CENTERED CARE CULTURE

The PCHCH's operational culture successfully supports a patient-friendly, patient-centered approach to care.

PRINCIPLE 2 — APPROPRIATE ACCESS TO CARE

The PCHCH strives to provide patients with prompt and convenient access to the best care and care outcomes possible.

PRINCIPLE 3 — INDIVIDUALIZED CARE PLANNING

The PCHCH works in a close and cooperative partnership with patients, families and other caregivers to establish a plan of care over the lifespan of the patient that reflects a high level of shared decision-making.

PRINCIPLE 4 — EFFECTIVE AND TIMELY CARE COORDINATION AND FOLLOW-UP

The PCHCH is accountable for all care provided to the patient, and displays the ability to proactively anticipate, plan, coordinate, monitor and follow-up on its patients' care and community and social needs, utilizing health information technology and population-based health tools where possible.

PRINCIPLE 5 — ELIMINATING HEALTH CARE DISPARITIES

The PCHCH is committed to eliminating disparities in care access and delivery.

PRINCIPLE 6 — PROMOTING CARE QUALITY AND CONTINUOUS QUALITY IMPROVEMENT

The PCHCH is committed to providing high quality care for its patients, utilizing evidence-based care guidelines and measuring and tracking care outcomes to drive continuous quality improvement.

PRINCIPLE 7 — STEWARDING THE COST-EFFECTIVE USE OF HEALTH CARE RESOURCES

The PCHCH evaluates the risks and benefits of care options for each patient, striving to optimize the clinical impact for the patient while giving due consideration to the cost impact for the patient, family, and society at large.

PRINCIPLE 8 — EXCELLENCE IN CUSTOMER SERVICE

The PCHCH strives to provide the best care experience for its patients, surveying patients on their experience and satisfaction, and actively using this information to continuously improve the customer experience.

PRINCIPLE 9 — COMMITMENT TO TRANSPARENCY

The PCHCH generates validated data on its clinical outcomes, its ability to reduce unnecessary utilization and costs, and its patient satisfaction levels for public reporting purposes, providing existing and potential patients as well as payer's objective information for evaluating the PCHCH.

PRINCIPLE 10 — PCHCH INFRASTRUCTURE AND OPERATIONS

The PCHCH's organizational and operational infrastructure, operational policies, workflow protocols, team structure, clearly delineated individual staff responsibilities, and internal training, successfully support effective and timely delivery of PCHCH services to the population served.

Three PCHCH Toolkits:

The PCHCH Education and Evaluation Program is an integrated series of three educational toolkits which can help guide individual practices, or their sponsoring health plans, insurers, state and federal health agencies, and/or pilot programs, through a step-wise journey towards becoming a fully engaged, operational, and effective PCHCH practice.

The PCHCH Education and Evaluation Program's three toolkits are designed to complement each other, and can be used as stand-alone tools, or in any combination called for by practices and by sponsoring health care organizations. The PCHCH Education and Evaluation Program's three toolkits can be used by individual practices to assess their progress in building PCHCH capabilities, and be licensed to sponsoring health plans, insurers, health agencies, and pilot programs which can establish their own standards and benchmarks for evaluating participating practices' level of PCHCH advancement and eligibility for related incentives. At this time, URAC is releasing the Health Care Practice Assessment Toolkit for public comment. The Patient Experience/Satisfaction Survey and the Performance Measures Toolkit will be released for public comment later this summer.

Comment Area 3: Practice Self-Assessment & Third Party Assessment Options

The Health Care Practice Assessment Toolkit helps practices and third party sponsoring organizations learn the essential characteristics of what constitutes a PCHCH, and provides a foundation for assessing a health care practice's current organization and infrastructure. This assessment allows a practice to begin and track the process of transforming itself into a PCHCH, through redesigning its infrastructure, policies, and workflows, providing targeted training to staff, effecting a major culture change that puts the patient first, and at the heart of all care decisions. The Practice Assessment Toolkit also allows a health care practice's progress towards becoming a fully functional PCHCH to be tracked and documented.

This toolkit can also be used as a basis for an external review agency, such as URAC, or a sponsoring third party organization, to independently validate a practice's readiness to be designated as a PCHCH, establish its eligibility for incentive funding, as well as for public reporting purposes, and marketing activities. Sponsoring organizations may choose to perform the external validation function with in-house staff, or choose to delegate this function to an external review agency such as URAC.

The health care practice assessment toolkit contains 13 groups of practice design and operation characteristics:

1. Partnership Agreement (PA)
2. Patient Registry (PR)
3. Access to Services (ATS)
4. Individual Care Management (ICM)
5. Test and Imaging Results (TIR)
6. Preventive Services (PS)
7. Community Services & Resources
8. Self-Management Support (SMS)
9. Patient Web Portal (PWP)
10. Coordination of Care (COC)
11. Specialist Referral Process (SRP)
12. Performance Reporting (PRT)
13. PCHCH Organizational Core (COR)

Comment Area 4: General Comments

This section is provided for comments on the PCHCH Education and Evaluation Program's overall design, content, and value as an educational and evaluation tool for practices and sponsoring organizations.

Submission of Comments to URAC:

Listed below are the four (4) areas for providing comments on the PCHCH Education and Evaluation Program—the definition of a PCHCH, its guiding principles, the first of its three toolkits, and general comments on the program's overall program's design and content, including any important areas you feel are not properly addressed. URAC receives comments through the online comment form linked to the bottom of this page. **Public comments are due no later than August 12, 2010.**

URAC is committed to having the broadest possible input into its PCHCH Education and Evaluation Program development process. We strive to ensure that our PCHCH Education and Evaluation Program is meaningful across the health care spectrum, including consumers, purchasers, clinicians and other healthcare providers, regulators, and the industry. Public input is a very important part of this process. We would greatly appreciate your comments.

Thank you for being an important part of URAC's PCHCH Education and Evaluation Program development process. Please feel free to contact us if you have any questions. For more information, please contact URAC's PCHCH Education and Evaluation Program Product Development Manager, Mark Gorden, at 202.326-3970 or mgorden@urac.org.

Four (4) Public Comment Areas for PCHCH Education and Evaluation Program:

(Click on link for each of the sections you wish to provide comments on; for areas 2 and 3, drop down menus will be displayed to allow commenting on individual items within each).

1. [Definition of a Patient Centered Health Care Home](#)
2. [Guiding Principles for a Patient Centered Health Care Home](#)
3. [Health Care Practice Assessment Toolkit](#)
4. [General Comments on the PCHCH Education and Evaluation Program Design and Content](#)

These documents are in Adobe PDF format. You will need Acrobat Reader to view them.

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