

**American Academy of Family Physicians (AAFP)
American Academy of Pediatrics (AAP)
American College of Physicians (ACP)
American Osteopathic Association (AOA)**

Guidelines for Patient-Centered Medical Home (PCMH) Recognition and Accreditation Programs

February 2011

In 2007, the Joint Principles of the Patient-Centered Medical Home were released by the four primary care physician societies—the American Academy of Family Physicians, the American College of Physicians (ACP), and the American Osteopathic Association (AOA)—and have since been endorsed by 19 additional physician organizations. Since the release of the Joint Principles, the PCMH concept has

primary care redesign across the country, with many projects underway or in development. The number of test* projects and the overall growing interest in the PCMH model has led to multiple entities developing or offering medical home programs. The primary care physician societies have long had recognition and/or accreditation programs to help assess and improve primary care based on the PCMH model. Therefore, to support the implementation of these programs, the AAFP, AAP, ACP, and AOA have developed the Patient-Centered Medical Home Recognition and Accreditation Programs.

Medical Home Recognition or Accreditation

of
possible
quality of

ated”
and

* The term “test” projects is intended to encompass both pilot and demonstration projects, which may have different meanings, as well as other PCMH research and quality improvement projects and initiatives that may choose to utilize a recognition or accreditation program.

The patient-centered medical home model facilitates ideal primary care and therefore recognition and accreditation programs should attempt to assess all of the primary care domains outlined by the IOM—comprehensiveness, coordination, continuity, accessibility, and patient engagement and experience. This will further ensure that every recognized or accredited entity provides care consistent with the Joint Principles, including, but not limited to, having a whole person orientation which means taking responsibility for coordinating each patient’s full array of health care services using a team-based approach—i.e., delivering care for all s

5. Align Standards, Elements, Characteristics, and/or Measures with Meaningful Use Requirements

Recognition and accreditation programs related to the patient-centered medical home should actively work to align their standards, elements, characteristics, and/or measures

could be reflected through different levels of reco

characteristics. This could eventually allow applicants to submit the required documentation directly from their health IT solutions. Recognizing and accrediting bodies should also consider consulting with public health agencies to ascertain those data elements that could effectively measure and enhance knowledge of health and healthcare disparities in a community.

13. Conduct Evaluations of the Program’s Effectiveness and Implement Improvements Over Time

Entities involved in the development and implementation of patient-centered medical home recognition or accreditation programs should exhibit a commitment to comprehensively evaluate and improve their programs over time, informed by evidence, field testing, the experience of the stakeholders utilizing their programs including patients and families, public comment, and the changing health care environment. The evaluation should include qualitative measures that address quality of care (preventive, acute, and chronic) across all ages and cultural backgrounds; patient, family, and health care professional satisfaction; and the effectiveness of the recognition/accreditation program’s technical assistance and guidance to applicants; as well as quantitative measures that address health outcomes, utilization and program costs, and the changing health care environment. Results of these evaluations should be published in the professional literature.

Additionally, in order to ensure that the participating practices are fulfilling the program requirements, recognizing and accrediting entities should conduct random site visits and/or audits of a percentage of those practices. The participating practices should in turn have a transparent and easy-to-use mechanism for providing direct feedback to the recognizing or accrediting entities, and receive assurance of a timely response when a response is appropriate or requested.

References:

- AAFP, AAP, ACP, and AOA. 2010. “Joint Principles for Medical Education of Physicians as Preparation for Practice in the Patient-Centered Medical Home.” Available at: http://www.acponline.org/running_practice/pcmh/understanding/educ-joint-principles.pdf [accessed March 2, 2011].
- Institute of Medicine (IOM). 1996. *Primary Care: America’s Health in a New Era*. Molla S. Donaldson, Karl D. Yordy, Kathleen N. Lohr, and Neal A. Vanselow, eds. Washington, DC: National Academy Press.
- Institute of Medicine (IOM). 2001. *Envisioning the National Healthcare Quality Report*. Margarita P. Hurtado, Elaine K. Swift, and Janet M. Corrigan, eds. Washington, DC: National Academy Press.