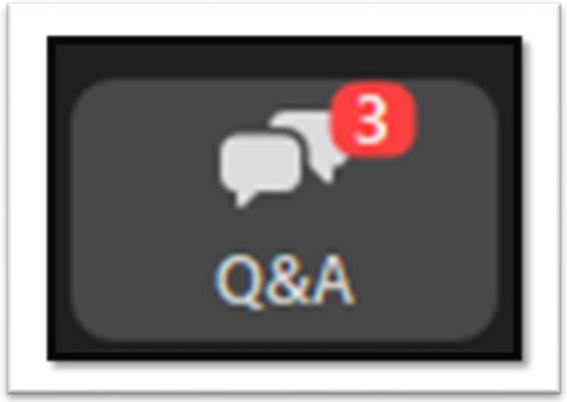
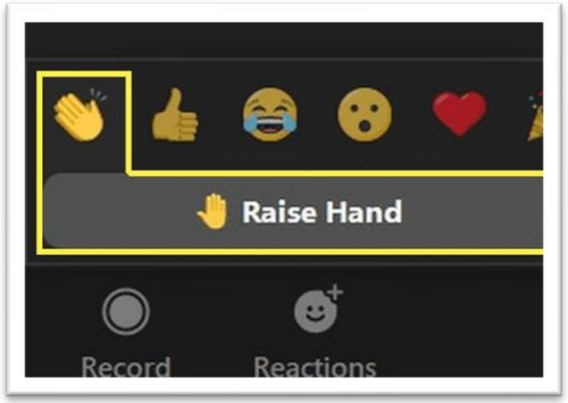
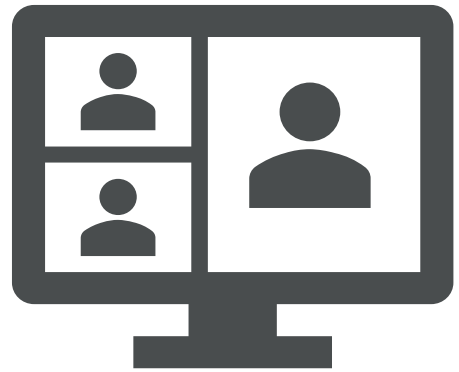
State Discussion: The Value of the Patient Centered Medical Home (PCMH)

May 28, 2025

Housekeeping







Ask Now

Enter your questions in the Q&A function in Zoom

Join In

To ask questions verbally, click on Zoom's "Raise Your Hand," and our team will unmute you.

Engage After

A recording of the event and slides/supporting materials will be sent to attendees.

Agenda

THE VALUE OF THE PCMH MODEL

NCQA'S PCMH RECOGNITION REFRESH

FUTURE OF PRIMARY CARE

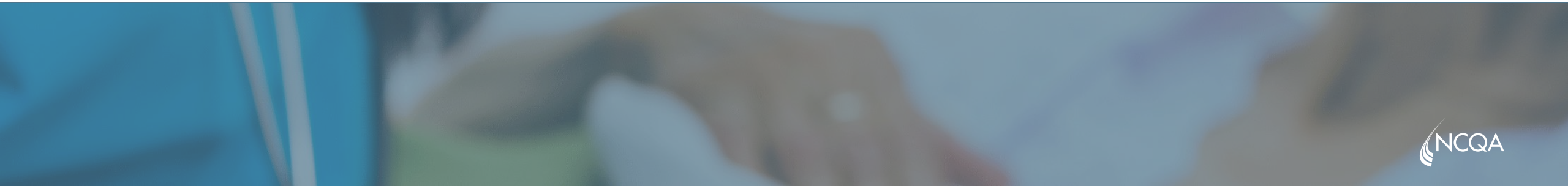
Basis for High-Value Primary Care

Standardizing Team-Based Quality Improvement

- Provides **blueprint** for strong primary care infrastructure
- Drives actionable **data** use
  - *Improves **quality** outcomes*
  - *Lowers total **cost** of care*
- Supports success in quality-linked **payment** models
- Enhances patient **experience** and trust

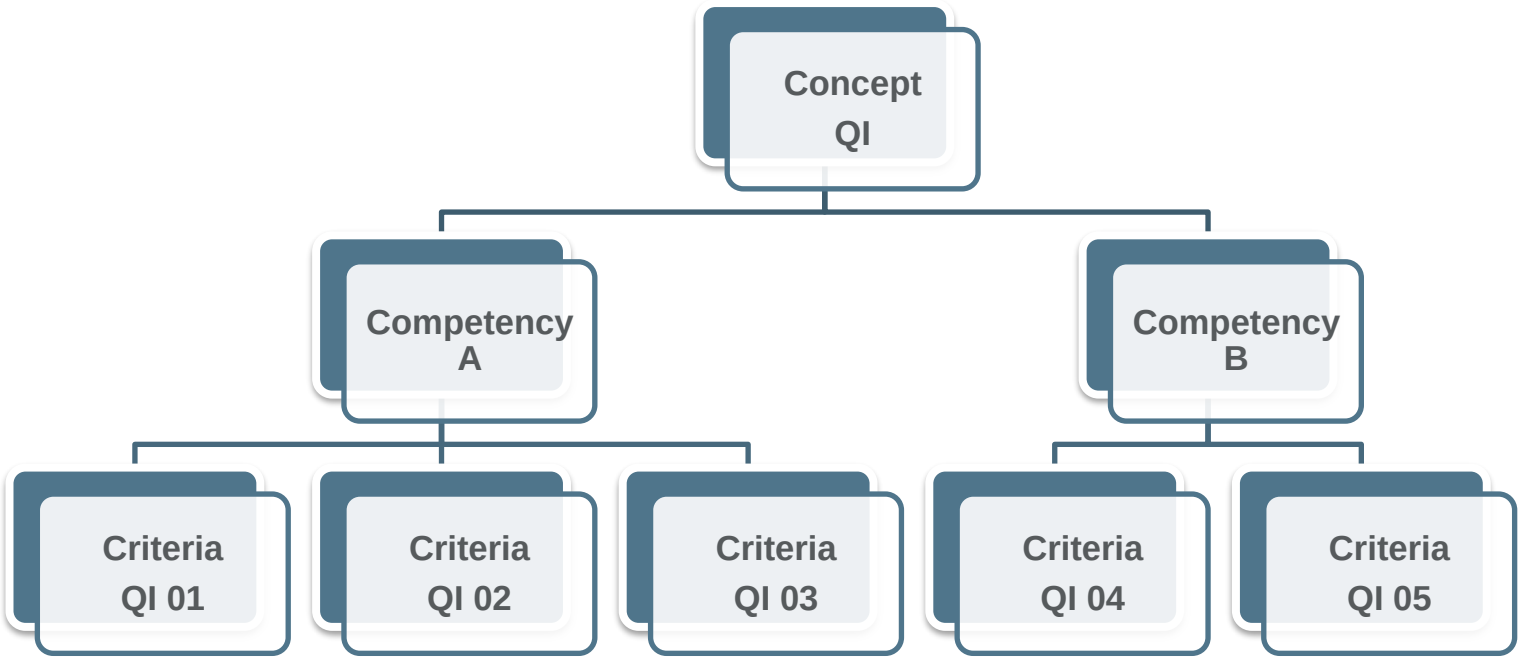
Patient-Centered Medical Home

NCQA PCMH Refresh



NCQA PCMH

Terminology



PCMH Standards

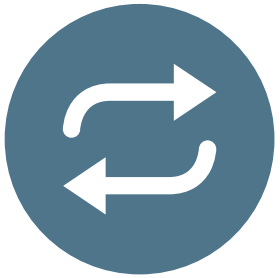
Concepts

Team-Based Care and Practice Organization (TC)

Knowing and Managing Your Patients (KM)

Patient-Centered Access and Continuity (AC)

Care Management and Support (CM)



Care Coordination and Care Transitions (CC)

Performance Measurement & Quality Improvement (QI)

Summary of PCMH Refresh—2026

- Frequencies to Transforming criteria.
- Documented process for standardized measurement.
- Updating the threshold for KM 14.
- Alignment with Virtual Care Delivery criteria.
- Retirement of criteria.
- Alignment with Health Plan Accreditation.
- Data Reporting.

Addition of Frequency Thresholds to Guidance

Ensures fidelity in the medical records

Key Points:

- Thresholds added to 46 criteria.
- Threshold is a minimum.

Examples:

- **KM 02:** Completes a comprehensive health assessment ***at least annually***.
- **CM 04:** The practice reviews the care plan ***at least twice a year***.

Documented Process for Standardized Measurement

Addresses consistency for practices in generating measure reports

Key Points:

- Added for QI 01: Clinical Quality Measures.
- Added for QI 02: Resource Stewardship Measures.
- Can address data validation.

Evidence:

- **Documented Process**

AND

- Report *or*
- Quality Improvement Workbook

KM 14: Medication Reconciliation

New threshold update

Key Points:

- Review and reconcile medications.
- 80% to **90%.**
- At least annually.

Evidence:

- Report of how many patients had their medications reviewed and reconciled at least annually.

Alignment with Virtual Care Delivery Criteria

Addresses current landscape in health care

Key Points:

- **9** new criteria added.
- All are **elective**.
- For all PCMH practices, not specific to virtual care only sites.

Examples:

- **TC:** The organization requests patient consent to treatment through virtual modalities.
- **AC:** The organization has a process for determining that virtual care is appropriate for the patient.
- **QI:** Assesses clinician and care team experience for delivering care and sets goals and actions for improvement.

Retirement of Criteria

Addresses changes in health care practices

Key Points:

- Retirement of **8** criteria.
- Criteria no longer adding value to PCMH Recognition.

Examples:

- KM 18: Controlled Substance Review.
- QI 18: Electronic Submission of Measures.

Alignment with Health Plan Accreditation

Addresses changes for collaboration

Key Points:

- Affects **2** criteria.
- Improves collaboration between primary care and payers.
- **Addition of "payers" as a source is optional.**

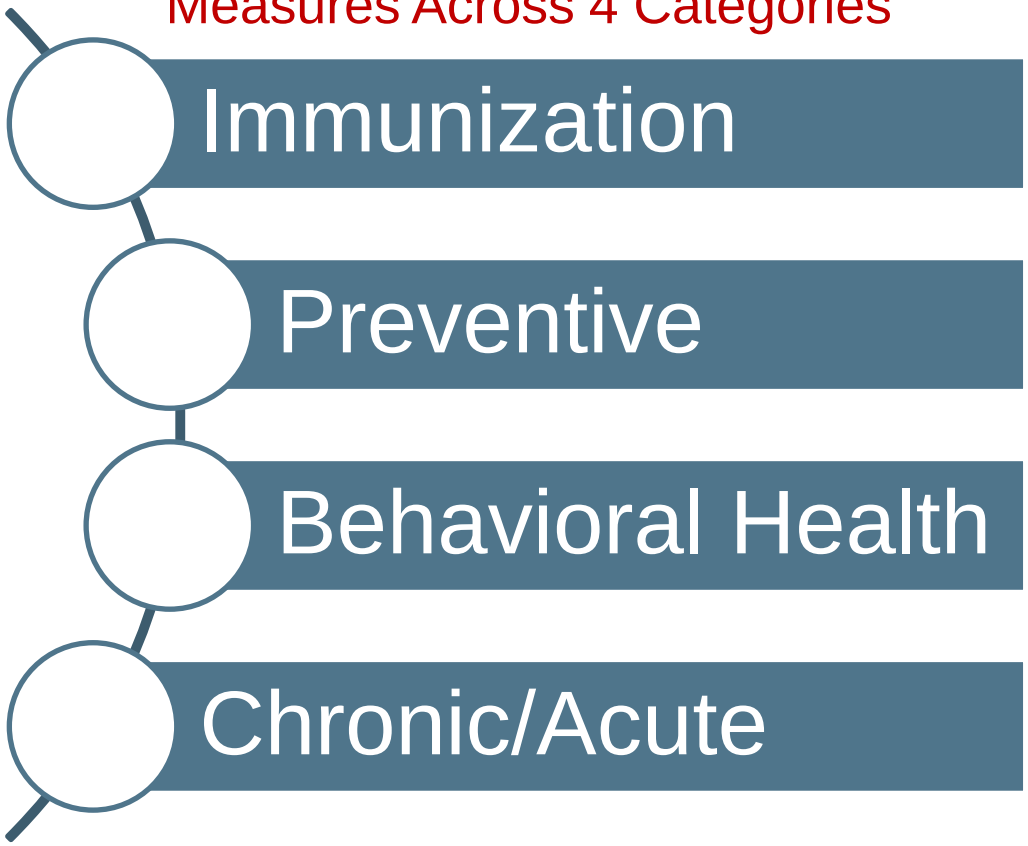
Examples:

- KM 26: Community (Resource) Lists
- CC 21: External Electronic Exchange of Information

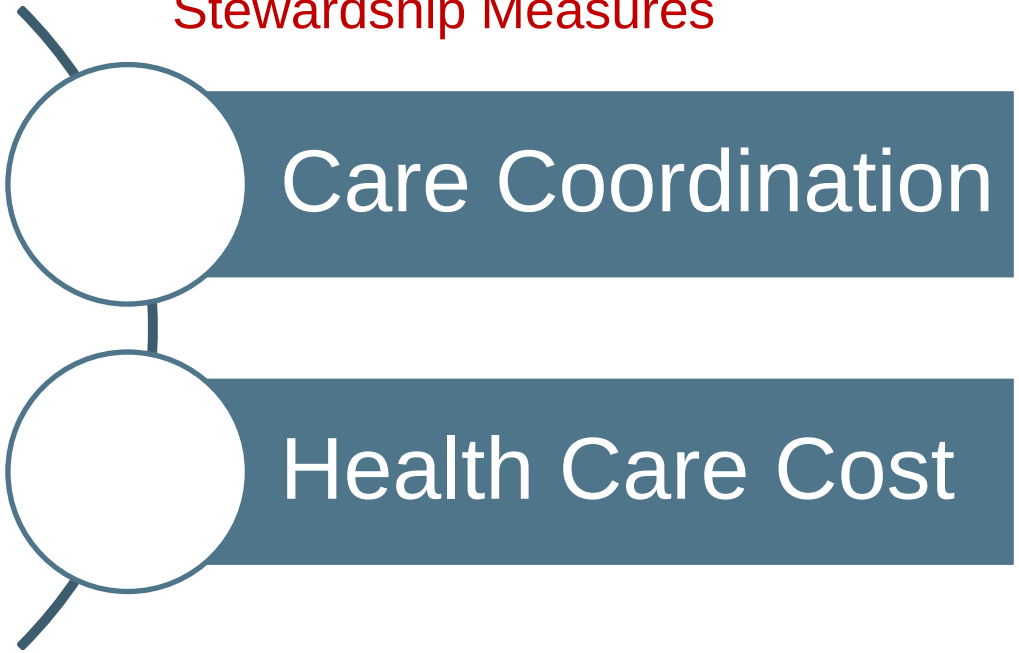
Concept 6: Performance Measurement and Quality Improvement

eCQM Standardized Measures

QI 01: Submit 5 Clinical Quality Measures Across 4 Categories



QI 02: Submit 2 Resource Stewardship Measures



PCMH Measures Webpage
eCQI Resource Center

Polling Question #1

Are you interested in receiving standardized PCMH measurement data?

A. Yes.

B. No.

C. Unsure

Are you interested in speaking with NCQA about receiving standardized PCMH measurement data for practices in your state?

A. Yes.

B. No.

C. Unsure

Full List of New Criteria Added

Effective 2026

Concept	Criteria
TC	**Patient Consent:** The organization requests patient consent to treatment through virtual modalities.
KM	**Prescribing Patterns:** The organization tracks medication prescribing practices and performs analysis on prescribing patterns.
KM	**Interpreter Services:** The organization uses competent interpreter or bilingual services to communicate with individuals in a language other than English.
KM	**Virtual Care Training:** The organization provides staff training on relevant clinical and nonclinical topics.
AC	**Appropriate Modality of Care:** The organization has a process for determining that virtual care is appropriate for the patient.
AC	**Information for Appeals:** The organization provides clinical information in response to appeals of denials based on medical necessity or treatment guidelines.
AC	**Services Covered by Insurance:** The organization has a process for informing patients which services are covered by insurance.
QI	**Assessment of Clinician and Care Team Experience:** The organization assesses clinician and care team experience for delivering care.
QI	**Goals and Actions to Improve:** The organization identifies at least one opportunity to improve the clinician and care team's experience, implements an intervention and measures the intervention's effectiveness.

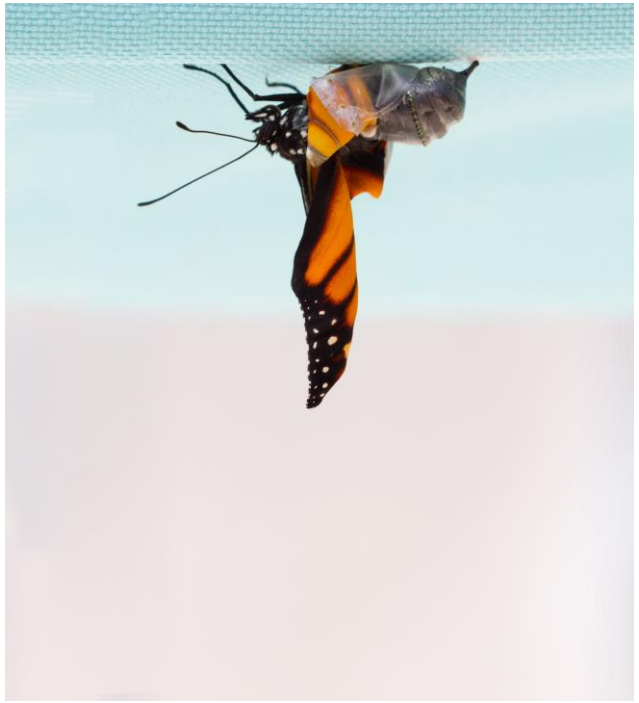
Full List of Retired Criteria

Effective 2026

Criteria
TC 03: External PCMH Collaborations
TC 09: Medical Home Information
KM 08: Patient Materials
KM 18: Controlled Substance Review
KM 25: School/Intervention Agency Engagement
KM 28: Case Conferences
CC 12: Co-Management Arrangements
QI 18: Electronic Submission of Measures

Next Steps in PCMH's Life Cycle

An Outcomes-Driven Focus



- How will NCQA's approach to PCMH evolve?
- Build on original intent of PCMH
  - *Value of* ***standardization***
- Meet practices where they are (capability **differences**)
- Measure **what matters**
  - *Narrow, impactful, outcomes-focus*
- Align with quality-linked **incentives**

Polling Question #2

Of the following, what do you think are the biggest challenges providers in your state are facing in primary care? (Select all that apply)

A. Limited access to timely, actionable data

A. Misalignment between measures and real-world clinical practice

B. Insufficient staff capacity or training

C. Lack of interoperability between systems

D. Inconsistent incentives or unclear expectations from payers

E. Difficulty engaging patients in population health goals

F. Limited support for addressing social determinants of health

G. Other (please specify)

Polling Question #3

Of the following, what support do primary care providers need to improve care delivery? (select all that apply)

- Technical assistance and training
- Enhanced data sharing and analytics
- Financial incentives or grants
- Simplified reporting requirements
- Peer learning collaboratives
- Other (please specify)

Questions

Polling Question #4

Are you interested in a speaking to a member of the state affairs team about PCMH or primary care?

A. Yes.
B. No.
C. Unsure.

Are you a PCMH CCE? Please indicate below to receive 2.0 required CEU points for PCMH CCEs.

A. Yes.
B. No.

you're invited!

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THIS IS QUALITY

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Featured Guest...

President of The Commonwealth Fund, ***Joseph R. Betancourt***

June 4, 1-2pm EST

Register Here

NCQA Upcoming Events- Register Now!

State Discussion: Advancing Interoperability

June 24th, 12:00pm-1:00pm ET

Join NCQA and Leavitt Partners to discuss state considerations for interoperability and digital quality measures.

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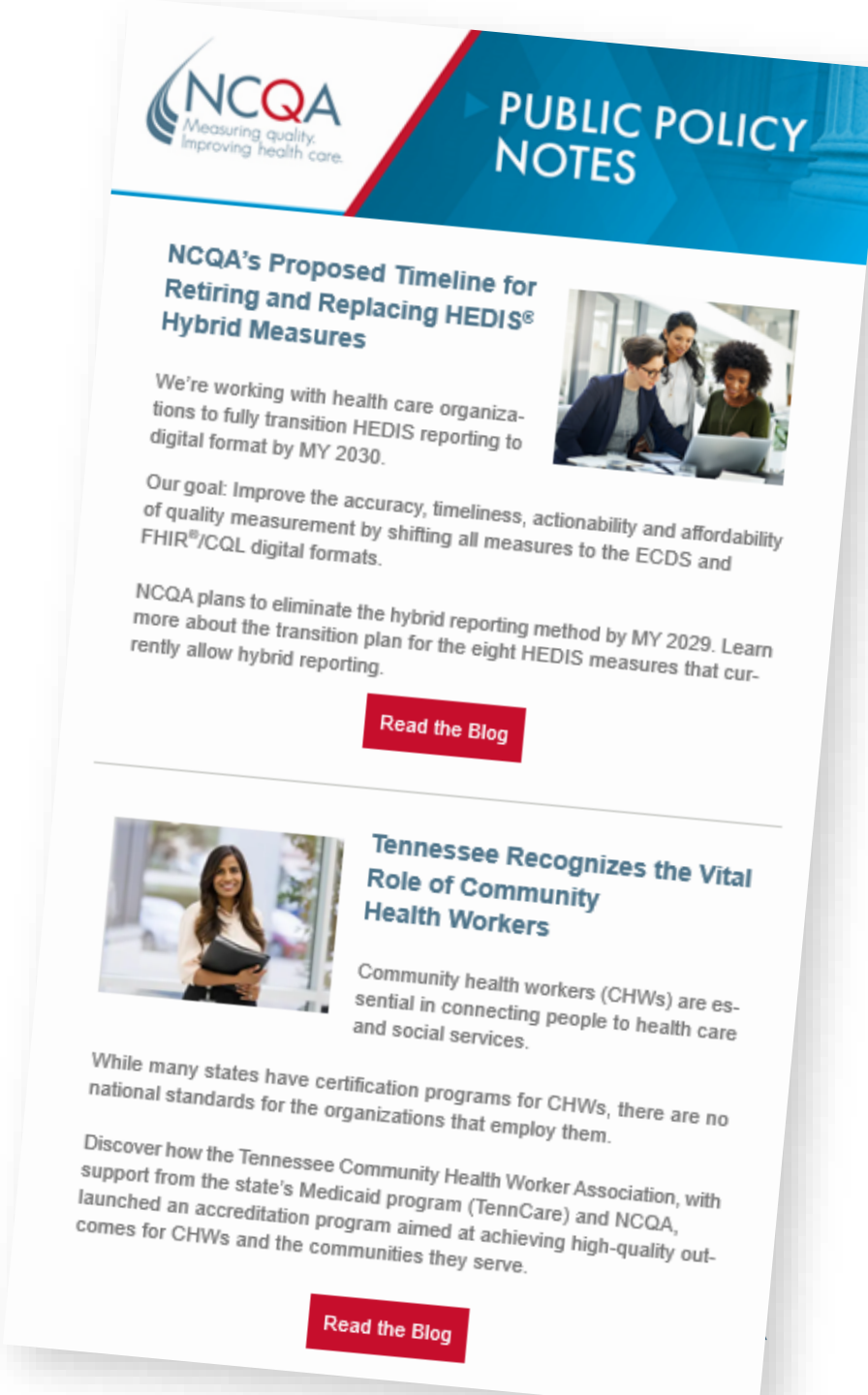


Will you be at these Conferences? Connect with us!

July 27–29
Washington, DC

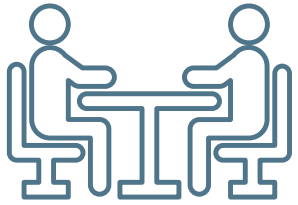
NASMHPD

August 11–14
Milwaukee, WI

2025
MILWAUKEE, WI • AUGUST 11 - 14
MESC

September 8–10
San Diego, CA

NASHP



Stop by our booths- or schedule a time with us to connect at publicpolicy@ncqa.org


NCQA
Thank you