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Penetration of PC-MH as of September 30, 2014

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Your Life Your Health

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The patient-centered medical home is the present and the future of primary healthcare design.  
**The five Patient-Centered Medical Home Accrediting Organizations are:**

- The **Accreditation Association of Ambulatory Health Care (AAAHC)** has provided Medical Home accreditation to **73 organizations across 422 practice sites**. AAAHC does not track or report the exact number of providers participating in their accredited practices. The following link is to an article by AAAHC describing their accreditation program: <http://www.jameslhollymd.com/medical-home/pdfs/AAAHC.pdf>. (Note: For analysis purposes, we are assuming that each “practice site” has an average of three providers or a total of 1,266. Individual providers in AAAHC’s practice sites.)
- The **Joint Commission** has accredited **134 organizations with 1315 sites** for both ambulatory care and PC-MH. This includes **approximately 3,000 primary care physicians**. This link is to the practices accredited for ambulatory care and PC-MH by Joint Commission: [http://www.jointcommission.org/assets/1/6/PCMH\\_org\\_list.pdf](http://www.jointcommission.org/assets/1/6/PCMH_org_list.pdf). The article at this link is by The Joint Commission and describes the Commission’s PC-MH program: <http://www.jameslhollymd.com/medical-home/pdfs/Joint-Commission.pdf>.
- The **National Committee for Quality Assurance (NCQA)** has recognized **8, 112 practices (consistent with the descriptions above these would be “practice sites” and not unique organizations) which include 40,841 practicing primary care physicians**. For instance, SETMA is one organization but has six practice sites. NCQA reports SETMA as six practices. Because NCQA is the largest of the accreditation organizations, there are details below of the growth of their recognition of PC-MH since 2010. The following link is to a description by NCQA of their PC-MH recognition program: <http://www.jameslhollymd.com/medical-home/pdfs/NCQA.pdf>.
- **Planetree** is the oldest of the PC-MH accreditation organizations but is probably the least well known. The following is a link to an article which describes Planetree’s accreditation program: <http://www.jameslhollymd.com/medical-home/pdfs/Planetree.pdf>. Due to Planetree’s methodology and due to their intense focus on cultural changes in medical practices, their accreditation is intense and costly. As will be seen later, it is SETMA’s judgment that practices which are committed to transformation should add Planetree to their transformation process.

- **URAC**, which is not an acronym, does not publicly report its numbers of accreditation. While URAC's PC-MH accreditation process is relatively new, that should not keep medical practices from discovering the unique benefits they offer in the PC-MH pilgrimage. The following link is to an article by URAXC About its accreditation program. <http://www.jameslhollymd.com/medical-home/pdfs/URAC.pdf>

Southeast Texas Medical Associates, LLP (SETMA, [www.jameslhollymd.com](http://www.jameslhollymd.com)) holds recognitions and/or accreditations from four of these five organizations and has the intention of working with Planetree within the next 24 months. The dates of SETMA's accreditations from initial accreditation to the date where re-accreditation is required are:

- AAAHC – August, 2010-August 2017
- NCQA – July, 2010-July 2016
- The Joint Commission – March, 2014-March 2016
- URAC – February 2014-February 2017

## Methods

With this foundation, we would like to analyze the penetration of the PC-MH model into the primary care practice of medicine. The method's we have chosen is an estimate of the numbers of physicians involved in PC-MHs. The deficiency of this method is that all agencies do not report their accreditations by numbers of physicians. Another method would be by numbers of practices involved in PC-MH. The deficiency is that some accreditation organizations do not distinguish between practice organizations and practice sites.

But the greatest deficiency is that recognition and/or accreditation by any or all of these organizations may not be reflect of real, transformation cultural practice changes which will realize the promise of PC-MH.

NOTE: URAC and Planetree have very small numbers of physicians involved in accredited organizations. These should and will grow as their contribution to the PC-MH pilgrimage is recognized.

## **PC-MH Penetration as a Percent of Primary Care Physicians Working in PC-MHs: 18.33%**

With NCQA and The Joint Commission numbers and with the estimation of the numbers of physicians working in AAAHC accredited medical homes, there are **45,107** physicians active in medical homes. Agency for Healthcare Research and Quality (AHRQ, a part of Health and Human Services) states that there are 246,090 primary care physicians in the USA: <http://www.ahrq.gov/research/findings/factsheets/primary/pcwork1/index.html> (From the *AMA Physician Master file 2010*).

There are appropriately 661,400 physicians practicing in the USA. With 246,090 in primary care and 45,107 working in PC-MH practices, **18.33% of primary care physicians are participating in Patient-Centered Medical Homes.**

## **SETMA's Recommendation for practices planning to become a PC-MH**

A brief summary of SETMA's recommendation based on our experience is included the *Executive View* published by MGMA in the summer of 2014, which can be read at <http://www.jameslhollymd.com/In-The-News/pdfs/mgma-executive-view-summer-2014.pdf>.

The following is the complete text of the article submitted to MGMA concerning SETMA's recommendation. If a practice is very serious about Medical Home, SETMA's current perspective would recommend that a practice take the following accreditation steps:

- a. Pursue and achieve NCQA Tier 3 recognition for PC-MH and deploy the Consumer Assessment of Healthcare Provider and Systems (CAHPS). The CAHPS survey is conducted by independent organizations assess patient response to the medical home environment. Our caution would be for an organization not to assume that the NCQA achievement is the end of the medical home pilgrimage. It is, however, in SETMA's judgment a very good beginning.
- b. Once this first step is achieved, SETMA would recommend that practices or practice sites choose one of three other accreditation bodies (AAAH, URAC, Joint Commission) for evaluation of the practice. This assures that the practice's safety and quality measures required to achieve continuous quality improvement are in place. Because each of these organizations perform on site visits and evaluations, they add a dimension to the evaluation process which is not included in the NCQA evaluation.
- c. Once this second step is achieved, SETMA recommends that practices work with Planetree to achieve a "Practice Culture" assessment for maximum transformative purposes in patient-centered care.

### **SETMA's Accreditation Team**

Through SETMA's experience over the past five years, we have developed an **Accreditation Team** made up of healthcare providers including physicians, NPs RNs, and LVNs, administration, and IT. This team's expertise developed over time, allows the practice to continue to learn from the accrediting bodies without major disruption to the actual practice of PC-MH.

### **History of NCQA PC-MH Recognition Numbers**

#### **As of September 30, 2014**

In Texas, 388 practice sties are recognized by NCQA. The distribution from the lowest recognition (level 1) to the highest (level 3 is:

Level 1 – 19  
Level 2 – 56  
Level 3 – 313

Nationally 8,112 practice sites are recognized:

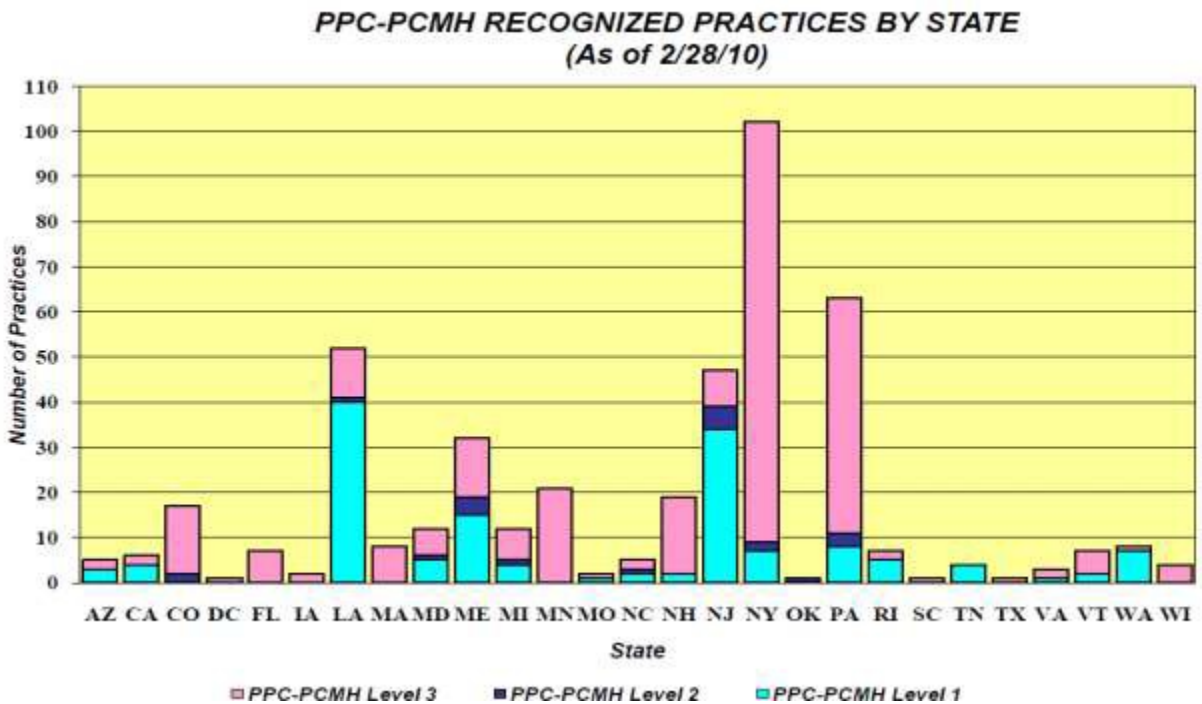
Level 1 – 551  
 Level 2 – 1439  
 Level 3 -- 6152

**As of November 30, 2011**

There were a total of 3,060 practice sites recognized.

Level 1 – 788  
 Level 2 – 136  
 Level 3 – 2136

**As of February 18, 2010**



**Conclusion**

Becoming a patient-centered medical home is a worthy goal for all medical practices but the ultimate goal should be the transformation of each practice into a patient-centered, healthcare delivery system which employs patient-centered conversations, patient activation, patient engagement and shared decision making.

As of this date, this process has begun. With over 82% of practices still to make the PC-MH transition, we have a ways to go, but we have begun. We hope that within five years our numbers will have doubled and that in ten years, that we may have 75% of practices functioning as real patient-centered medical homes.