

# **Integrating the new 2011 NCQA Patient Centered Medical Home (PCMH) Standards and Meaningful Use Criteria to Enhance your HCH Practice**

## **Table Exercise #3**

### **Standard 5: Track and Coordinate Care**

#### **Getting Started:**

Table Introductions: Please share your name and the name of the organization with which you are affiliated. Very Briefly Describe your health center (size, scope of services, # of staff)

#### **Instructions for Exercise**

The purpose of these exercises is to help you evaluate your practice within the context of a patient centered medical home.

- Review the NCQA PCMH 2011 Standard 5: Track and Coordinate Care segment below, and then review and answer the specific questions.
- Note your progress: If you have already begun the process of becoming a medical home, jot down your progress, how you achieved it and any barriers and roadblocks you encountered.
- Discuss: Talk about your answers to the questions with others at your table, focusing on areas of strengths and areas of challenge.
- Report: We will ask for a representative from each table to report a summary of your discussion with the large group.

#### **Standard 5: Track and Coordinate Care**

- The practice tracks, follows-up on and coordinates tests, referrals and care at other facilities (e.g. hospitals)
- The practice follows up with discharged patients

#### **Questions to Answer**

1. What systems and processes are in place within your health center to track lab and imaging tests?
  - How are patients/family members notified of test results (whether they are normal or abnormal)?
  - Is your health center able to receive lab test and imaging results electronically?
  
2. How are referrals tracked at your health center?
  - Is your practice able to electronically exchange key clinical information with referral sources? How?

3. What kind of patient care information does your health center currently exchange (and how) with other care facilities in your community?
  - How do you become aware that your patient has been to ER or hospital?
  - Does your practice receive discharge information from hospitals and emergency departments within your community?
  - What kind of patient follow-up process occurs once you have been notified of a patient's discharge from an in-patient setting or ED?
  
4. How are care transitions managed? How do you perceive this changing in the new model of care?