

Measure # 76: The Joint Commission Patient-Centered Medical Home Self-Assessment Survey

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Optional Self-Assessment for Primary Care Medical Home (PCMH) Certification for Ambulatory Health Care Centers

The following tool is a useful document that may be helpful to your ambulatory care practice as you pursue PCMH certification for your facilities. The tool assesses Elements of Performance (EPs) which are the actions, processes and structures that must be implemented to achieve the standard. These EPs are in addition to those required for your ambulatory care accreditation.

Survey Activity line below each explanation indicates which activity within the survey should be addressed.

If you would like to use this tool, you may find it most beneficial to consider all sites you are considering for PCMH certification.

✓ Check “yes” when your organization believes it is in compliance with a question.

✓ Check “no” when your organization is not in compliance

Based on your answers, your organization may be able to highlight areas where continued work needs to be completed in order to be in compliance with the standards..

I. OPERATIONAL CHARACTERISTIC: PATIENT-CENTEREDNESS

Focus Area A: Information to Patients about Primary Care Medical Home Certification

1. The organization **provides information to the patient** about: (indicate Yes or No to each item)

Yes No

The mission, vision, and goals of the primary care medical home. [RI.01.04.03/EP 1 (C)]

Note: This may include how it provides for patient-centered and team-based comprehensive care, a systems-based approach to quality and safety, and enhanced patient access.

The scope of care and types of services provided [RI.01.04.03/EP 2(C)]

How the primary care medical home functions, including the following: [RI.01.04.03/EP 3 (C)]

- Processes supporting patient selection of a primary care clinician
- Involving the patients in his or her treatment plan
- Obtaining and tracking referrals
- Coordinating care
- Collaborating with patient-selected clinicians who provide specialty care or second opinions

How to access the primary care medical home for care or information [RI.01.04.03/EP 4 (C)]

- Patient responsibilities, including providing health history and current medications, and participating in self-management activities [RI.01.04.03/EP 5 (C)]
- The patient's right to obtain care from other clinicians within the primary care medical home, to seek a second opinion, and to seek specialty care [RI.01.04.03/EP 6 (C)].

YES at **all** sites _____ YES at **some** sites: _____ (list sites) NO _____
 [Explain any items above that are Not Provided and identify sites]

Explanation: _____

Survey Activity: Patient Tracer, Opening Conference/Org orientation, Governing Board Session (for BPHC-supported Health Centers only)

Focus Area B: Designated Primary Care Clinician

1. **Each patient has a designated primary care clinician.** [PC.02.01.01/EP 16 (C)]

YES at **all** sites _____ YES at **some** sites: _____ (list sites) NO _____

Site Name(s) and Comments: _____

Survey Activity: Patient Tracer, Opening Conference/Org orientation

2. The organization **allows the patient to select his or her primary care clinician.**
 [PC.02.01.01/EP 17 (A)]

YES at **all** sites _____ YES at **some** sites: _____ (list sites) NO _____

Site Name(s) and Comments: _____

Survey Activity: Patient Tracer, Opening Conference/Org orientation

Focus Area C: Patient Involvement in Own Care Decisions

1. The organization **respects the patient's right to make decisions** about the management of his or her care. [RI.01.02.01/EP 31 (A)]

YES at **all** sites _____ YES at **some** sites: _____ (list sites) NO _____

Site Name(s) and Comments: _____

Survey Activity: Patient Tracer, Opening Conference/Org orientation

2. The interdisciplinary team **involves the patient in the development of his or her treatment plan.**
 [PC.02.04.05/EP 11 (C)]

YES at **all** sites _____ YES at **some** sites: _____ (list sites) NO _____

Site Name(s) and Comments: _____

Survey Activity: Patient Tracer, Opening Conference/Org orientation, Clinical/staff Leadership Session (for BPHC-supported centers only)

3. The interdisciplinary team **works in partnership with the patient** to achieve planned outcomes.
[PC.02.04.05/EP 9 (C)]

YES at **all** sites _____ YES at **some** sites: _____(list sites) NO _____

Site Name(s) and Comments: _____

Survey Activity: Patient Tracer, Opening Conference/Org orientation, Clinical/staff Leadership Session (for BPHC-supported centers only)

4. The organization **respects the patient's right and provides the patient opportunity** to:
[RI.01.02.01/EP32 (A)] (indicate Yes or No to each item)

Yes No

Obtain care from other clinicians of the patient's choosing within the primary care medical home

Seek a second opinion from a clinician of the patient's choosing

Seek specialty care

Note: This does not imply financial responsibility for any activities associated with these rights.

YES at **all** sites _____ YES at **some** sites: _____(list sites) NO _____

[Explain any items above that are marked No and include site names]

Explanation: _____

Survey Activity: Patient Tracer, Opening Conference/Org orientation, Clinical/staff Leadership Session (for BPHC-supported Health Centers only)

Focus Area D: Patient Language & Communication Needs

1. The primary care clinician and the interdisciplinary team **identify the patient's oral and written communication needs**, including the patient's preferred language for discussing health care.
[PC.02.01.21/EP 1 (C)]

Note: Communication need examples include the need for personal devices such as hearing aids or glasses, language interpreters, communication boards, and translated or plain language materials.

YES at **all** sites _____ YES at **some** sites: _____(list sites) NO _____

Site Name(s) and Comments: _____

Survey Activity: Patient Tracer, Opening Conference/Org orientation, Clinical/staff Leadership Session (for BPHC-supported centers only)

2. The primary care clinician and the interdisciplinary team **communicate with the patient in a manner that meets the patient's oral and written communication needs**. [PC.02.01.21/EP 2 (C)]

YES at **all** sites _____ YES at **some** sites: _____(list sites) NO _____

Site Name(s) and Comments: _____

Survey Activity: Patient Tracer, Opening Conference/Org orientation, Clinical/staff Leadership Session (for BPHC-supported centers only)

3. The clinical **record contains the patient's communication needs**, including preferred language for discussing health care. [RC.02.01.01/EP 30 (C)]

YES at **all** sites _____ YES at **some** sites: _____(list sites) NO _____

Site Name(s) and Comments: _____

Survey Activity: Patient Tracer, Opening Conference/Org orientation

4. The organization **provides language interpreting and translation services**. [RI.01.01.03/EP 2 (C/3)]

Note: Language interpreting options may include trained bilingual staff, contract interpreting services, or employed language interpreters. These options may be provided in person, via telephone or video. The documents translated and languages into which they are translated are dependent on the patient population.

YES at **all** sites _____ YES at **some** sites: _____(list sites) NO _____

Site Name(s) and Comments: _____

Survey Activity: Patient Tracer, Opening Conference/Org orientation, Clinical/staff Leadership Session (for BPHC-supported Health Centers only)

5. The clinical **record contains the patient's race and ethnicity**. [RC.02.01.01/EP 28 (C)]

YES at **all** sites _____ YES at **some** sites: _____(list sites) NO _____

Site Name(s) and Comments: _____

Survey Activity: Patient Tracer, Opening Conference/Org orientation

Focus Area E: Patient Education, Health Literacy, & Self-Management

1. The interdisciplinary team **identifies the patient's health literacy needs**. [PC.02.02.01/EP 24 (C)]

YES at **all** sites _____ YES at **some** sites: _____(list sites) NO _____

[Health literacy is the degree to which patients have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.]

Site Name(s) and Comments: _____

Survey Activity: Patient Tracer, Opening Conference/Org orientation, Clinical/staff Leadership Session (for BPHC-supported centers only)

2. The primary care clinician and the interdisciplinary team **incorporate the patient's health literacy needs into the patient's education**. [PC.02.02.01/EP 25 (C)]

YES at **all** sites _____ YES at **some** sites: _____(list sites) NO _____

Site Name(s) and Comments: _____

Survey Activity: Patient Tracer, Opening Conference/Org orientation, Clinical/staff Leadership Session (for BPHC-supported centers only)

3. Patient **self-management goals are identified** and incorporated into the patient's treatment plan. [PC.01.03.01/EP 44 (C)]

YES at **all** sites _____ YES at **some** sites: _____ (list sites) NO _____

Site Name(s) and Comments: _____

Survey Activity: Patient Tracer, Opening Conference/Org orientation

4. The primary care clinician and the interdisciplinary team **educate the patient on self-management tools and techniques** based on the patient's individual needs. [PC.02.03.01/EP 28 (C)]

YES at **all** sites _____ YES at **some** sites: _____ (list sites) NO _____

Site Name(s) and Comments: _____

Survey Activity: Patient Tracer, Opening Conference/Org orientation, Clinical/staff Leadership Session (for BPHC-supported Health Ctrs only)

5. The clinical **record includes the patient's self-management goals and the patient's progress** toward achieving those goals. [RC.02.01.01/EP 29 (C)]

YES at **all** sites _____ YES at **some** sites: _____ (list sites) NO _____

Site Name(s) and Comments: _____

Survey Activity: Patient Tracer, Opening Conference/Org orientation

II. OPERATIONAL CHARACTERISTIC: COMPREHENSIVENESS

Focus Area A: Expanded Scope of Responsibility

1. The organization manages transitions in care and **provides or facilitates patient access to:**
[PC.02.04.03/EP 1 (A)]

Note: Some of these services may be obtained through the use of community resources as available, or in collaboration with other organizations.

(Indicate Yes or No to each item)

Yes	No		Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Acute care	<input type="checkbox"/>	<input type="checkbox"/>	Substance abuse treatment
<input type="checkbox"/>	<input type="checkbox"/>	Oral health care	<input type="checkbox"/>	<input type="checkbox"/>	Urgent and emergent care
<input type="checkbox"/>	<input type="checkbox"/>	Management of chronic care	<input type="checkbox"/>	<input type="checkbox"/>	Behavioral health needs
<input type="checkbox"/>	<input type="checkbox"/>	Preventive services that are age and gender-specific			

YES at **all** sites _____ YES at **some** sites: _____(list sites) NO _____

[Explain any items above that are marked No and include site names]

Explanation: _____

Survey Activity: Patient Tracer, Opening Conference/Org orientation; Governing Board and Clinical/staff Leadership Sessions (for BPHC-supported Health Centers only)

2. The organization provides care that **addresses various phases of a patient's lifespan**, including end-of-life care [PC.02.04.03/EP 2 (A)]

YES at **all** sites _____ YES at **some** sites: _____(list sites) NO _____

Site Name(s) and Comments: _____

Survey Activity: Patient Tracer, Opening Conference/Org orientation, Governing Board and Clinical/staff Leadership Sessions (for BPHC-supported Health Centers only)

3. The organization **provides disease and chronic care management** services [PC.02.04.03/EP3 (A)]

YES at **all** sites _____ YES at **some** sites: _____(list sites) NO _____

Site Name(s) and Comments: _____

Survey Activity: Patient Tracer, Opening Conference/Org orientation

4. The organization **provides population-based care** [PC.02.04.03/EP 4 (A)]

YES at **all** sites _____ YES at **some** sites: _____(list sites) NO _____

[Population-based care is the assessment, monitoring, and management of the health care needs and outcomes of identified groups of patients and communities, rather than individual patients. The goal is to improve the health of the population, increase awareness of behavior-related health risks, promote healthy lifestyles and patient self-management, and decrease health care inequities.]

Site Name(s) and Comments: _____

Survey Activity: Patient Tracer, Opening Conference/Org orientation

Focus Area B: Team Membership & General Responsibilities

1. The organization **identifies the composition of the interdisciplinary team.** [PC.02.04.05/EP 1 (A)]

YES at **all** sites _____ YES at **some** sites: _____(list sites) NO _____

Site Name(s) and Comments: _____

Survey Activity: Patient Tracer, Opening Conference/Org orientation, Clinical/staff Leadership Session (for BPHC-supported Centers only)

2. The members of the interdisciplinary team **provide comprehensive and coordinated care, and maintain the continuity of care.** [PC.02.04.05/EP 2 (A)]

Note: The provision of care may include making internal and external referrals.

YES at **all** sites _____ YES at **some** sites: _____(list sites) NO _____

Site Name(s) and Comments: _____

Survey Activity: Patient Tracer, Opening Conference/Org orientation

3. The primary care clinician and team members **provide care for a designated group of patients.** [PC.02.04.05/EP 4 (A)]

YES at **all** sites _____ YES at **some** sites: _____(list sites) NO _____

Site Name(s) and Comments: _____

Survey Activity: Patient Tracer, Opening Conference/Org orientation

4. The interdisciplinary team **participates in the development of the patient's treatment plan.** [PC.02.04.05/EP 8 (C)]

YES at **all** sites _____ YES at **some** sites: _____(list sites) NO _____

Site Name(s) and Comments: _____

Survey Activity: Patient Tracer, Opening Conference/Org orientation, Clinical/staff Leadership Session (for BPHC-supported centers only)

5. The interdisciplinary team assesses patients for health risk behaviors. [PC.02.04.05/EP 12 (C)]

YES at **all** sites _____ YES at **some** sites: _____(list sites) NO _____

Site Name(s) and Comments: _____

Survey Activity: Patient Tracer, Opening Conference/Org orientation, Clinical/staff Leadership Session (for BPHC-supported centers only)

6. The interdisciplinary team **monitors the patient's progress** towards achieving treatment goals. [PC.02.04.05/EP 10 (C)]

YES at **all** sites _____ YES at **some** sites: _____(list sites) NO _____

Site Name(s) and Comments: _____

Survey Activity: Patient Tracer, Opening Conference/Org orientation, Clinical/staff Leadership Session (for BPHC-supported centers only)

III. OPERATIONAL CHARACTERISTIC: COORDINATION OF CARE

Focus Area A: Care Coordination

1. The primary care clinician is responsible for making certain that **the interdisciplinary team provides comprehensive and coordinated care, and maintains the continuity of care.** [PC.02.04.05/EP 5 (A)]
Note: Coordination of care may include making internal and external referrals, developing and evaluating treatment plans, and resolving conflicts in providing care.

YES at **all** sites _____ YES at **some** sites: _____(list sites) NO _____

Site Name(s) and Comments: _____

Survey Activity: Patient Tracer, Opening Conference/Org orientation, Continuity of Care System Tracer, Clinical/staff Leadership Session (for BPHC-supported Centers only)

2. When a patient is referred to an external organization, the interdisciplinary team **reviews and tracks the care provided** to the patient. [PC.02.04.05/EP 6 (C)]

YES at **all** sites _____ YES at **some** sites: _____(list sites) NO _____

Site Name(s) and Comments: _____

Survey Activity: Patient Tracer, Opening Conference/Org orientation, Continuity of Care system tracer, Clinical/staff Leadership Sessions (for BPHC-supported Health Centers only)

3. The interdisciplinary team **acts on recommendations from internal and external referrals** for additional care, treatment, or services. [PC.02.04.05/EP 7 (C)]

YES at **all** sites _____ YES at **some** sites: _____(list sites) NO _____

Site Name(s) and Comments: _____

Survey Activity: Patient Tracer, Opening Conference/Org orientation, Continuity of Care system tracer, Clinical/staff Leadership Sessions (for BPHC-supported Health Centers only)

4. The **clinical record contains information that promotes continuity of care** among providers.

[RC.01.01.01/EP 8 (C) 3]

Note: This requirement refers to care provided by both internal and external providers.

YES at **all** sites _____ YES at **some** sites: _____(list sites) NO _____

Site Name(s) and Comments: _____

Survey Activity: Patient Tracer, Opening Conference/Org orientation

IV. OPERATIONAL CHARACTERISTIC: SUPERB ACCESS TO CARE

Focus Area A: Enhanced Access to Services

1. The organization provides patients with **24 hours/day, 7 days/week access to:**

[PC.02.04.01/EP1 (A/3)] (Indicate Yes or No to each item)

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Appointment availability/scheduling |
| <input type="checkbox"/> | <input type="checkbox"/> | Requests for prescription renewal |
| <input type="checkbox"/> | <input type="checkbox"/> | Test results |
| <input type="checkbox"/> | <input type="checkbox"/> | Clinical advice for urgent health needs |

Note: Access may be provided through different methods, such as phone, flexible hours, websites, and portals.

YES at **all** sites _____ YES at **some** sites: _____(list sites) NO _____

[Explain any items above that are marked No and include site names]

Explanation: _____

Survey Activity: Patient Tracer, Opening Conference/Org orientation, Governing Board and Clinical/staff Leadership Sessions (for BPHC-supported Health Centers only)

2. The organization **offers flexible scheduling** to accommodate patient care needs.

[PC.02.04.01/EP 2 (A)]

Note: This may include open scheduling, same day appointments, expanded hours, and arrangements with other organizations.

YES at **all** sites _____ YES at **some** sites: _____(list sites) NO _____

Site Name(s) and Comments: _____

Survey Activity: Patient Tracer, Opening Conference/Org orientation, Governing Board Session (for BPHC-supported Health Centers only)

3. The organization has a **process to address patient urgent care needs 24 hours a day, 7 days a week.** [PC.02.04.01/EP 3 (A/3)]

YES at **all** sites _____ YES at **some** sites: _____(list sites) NO _____

Site Name(s) and Comments: _____

Survey Activity: Patient Tracer, Opening Conference/Org orientation, Governing Board and Clinical/staff Leadership Sessions (for BPHC-supported Health Centers only)

V. OPERATIONAL CHARACTERISTIC: SYSTEMS FOR QUALITY/SAFETY

Focus Area A: Health Information Technology (HIT) – Related

1. The organization **uses health information technology** to: [PC.02.04.03/EP5 (A)]

(Indicate Yes or No to each item)

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Support the continuity of care, and provision of comprehensive and coordinated care |
| <input type="checkbox"/> | <input type="checkbox"/> | Document and track care |
| <input type="checkbox"/> | <input type="checkbox"/> | Support disease management, including providing patient education |
| <input type="checkbox"/> | <input type="checkbox"/> | Support preventive care |
| <input type="checkbox"/> | <input type="checkbox"/> | Create reports for internal use and external reporting |
| <input type="checkbox"/> | <input type="checkbox"/> | Facilitate electronic exchange of information among providers |
| <input type="checkbox"/> | <input type="checkbox"/> | Support performance improvement |

YES at **all** sites _____ YES at **some** sites: _____(list sites) NO _____

[Explain any items above that are marked No and include site names]

Explanation: _____

Survey Activity: Patient Tracer, Opening Conference/Org orientation, Continuity of Care system tracer

2. The organization **uses an electronic prescribing** process. [MM.04.01.01/EP 21 (A)]

YES at **all** sites _____ YES at **some** sites: _____(list sites) NO _____

Site Name(s) and Comments: _____

Survey Activity: Patient Tracer, Opening Conference/Org orientation, Medication Management System Tracer

3. The organization **uses clinical decision support tools** to guide decision making).
 [PC.01.03.01/EP 45 (C)]

[Clinical decision support is software designed to assist in clinical decision making. A clinical decision support system matches two or more characteristics of an individual patient to a computerized clinical knowledge base and provides patient-specific assessments or recommendations to the clinician. The clinician makes decisions based on clinical expertise, knowledge of the patient, and the information provided through the clinical decision support system. A clinical decision support system can be used at different points in the care process such as diagnosis, treatment, and post-treatment care, including the prediction of future events.]

YES at **all** sites _____ YES at **some** sites: _____(list sites) NO _____

Site Name(s) and Comments: _____

Survey Activity: Patient Tracer, Opening Conference/Org orientation, Medication Management System Tracer, Clinical/staff Leadership Session (for BPHC-supported Health Centers only)

Focus Area B: Performance Improvement – Related

1. The organization **collects data on: disease management outcomes.** [PI.01.01.01/EP 40 (A)]

YES for **all** sites _____ YES for **some** sites: _____(list sites) NO _____

Site Name(s) and Comments: _____

Survey Activity: Patient Tracer, Opening Conference/Org orientation, Data Management System Tracer

2. The organization **collects data on: patient access to care** within timeframes established by the organization. [PI.01.01.01/EP 41 (A)]

YES at **all** sites _____ YES at **some** sites: _____(list sites) NO _____

Site Name(s) and Comments: _____

Survey Activity: Patient Tracer, Opening Conference/Org orientation, Data Management System Tracer

3. The organization **collects data on the following:** [PI.01.01.01/EP 42 (A)]
 (Indicate Yes or No to each item)

Yes No

Patient experience and satisfaction related to access to care and communication.

Patient perception of the comprehensiveness of care.

Patient perception of the coordination of care.

Patient perception of the continuity of care.

YES at **all** sites _____ YES at **some** sites: _____(list sites) NO _____

Site Name(s) and Comments: _____

Survey Activity: Patient Tracer, Opening Conference/Org orientation, Data Management System Tracer

4. The organization **uses the data it collects** on the patient's experience and satisfaction related to access to care and communication, and the patient's perception of the comprehensiveness, coordination, and continuity of care [PI.03.01.01/EP 11 (A)]

YES ____ (describe an example below) NO ____

Examples and Comments: _____

Survey Activity: Patient Tracer, Opening Conference/Org orientation, Data Management System Tracer, Governing Board Session (for BPHC-supported Health Centers only)

5. Leaders **involve patients in performance improvement** activities. [LD.04.04.01/EP 24 (A)]

Note: Patient involvement may include activities such as participating on a quality committee or providing feedback on safety and quality issues.

YES _____ (describe how below) NO ____

Examples and Comments: _____

Survey Activity: Opening Conference/Org orientation, Governing Board Session (for BPHC-supported Health Centers only)

6. The interdisciplinary **team actively participates in performance improvement** activities. [PC.02.04.05/EP13 (A)]

YES _____ (describe how below) NO ____

Examples and Comments: _____

Survey Activity: Patient Tracer, Opening Conference/Org orientation, Data Management system tracer, Clinical/staff Leadership Session (for BPHC-supported Health Centers only)

7. The organization **evaluates how effectively** the primary care clinician and the interdisciplinary team work in partnership with the patient to support the continuity of care and the provision of comprehensive and coordinated care. [LD.01.03.01/EP 20 (A)]

YES _____ (describe how below) NO ____

Examples and Comments: _____

Survey Activity: Patient Tracer, Opening Conference/Org orientation, Governing Board Session (for BPHC-supported Health Centers only)

Focus Area C: Competency of Primary Care Clinician & Team

- 1. The **primary care clinician has the educational background** and broad-based knowledge and experience necessary to handle most medical needs of the patient and resolve conflicting recommendations for care. *[HR.03.01.01/EP 1 (A)]*

YES at **all** sites _____ YES at **some** sites: _____ (list sites) NO _____

Site Name(s) and Comments: _____

Survey Activity: Patient Tracer, Opening Conference/Org orientation, Competency Assessment, Clinical/staff Leadership Session (for BPHC-supported Health Centers only)

- 2. The primary care clinician and the interdisciplinary team members **function within their scope** of practice and in accordance with privileges granted. *[PC.02.04.05/EP 3 (A/3)]*

YES at **all** sites _____ YES at **some** sites: _____ (list sites) NO _____

Site Name(s) and Comments: _____

Survey Activity: Patient Tracer, Opening Conference/Org orientation, Competency Assessment

ADDITIONAL COMMENTS

Completed by: _____ *Title:* _____

Date: _____