1. NCQA Care Coordination Process Measures

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<table>
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<tr>
<th>Instrument</th>
<th>NCQA Patient-Centered Medical Home 2011 Standards</th>
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<tr>
<td>Standards</td>
<td>(1) enhance access and continuity</td>
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<td>(2) identify and manage patient populations</td>
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<td>(3) plan and manage care</td>
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<td>(4) provide self-care and community support</td>
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<td>(5) track and coordinate care</td>
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<td>(6) measure and improve performance</td>
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**Test tracking and follow-up**

- Practice has documented process for and demonstrates:
  - Tracks lab tests and flags and follows-up on overdue results.
  - Tracks imaging tests and flags and follows-up on overdue results.
  - Flags abnormal lab results.
  - Flags abnormal imaging results.
  - Notifies patients of normal and abnormal lab/imaging results.
  - Follows up on newborn screening.
  - Electronically order and retrieve lab tests and results.
  - Electronically order and retrieve imaging tests and results.
  - Electronically incorporates at least 40% of lab results in records.
  - Electronically incorporate imaging test results into records.

**Referral tracking and follow-up**

- Practice coordinates referrals:
  - Provides specialist with reason and key information for the referral.
  - Tracks referral status.
Follows up to obtain specialist reports.
- Has agreements with specialists documented in the record.
- Asks patients about self-referrals and request specialist reports.
- Demonstrates electronic exchange of key clinical information.
- Provides electronic summary of care for more than 50% of referrals.

**Coordinate with facilities and care transitions**

- Practice systematically demonstrates:
  - Process to identify patients with hospital admissions or ED visits.
  - Process to share clinical information hospital/ED.
  - Process to obtain patient discharge summaries.
  - Process to contact patients for follow-up care after discharge.
  - Process to exchange patient information with hospital.
  - It collaborates with patient to develop written care plan for transitions from pediatric to adult care.
  - Electronic exchange of key clinical information with facilities.
  - Provides electronic summary of care for more than 50% of transitions of care.