1. NCQA Care Coordination Process Measures

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ACCOUNTABILITY
TOOL REFERENCE

National Committee for Quality Assurance (NCQA) Care Coordination Standards

Instrument	NCQA Patient-Centered Medical Home 2011 Standards
Standards	(1) enhance access and continuity (2) identify and manage patient populations (3) plan and manage care (4) provide self-care and community support (5) track and coordinate care (6) measure and improve performance
Track and Coordinate Care Standard	**Test tracking and follow-up** ➢ Practice has documented process for and demonstrates: o Tracks lab tests and flags and follows-up on overdue results. o Tracks imaging tests and flags and follows-up on overdue results. o Flags abnormal lab results. o Flags abnormal imaging results. o Notifies patients of normal and abnormal lab/imaging results. o Follows up on newborn screening. o Electronically order and retrieve lab tests and results. o Electronically order and retrieve imaging tests and results. o Electronically incorporates at least 40% of lab results in records. o Electronically incorporate imaging test results into records. **Referral tracking and follow-up** ➢ Practice coordinates referrals: o Provides specialist with reason and key information for the referral. o 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.