

# **PATIENT CENTERED MEDICAL HOME V4.0**

## PRACTICE CULTURE AND PATIENT CENTEREDNESS

PC 1: Staff Training RequirementsPC 2: Effective Practice WorkflowPC 3: Patient Empowerment and EngagementPC 4: Health LiteracyPC 5: Patient Rights and Responsibilities

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## **ELECTRONIC CAPABILITIES**

EC 1: Patient Registry EC 2: Electronic Prescribing

## ACCESS TO HEALTH CARE SERVICES

AHS 1: Access to Health Care Services
AHS 2: Enhancing Patient Access to Services
AHS 3: Comprehensive Services and Resources
AHS 4: Community Resource Referrals
AHS 5: Tracking and Follow-up on Community Resource Referrals
AHS 6: Referral Process
AHS 7: Tracking and Follow-up on Referrals
AHS 8: Chronic Condition – Appointments

## **COORDINATED QUALITY CARE**

CQC 1: Managing Test Results CQC 2: Promoting Wellness and Preventive Care CQC 3: Wellness Information and Materials CQC 4: Patient Reminders CQC 5: Ongoing Care Management Protocols
CQC 6: Informed Decision Making with Patients
CQC 7: Medication Safety Management
CQC 8: Coordination of Care
CQC 9: Coordinating Care Transitions and Written Plans
CQC 10: Appropriate Use of Evidence-Based Clinical Guidelines
CQC 11: Health Record Information Exchange and Alerts
CQC 12: Chronic Condition – Care Management
CQC 13: Self-Management of Chronic Conditions
CQC 14: Chronic Condition Management
CQC 15: Self-Management Support and Assessment Capabilities

#### PERFORMANCE MONITORING AND IMPROVEMENT

PMI 1: Performance Reporting – Tracking and Reporting
PMI 2: Performance Reporting and Validation
PMI 3: Analysis of Performance Reporting Data
PMI 4: Levels of Performance Reporting
PMI 5: Performance Improvement

#### **REPORTING PERFORMANCE MEASURES TO URAC**

- RPT 1: Reporting Mandatory Performance Measures to URAC
- RPT 2: Reporting Exploratory Performance Measures to URAC

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