

POLICY BRIEF

National Committee for Quality Assurance (NCQA) Patient-Centered Medical Home (PCMH) Recognition Is Suboptimal Even Among Innovative Primary Care Practices

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The National Committee for Quality Assurance (NCQA) has promoted patient-centered medical home (PCMH) recognition among primary care practices since 2008 as a standard indicator of which practices have transformed into medical homes. A 40% PCMH adoption rate among a large national cohort of identified practices with innovative staffing (n = 131) calls into question whether the NCQA recognition process is truly transformative and patient-centered or simply another certificate to hang on the wall. (J Am Board Fam Med 2014;27:312–313.)

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The NCQA first introduced PCMH recognition in 2008. The goal of this recognition is to improve the quality of care.¹ Previous research has shown that the decision to pursue NCQA PCMH recognition often is based on financial incentives.^{2,3} In addition, the desire to become a patient-centered practice and to seek NCQA recognition are not necessarily aligned: “PCMH recognition per se at times amounts to a small incentive to change labels.”²

True transformation to a PCMH requires a dramatic shift in practice culture and mental models.⁴

As part of a study of primary care workforce innovations funded by The Robert Wood Johnson Foundation, we consulted with 387 national experts in primary care research, using both purposeful and snowball sampling, to identify a set of 131 practices that experts knew to be (1) high quality, (2) clinically excellent settings, and (3) doing something innovative with their staffing (Table 1). We conducted 1-hour phone interviews with these innovative primary care practices.⁵ Among other topics, we asked practices whether they were recognized as PCMHs by the NCQA and, if not, whether they were pursuing recognition.

While the PCMH recognition level among all primary care practices at the time of this study was approximately 5%,^{1,6} we were surprised to find that among our sample of innovative practices who had already made substantial transformations, NCQA PCMH recognition levels rose only to 40% (Figure 1). Several key themes emerged from practice members’ comments. Many practices questioned whether PCMH recognition was a meaningful credential (34%), often citing cost of recognition and lack of payer incentives. Among the 15% of practices not seeking recognition, 28% said they were already us-

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Table 1. Characteristics of Innovative Practices

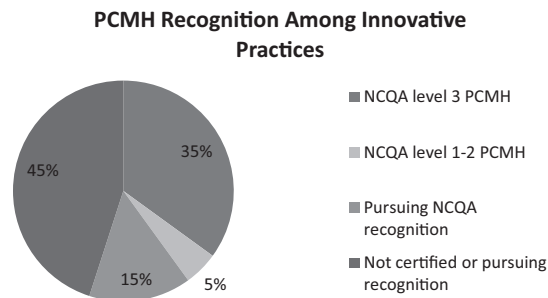
Characteristics	Sites, n (%)
Size	
Large (≥10 PCPs)	45 (34)
Medium (5–9 PCPs)	48 (37)
Small (2–4 PCPs)	31 (24)
Solo (1 PCP)	7 (5)
Geographic area	
Urban	53 (40)
Suburban	38 (29)
Rural	35 (27)
Frontier	3 (2)
Mix (urban/suburban)	2 (2)
Organization	
Private	68 (52)
FQHC/CHC	47 (36)
Academic	9 (7)
Hospital owned	7 (5)
Clinical focus	
FM	67 (51)
Multiple	32 (24)
FM and IM	12 (9)
IM	9 (7)
Pediatrics	7 (5)
Pediatrics/FM, pediatrics/IM	4 (3)

CHC, community health center; FHQC, federally qualified health center; FM, family medicine; IM, internal medicine; PCP, primary care physician.

ing the PCMH model, whereas others felt that the recognition process was unnecessary or continued to be a moving target (5%). Even among practices that were recognized, some felt it did little to promote meaningful improvements in patient experience or health outcomes (9%). Practices also reported that a focus on other improvements in quality of care was at times a hindrance to the recognition process.

The decision to pursue PCMH recognition among the innovative practices involved in this study was, in many cases, based on financial incentives and not necessarily on a belief that the recognition would result in higher quality of care. Sub-optimal levels of NCQA PCMH recognition among these practices calls into question whether the process of NCQA recognition is one that is truly transformative for primary care practices, resulting in high-quality, patient-centered care, or simply a label. Adapting the recognition criteria to include measures that are meaningful to practices as well as pushing insurers to provide incentives to

Figure 1. Patient-centered medical home (PCMH) recognition among innovative primary care practices, June 2012. While we focus on recognition by the National Committee of Quality Assurance (NCQA), other entities such as the Veterans Administration, state governments, and insurance companies also have PCMH recognition programs. In our data set, fewer than 10 practices were certified through one of these other entities.



NCQA-recognized PCMHs would change the recognition process from a “check-the-box” formality to a genuine practice transformation.

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