Patient-Centered Access and Continuity (AC)

The PCMH model expects continuity of care. Patients/families/caregivers have 24/7 access to clinical advice and appropriate care facilitated by their designated clinician/care team and supported by access to their medical record. The practice considers the needs and preferences of the patient population when establishing and updating standards for access.

Competency A: Patient Access to the Practice. The practice enhances patient access by providing appointments and clinical advice based on patients' needs.

AC 01 (Core) Access Needs and Preferences: Assesses the access needs and preferences of the patient population.	
GUIDANCE	**EVIDENCE**
The practice evaluates patient access from collected data, such as a survey, to determine if existing access methods are sufficient for its population. The data collected must be specific to patient access and actionable so that the practice can make changes based on the findings. If the practice is able to assess their appointment needs, then they may consider other opportunities to address access through clinical advice by telephone or correspondence through the portal. Alternative methods for assessing access may include evening/weekend hours and types of appointments. Qualitative feedback collection from patients is acceptable (i.e., comment box and patient interviews) but must have guided directions on giving feedback specific to access.	• **Documented process** ***AND*** • **Evidence of implementation** ***Documented process only***

AC 02 (Core) Same-Day Appointments: Provides same-day appointments for routine and urgent care to meet identified patient needs.	
GUIDANCE	**EVIDENCE**
The practice reserves time on the daily appointment schedule to accommodate patient requests for a same-day appointment for routine and for urgent care needs. The time frames allocated for these appointment types are determined by the practice and based on the needs of the patient population, as defined in AC 01. Evidence may include: • A 5-day schedule to demonstrate that appointments are available. • A report demonstrating that same-day appointments were used. • Significant patient-reported satisfaction with access, based on AC 01 data.	• **Documented process** ***AND*** • **Evidence of implementation** ***Documented process only***

Table of Contents

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AC 03 (Core) Appointments Outside Business Hours: Provides routine and urgent appointments outside regular business hours to meet identified patient needs.	
GUIDANCE	**EVIDENCE**
The practice recognizes that patients' care needs are not confined to normal operating hours, and therefore offers routine and urgent care appointments outside typical business hours. For example, a practice may open for appointments at 7 a.m. or remain open until 8 p.m. on certain days or open on alternating Saturdays. A documented process is not required if extended hours are provided at the practice site. A practice that cannot provide care outside regular business hours (e.g., a small practice with limited staffing) may arrange for patients to schedule appointments with other facilities or clinicians. The practice may use an urgent care center in the same health system for urgent and routine appointments outside regular business hours, or an urgent care center in the community that has access to patient records. Providing extended access does not include: • Offering appointments when the practice would otherwise be closed for lunch. • Offering daytime appointments when the practice would otherwise close early (e.g., a Friday afternoon or holiday). • Utilizing an ED or urgent care facility that is unaffiliated with the practice.	• **Documented process** ***AND*** • **Evidence of implementation**

Table of Contents

= Evidence shareable across practice sites

AC 04 (Core) Timely Clinical Advice by Telephone: Provides timely clinical advice by telephone.	
GUIDANCE	**EVIDENCE**
Patients can telephone the practice any time of the day or night and receive interactive (from a person, rather than a recorded message) clinical advice. **Clinical advice** refers to a response to an inquiry regarding symptoms, health status or an acute/ chronic condition. Providing advice outside of appointments helps reduce unnecessary emergency room and other utilization. A recorded message referring patients to 911 when the office is closed is not sufficient. Clinicians return calls in a time frame determined by the practice. Clinical advice must be provided by qualified clinical staff but may be communicated by any member of the care team, as permitted under state licensing laws. NCQA reviews a report summarizing the practice's expected response times and how it monitors its performance against standards for timely response. The practice must present data on at least 7 days of such calls.	• **Documented process** ***AND*** • **Report**

AC 05 (Core) Clinical Advice Documentation: Documents clinical advice in patient records and confirms clinical advice and care provided after hours does not conflict with the patient's medical record.	
GUIDANCE	**EVIDENCE**
The practice documents all clinical advice in the patient record, whether it is provided by phone or by secure electronic message. Evidence includes two examples of documenting clinical advice (one during office hours and one after normal business hours as defined in AC 03). If a practice uses a system of documentation outside the medical record for after-hours clinical advice or provides after-hours care without access to the patient's record, it reconciles this information with the medical record on the next business day. The reconciliation evaluates if clinical advice or care provided after hours conflicts with advice and care needs previously documented in the medical record and addresses any identified conflicts.	• **Documented process** ***AND*** • **Evidence of implementation**

Table of Contents

= Evidence shareable across practice sites

AC 06 (1 Credit) Alternative Appointments: Provides scheduled routine or urgent appointments by telephone or other technology-supported mechanisms.	
GUIDANCE	**EVIDENCE**
The practice uses a mode of real-time communication (e.g., a combination of telephone, video chat, secure instant messaging) in place of a traditional in-person office visit with a clinician. The practice provides a report of the number and types of visits in a specified time period. These types of visits **do not** meet the requirement: • Unscheduled alternative clinical encounters, including clinical advice by telephone and secure electronic communication (e.g., electronic message, website) during office hours. • An appointment with an alternative type of clinician (e.g., diabetic counselor). • Appointments restricted to a subset of patients (e.g. only patients identified for care management).	• **Documented process** ***AND*** • **Report**  ***Documented process only***

AC 07 (1 Credit) Electronic Patient Requests: Has a secure electronic system for patients to request appointments, prescription refills, referrals and test results.	
GUIDANCE	**EVIDENCE**
Patients can use a secure electronic system (e.g., website, patient portal, email) to request appointments, prescription refills, referrals and test results. The practice must demonstrate at least two functionalities or provide patients with guidelines for at least two types of these requests that can be made electronically. Electronic patient requests are another means to patients' access to services that meet their needs and preferences.	• **Evidence of implementation** 

AC 08 (1 Credit) Two-Way Electronic Communication: Has a secure electronic system for two-way communication to provide timely clinical advice.	
GUIDANCE	**EVIDENCE**
The practice has a secure, interactive electronic system (e.g., website, patient portal, secure email system) that allows two-way communication between the practice and patients/families/ caregivers, as applicable for the patient. The practice can send messages to and receive messages from patients. NCQA reviews a report summarizing the practice's expected response times and how it monitors its performance against standards for timely response. The practice must present data on at least 7 days of such activity. The report may be system generated. The practice defines the time frame for a response and monitors the timeliness of responses against the time frame.	• **Documented process** ***AND*** • **Report** 
AC 09 (1 Credit) Equity of Access: Uses information about the population served by the practice to assess equity of access that considers health disparities.	
GUIDANCE	**EVIDENCE**
Knowing whether groups of patients experience differences in access to health care can help practices focus efforts to address the inequity. The practice evaluates whether identified health disparities demonstrate differences in access to care. An example of how a practice may demonstrate this is through a report of how an identified group of patients has lower rates of access to same-day appointments, higher no-show rates, more ED use or lower satisfaction with access than the general patient population. Healthy People 2020 defines **health disparity** as "a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion."	• **Evidence of implementation**

Table of Contents

 = Evidence shareable across practice sites

Competency B: Empanelment and Access to the Medical Record. Practices support continuity through empanelment and systematic access to the patient's medical record.

AC 10 (Core) Personal Clinician Selection: Helps patients/families/ caregivers select or change a personal clinician.	
GUIDANCE	**EVIDENCE**
Giving patients/families/caregivers a choice of clinician emphasizes the importance of the ongoing patient-clinician relationship. The practice documents patients' choice of clinician, gives patients/families/caregivers information about the importance of having a personal clinician and care team responsible for coordinating care, and assists in the selection process. The practice may document a defined pair of clinicians (e.g., physician and nurse practitioner, physician and resident) or a **practice team.** Single-clinician sites automatically meet this criterion.	• **Documented process** 
AC 11 (Core) Patient Visits with Clinician/Team: Sets goals and monitors the percentage of patient visits with the selected clinician or team.	
GUIDANCE	**EVIDENCE**
The practice establishes a goal for the proportion of visits a patient should have with the primary care provider and care team. The goal should acknowledge that meeting patient preferences for timely appointments will sometimes be at odds with the ability to see their selected clinician. **Empanelment** is assigning individual patients to individual primary care providers and care teams, with sensitivity to patient and family preferences. It is the basis for population health management and the key to continuity of care: Patients can build a better relationship with a clinician or team they see regularly.	• **Report**
AC 12 (2 Credits) Continuity of Medical Record Information: Provides continuity of medical record information for care and advice when the office is closed.	
GUIDANCE	**EVIDENCE**
The practice makes patient clinical information available to on-call staff, external facilities and clinicians outside the practice, as appropriate, when the office is closed. Access to medical records may include direct access to a paper or electronic record or arranging a telephone consultation with a clinician who has access to the medical record.	• **Documented process** 

Table of Contents

 = Evidence shareable across practice sites

AC Competency B: Empanelment and Access to the Medical Record.

AC 13 (1 Credit) Panel Size Review and Management: Reviews and actively manages panel sizes.	
GUIDANCE	**EVIDENCE**
The practice has a process to review the number of patients assigned to each clinician and balance the size of each providers' patient panel. Reviewing and balancing patient panels facilitates improved patient satisfaction, patient access to care and provider workload because supply is balanced with patient demand. The American Academy of Family Physicians provides a tool for practices to use when considering and managing panel sizes: http://www.aafp.org/fpm/2007/0400/p44.pdf	• **Documented process** ***AND*** • **Report**  ***Documented process only***
AC 14 (1 Credit) External Panel Review and Reconciliation: Reviews and reconciles panels based on health plan or other outside patient assignments.	
GUIDANCE	**EVIDENCE**
The practice receives reports from outside entities such as health plans, ACOs and Medicaid agencies on the patients that are attributed to each clinician. The practice has a process to review the reports and a process to inform those entities of the patients known or not known to be under the care of each clinician. Reconciling panels with health plans and other entities improves accountability, continuity and access.	• **Documented process** ***AND*** • **Evidence of implementation**  ***Documented process only***

Table of Contents

 = Evidence shareable across practice sites