

Appendix 6

PCMH Distinction in Patient Experience Reporting

Launching on Q-PASS in 2018

Distinction Purpose and Background

NCQA Distinction in Patient Experience Reporting acknowledges practices that excel in evaluating the experience of patients and their families or caregivers for quality improvement and accountability. The Agency for Healthcare Research & Quality (AHRQ) notes that improved patient experience is good for clinical outcomes and business goals.¹

NCQA began offering this distinction program for recognized PCMH practices in 2012 to encourage standardized patient experience reporting, with a goal of moving to performance-based evaluation.

The distinction focuses on the use of the CG CAHPS 3.0[®] Survey for PCMHs, with the option to include supplemental PCMH items. The survey assesses several domains of patient experience: access, communication, coordination of care, office staff. If optional PCMH supplemental items are incorporated, the survey can also be used to assess self-management support. The survey lays the groundwork for measuring and improving a practice's delivery of care and assessing how well it achieves PCMH goals. Submitted data will be used to develop a benchmarking database that will allow comparison across practices.

Eligibility

All qualifying new and existing NCQA PCMH Recognized practices are eligible to apply for Distinction in Patient Experience Reporting.

Survey Vendor Eligibility

Practices seeking distinction in patient experience reporting must use an NCQA Certified Survey Vendor to submit the PCMH CG CAHPS 3.0 survey on their behalf.

Vendors who proctor the CG CAHPS 3.0 Survey must demonstrate the ability to:

- Capture patient experience data via the survey.
- Use a standardized sampling process and attain the minimum number of completed surveys.
- Use an approved data collection process.
- Submit survey data to NCQA using a specified file layout and data submission method.

NCQA trains and certifies survey vendors to collect survey results from practices per HEDIS protocols. To become an NCQA-Certified survey vendor, an organization must demonstrate that it has the capabilities, experience and trained personnel to accurately collect and report survey results. Once certified, survey vendors may enter into contracts with practices to survey patients.

The names and contact information of certified survey vendors are updated on NCQA's website annually. Although survey vendors enter into contracts with practices independent of NCQA, NCQA expects strict adherence to its procedures and protocols. Any deviation from or enhancement to the protocols must have prior written consent from NCQA.

Survey vendors can e-mail CAHPS-PCMH@ncqa.org for more information on NCQA CAHPS PCMH and applying for survey vendor certification.

¹<https://www.ahrq.gov/cahps/quality-improvement/improvement-guide/2-why-improve/index.html>

Requirements Description

The CAHPS Survey for PCMH includes surveys and protocols for the CG CAHPS 3.0, with the option to include supplemental PCMH items. Survey vendors may submit data in April or September on behalf of their practice clients. The term of distinction for the practice is one year from the time of data submission.

The HEDIS Specifications for the CAHPS Survey for PCMH for vendors is available in the [NCQA Store](#). Practices can access and review the CG CAHPS questions on the AHRQ website.