Appendix 2

Glossary

☐ Appendix 2: Glossary of Terms

Term	Definition
advance care planning[1]	Collaborative decision-making between the patient, family, caregiver and/or care team regarding the care the patient wants to receive if he or she becomes unable to speak for themselves. The decisions take into account the type of care desired based on personal values, preferences, and discussions with loved ones. Advance care planning includes: • Getting information on the types of life-sustaining treatments that are available. • Deciding what types of treatment you would or would not want should you be diagnosed with a life-limiting illness. • Sharing your personal values with your loved ones. Completing advance directives to put into writing what types of treatment you would or would not want should you be unable to speak for yourself.
advance directive	A document in which members can explain the type and extent of health care services they prefer if they become unable to make medical decisions. The document may identify another person who can make those decisions on behalf of the individual (e.g., about routine treatments and life-saving methods). Advance directives are frequently called "living wills." Advance directives may be part of the advance care planning process.
adverse reaction	A harmful or unintended reaction to a drug that is administered in standard doses by the proper route for prophylaxis, diagnosis or treatment.
agreement	• **Formal:** A written document, consultation/referral request that establishes arrangements for managing and coordinating a patient's care. This is most appropriate for clinicians who regularly refer patients to a specialist or for patients whose care will be co-managed by a specialist and primary care clinician. Practices may use a template consultation/referral form that can be adapted for the referring clinician and/or a specific patient. • **Informal:** An agreement that is not written in a referral form or other document. It may be consultative or a query about how best to manage a patient or the appropriateness of a referral.
allergy	An adverse reaction to a substance.

[1] https://www.nhpco.org/advance-care-planning

Term	Definition
annual reporting	A yearly submission of evidence demonstrating that the practice's ongoing activities are consistent with the PCMH model of care. Includes attesting to policies and procedures as well as submitting data. The process sustains recognition and fosters continuous improvement.
appointment wait times	The period between the date/time a patient makes an initial request for an appointment and the actual appointment date/time) for both urgent and routine care. Note: "Cycle times" (i.e., time from scheduled appointment to the patient actually being seen by the clinician) are not considered appointment wait times in these standards.
care coordination measure	A metric that uses an aspect of clinical performance or patient experience to identify "better" performance or "worse" performance, with respect to "the deliberate organization of patient care activities between two or more participants (including the patient) involved in a patient's care to facilitate the appropriate delivery of health care services."
care plan	Defined by CMS as, "The structure used to define the management actions for the various conditions, problems, or issues. A care plan must include at a minimum the following components: problem (the focus of the care plan), goal (the target outcome) and any instructions that the provider has given to the patient. A goal is a defined target or measure to be achieved in the process of patient care (an expected outcome)."
Certified Content Expert (also known as a CCE)	A PCMH expert and a partner for both primary care and specialty practices that want to improve patient care through transformation into an NCQA-Recognized PCMH or PCSP. Candidates must complete two NCQA education seminars before applying for PCMH Content Expert Certification. After successful completion of the seminars, candidates are eligible for certification by passing an exam.
certified EHR	An electronic health record that demonstrates compliance with the capability, functionality, and security specifications required by the Office of the National Coordinator for Health Information Technology (ONC). • A list of Certified Health IT Products at https://chpl.healthit.gov/#/resources • Information on security risk assessment guidance by HealthIT.gov at https://www.healthit.gov/providers-professionals/security-risk-assessment
clinical question	A clear and brief reason for a patient referral. It may be stated as "the clinical question to be answered" by the referred clinician.

Term	Definition
commit	The first phase of the NCQA Recognition process. The practice learns the NCQA PCMH Recognition concepts and begins to apply them. Once the practice knows and begins to transform into a PCMH, it enrolls through the NCQA Q-PASS system and completes an initial questionnaire.
competency	A brief description of the criteria subgroup organized within the broader concept. This level is used for organization of the criteria into more meaningful groupings.
concept	An overarching foundation on which a practice builds a medical home.
core criterion	A criterion identified as central to the concept being addressed and must be met in order to earn NCQA Recognition.
criterion	A brief statement of specific activities a practice must demonstrate in order to earn NCQA Recognition.
de-identify	Removal of individual identifiers. Under the HIPAA Privacy Rule, protected health information is de-identified if all individual identifiers are removed. There are 18 categories of identifiers that include name; street address and zip code; telephone and fax number; dates (except year) directly related to a person, including date of birth and dates of service; e-mail address and Web URL; Social Security Number; medical record number and account number; vehicle identifiers, including license plate number; device identifiers and serial number; and any other unique identifying number, characteristic or code.
demographic information	Information that includes at least ethnicity, gender, marital status, date of birth, type of work, hours of work and preferred language.
diagnosis	A problem list of a condition, injury or other health issue.
diversity	A meaningful characteristic of comparison for managing population health that accurately identifies individuals within a non-dominant social system who are under-served. These characteristics of a group may include but are not limited to, race, ethnicity, gender identity, sexual orientation, disability (both physical and mental) and religious affiliation. ***Note:*** *There are many resources available on diversity in healthcare, learn more:* *http://www.ivygroupllc.com/executive-leader/dimensions-of-diversity/* *https://my.clevelandclinic.org/ccf/media/Files/Diversity/diversity-toolkit.pdf?la=en*

Term	Definition
documented process	Written statements describing procedures. Statements may include protocols or other documents that describe actual processes or blank forms the practice uses in work flow (e.g., referral forms, checklists, flow sheets). Documented processes include an effective date.
eCQM	Electronic Clinical Quality Measures. A clinical quality measure that is expressed and formatted to use data from electronic health records (EHR) and/or health information technology systems to measure healthcare quality, specifically data captured in structured form during the process of patient care. (CMS Office of the National Coordinator for Health Information Technology Definition).
elective criteria	A criterion that demonstrates capabilities and functions above and beyond that of a typical practice. Practices can choose from the items to tailor their activities to the community and population served. 1 or 2 credits can be earned for each elective with the goal of achieving at least a total of 20 credits.
electronic clinical summary	A summary of a visit that includes, when appropriate, diagnoses, medications, recommended treatment and follow-up.
electronic data	Data stored in electronic systems that are: • **Searchable:** Information is entered into a field in an electronic system that allows data searches and creation of reports. • **Structured:** Fields provide specific information, usually in the form of fixed fields in a record.
emergency admission	An unscheduled medical or behavioral healthcare event that results in either an emergency room visit or hospital admission.
evaluator	An NCQA policy expert who reviews a practice's evidence and conducts virtual reviews. The evaluator determines whether the practice meets recognition criteria. Practices have the same evaluator for all check-ins during initial recognition and for annual reporting.
evidence-based guidelines	Clinical practice guidelines based on scientific evidence; or in the absence of scientific evidence, professional standards; or in the absence of professional standards, expert opinion. See practice guidelines.
evidence of implementation	A document, report, prepared material or virtual demonstration that illustrates implementation of systems or processes by the practice.

Term	Definition
flag	A systematic and visual method of drawing the practice's attention to results. The flag may be an icon that automatically appears in the electronic system or in a manual tracking system with a timely surveillance process.
high-risk patient	A patient with a complex medical condition and/or psychosocial status who may be at an increased risk for escalating health care needs and costs of care. High-risk patients may be identified from a set of factors that assess resource use and risk. Potential patients may include the following, or a combination of the following: • High level of resource use (e.g., visits, medication, treatment or other measures of cost). • Frequent visits for urgent or emergent care (i.e., two or more in the last six months). • Frequent hospitalizations (i.e., two or more in last year). • Multiple comorbidities, including mental health. • Noncompliance with prescribed treatment/medications. • Terminal illness. • Psychosocial status, lack of social or financial support that impedes ability for care. • Advanced age, with frailty. • Multiple risk factors.
legal guardian or health care proxy	An individual designated by the patient or family or by the courts to make health care decisions for the patient if the patient is unable to do so.
MACRA	The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA). MACRA replaces the Sustainable Growth Rate (SGR) formula for how Centers for Medicare and Medicaid Services (CMS) pays clinicians that care for Medicare beneficiaries in the traditional Medicare program. Becoming an NCQA-Recognized PCMH or PCSP increases clinicians' payments through the MIPS payment program. Clinicians in NCQA-Recognized PCMHs or PCSPs automatically get full credit in the MIPS Improvement Activities category. Clinicians in NCQA-Recognized PCMH or PCSP practices will likely do well in other MIPS categories.
materials	Prepared information that the practice provides to patients, including clinical guidelines and self-management and educational resources such as brochures, Web sites, videos and pamphlets.
met	Term used if the practice satisfies the requirement of specific criteria.

Term	Definition
multi-entity organization	An organization with three or more entities that share an EHR and general policies and procedures. Multi-entity organizations may have more than one site group. The first entity that goes through the recognition process submits evidence that is shared among entities.
my.ncqa.org	A web-based portal for submitting questions to NCQA staff.
NCQA representative	An NCQA employee who guides a practice through recognition and is the point of contact throughout the transform process, and during the annual reporting submission.
no show appointments	A scheduled appointment that is unexpectedly not kept and without notification.
no show rates	A specific ratio that compares the number of appointments scheduled versus the number of no-show appointments. Number of patients who did not keep their pre-scheduled appointments during a specific period of time (i.e., a session or a day) divided by the number of patients who were pre-scheduled to come to the center for appointments during the same period of time.
not met	Term used if the practice does not submit evidence for specific criteria or does not satisfy the requirement(s) of specific criteria.
organization	A legal entity that has an individual capable of signing legal documents on behalf of all practice sites within its organization.
Partner in Quality	An organization that offers coaching or financial incentives for practices to become NCQA recognized.
patient/family/caregiver	Used as one term throughout the PCMH standards and guidelines and meant to cover circumstances relevant to most patients. The term is not intended to require practices to include family and caregivers, as it may not be appropriate or applicable to every patient.
PHI[2]	Protected health information. PHI is associated with an individual's past, present or future physical or mental health or condition, or with the provision of or payment for health care to a person, and identifies the individual. Under the HIPAA Privacy Rule, there are 18 categories of identifiers (e.g., name, street address, email address, telephone number, social security number, medical record number, health plan beneficiary or account number, birth date, dates of

[2] https://www.hhs.gov/hipaa/for-professionals/privacy/special-topics/de-identification/index.html

Term	Definition
	service and five-digit zip code). Age is not PHI, except for individuals older than 89 years; HIPAA allows the age for these individuals to be aggregated into a single category of "age 90 or above."
population management	Assessing and managing the health needs of a patient population rather than individual patients, such as defined groups of patients (e.g., patients with specific clinical conditions such as hypertension or diabetes, patients needing tests such as mammograms or immunizations).
practice guidelines	Systematically developed descriptive tools or standardized protocols for care to support clinician and patient decisions about appropriate health care for specific clinical circumstances. Practice guidelines are typically developed through a formal process and are based on authoritative sources that include clinical literature and expert consensus.
practice site	One or more clinicians (including all eligible non-primary care clinicians) who practice together and provide patient care at a single geographic location and must include all eligible non-primary care clinicians at the site. Recognition is earned at the specialty practice level at each practice site. If a practice includes more than one specialty, each specialty seeking recognition must complete an evaluation to earn recognition. The specialty is the recognized entity within a practice.
practice team	A group of clinical and nonclinical staff (e.g., physicians, nurse practitioners, physician assistants, nurses, medical assistants, educators, schedulers) who collaboratively manage patient care and population health by interacting with patients and working to achieve stated objectives.
prevalidation	Determines whether an HIT solution aligns with NCQA PCMH or PCSP Medical Home Recognition and whether automatic credit can be awarded. An HIT solution that earns prevalidation status, but not automatic credit can still help a practice meet requirements.
primary caregiver	An individual who provides day-to-day care for a patient and must receive instructions about the patient's care.
Q-Bridge	A web-based platform for submitting eCQM data from non-NCQA certified sources.
Q-PASS	Quality Performance Assessment Support System. A web-based platform for submitting information to NCQA throughout the recognition process and beyond.

Term	Definition
qualified behavioral health care manager	A trained person responsible for coordinating and supporting mental health care within the clinic and for coordinating referrals to clinically indicated services outside the clinic. It is encouraged but not required that the care manager has the training and meets the clinical licensure requirements to provide brief psychosocial interventions appropriate for primary care settings. Typical licensures include: • Licensed mental health counselor. • Licensed marriage and family therapist. • Licensed social worker. • Registered nurse (BSN recommended). • Nurse practitioner. • Licensed psychologist. For more information on behavioral health care managers: https://aims.uw.edu/resource-library/care-manager-role-and-job-description
records or files	Patient medical files or registry entries that document an action taken. The files are a source for estimating performance on a criterion.
registry	A searchable list of patient data that the practice proactively uses to assist in patient care.
reports	Aggregated data showing evidence of action; may include manual and computerized reports.
risk factors	Behaviors, habits, age, family history or other factors that may increase the likelihood of poor health outcomes.
sample	A statistically valid representation of the whole (i.e., 10 patient records being reviewed of 100 total patients would be considered a sample).
screen sharing	Many of the criteria can be demonstrated through screen sharing instead of by submitting documentation. At each check-in during the transformation process, NCQA and the practice will use Microsoft Skype™ so the practice can share and demonstrate it meets criteria. Skype screen sharing is a Microsoft service covered under a Business Associate Agreement and audited by accredited independent auditors for the Microsoft ISO/IEC 27001 Certification. NCQA does not record the Skype sessions, or download or save files shared during a check in.

Term	Definition
shared decision-making aid	Provides detailed information without advising the audience to choose one decision over another and helps prepare patients to make informed, values-based decisions with their care team. Note: More information and resources can be found through the International Patient Decision Aid Standards Collaboration (IPDASC).
single site organization	An organization that has one or two practice sites, or many sites, but does not meet criteria to be recognized under the multi-site process. See multi-site organization.
site group	A group of entities that can share components. Shared components are evaluated once across the entire site group. Site groups are typically organized by entities that are on the same EHR and have the same policies and procedures. Entities within the same organization that do not follow the same policies may set up different site groups to accommodate various practice types (i.e. a pediatric vs. adult medicine specialties)
social determinants of health	Conditions in the environment that affect a wide range of health, functioning and quality-of-life outcomes and risks. Examples of social determinants include: • Availability of resources to meet daily needs (e.g., safe housing and local food markets). • Access to educational, economic, and job opportunities. • Access to health care services. • Quality of education and job training. • Availability of community-based resources in support of community living and opportunities for recreational and leisure-time activities. • Transportation options. • Public safety. • Social support. • Social norms and attitudes (e.g., discrimination, racism, and distrust of government). • Exposure to crime, violence, and social disorder (e.g., presence of trash and lack of cooperation in a community). • Socioeconomic conditions (e.g., concentrated poverty and the stressful conditions that accompany it). • Residential segregation. • Language/literacy. • Access to mass media and emerging technologies (e.g., cell phones, the Internet, and social media). • Culture. More information on social determinants of health can be found on the Healthy People 2020 Website at www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=39.

Term	Definition
standardized tool	A means of collecting information, using a current and evidence-based approach that has been developed, field-tested and endorsed by a national or regional organization.
succeed	The third stage of NCQA Recognition. Each year after earning recognition, the practice submits annual reporting requirements to NCQA to demonstrate that its ongoing activities are consistent with PCMH model of care. This process sustains the recognition and fosters continuous improvement. The practice succeeds in strengthening its transformation, and as a result, strengthening patient care.
summary of care	According to CMS, a summary of care record that includes the following elements: • Patient name. • Referring or transitioning provider's name and office contact information. • Procedures. • Encounter diagnosis. • Immunizations. • Laboratory test results. • Vital signs (height, weight, blood pressure, BMI). • Smoking status. • Functional status, including activities of daily living, cognitive and disability status. • Demographic information (preferred language, sex, race, ethnicity, date of birth). • Care plan field, including goals and instructions. • Care team including the primary care provider of record and any additional known care team members beyond the referring or transitioning provider and the receiving provider. • Reason for referral. • Current problem list (may include historical problems at their discretion). • Current medication list. • Current medication allergy list.
transfer credit	Credit toward a certain number of core or elective criteria that is earned automatically by using a prevalidated vendor’s EHR system.

Term	Definition
transition of care	According to CMS, the movement of a patient from one setting of care (hospital, ambulatory primary care practice, ambulatory specialty care practice, long-term care, home health, rehabilitation facility) to another.
transform	The second phase of NCQA Recognition, during which a practice transforms over time and becomes a medical home. Along the way, NCQA conducts online check-ins with the practice to gauge progress and to discuss next steps in the evaluation. The virtual check-ins, which are conducted online via screen sharing technology, provide practices with immediate and personalized feedback on what is going well and what needs to improve.
virtual review	A live, online method of evaluation conducted via screen sharing technology.
vulnerable populations	People who are made vulnerable by their financial circumstances or place of residence, health, age, personal characteristics, functional or developmental status, ability to communicate effectively, and presence of chronic illness or disability" (AHRQ definition).
walk-in access	An approach to patient appointment scheduling that allows established patients to be seen by a member of the care team during regular office hours, without prior notice.