NCQA
Measuring quality.
Improving health care.

**Fact Sheet**

# Improving Specialty Care Coordination

## *To Improve Patient Experience, Outcomes & Cost*

People who need specialists to evaluate or treat serious illnesses often do not get the best quality care because of poor coordination with the primary care providers who know them best. Specialists in many cases do not know about other conditions or preferences people have that may affect specialty care. Primary care providers in turn do not know what treatments specialists deliver or what follow-up care to deliver.[1] [2] The National Committee for Quality Assurance's Patient-Centered Specialty Practice Recognition Program helps to address this problem because:

- Visits to specialists constitute more than half of all outpatient physician visits.[3]
- The typical primary care provider coordinates with 229 physicians in 117 practices.[4]
- The average Medicare beneficiary sees seven different physicians and fills upwards of 20 prescriptions per year.[5]
- Among the elderly, on average two referrals are made per person per year.[6]
- In the nonelderly, about one in three patients each year is referred to a specialist.[7]

There is solid scientific research on the need for better specialty-primary care coordination.[8] Some suggests that a standard structure and guidelines for specialty-primary care coordination could have as much or more return-on-investment as better clinical care.[9] [10]

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[1] *Referral and Consultation Communication between Primary Care and Specialist Physicians: Finding Common Ground,* O'Malley, A.S., Reschovsky, J.D. (2011) Arch Intern Med.

[2] *Dropping the Baton: Specialty Referrals in the United States,* Mehrotra, A., Forrest, C.B., Lin, C.Y. (2011), The Milbank Quarterly.

[3] *Expenses for office-based physician visits by specialty*, 2004, Machlin and Carper, AHRQ, 2007

[4] *Primary Care Physicians' Links to Other Physicians Through Medicare Patients: The Scope of Care Coordination,* Pham et al. al., Annals of Internal Medicine 2009

[5] *Chronic Conditions: Making the Case for Ongoing Care Partnership for Solutions*, Partnership for Solutions, Johns Hopkins Univ. 2002.

[6] *Medicare Physician Referral Patterns*, Shea et al. Health Service Research, 1999

[7] *Comparison of specialty referral rates in the United Kingdom and the United States*, Forrest, Majeed, et al. BMJ 2002.

[8] *Coordinating Care in the Medical Neighborhood: Critical Components and Available Mechanism* , AHRQ, http://pcmh.ahrq.gov/portal/server.pt/community/pcmh__home/1483/ahrq_commissioned_research

[9] Foy, R., *et al* (2010). Meta-analysis: effect of interactive communication between collaborating primary care physicians and specialists. Annals of Internal Medicine, 152 (4), 247-258.

[10] *The Patient-Centered Medical Home Neighbor*, American College of Physicians, http://www.acponline.org/advocacy/where_we_stand/policy/pcmh_neighbors.pdf

Effective communication is especially important for serious and costly conditions that require substantial amounts of specialty care.

To address this urgent need and building on our highly successful Patient-Centered Medical Home Recognition Program, we developed rigorous and practical standards for improving specialty-primary care coordination.

These standards are the core of our Patient-Centered Specialty Practice Recognition Program, a program similar to PCMH that recognizes specialty practices that deliver high quality, coordinated care. Over 70 specialty care practices – ranging from cardiology to gynecology to psychiatry, among many others – are coming through the program as 'Early Adopters.' They see that this program will help specialists demonstrate their readiness to be part of Accountable Care Organizations, medical neighborhood and other payment and delivery system reforms.

## NCQA Patient-Centered Specialty Practice Standards

### 6 standards, 22 elements

1. **Track & Coordinate Referrals (22)**
   - A. **Referral Process & Agreements***
   - B. Referral Content
   - C. **Referral Response***
2. **Provide Access & Communication (18)**
   - A. Access
   - B. Electronic Access
   - C. Specialty Practice Responsibilities
   - D. Culturally & Linguistically Appropriate Services (CLAS)
   - E. **The Practice Team***
3. **Identify & Coordinate Patient Populations (10)**
   - A. Patient Information
   - B. Clinical Data
   - C. Coordinate Patient Populations
4. **Plan & Manage Care (18)**
   - A. Care Planning & Support Self-Care
   - B. **Medication Management***
   - C. Use Electronic Prescribing
5. **Track & Coordinate Care (16)**
   - A. Test Tracking & Follow-Up
   - B. Referral Tracking & Follow-Up
   - C. Coordinate Care Transitions
6. **Measure & Improve Performance (16)**
   - A. Measure Performance
   - B. Measure Patient/Family Experience
   - C. **Implement & Demonstrate Continuous Quality Improvement***
   - D. Report Performance
   - E. Use Certified EHR Technology

*Elements in bold are 'Must Pass' elements that practices are required to meet to be recognized at any level.

To learn more about NCQA's Patient-Centered Specialty Practice Recognition Program, please visit our website at http://www.ncqa.org/programs/recognition/practices/patient-centered-specialty-practice-pcsp.