



Fact Sheet

Improving Specialty Care Coordination

NCQA's Patient-Centered Specialty Practice Recognition Program

People who see a specialist physician to evaluate or treat conditions often do not get the best quality care because of poor coordination between primary and specialty care providers. Specialists in many cases are not aware of the patient's full range of health conditions and preferences that may affect specialty care. Primary care providers in turn may not know what treatments specialists deliver or how to proceed with appropriate follow-up care.^{1 2}

Research documents the need for better specialty-primary care coordination.³ Visits to specialists constitute more than half of all outpatient physician visits.⁴ The typical primary care provider coordinates with 229 physicians in 117 practices.⁵ People in Medicare see seven physicians and fill 20 or more prescriptions per year, on average.⁶ Among younger people, about one in three patients has a specialist referral each year.⁷

To address this challenge and enhance specialists' and primary care providers' collaboration and coordination, the National Committee for Quality Assurance developed the Patient-Centered Specialty Practice (PCSP) Recognition Program. Building on our highly successful Patient-Centered Medical Home Program, it includes rigorous, practical standards for improving specialty-primary care coordination, and three distinct levels of recognition based on each practice's coordination abilities.

¹ *Referral and Consultation Communication between Primary Care and Specialist Physicians: Finding Common Ground*, O'Malley et al, (2011) Arch Intern Med

² *Dropping the Baton: Specialty Referrals in the United States*, Mehrotra et al (2011), The Milbank Quarterly.

³ *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

⁴ *Expenses for office-based physician visits by specialty*, 2004, Machlin and Carper, AHRQ, 2007

⁵ *Primary Care Physicians' Links to Other Physicians Through Medicare Patients: The Scope of Care Coordination*, Pham et. al., Ann Int Med. 2009

⁶ *The Case for Ongoing Care Partnership for Solutions*, Partnership for Solutions, Johns Hopkins Univ. 2002

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

To earn NCQA PCSP Recognition, specialists must:

- Establish referral agreements with primary care clinicians to exchange key information and establish coordinated care planning and management.
- Provide timely access to care and clinical advice based on patient need.
- Use a systematic approach to identify and track patients and coordinate care.
- Include patients and family or caregivers (if appropriate) in care planning and management.
- Measure performance and patient experience to identify ways to improve.

NCQA Patient-Centered Specialty Practice Recognition Standards	
<p>Track & Coordinate Referrals *Referral Process & Agreements A. Referral Content B. *Referral Response</p>	<p>Plan & Manage Care A. Care Planning & Support Self-Care B. *Medication Management C. Use Electronic Prescribing</p>
<p>Access & Communication A. Access B. Electronic Access C. Specialty Practice Responsibilities D. Culturally and Linguistically Appropriate Services (CLAS) E. The Practice Team</p>	<p>Track & Coordinate Care A. Test Tracking and Follow-Up B. Referral Tracking and Follow-Up C. Coordinate Care Transitions</p>
<p>Identify & Coordinate Patient Populations A. Patient Information B. Clinical Data C. Coordinate Patient Populations</p>	<p>Measure & Improve Performance A. Measure Performance B. Measure Patient/Family Experience C. *Implement and Demonstrate Continuous Quality Improvement D. Report Performance E. Use Certified EHR Technology</p>

PCSP Recognition accommodates a range of specialties and relationships with primary care. It will help specialists prepare and demonstrate their readiness to be part of Accountable Care Organizations. It also can serve as an alternative quality improvement tool for providers who are not joining ACOs. It can help individual patients, primary care providers and public and private insurers identify, seek out and reward high-quality specialty care.

For more information, please visit our [PCSP webpage](#).