

## Patient-Centered Medical Home (PCMH)

Patient-Centered Medical Home (PCMH) is recognized as one of the most comprehensive methods for transforming practices to meet the challenges of value-based care. PCMH coordinates services through a patient's primary care physician to ensure they receive the care they need, when and where they need it. PCMH concepts also serve as the foundation of major federal incentive programs such as CCM, CPC+, MIPS, FQHC grants, and programs offered by private payers.

**The eClinicalWorks PCMH solution is NCQA® pre-validated for auto-credit points for the PCMH 2017 program, for up to 9 core criteria and up to 10 points toward elective criteria.**

### Key features

- Analytics tool with 35 standard reports with drill-down and export capabilities (CSV, PDF & HTML formats) for continuous performance monitoring
- Schedule reports to auto-run at predetermined times
- Continuous monitoring of quality improvement
- Dashboard monitoring services

### CAPHS® patient satisfaction surveys

- NCQA®-certified solutions delivered by email
- Completely automated process after activation
- Adult and pediatric patient satisfaction surveys

### Additional services are available

- **Care Management**  
Team-based care for patients with chronic conditions, including options for Patient Engagement and management of mental health and behavioral health
- **HEDIS® Dashboard**  
Standard quality measures track compliance across your patient population, with tightly integrated point-of-care alerts and patient reminders
- **Patient Risk Stratification**  
Improve risk stratification with Hierarchical Condition Category coding from the Centers for Medicare and Medicaid Services and/or the eClinicalWorks proprietary Rising Risk Indicator (Ri) logic



2017



**Our Customers  
Have Demonstrated**



Reduction in  
readmissions



Increase in smoking  
counseling & cessation  
class participation



Reduction in  
preventable ER visits