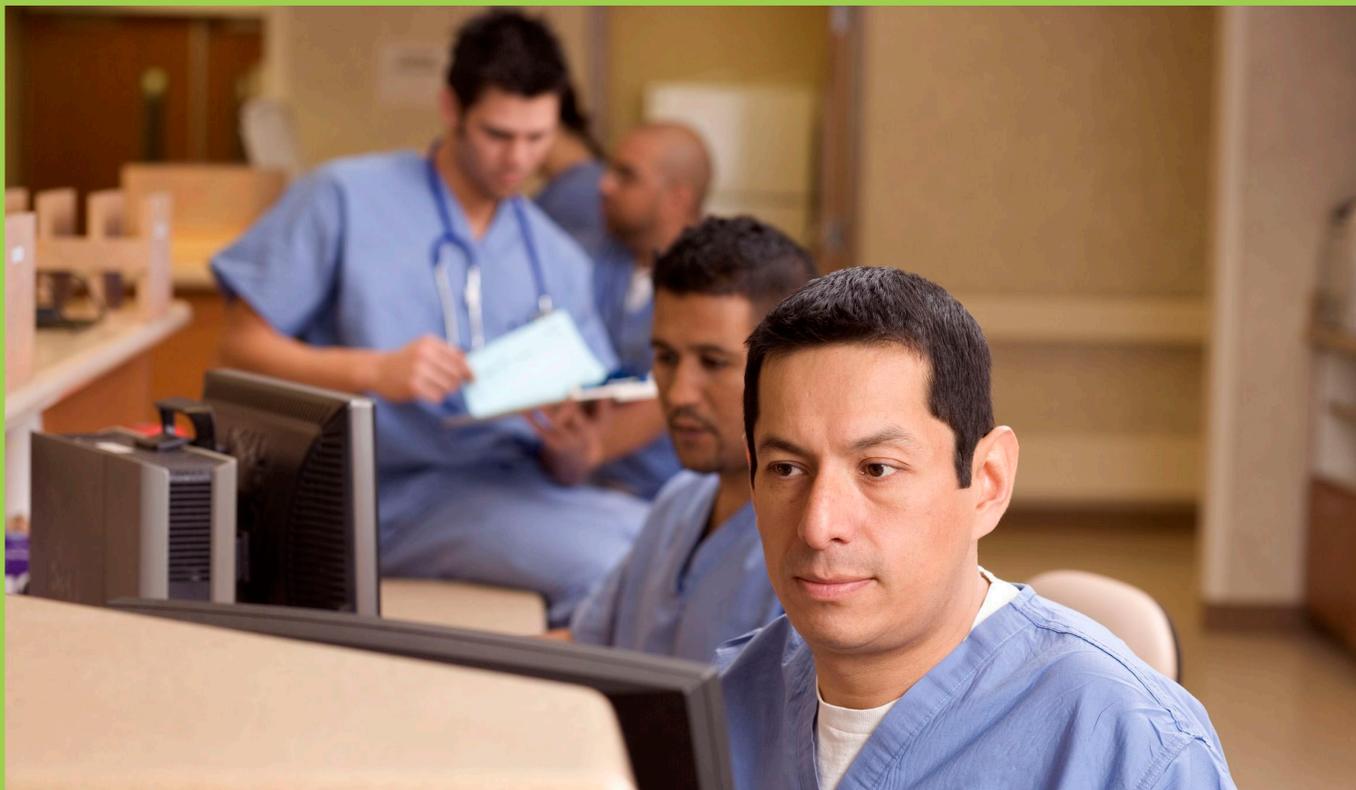


Patient-Centered Medical Home



“Qualidigm provided us with real time examples of what we should be doing in our practice. They dissected the NCQA guidelines and provided on-site support to help us achieve PCMH recognition. Qualidigm understands that PCMH is the way of the future. They have taken a vested interest in helping practices get up to speed which only helps all of us in the long run and more importantly, it helps the patient.”

*–Dr. Matteo LoPreiato, MD
Berlin Pediatric Associates*

The Patient-Centered Medical Home (PCMH) model is a promising strategy to transform the organization and delivery of primary care. This enhanced model of care strengthens the physician-patient relationship by focusing on the needs of the whole person, providing coordination of care and establishing a long-term healing relationship.

Patients have a medical “home,” a single, trusted primary care physician who provides high quality care and coordinates continuous integrated care across a broader spectrum of specialists for prevention, wellness, and acute and chronic care needs.

The National Committee for Quality Assurance (NCQA) has developed specific standards that physician practices must meet in order to be designated as a PCMH.

Practices are required to file an extensive application that defines the services a practice has in place, along with necessary documentation of how the services are delivered. Often, these requirements are too daunting for an office to implement on their own.

Qualidigm offers support to physician practices applying for PCMH recognition through both webinar-based and direct consultation services. Physicians who adopt this evolving care delivery model not only improve patient care, but also position themselves to benefit from enhanced payment initiatives sponsored by private and public payers.

Who We Are

Qualidigm is a mission-driven healthcare consulting company that provides innovative and scientifically-based solutions to transform care and improve care delivery and patient outcomes. With nearly 200 peer-reviewed articles published, Qualidigm is recognized among the healthcare provider network as a facilitator and leader in performing peer-reviewed research, providing evidence-based education, and implementing learning sessions that foster collaboration and accelerate change.

Our professional staff has expertise in clinical medicine, quality improvement, patient safety, public health, patient-centered medical home (PCMH), care coordination, utilization review, data evaluation and analysis and patient/provider education. The staff includes Registered Nurses, Physicians, Social Workers, and many other staff with advanced degrees, e.g., PhDs, MAs, and MBAs.

Qualidigm is part of a team that is serving as the Medicare Quality Innovation-Network Quality Improvement Organization (QIN-QIO) under contract with the Centers for Medicare & Medicaid Services for New England. Previously, Qualidigm served as the Medicare QIO for the State of Connecticut charged with protecting the rights of Medicare beneficiaries and improving the safety and quality of care they receive.

We serve a diverse group of healthcare stakeholders in government, industry, and clinical practice including academic institutions, national and international healthcare consulting firms, local and national foundations, healthcare providers in all settings, payers and purchasers.

Learn More About Qualidigm's Patient-Centered Medical Home Services

In collaboration with the Connecticut State Medical Society (CSMS) and the Connecticut State Medical Society-IPA (CSMS-IPA), Qualidigm has successfully assisted practices to achieve PCMH designation through the NCQA program.

For more information on how Qualidigm can assist your practice in achieving PCMH designation, please contact:

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Our Mission

Improving the quality, safety and cost-effectiveness of healthcare through transformational change.