Moving Toward Recognition: Understanding Patient-Centered Medical Home (PCMH) and the NCQA PCMH 2011 Standards

Presented by Lori-Anne Russo, Director of Clinical Programs to the PCMH Learning Collaborative June 30, 2011
Purpose of Webinar

- Provide a brief overview of PCMH
- Learn the components of the NCQA Standards and how they are scored
- Understand what it will take to become recognized
- Learn how to conduct your Self-Assessment
- Review our next steps
- Q&A
The Patient Centered Medical Home
What is the PCMH?

A PCMH puts patients at the center of the health care system, and provides primary care that is “accessible, continuous, comprehensive, family-centered, coordinated, compassionate, and culturally effective.”

(American Academy of Pediatrics)
Joint Principles of the PCMH

Adopted by AAFP, ACP, AAP, AOA:

- Personal Clinician (MD, NP, PA all of whom have their own panel of patients and practice in primary care)
- Physician Directed Medical Practice
- Whole Person Orientation
- Care is Coordinated and Integrated
- Quality and Safety are Hallmarks
- Enhanced Access
- Payment Reform
Why Should CHCs Become Recognized as a PCMH?

- It builds on what CHCs have been doing for years:
  - Providing comprehensive primary care and supportive services
  - Being accountable for quality of care delivered
    - Chronic Care Model and Access Redesign
  - Reporting to stakeholders our performance measures

- Payment systems aligning with PCMH:
  - BPHC’s goal is for 100% of FQHCs to be PCMH by 2014 when Affordable Care Act goes into place
  - CT’s goal is for 100% of Medicaid Pts to be in a PCMH by 2014
    - CT new payment system for PCMHs by January 2012
National Committee for Quality Assurance (NCQA) and the PCMH
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- NCQA developed a set of standards and a 3-tiered recognition process to assess the extent to which primary care practices are functioning as medical home

- Recognition is offered at three levels:
  - Level 1 – basic
  - Level 2 – intermediate
  - Level 3 – advanced

- Obtaining recognition via NCQA requires completing an application and providing adequate documentation to show evidence that specific processes and policies are in place
Overview of NCQA PCMH Recognition Program

- Six standards form foundation of the PCMH
- Standard contains elements - 27 elements
  - 6 elements are “must pass” (1 per standard)
    - Must pass at 50% performance
- Elements contain a series of factors
  - Each factor is what is scored based on documentation
  - Factors can contain “critical factors”
    - Critical factors are required to receive any points for the element
Must Pass Elements and Critical Factors

**Must Pass Elements:**
- Critical elements/concepts of PCMH
- Must be passed at 50% of performance
- Helps focus practices to achieve level 1

**Critical Factors:**
- Required to receive any points in that element
2011 Must-Pass Elements

- 1 A: Access During Office Hours
- 2 D: Use Data for Population Management
- 3 C: Manage Care
- 4 A: Self-Care Process
- 5 B: Referral Tracking and Follow-Up
- 6 C: Implement Continuous Quality Improvement
Reading a Standard

PCMH 1: Enhance Access and Continuity

The practice provides access to culturally and linguistically appropriate routine care and urgent team-based care that meets the needs of patients/families.

Element A: Access During Office Hours

**MUST PASS**

The practice has a written process and defined standards, and demonstrates that it monitors performance against the standards for:

1. Providing same-day appointments
2. Providing timely clinical advice by telephone during office hours
3. Providing timely clinical advice by secure electronic messages during office hours
4. Documenting clinical advice in the medical record.

<table>
<thead>
<tr>
<th>Scoring</th>
<th>100%</th>
<th>75%</th>
<th>50%</th>
<th>25%</th>
<th>0%</th>
</tr>
</thead>
<tbody>
<tr>
<td>The practice meets all 4 factors</td>
<td>The practice meets 3 factors, including factor 1</td>
<td>The practice meets 2 factors, including factor 1</td>
<td>The practice meets factor 1</td>
<td>The practice meets no factors or does not meet factor 1</td>
<td></td>
</tr>
</tbody>
</table>

**Explanation**

*MUST PASS* elements are considered the basic building blocks of a patient-centered medical home. Practices must earn a score of 50% or higher.

**Factor 1:** The practice reserves time for same-day appointments (also referred to as "open access," "advanced access" or "same-day scheduling") for routine and urgent care based on patient preference or triage.

**Factors 2 and 3:** Clinicians return calls or respond to secure electronic messages in a timely manner, as defined by the practice to meet the clinical needs of the patient.

**Factor 4:** Clinical advice must be documented in the patient record, whether it is provided by phone or secure electronic message.

**Documentation**

**Factor 1:** The practice has a documented process for staff to follow for scheduling same-day appointments and has a report that covers at least five consecutive days and shows the use of same-day appointments throughout the practice.

**Factor 2:** The practice has a documented process for staff to follow for providing timely clinical advice by telephone (including the practice's definition of "timely") and has a report summarizing its actual response times.
## Scoring an Element

### Scoring Element 1 A - Access During Office Hours – Must Pass = 4 Points

<table>
<thead>
<tr>
<th>100%</th>
<th>75%</th>
<th>50%</th>
<th>25%</th>
<th>0%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practice has written process for all 4 factors</td>
<td>Practice has written process for 3 factors, including factor 1</td>
<td>Practice as written process for 2 factors, including factor 1</td>
<td>Practice has written process for factor 1</td>
<td>Practice meets no factors or does not meet factor 1</td>
</tr>
</tbody>
</table>

Standard 1 A has a Possible 4 Points
- 100% = 4 points (4 factors)
- 75% = 3 points (3 factors, including factor 1)
- 50% = 2 points (2 factors, including factor 1)
- 25% = 1 point (factor 1)
# NCQA 2011 Scoring Methodology

6 Standards, 27 elements, and 6 Must Pass Elements

<table>
<thead>
<tr>
<th>Level</th>
<th>Points</th>
<th>Must-Pass 50% Performance Level</th>
<th>Overview</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>35-59</td>
<td>6 of 6</td>
<td>Practice uses a paper-based systems and electronic administrative systems</td>
</tr>
<tr>
<td>2</td>
<td>60-84</td>
<td>6 of 6</td>
<td>Practice uses some electronic systems (registries or EMR) to plan, manage, and coordinate care, and document services</td>
</tr>
<tr>
<td>3</td>
<td>85-100</td>
<td>6 of 6</td>
<td>Practice is technologically and administratively advanced health care system with ability to communicate electronically to other entities</td>
</tr>
</tbody>
</table>
Summary

- All CHCs should be able to receive at least level 1 recognition by June 2012
- Can receive partial credit for an element-based on number of factors successfully documented
- Recognition level is based on both overall score and must-pass elements
  - Must achieve 50% performance level on must-pass elements including all critical factors
- All factors must be supported by documentation
What is it going to take?
How long will the NCQA PCMH survey process take?

- NCQA PCMH application is a labor-and time-intensive process
- NCQA estimates about 100 hrs to complete, including required documents
- Expect at least 6-9 mths to complete, depends on:
  - Current documentation and systems in place
  - Team assembled to get there
  - Starting point and end goal (level of recognition and transformation)
  - Multi-site vs. Single-site application
What will it take?

- Support and guidance from leadership
  - Time and resources for team to work
  - Avoid competing large projects/priorities
  - Team charter…*marching orders* (goals, support, timeframe, decision making authority)

- Well-chosen team with some level of decision making authority
  - Strong clinical leadership and engagement
  - Staff designated to re-design workflows that address PCMH requirements
Team Composition

- Team size:
  - Recruit 4-6 people, and bring in others as needed
    - *Larger organizations may need more people*

- Team **must** have:
  - Admin/Operations - COO, Site Managers
  - HIT Clinical Informatics – EHR super-user or medical records
  - Clinical- Med. Dir., Physician Champion, Nurse Manager…*Engage CIC member*
Team Composition Cont’d

- Characteristics to include on team:
  - Innovator: creative visionary, open to new ideas
  - Risk taker: not afraid to try new things
  - Team player: respected by and accountable to colleagues
  - Communicator/Listener: great facilitator, articulates ideas well
  - Problem solver: analytical, solutions-oriented
  - Detail-oriented: ensures things don’t fall through crack
Time Required by Team

- Time required by *core* team:
  - Meet as team weekly for at least 1-2 hours
  - Project leader: up to 10 hrs/wk
  - Other team members: approx. 4-6 hrs/wk
  - Pull others in as needed
Self-Assessment Tool
Goal of Detailed Assessments

- Opportunity to evaluate your current performance against PCMH requirements
- First critical step in developing effective workplans for achieving overall goals around PCMH... *roadmap to PCMH recognition*
Timeline

- Practices conduct detailed PCMH assessments
- PCDC will offer Office Hours 2x/week during weeks of July 6 and 11 (time TBD)
- CHCs submit self-assessment tool electronically to Lori-Anne Russo, lrusso@chcact.org no later than July 15
- PCDC will review assessments and schedule a 1 hour session with each site during weeks of July 25 and August 1
  - PCDC will answer questions about assessment and review results with your team from the site (goals, multi-site...); critical to include your CEO in discussion
Timeline Cont’d

- PCDC will conduct a webinar on how to complete your work plan template week of August 8 (TBD)
- PCDC will schedule a 1 hour session with each site during weeks of August 15 and August 22 to review draft work plans and provide feedback
- CHCs submit draft work plan electronically to Lori-Anne Russo, lrusso@chcact.org no later than August 26
Detailed PCMH Assessment
Navigating the Detailed PCMH Assessment Tool

- Contains 9 tabs
  - One for instructions
  - Two for summary statistics (overall and must pass)
  - One for each of the 6 NCQA PPC-PCMH standards (color-coded)

- Summary statistics automatically calculated
  - Total points
  - # of “must-pass” elements pass at the 50% level
  - Level of recognition (1, 2 or 3)
## PCMH 1: Enhance Access & Continuity

### Element: Access During Office Hours [MUST PASS]

<table>
<thead>
<tr>
<th>Element</th>
<th>Factor</th>
<th>Factor Present? (Yes = 1, No = 0)</th>
<th>Documentation Available? (Y/N)</th>
<th>Notes/Comments (Column E)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Providing same-day appointments</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Providing timely clinical advice by telephone during office hours</td>
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<td>4. Documenting clinical advice in the medical record</td>
<td></td>
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<td></td>
<td></td>
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</table>

### Factor present (Y/N) (Column C)

### Existing Documentation (Column D)

### Notes/comments (Column E)

The practice has a written process and defined standards, and demonstrates that it monitors performance against the standards for:

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### Total Possible Points for PCMH 1A:

| Total # of Factors with "Yes" for PCMH 1A: | 0 |
| % Points Received for PCMH 1A: | 0% |
| Total # of Points Received for PCMH 1A: | 0 |
| MUST PASS Element - Passed at 50% Level? | NO |
# Using the PCMH Assessment Tool

<table>
<thead>
<tr>
<th>Column</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Column C</td>
<td>• Indicate if the factor is present in the practice (specifically, is it consistently implemented as part of care delivery and/or operations)</td>
</tr>
<tr>
<td>Column D</td>
<td>• Indicate existing documentation available (if any) to show evidence that a given factor is in place at your organization</td>
</tr>
<tr>
<td>Column E</td>
<td>• Indicate next steps to compile/develop documentation (not currently available) to meet NCQA's requirements</td>
</tr>
</tbody>
</table>
Example 1

• Factor 1D2: Practice documents the patient’s/family’s choice of clinician
  – Informally, patients are scheduled with their assigned PCP and all patients are assigned a PCP but this is not documented anywhere
    • Rating?
    • Next Steps?
Example 2

• Factor 3C1: Care team conducts pre-visit preparations
  – Once in awhile, the MA will do reminder calls if s/he has time but it is not being done consistently across the practice
    • Rating?
    • Next Steps?
Example 3

- Element 3E4: Performs patient-specific checks for drug-drug and drug-allergy interactions
  - This capability is built into your EMR and is currently being used
    - Rating?
    - Next Steps?
Next Steps

- Order NCQA PCMH 2011 Publications:
  - Request a free PDF of Standards and Guidelines
  - Request application materials for the PCMH 2011
  - Purchase Survey Tool

- CHC ACT can provide a review (second pair of eyes) on your survey documents that are submitted, just include me as a person who can view your documents on your survey tool

- Complete your self-assessment tool and get it to me by July 15

- Ask PCDC questions the next two weeks as you and your team complete the self-assessment tool


- Contact Lori-Anne Russo, Director of Clinical Programs at 860-667-7820 ext. 329 or email: [lrusso@chcact.org](mailto:lrusso@chcact.org)