



NCQA Patient-Centered Medical Home

Community Health Association Inland Southern Region (CHAISR)

September 2018



Learning Objectives

About NCQA & Current Landscape

Eligibility Requirements & Readiness

PCMH Redesign

PCMH 2017 Standards Overview &
Scoring

Recognition Process

Annual Reporting Framework



About NCQA





About



Measure

Clinical quality,
consumer
experience,
resource use



Accredit

Health plans,
ACOs, etc.



Recognize

Physician
practices



What we do, and why

OUR MISSION

To improve the quality of health care

OUR METHOD



Measurement

We can't improve
what we don't
measure



Transparency

We show how
we measure so
measurement will
be accepted



Accountability

Once we
measure, we can
expect and track
progress



Recognition programs

Identifies providers and practices delivering superior care



>84,000
clinicians at



>15,150
practice sites



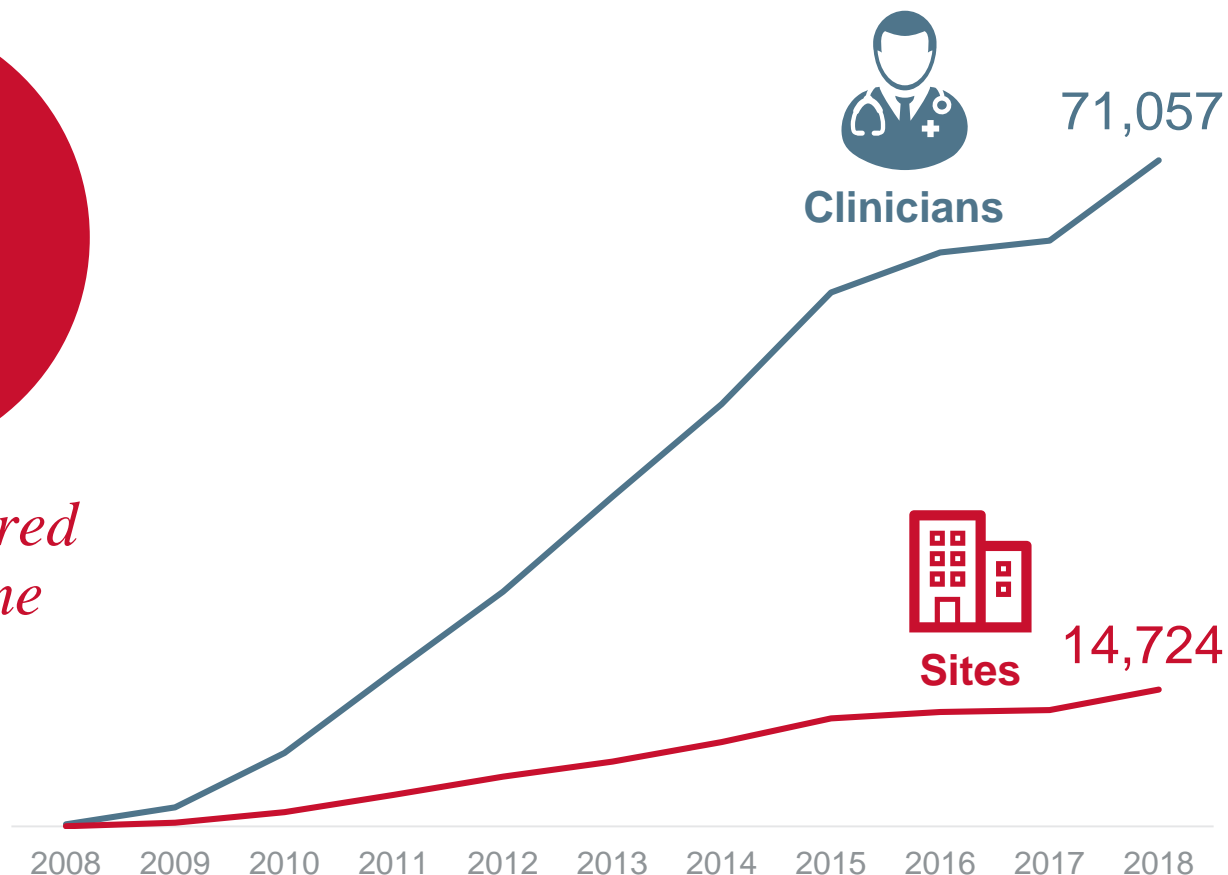


The fastest-growing delivery system reform:

About NCQA



*Patient-centered
medical home
(PCMH)*





Patient-Centered Care

Overview



NCQA Recognition Program

● Patient-Centered Medical Home

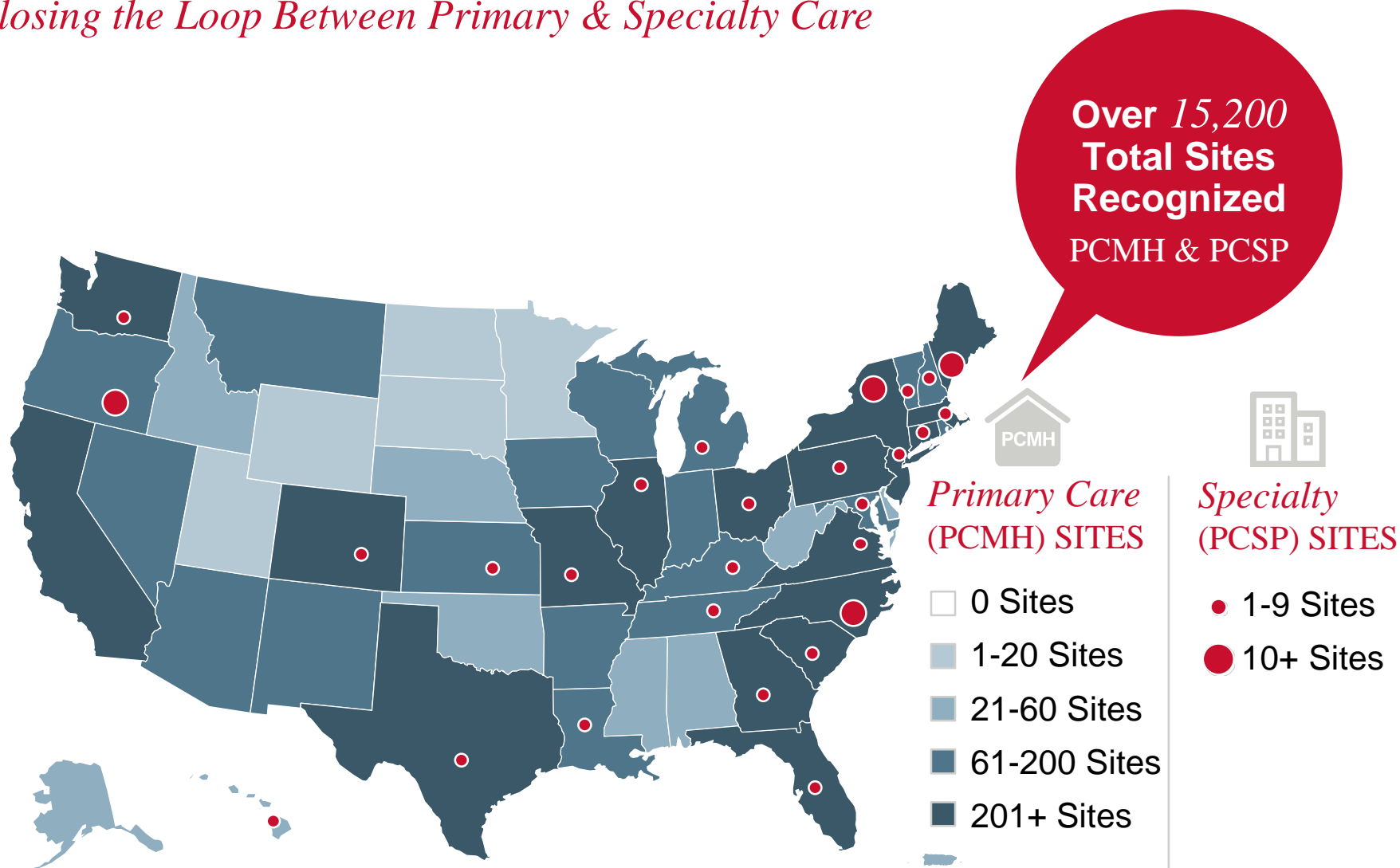
● Patient-Centered Specialty Practice

● Patient-Centered Connected Care



NCQA Medical Neighborhood Recognitions

Closing the Loop Between Primary & Specialty Care





NCQA PCMH: Value for Clinicians

1. **Earn higher reimbursement.**

More than 100 payers and other organizations offer either enhanced reimbursements for recognized clinicians or support for practices to become recognized

2. **Succeed in MACRA.**

Clinicians recognized by NCQA PCMH or PCSP automatically get full credit in the MIPS Improvement Activities category and will likely do well in other MIPS categories.

3. **Earn Maintenance of Certification (MOC) credits.**

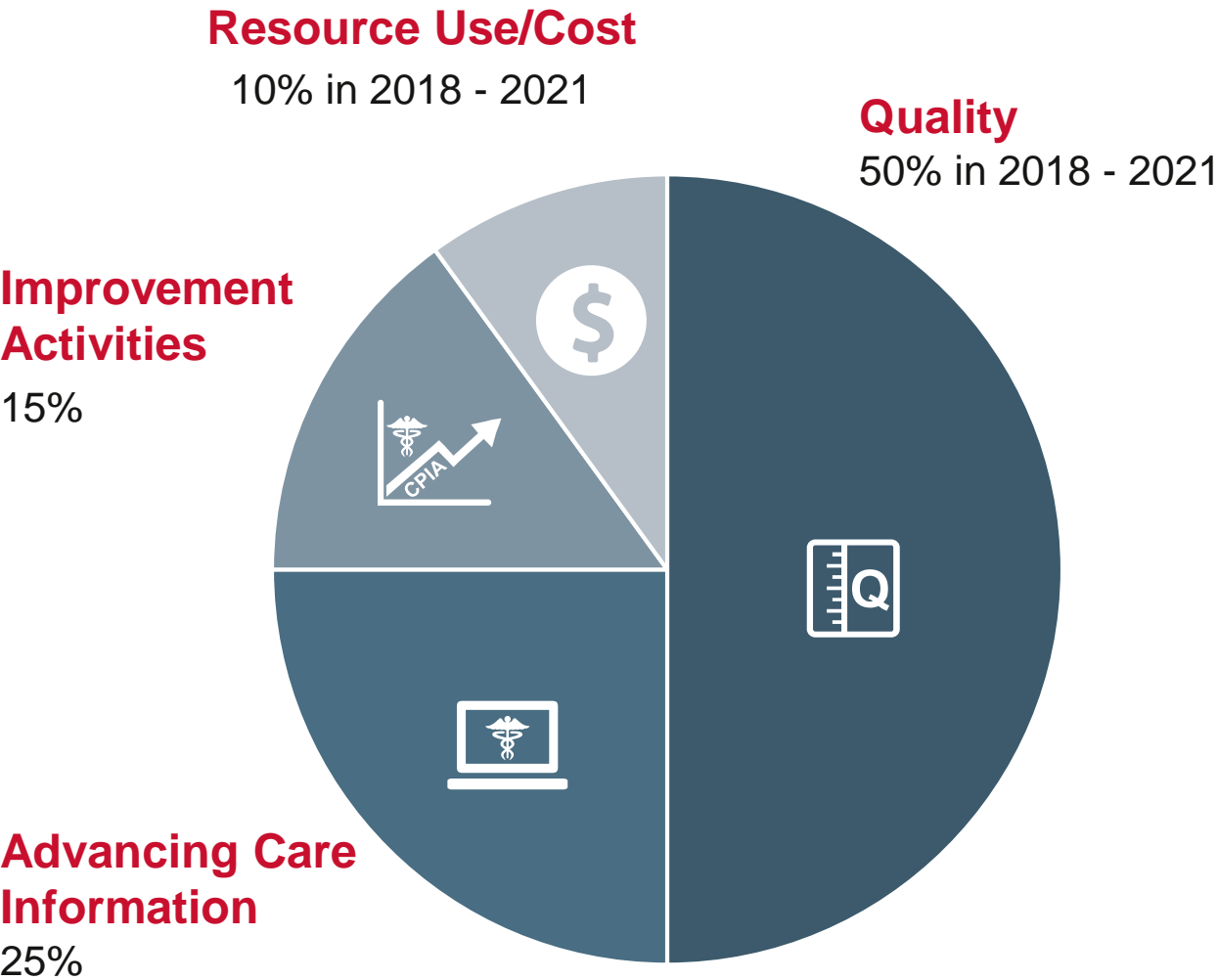
The ABIM, ABFM, ABP and ABPMR allow clinicians in NCQA-recognized practices to receive MOC credits, reducing the burden on clinicians to take on additional activities.

4. **Focus on patient care.**

One aspect of the PCMH model is to ensure each team member operates at the highest level of their knowledge, skills, abilities and license within their assigned roles and responsibilities.

MIPS: Weight of performance categories

*2018
Performance
determines
2020 pay*





Maintenance of Certification Credit

American Board of Family Medicine	American Board of Internal Medicine	American Board of Pediatrics	American Board of Physical Medicine and Rehabilitation
<p>Eligible Programs: PCMH 2014 & PCMH 2017 DRP/HSRP</p> <p>Cycle: Initial & Renewal</p> <p>Type of Credit: Performance Improvement</p> <p>Points: PCMH = 40 points DRP/HSRP = 20 points each</p>	<p>Eligible Programs: PCMH 2014; PCMH 2017; PCSP 2013 & PCSP 2016</p> <p>Cycle: Initial & Renewal</p> <p>Type of Credit: Practice Assessment</p> <p>Points: 20 points</p>	<p>Eligible Programs: PCMH 2014; PCMH 2017; PCSP 2013 & PCSP 2016</p> <p>Cycle: Initial & Renewal</p> <p>Type of Credit: Part IV; Meets Board patient safety requirement</p> <p>Points: 40 points</p>	<p>Eligible Programs: PCMH 2014; PCMH 2017; PCSP 2013 & PCSP 2016</p> <p>Cycle: Initial & Renewal</p> <p>Type of Credit: Meets full QI requirement (Part IV)</p>



PCMH (2017 Edition)

Eligibility Requirements and Readiness



Eligibility Requirements



Outpatient primary care practices

Practice defined: a clinician or clinicians practicing together at a single geographic location

- **Includes** nurse-led practices in states as permitted under state licensing laws
- **Does not include:**
 - Urgent care clinics
 - Clinics open on a seasonal basis



Eligibility Requirements



- **Recognition is achieved at the geographic site level --** one Recognition per address
- **MDs, DOs, PAs, and APRNs** with their own or shared panel are listed on the application
- **Clinicians should be listed at each site** where they routinely see a panel of their patients
- **Non-primary care clinicians** should not be included

Eligibility Requirements

At least 75% of each clinician's patients come for:

- First contact for care
- Selected as personal PCP
- Continuous care
- Comprehensive primary care services

All eligible clinicians at a site must apply together

Physicians in training (residents) should not be listed



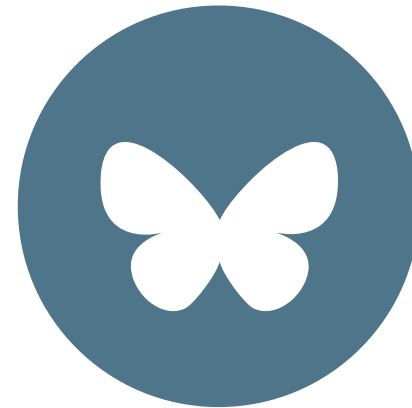
Practice Readiness

Transformation may take 6-12 months

Your roadmap: PCMH 2017 Standards and Guidelines – everything covered

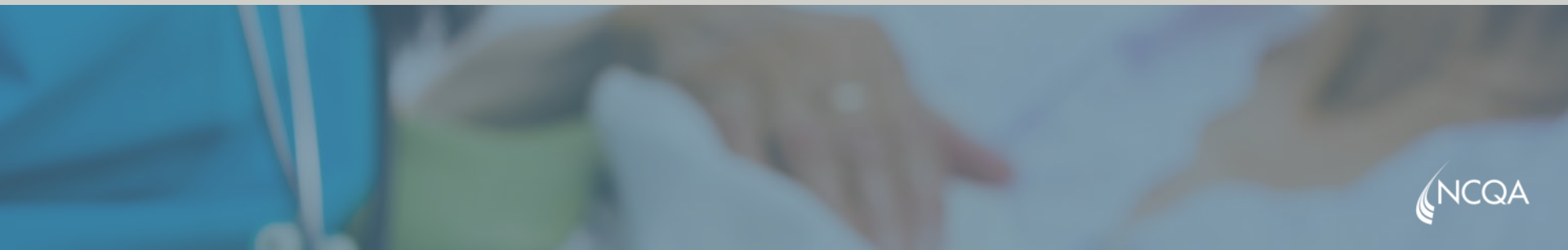
Implement changes:

- Practice-wide commitment
- New policies and procedures for staff
- Staff training and reassignments
- Medical record systems
- Reporting capabilities improvement
- Develop and organize documentation





PCMH Redesign



Evolution of the PCMH Standards

Continue to Move Practices Closer to Achieving the Triple Aim

2011

- Emphasizes relationship with/expectations of specialists
- Integrates behaviors affecting health, language, CLAS
- Enhances evaluation of patient experience
- Underscores importance of system cost-savings
- Enhances use of clinical performance measure results

2014

- Further incorporates behavioral health
- Additional emphasis on team-based care
- Focuses on care management of high need populations
- Higher bar, alignment of QI activities with “triple aim”

2017

- Addition of Annual Reporting Requirements
- Further integrates social determinants & community connections
- Further integrates behavioral health
- Shift from focus on structure to focus on outcomes

Going Forward

- Add and retire relevant criteria
- Continue to evolve and update annual reporting requirements
- Further integrate other special topics
- Align with new programs and initiatives



PCMH Redesign

Why Change?

Too much
documentation

Practices want
more interaction
with NCQA

Too challenging for
smaller practices

Needs less
emphasis on
process. More on
performance

Two separate,
complicated tools

Practices should be
demonstrating
ongoing
improvement

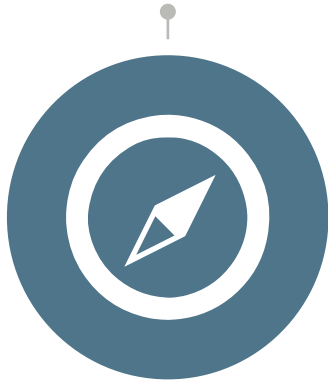


PCMH Redesign

Then vs. Now

Then

Self-guide to
recognition



Now

NCQA representative
to guide practice

Then

Submit documents
all at once



Now

Gradual submissions,
steady feedback

Then

Cumbersome
survey tool

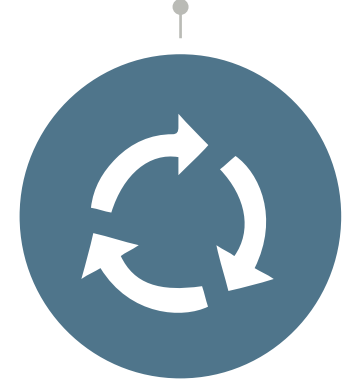


Now

More intuitive tool,
with user tips

Then

Recognition on a
3-year cycle,
has 3 levels



Now

Yearly reporting,
more frequent help,
no levels

PCMH Recognition

Changes to Levels



Level 1



Level 2



Level 3



PCMH Redesign

3 Parts



Commit

Practice completes an online guided assessment.



Practice works with an NCQA representative to develop an evaluation schedule.



Practice works with NCQA representative to identify support and education for transformation.



New NCQA PCMH online education resources support the transformation process.



Transform

Practice submits initial documentation and checks in with its evaluator



Practice submits additional documentation and checks in with its Evaluator.



Practice submits final documentation to complete submission and begin NCQA evaluation process.



Practice earns NCQA Recognition.



Succeed

Practice is prepared for new payment environment (value-based payment, MACRA MIPS/APMs).



Practice demonstrates continued readiness and high quality performance through annual reporting with NCQA.

Current Numbers

As of 8/20/2018



Status	Number of Orgs
Enrolled	Over 3600
Recognized Transform	410
Recognized Succeed	503
Due for Annual Reporting for the rest of 2018	Over 600
Due for Annual Reporting 2019	Over 5500



PCMH (2017 Edition)

Standards Overview & Scoring



Program Highlights

Provides focus and flexibility

- Core/elective approach allows practices to tailor program to their unique population
- Accommodates a spectrum of practices (basic-complex, small-large)

Supports continuous practice transformation

- Includes activities necessary to achieve stated aims and drive improvement
- Focuses on whether the intent was achieved and care was improved

Allows for flexibility with multiple evidence types

- Allows a variety of response options that demonstrate a requirement is met
- Introduces the virtual review process

Emphasizes comprehensive, integrated care

- Understanding behavioral needs and social determinants included in core
- Deeper integration and community connections included in electives



PCMH Standards Format

Structure – Concepts, Competencies, Criteria

Concepts: Over-arching components of PCMH



Competencies: Ways to think about and/or bucket criteria



Criteria: The individual things/tasks you do that make you a PCMH



PCMH Standards

Concepts



*Team-Based Care and
Practice Organization
(TC)*



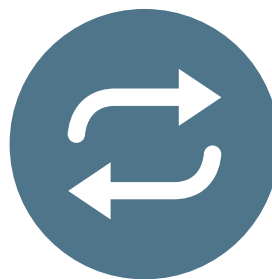
*Knowing and
Managing Your
Patients (KM)*



*Patient-Centered
Access and Continuity
(AC)*



*Care Management and
Support (CM)*



*Care Coordination
and Care Transitions
(CC)*



*Performance
Measurement &
Quality Improvement
(QI)*



PCMH Standards (2017 Version)

Concepts



Team-Based Care and Practice Organization

- Practice leadership
- Care team responsibilities
- Orientation of patients/families/caregivers



Knowing and Managing Your Patients

- Data collection
- Medication reconciliation
- Evidence-based clinical decision support
- Connection with community resources



Patient-Centered Access and Continuity

- Access to practice and clinical advice
- Care continuity
- Empanelment



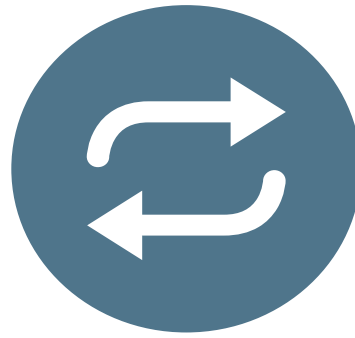
PCMH Standards (2017 Version)

Concepts



Care Management and Support

- Identifying patients for care management
- Person-centered care plan development



Care Coordination and Care Transitions

- Management of lab/imaging results
- Tracking and managing patient referrals
- Care transitions



Performance Measurement & Quality Improvement

- Collecting and analyzing performance data
- Setting goals
- Improving practice performance
- Sharing practice performance data



PCMH Standards (2017 Version)

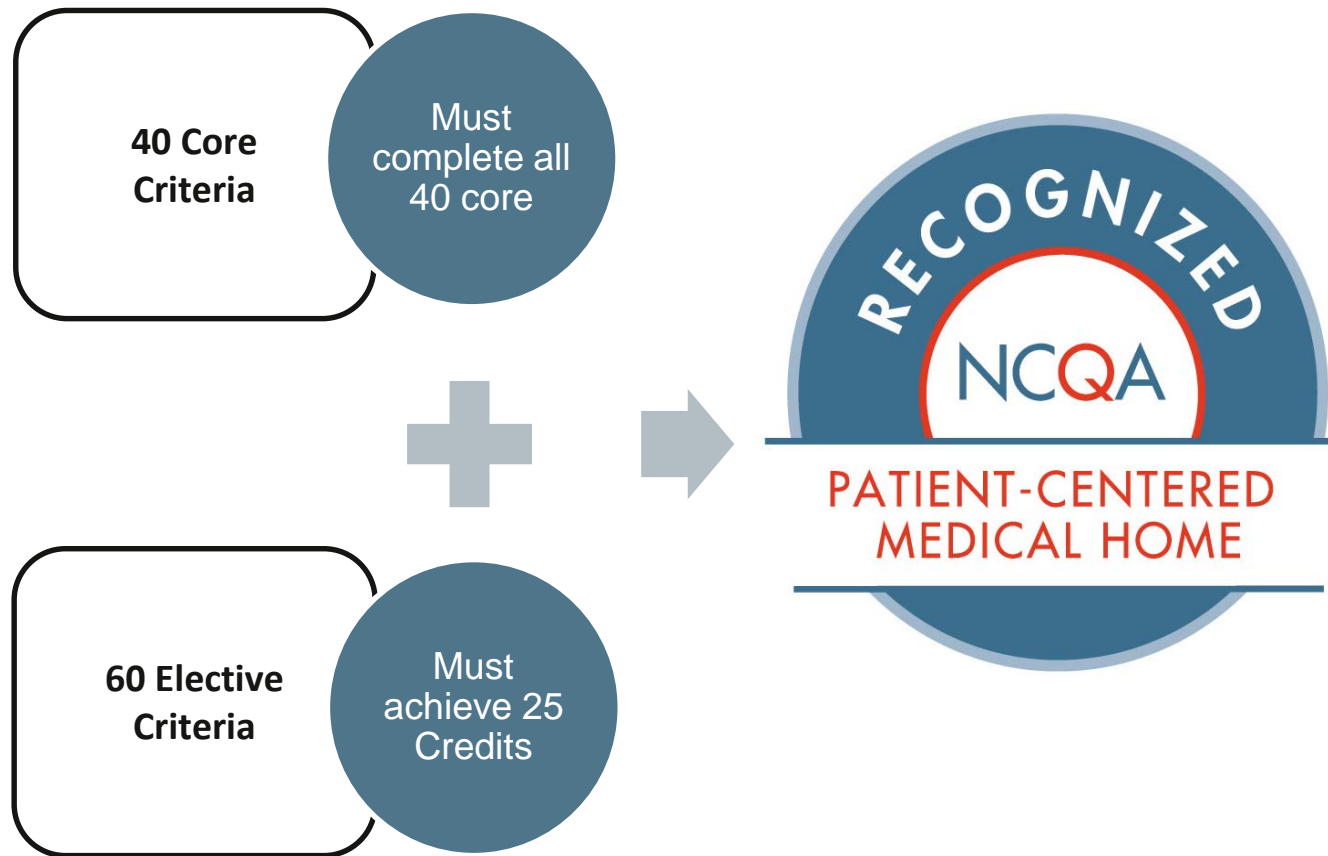
Structure - Example

Concept: Patient-Centered Access and Continuity

Competency	Core Criteria	Elective Criteria
<p>The PCMH model seeks to enhance access by providing appointments and clinical advice based on the patient’s needs. In addition to being key to patient-centeredness, evidence explicitly supports that providing enhanced access including same- day, extended hours and telephone advice from clinicians with access to the patient record reduces ED visits and hospitalizations.</p>	<p>Assesses the access needs and preferences of the patient population.</p>	<p>Provides scheduled routine or urgent appointments by telephone or other technology supported mechanisms.</p>
	<p>Provides same-day appointments for routine and urgent care to meet identified patients’ needs.</p>	<p>Has a secure electronic system for patient to request appointments, prescription refills, referrals and test results.</p>
	<p>Provides routine and urgent appointments outside regular business hours to meet identified patients’ needs.</p>	<p>Has a secure electronic system for two- way communication to provide timely clinical advice.</p>
	<p>Provides timely clinical advice by telephone.</p>	<p>Evaluates identified health disparities to assess access across the patient population.</p>
	<p>Documents clinical advice in patient records.</p>	

PCMH Recognition Scoring

Changes to Points

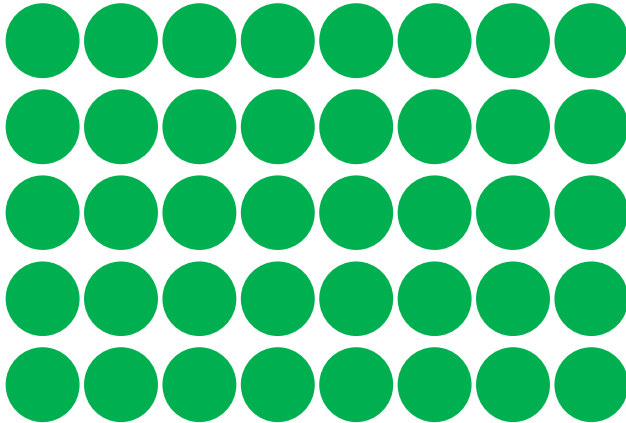




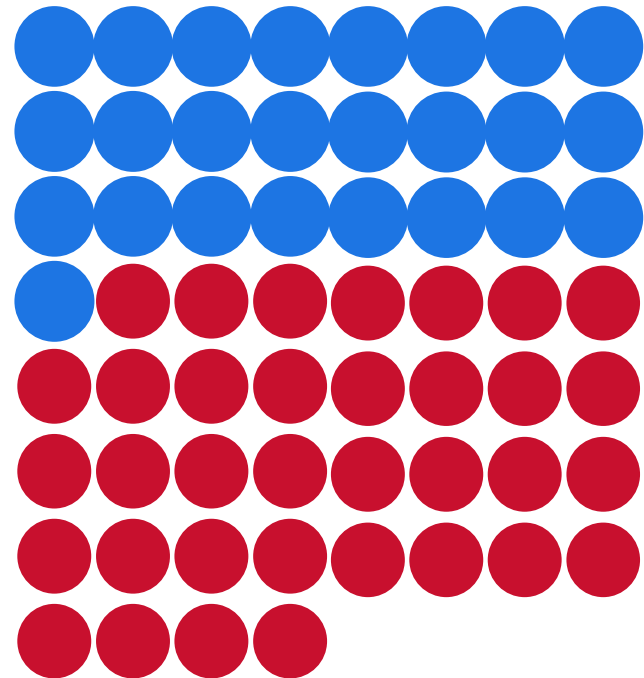
PCMH Recognition Scoring

Scoring

Core Criteria



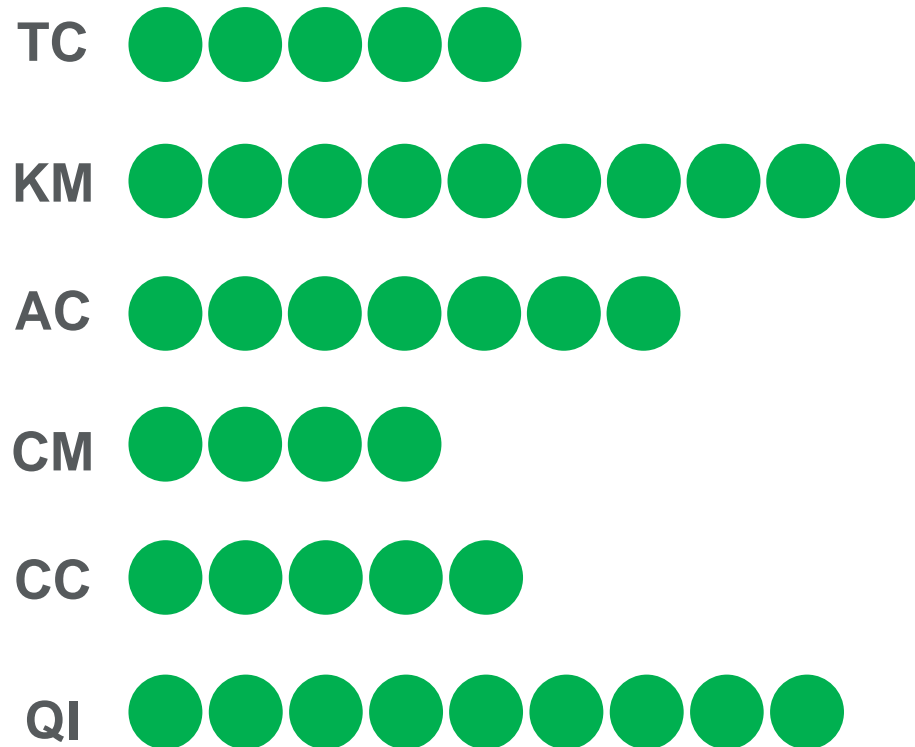
Elective Criteria





PCMH Recognition Scoring

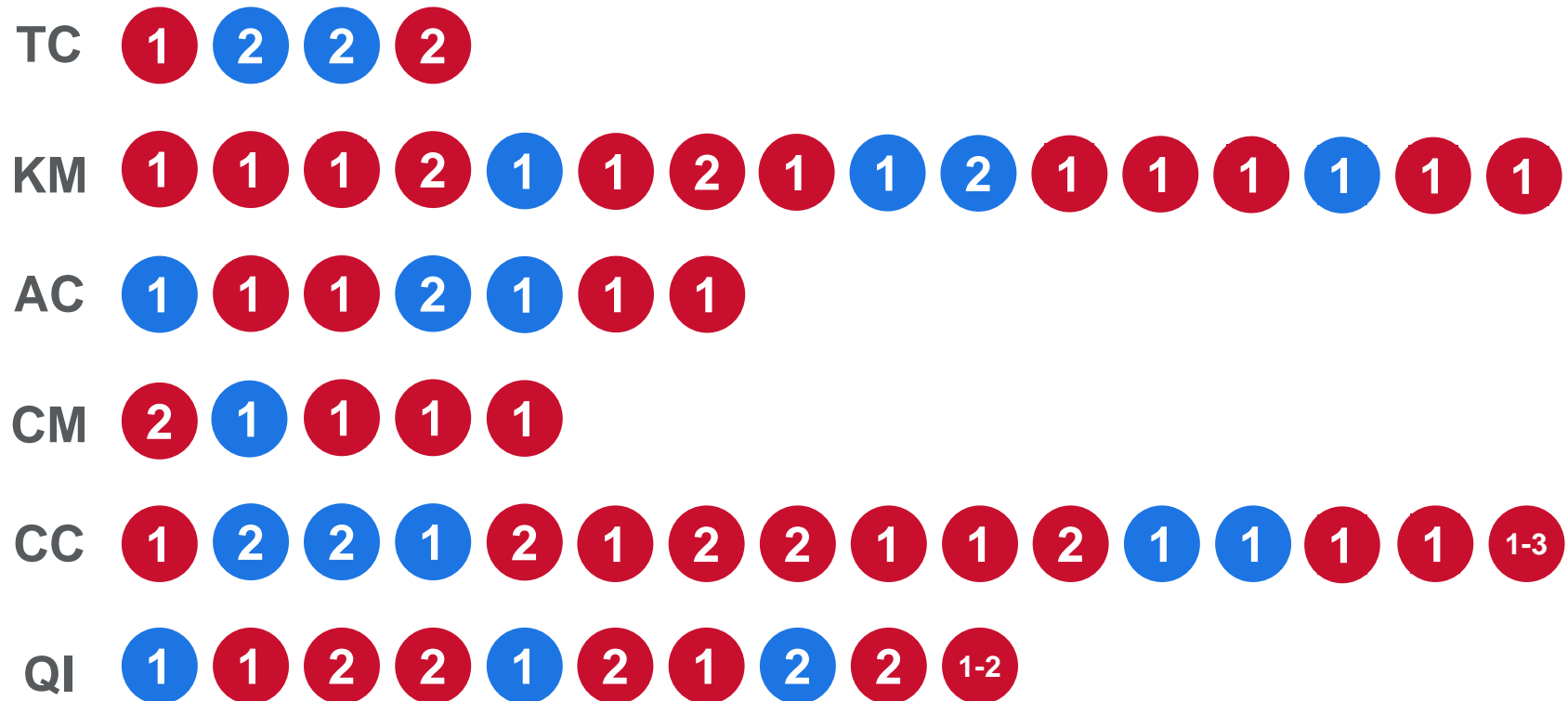
Core Criteria





PCMH Recognition Scoring

Example of Elective Criteria Selection: Must represent 5 of 6 Concepts



- Each row represents a Concept which is laid out with the number of electives included and the credits identified in the middle of each circle.
- The **blue** circles are an example of the electives chosen by a practice to equal 25 credits.
- **Red** circles are the electives leftover that the practice will not demonstrate performance on.



PCMH Distinction Modules

Practice Opportunities to Show Excellence



*Distinction in
Patient Experience
Reporting*



*Distinction in
Behavioral Health
Integration*



*Distinction in
Electronic Measure
Reporting*

Recognition Process

3 Pathways



*New
Customer*

Full Transform
Process



*Recognized
PCMH 2011 Levels 1-3 &
PCMH 2014 Levels 1-2*

Accelerated
Renewal Process
(Transform w/
Attestation)



*Recognized PCMH
2014 Level 3*

Bypass Transform
Direct to Sustaining
Process



New Customers

Transform Steps

Complete
Eligibility/Readiness
Survey

Discover
Educational
Resources

Create Q-PASS
Account(s)

Enroll Sites

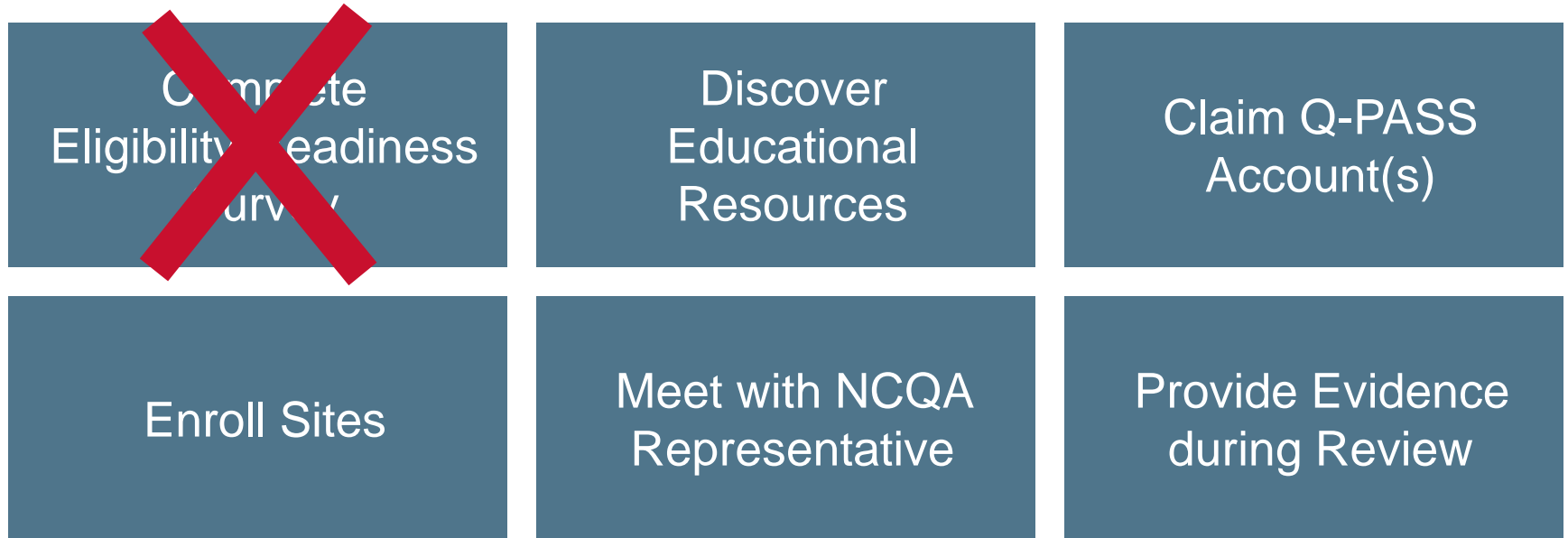
Meet with NCQA
Representative

Provide Evidence
during Review



Existing Customers

Transform Steps





Shared credit

- 40 |  NCQA



NCQA PCMH & CMS' CPC+

Comprehensive Primary Care Plus (CPC+) program

Practices
participating in
CMS' CPC+ program
are eligible for
Transfer Credit



7 (of 40)
core criteria
require **review**



44 elective credits
are eligible for
automatic credit
or **attestation**





Accelerated Renewal

Eligibility



Practices can earn recognition at an accelerated pace that achieved recognition in:

- PCMH 2011
Levels 1, 2, & 3
- PCMH 2014
Levels 1 & 2



Transform “Check-in” process

Up to 3 “Check-ins” During Review



Determine Criteria to Address

- Focus on core & documented processes first
- Identify criteria for 25 elective credits



Provide Documents for Offsite Review

- Policies, procedures & protocols
- Website links
- Public information
- Attestation



Provide Evidence during Virtual Review

- Communicate with Evaluator
- Substitute evidence if not sufficient
- Demo systems
- Provide reports

After Check-In



- Evaluator marks criteria “met”
- Practice can work on “not met” criteria
- NCQA staff will review questions arising from check-in

After 3 Check-Ins



Practice meets all core criteria & 25 elective credits, results are forwarded to Review Oversight Committee (ROC)



If required criteria is not met in 3 virtual check-ins, an additional check-in is available for purchase



If the survey process is not completed within 12 months, additional time can be purchased

Why did we do this?



PCMH Annual Reporting

PCMH Redesign

3 Parts



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Annual Reporting Should Not Feel like This...

No Drowning





Annual Reporting Should Feel More like This

Simple Straight Forward Demonstration of Sustaining PCMH Activities





If you are a PCMH 2014 Level 3...

Proceed Directly To Annual Reporting



PCMH 2014 Level 3 practices move straight to Annual Reporting and do not need to submit evidence for the PCMH (2017 edition) criteria.

Annual Reporting Date

- **30 days** before Anniversary Date
- Must complete all Succeed steps prior to anniversary date
- **Date set upon initial Recognition**
 - Or 2014 Level 3 expiration date
- **Flexibility** to meet practice needs
- Use reporting period requirements based on **Report Date not Anniversary Date**



Annual Reporting Date – Multi-sites



All practices in multi-site group have the same annual reporting date, unless organization requests differently



The annual reporting date for multi-site group is based on the date of 1st Recognized practice

Reporting Period Requirements Release Schedule

Know when to look for them & check your reporting date



- Released in July 6 months prior to relevant reporting year.

- . In conjunction with clarification updates

Practices submitting in 2018 and 2019 have different Annual Reporting Requirements

Check the reporting period (front page of publication)

Reporting Process

Practice's recognized PCMH 2014 Level 3 or after Transform process must:

- ✓ *Attest to previous performance*
- ✓ *Provide evidence demonstrating continuing PCMH Activities*
- ✓ *Confirm practice information and make any clinician changes*
- ✓ *Pay annual fee*



Attestation – Now vs. Future



QUALITY

Now

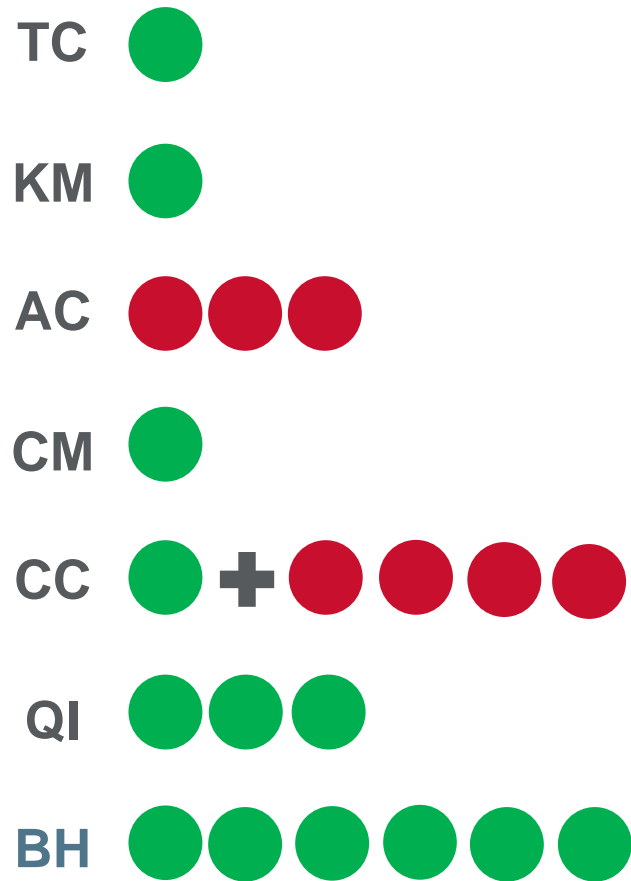
Practice attests each year to current PCMH Standards via an Attestation Statement.

Upcoming

Practice attests to meeting (or not meeting) PCMH Criteria.



Annual Reporting (2019) Criteria Required



Required Special Topic Section

We are using the information to get a better understanding of how practices could perform



Inform development of additional criteria

Change criteria from Elective to Core

Build distinction programs

Practice performance

Additional educational opportunities

Resources and tools

Potential Special Topic Areas



*Social
Determinants*

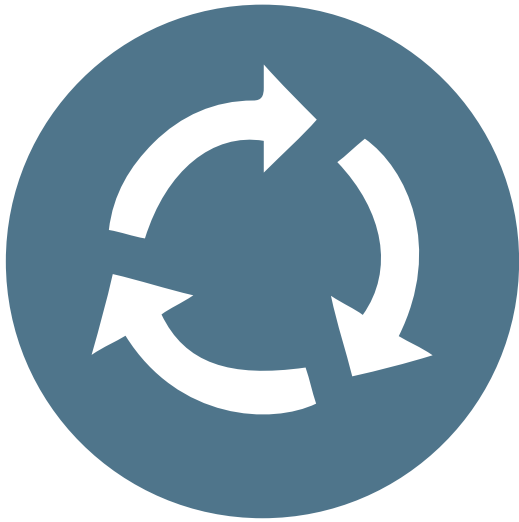


*Value Based
Agreements*



*Addiction
Treatment/
Opioids*

Evidence & Annual Reporting



- **Evidence can be provided** at any point after the new reporting requirements have been released
- NCQA will only review after:
 - **Practice submits Annual Report**
 - **Annual fee is paid**



Annual Reporting Is Just That Simple





Questions

