

NCQA Recognition Programs Redesign Work in Progress

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Recognition Programs Policy and
Resources

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**Where is PCMH in future strategies?
Where is it going? MACRA? MIPS?**



PCMH is at a crossroads



Current evaluation process

Clinician/Practice

- Self-assess, collect data using Web-based tool
- Submit documentation to NCQA when ready
- May be asked to submit more data if needed

NCQA

- Evaluates and scores all applications
- Checks clinician licensure
- Audits a sample of applications
- Reports those that pass
- Distributes list of recognized clinicians monthly

NCQA's review methodologies

Interactive Survey System

- Web-based process
- The Recognition Survey is a desk-top review
- Organizations and physicians can assess readiness, upload documents on line

Audit

- Validates practice documentation and policies and procedures

PCMH critiques

Too easy

- Can achieve recognition without transforming

Too hard

- Small practices, rural practices, urban practices

Too focused on process

- Needs more performance-based evaluation

Too much

- Burdensome review process

**We've been listening.
Here's what we've heard.**



Customer feedback



The Reality... Physicians have competing priorities



ICD-10, MOC,
MACRA, Stage 2
MU, PQRS,
HIPAA,
Risk... PCMH?

“I love the patient interaction as much as ever but it is being slowly eroded by so many factors which are beyond our control...

I think both the patient and the physicians are fearful about the future of medicine.”

Primary care physician
Medical Economics, 2014

Key components of redesign

- Engage practices through a combination of live support and a new, interactive Web-based platform
- Receive and assess clinical and operational data from practices to support recognition, quality measurement and benchmarking

Three core strategies



Current → Future

Current Process

- Every 3 years, practice must submit all materials for a full review, with little guidance from NCCQA

Future Process

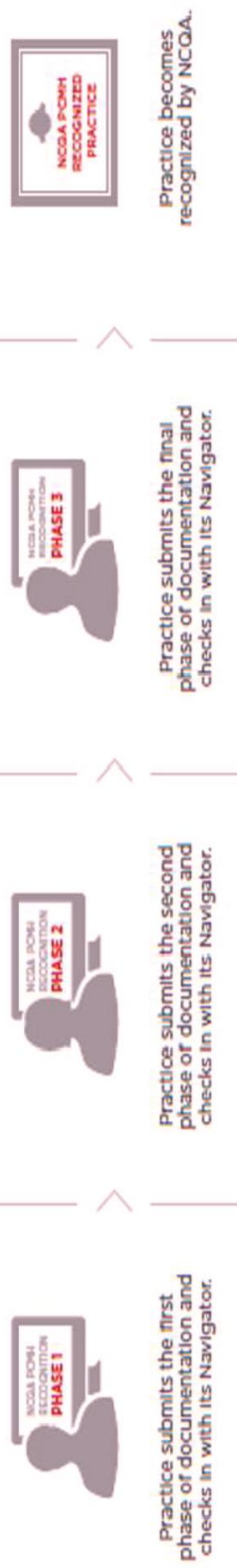
- NCCQA interacts with practice from the start
- Practice submits information at agreed-upon intervals until recognized
- Focused annual review and ongoing data submission to sustain recognition (no Renewal Survey at 3 years)

PCMH redesign: Future process

PRE-ASSESSMENT



PHASED ENGAGEMENT



SUSTAINED RECOGNITION



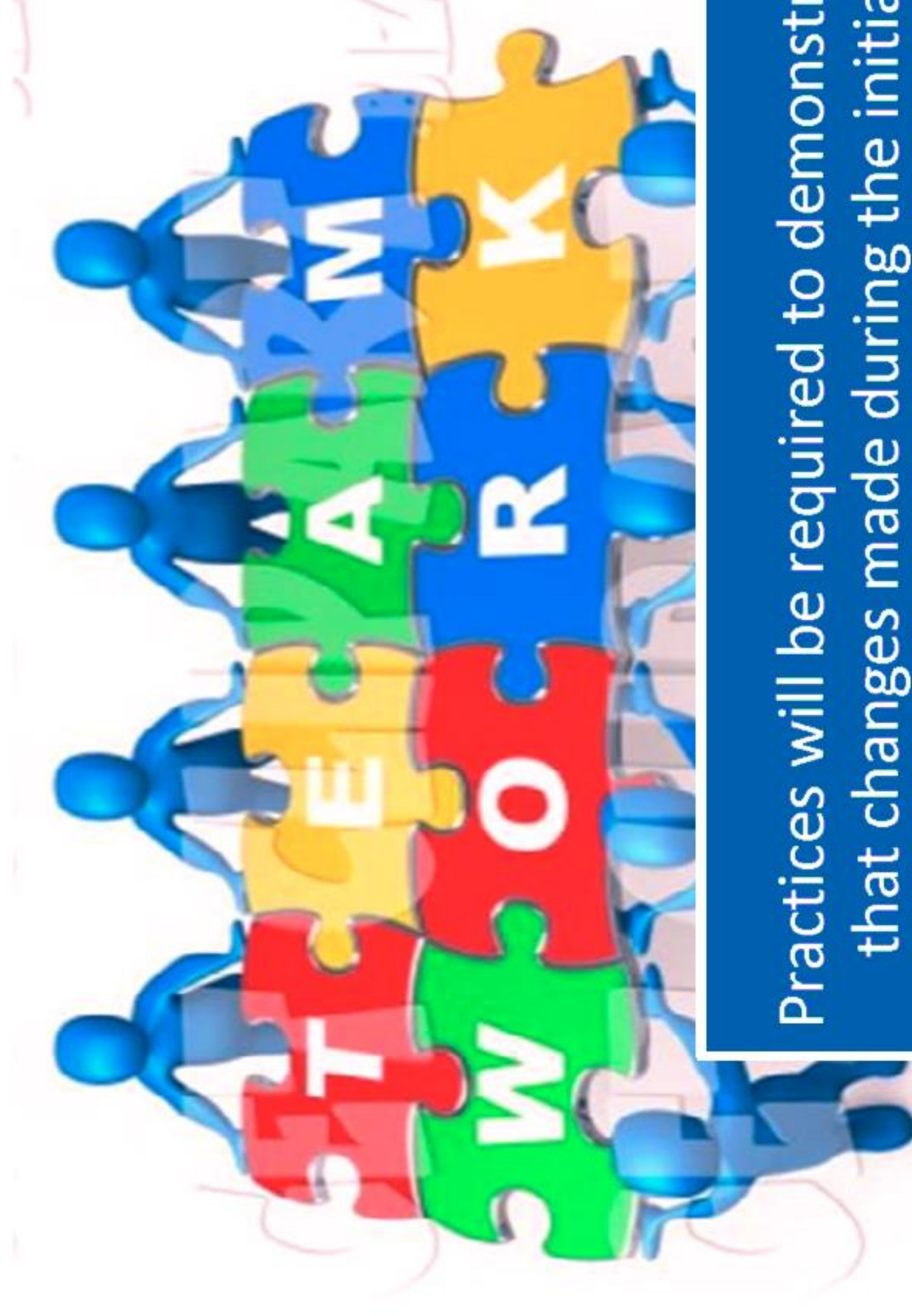
Redesigned recognition program process



Sustaining Recognition Achievements



Engage practices in a streamlined annual check-in providing confirmation of continuing commitment and performance



Practices will be required to demonstrate that changes made during the initial recognition effort have been anchored in their day-to-day culture, continuing to enhance their patient-centered approach to care

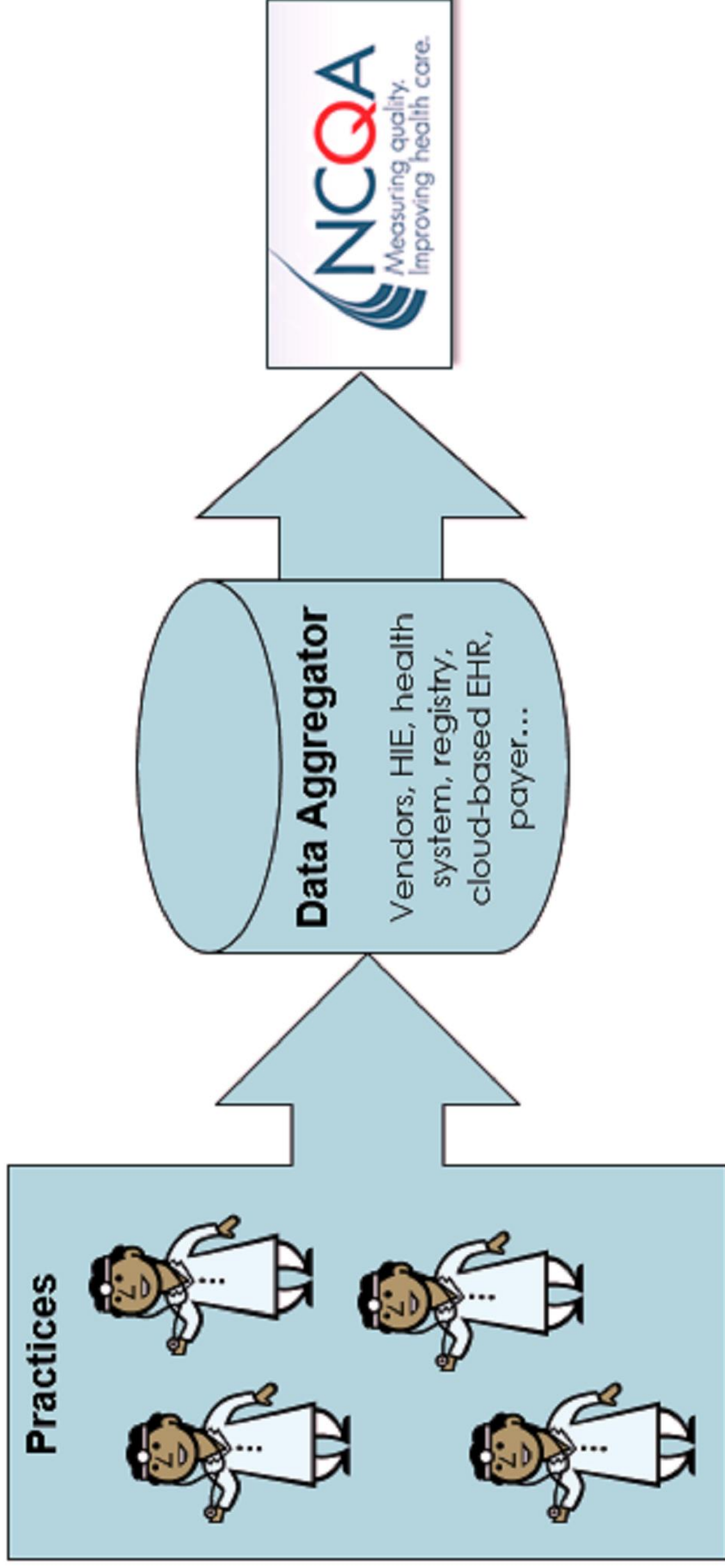
Draft sustaining measures

<u>Standard</u>	<u>Submission Options</u>
Standard 1	<ol style="list-style-type: none">1. Same-day appointments (attestation)2. Average time to third next available appointment3. Number of hours that care is available outside normal business hours4. CAHPS access composite
Standard 2	<ol style="list-style-type: none">1. Continuity with selected clinician/team2. Staff satisfaction3. Structured care team meetings/communication
Standard 3	<ol style="list-style-type: none">1. Patients identified for outreach:<ol style="list-style-type: none">a. Choose health topicsb. Choose delivery modes2. Excellent performance in care<ol style="list-style-type: none">a. For example, DRP, HSRP, benchmarking

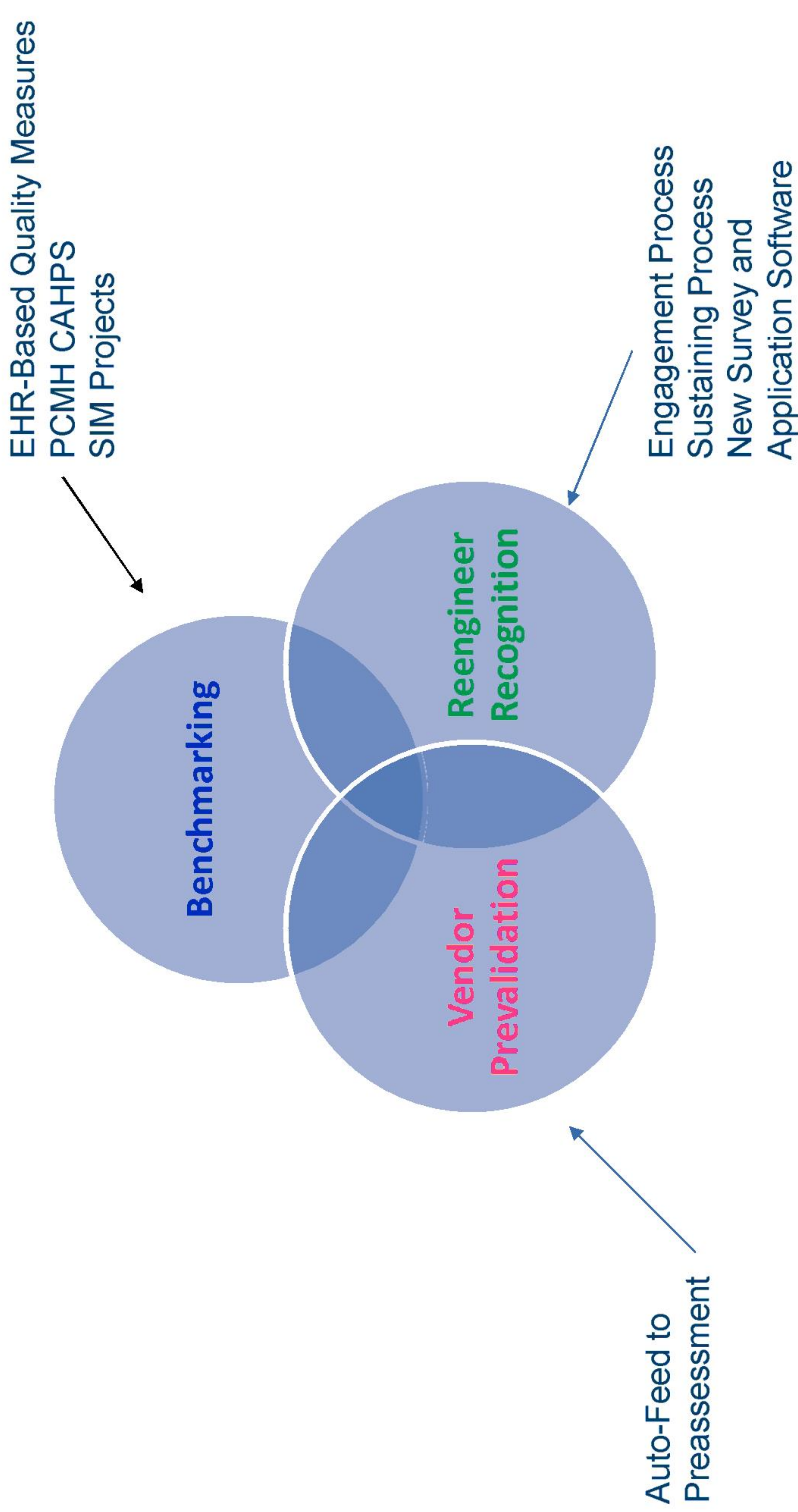
Draft sustaining measures

<u>Standard</u>	<u>Submission Options</u>
Standard 4	<ol style="list-style-type: none">1. Percentage of patients identified for care management<ol style="list-style-type: none">a. Choose conditions where care management is used2. Care management initiative
Standard 5	<ol style="list-style-type: none">1. Referral tracking or care coordination2. Lab and imaging tracking3. Notifications of care transitions
Standard 6	<ol style="list-style-type: none">1. Quality improvement priorities2. Patient experience survey3. Two categories of clinical quality measures4. Resource stewardship and utilization assessment

Testing data connections for quality measures



Concurrent initiatives



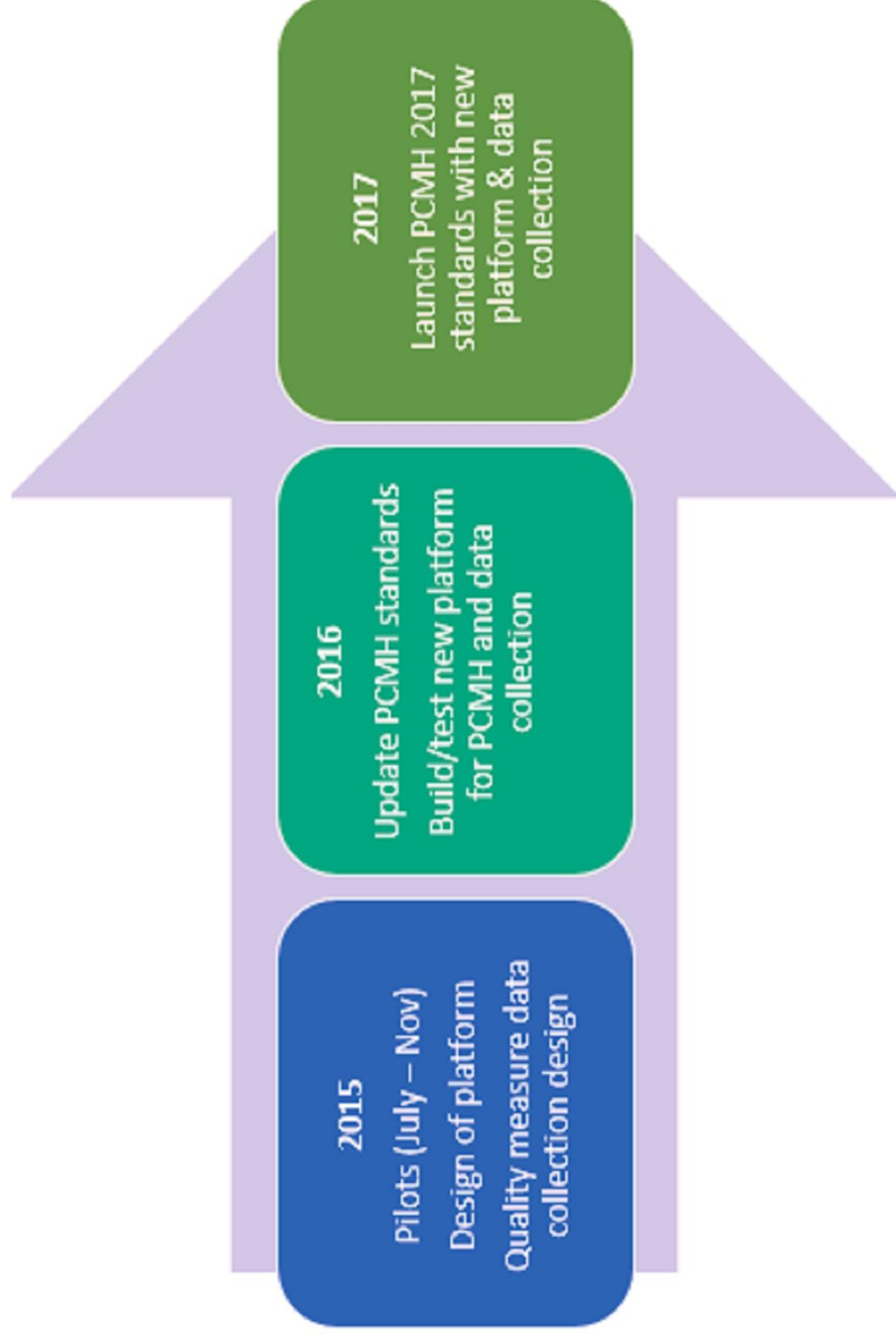
Quality measures for PCMH benchmarking

List of 30+ quality performance measures

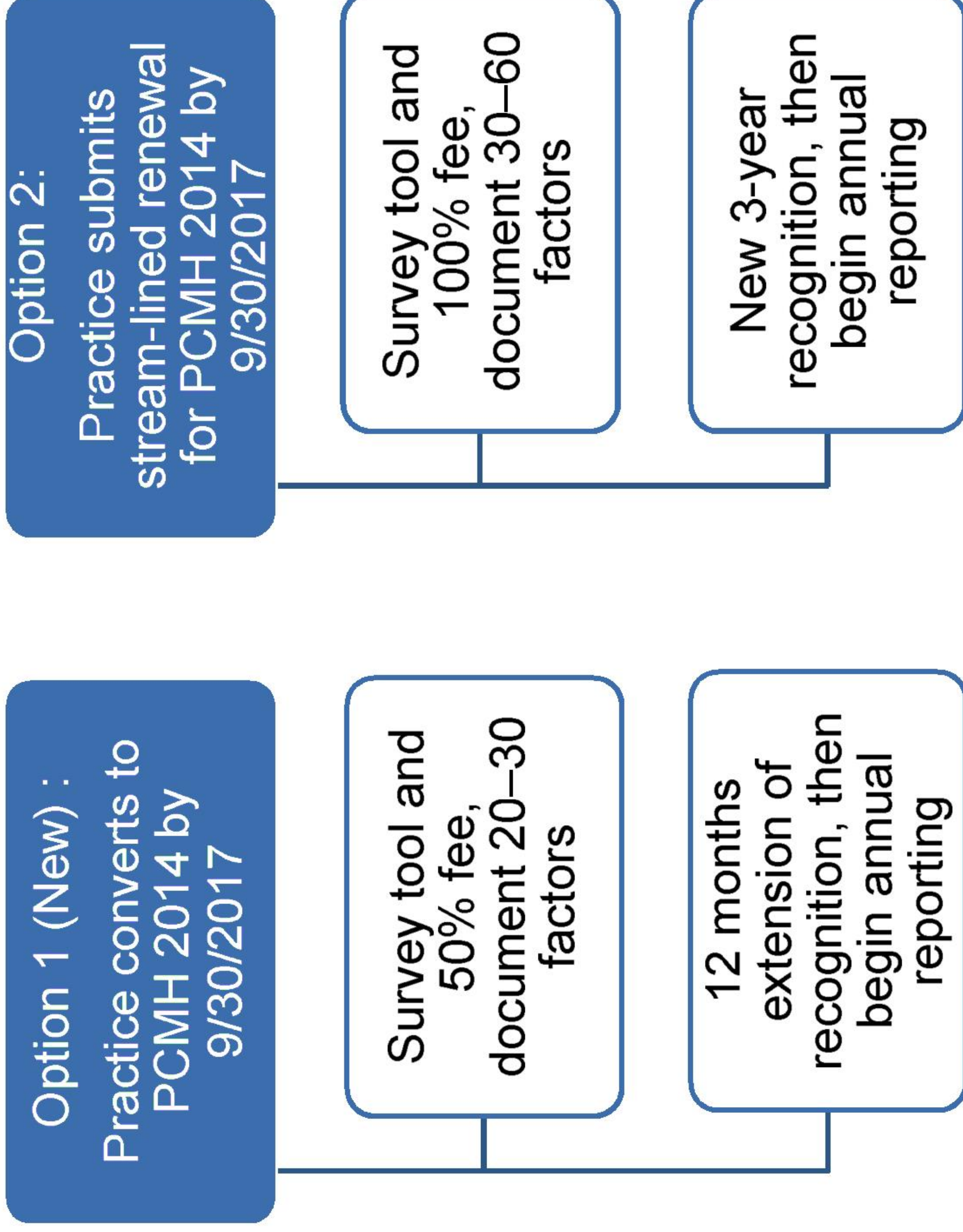
Includes measures across 7 domains

- Acute Care
- Behavioral Health
- Care Coordination
- Chronic Care
- Cost Related
- Immunizations
- Preventive Care

PCMH redesign timeline



Transition plan for PCMH 2011 Level 3 Recognized practices



Conversion process/documentation

- Purchase and complete survey responses
- Attest to elements according to capability to show those requirements are met
- PCMH 2014 documentation:
 - 1A Patient-Centered Appointment Access
 - 2D The Practice Team
 - 3E Evidence-Based Decision Support
 - 4A Identify Patients for Care Management
 - 4B Care Planning and Self-Care Support
 - (Examples only, no chart review)
 - 6B Measure Resource Use and Care Coordination

Conversion FAQs

- Completed by site, no multi-site necessary
- Subset of stream-lined renewal elements require documentation, but no chart review for care management
- Does not require multi-year measure reporting
- Can submit any time prior to date PCMH 2011 recognition expires
- Extends current recognition 12 months as a PCMH 2014 recognition
- Practice is eligible for sustaining on new expiration date, with annual reporting

<http://www.ncqa.org/Programs/Recognition/Practices/PatientCenteredMedicalHomePCMH/DuringEarnItPCMH/OtherPCMHResources/ConversionRequirementsforPCMH2014.aspx>

Renewal FAQs

- Multi-site process available
- Documentation required for 3 elements for the corporate survey and 8 elements for each site, including chart review (11 total)
- Requires multi-year measurement reporting
- Can submit any time prior to expiration, but for sites, no later than September 30, 2017
- Renewal is for 3 years as a PCMH 2014 recognition
- Practice is eligible for sustaining on expiration date, with annual reporting

<http://www.ncqa.org/Programs/Recognition/Practices/PatientCenteredMedicalHomePCMH/AfterKeepItPCMH/PCMH2014RenewalRequirements.aspx>

Options for transitioning to PCMH 2014

Conversion (Level 3)

- Applicable to PCMH 2011 practices expiring in 2016–2018, submitted by 9/30/2017
- Documentation required for 6 Elements (1A, 2D, 3E, 4A, 4B*, 6B)
- Practices attest and score remaining elements based on current operations
- 12 month extension of current recognition prior to starting annual reporting process
- Cost includes survey tool fee and 50% of regular application fee

Streamlined Renewal (Level 2 & 3)

- Renewals for site surveys accepted until 9/30/2017, corporate surveys by 3/31/2017
- Documentation required for 11 elements (1A, 2D, 3C, 3D, 4A, 4B, 4C, 5B, 6B, 6D, 6E)
- Practices attest and score remaining elements based on current operations
- 3-year recognition with new annual reporting process to start at end of recognition
- Cost includes survey tool fee and 100% of application fee

* Documentation for 4B conversion requires examples only

Learn more



Read about our PCMH
redesign initiative
blog.ncqa.org/PCMH

Send us your thoughts
Ideas4PCMH@ncqa.org

Read about MACRA
ncqa.org/MACRA

Watch QualityTalks
QualityTalks2015.com

Questions & Answers

