



PCMH @ CFH

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Team Composition & Logistics

- ▶ Internal Team: VP of Informatics, Senior Director of Quality Transformation, Director/Assistant Director of Quality Improvement
- ▶ Utilized NYS TA Vendor from HRHC
- ▶ Internal team met bi-weekly with each other & at least once a month w/ TA
- ▶ Helpful starting points
 - ▶ If AR reporting, conduct gap analysis & reconciliation from PCMH 2014 submission
 - ▶ Pull out the “old” P&Ps r/t core requirements & prioritize to revise/review/renew
 - ▶ Prioritize processes that are core requirements to implement ASAP
 - ▶ Less is more; capitalize on opportunities to streamline processes
 - ▶ NOT everything needs a policy & procedure; use workflows & diagrams & RETIRE P&Ps



Tricky Requirements-NYS

▶ CM03

▶ Utilized Johns Hopkins model built into Azara

- ▶ Report presented of % of patients into each category provided w/ explanation
- ▶ No specific patient information Important piece is how to show NCQA how practice defines low, med, high risk
 - ▶ Define what “bucket” the practice can focus efforts on the most

▶ CM09

▶ Provided detailed process & documents provided during the Patient Visit Discharge

- ▶ Utilized forms in EMR to capture shared with specialist i.e. clinical visit summary & care plans
 - ▶ Care plans were built to address various chronic conditions & goals commonly associated
 - ▶ in PCMH 2014, conditions were selected based on what is seen most frequently & care plans were built to address them
 - ▶ Obs terms were built into EMR flowsheet to indicate when care plan was completed



Submitting Documentation

- ▶ Changes in Q-Pass constant
 - ▶ don't ignore alerts that pop up when you first log on; they might not come back
 - ▶ listen to your consultant; be an advocate for each other; they meet with DOH regularly about Q-Pass
 - ▶ Q-Pass Prep on YouTube not as helpful as experiencing it yourself
 - ▶ dedicate one person to upload; set your contributors & administrators appropriately
 - ▶ use your assigned NCQA reviewer
- ▶ No virtual review needed
 - ▶ all documents were uploaded
 - ▶ if undergoing full transformation process set your timeline to at least 30 days back
 - ▶ make sure your system allows for Skype conferencing



Challenges in AR

- ▶ Gap analysis
 - ▶ Capitalizing on what you already have
- ▶ Updating P&Ps to make the process more efficient, not creating them to fulfill component
- ▶ Small teams that have direct communication with senior leadership is more effective
- ▶ QI PDSAs r/t to Resource Stewardship Measures & Patient Experience Feedback at site-level
- ▶ Q-Pass glitches

Overall objectives:

1. Always keep your mission in mind & what is sustainable
2. AR comes up quick, don't re-invent the wheel
3. When reviewing processes & creating work flows, keep your patient in the center of changes

Thank you!