Since the 1980s, CCME has partnered with health care entities and consumers to create healthier communities. Areas of expertise include:

- Medicare quality improvement initiatives
- Medicaid review & cost-reduction
- Health information technology
- Data analytics & consulting
Discussion Questions

• What is the Patient Centered Medical Home (PCMH)?
• Why institute this model?
• Are there incentives to transform?
• What is the process for PCMH recognition?
• What are the standards and guidelines?

U.S. Health Care Landscape

Current
• Fee For Service: high volume, high cost, variable outcomes
• Capitated Payments (managed care): lower cost, variable outcomes

Future
• Value over Volume
• High Quality, Low Cost
• Fee-for-value (P4P), value-based payment
• The Triple Aim

What is PCMH?

• NCQA sponsored primary care practice recognition program
• AAP medical home concept 1967
• “Joint PCMH Principles” – medical societies 2007
• NCQA - first PCMH Recognition program 2008
• Updated 2011 & 2014
Characteristics of a PCMH

Primary Care Practice:
• Physician-directed, team-based & patient-centered
• Coordinates care across health care system
• Provides high quality, evidence-based care that is culturally and linguistically appropriate
• Encourages patient feedback & shared decision making
• Measures performance and seeks continuous improvement

Why Seek PCMH Recognition?

Patient/Provider Benefits
➢ Patients more engaged, happier & satisfied
➢ Increased provider & staff satisfaction
➢ Improved outcomes

Financial Benefits
➢ Lower costs
➢ Accountable Care Act
➢ CMS Plans
➢ BCBS of NC’s BQPP

Incentives

37 States* Have Public and Private Patient-Centered Medical Home (PCMH) Initiatives That Use NCQA Recognition

*Includes the District of Columbia
NCQA's PCMH 2014 Recognition Program

Who is the NCQA?

- National Committee for Quality Assurance
- 501(c)(3) nonprofit founded in 1990
- Mission: To improve the quality of health care
- PCMH Recognition began 2008
- Accredite health plans in every state

General Overview:

- Outpatient primary care practices
- Recognition at practice level
- All providers participate
- Three levels, three years
- Aligned with Meaningful Use
- 9,000 PCMH practices in U.S.
### PCMH 2014 Recognition Levels

<table>
<thead>
<tr>
<th>Recognition Levels</th>
<th>Required Points</th>
<th>Must-Pass Elements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 1</td>
<td>35–59 points</td>
<td>All 6 Must-Pass elements required for each level</td>
</tr>
<tr>
<td>Level 2</td>
<td>60–84 points</td>
<td>Score for each Must-Pass element must be &gt; 50%</td>
</tr>
<tr>
<td>Level 3</td>
<td>85–100 points</td>
<td></td>
</tr>
</tbody>
</table>


### PCMH 2014 Recognition Process

[http://www.ncqa.org/Programs/Recognition/Practices/PatientCenteredMedicalHomePCMH.aspx](http://www.ncqa.org/Programs/Recognition/Practices/PatientCenteredMedicalHomePCMH.aspx)

### Recognition Process (cont’d)

[http://www.ncqa.org/Programs/Recognition/Practices/PatientCenteredMedicalHomePCMH.aspx](http://www.ncqa.org/Programs/Recognition/Practices/PatientCenteredMedicalHomePCMH.aspx)
Standards & Guidelines

Standard 1: Patient-Centered Access – 10.00pts
- Element A*: patient-centered appointment access (MUST PASS 6 factors/4.50pts)
- Element B: 24/7 access to clinical advice (4 factors/3.50pts)
- Element C: electronic access (6 factors/2.00pts)

Standard 2: Team Based Care – 12.00pts
- Element A: continuity (4 factors/3.00pts)
- Element B: medical home responsibilities (8 factors/2.50pts)
- Element C: culturally and linguistically appropriate services (4 factors/2.50pts)
- Element D*: practice team (MUST PASS 10 factors/4.00pts)

Standard 3: Population Health Management – 20.00pts
- Element A: patient information (14 factors/3.00pts)
- Element B: clinical data (11 factors/4.00pts)
- Element C: comprehensive health assessment (10 factors/4.00pts)
- Element D*: use data for population management (MUST PASS 5 factors/5.00pts)
- Element E: implement evidence based decision support (6 factors/4.00pts)
Standards & Guidelines (cont’d)

Standard 4: Care Management and Support – 20.00pts

- **Element A**: identify patients for care management (6 factors/4.00pts)
- **Element B***: care planning and self-care support (MUST PASS 5 factors/4.00pts)
- **Element C**: medication management (6 factors/4.00pts)
- **Element D**: use electronic prescribing (4 factors/3.00pts)
- **Element E**: support self-care and shared decision making (7 factors/5.00pts)

Standards & Guidelines (cont’d)

Standard 5: Care Coordination and Care Transitions – 18.00pts

- **Element A**: test tracking and follow up (10 factors/6.00pts)
- **Element B***: referral tracking and follow-up (MUST PASS – 10 factors/6.00pts)
- **Element C**: coordinate care transitions (7 factors/6.00pts)

Standards & Guidelines (cont’d)

Standard 6: Performance Measurement and Quality Improvement – 20.00pts

- **Element A**: measure clinical quality performance (4 factors/3.00pts)
- **Element B**: measure resource use and care coordination (2 factors/3.00pts)
- **Element C**: measure patient/family experience (4 factors/4.00pts)
- **Element D***: implement CQI (MUST PASS 7 factors/4.00pts)
- **Element E**: demonstrate CQI (4 factors/3.00pts)
- **Element F**: report performance (4 factors/3.00pts)
- **Element G**: use certified EHR technology (10 factors/0.00pts)
The Must-Pass Elements

2. Standard 2, Element D: The Practice Team.
4. Standard 4, Element B: Care Planning and Self-Care Support.
6. Standard 6, Element D: Implement CQI

**TOTAL**: 6 Standards, 27 Elements (including 6G), 178 Factors (including 10 from 6G)

Standards & Guidelines (cont'd)

**PCMH 1: Patient-Centered Access**

<table>
<thead>
<tr>
<th>Element A: Patient-Centered Appointment Access (MUST-PASS)</th>
<th></th>
<th>4.50 points</th>
</tr>
</thead>
<tbody>
<tr>
<td>The practice has a written process and defined standards for providing access to appointments, and regularly assesses its performance on:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Providing same-day appointments for routine and urgent care.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Providing routine and urgent-care appointments outside regular business hours.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Providing alternative types of clinical encounters.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Availability of appointments.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Monitoring no-show rates.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Acting on identified opportunities to improve access.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Scoring**

<table>
<thead>
<tr>
<th>100%</th>
<th>75%</th>
<th>50%</th>
<th>25%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Providing same-day appointments for routine and urgent care.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Providing routine and urgent-care appointments outside regular business hours.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Providing alternative types of clinical encounters.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Availability of appointments.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Monitoring no-show rates.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Acting on identified opportunities to improve access.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The practice provides access to team-based care for both routine and urgent needs of patients/families/signers at all times.

Standards & Guidelines (cont'd)

MUST-PASS elements are considered the basic building blocks of a patient-centered medical home. Practices must earn a score of 85% or higher. All six must-pass elements are required for recognition.

All practices, including those with walk-in access, must make same-day scheduled appointments available and be counted as meeting this standard. Walk-in access is defined as patients who are able to be seen by a member of the care team during regular office hours, without prior notice.

The practice has a written policy for making appointments available for both urgent and routine issues. The policy states time frames and defines “urgent” and “routine.” For example, the policy has a policy that urgent issues are seen immediately and routine visits (e.g., new patient physicals, return visit related to minor illness and chronic conditions) are scheduled within seven days.

The practice triggers patient alerts to determine the urgency of a request for a same-day appointment. Triggers consist of patient care need and preference.

Patients access the clinicians and care team for routine and urgent-care needs by phone, email, or through secure electronic messaging.

**Factor 1:** Factor 1 is a critical factor and must be met by practices to receive a score on this element. Since this is also a must-pas element, failure to meet Factor 1 will result in denial of recognition.

MUST-PASS is the preferred method of providing care to patients. Patients/families/signers may be scheduled for a same-day appointment if they have a refill request for a routine appointment. Adult patients/families/signers who prefer unscheduled appointments to a full day of scheduled appointments do not meet the requirement.
Standards & Guidelines (cont’d)

Documentation

For all factors that require a documented process for staff, the documented process for staff includes a date of implementation in revisions and has been in place for at least three months prior to submitting the PCMH 2014 Survey Tool.

Factor 1: NCQA reviews a documented process for scheduling same-day appointments that includes defining their appointment types. NCQA reviews a report with at least five days of data, showing the availability and use of same-day appointments for both urgent and routine care.

Factor 2: NCQA reviews a documented process for staff to follow for arranging after-hours access with other practices or clinicians and provides a report showing after-hours availability or materials provided to patients demonstrating that the practice provides regular extended hours. NCQA reviews a report with at least five days of data, showing availability and use of appointments outside the normal hours of operation. A process for arranging after-hours access is not required if the practice has regular extended hours.

Helpful Links:

http://www.ncqa.org/Programs

http://www.bcbsnc.com/content/providers/bqpp/index.htm

http://www.thecarolinascenter.org/

CCME Can Help!

• PCMH Recognition = Practice Transformation
• Transformation is well worth it, but not easy!
• Many practices lack staff to focus on PCMH
• Save an FTE, hire CCME!
• Professional consulting services at non-profit prices
For More Information:
John Vitiello, PT, MCP
919.461.5664
jvitiello@thecarolinascenter.org

Upcoming Webinar

PQRS & Value-based Modifier:
What You Need to Know for 2015
Wednesday, March 18 | 12:30 – 1:30 p.m., ET