NOTE: The specialty practice program standards are not considered complete until they are released by NCQA along with the policies, procedures and guidelines at the end of March, 2013. NCQA anticipates having three levels of recognition in the specialty practice program with a minimum score of 25 points that includes the Must Pass elements.

Meaningful Use Alignment
The program intends to align with Meaningful Use criteria and includes both Stage 1 and Stage 2 criteria. Since the specialty practice program is scheduled for release March 2013, NCQA will use Stage 1 criteria to evaluate until Stage 2 takes effect in October 2014 (data may be submitted to CMS beginning January 1, 2015.) Stage 1 and Stage 2 percentages are included in the standards as: \((\text{Stage1\%}) / (\text{Stage2\%})\); for example: “50/80 percent” means “50 percent” is required in Stage 1” (prior to January 2015) and “80 percent” is required in Stage 2” (after January 1, 2015).

### PCSP Standards, Elements and Factors

<table>
<thead>
<tr>
<th>Standard 1: Track and Coordinate Referrals</th>
<th>22 points</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1A: Referral Process and Agreements</strong></td>
<td>9 points</td>
</tr>
<tr>
<td><strong>MUST PASS</strong></td>
<td></td>
</tr>
<tr>
<td>The practice has a written process for implementing and managing referrals with PCPs and, if applicable, other referring clinicians:</td>
<td></td>
</tr>
<tr>
<td>1. Formal and informal agreements with a subset of referring clinicians based on established criteria</td>
<td></td>
</tr>
<tr>
<td>2. Specified methods of communication with PCPs and the referring clinician (if not the PCP)</td>
<td></td>
</tr>
<tr>
<td>3. Specified method of communicating with the patient/family/caregiver about specialist’s plan of care</td>
<td></td>
</tr>
<tr>
<td>4. Specified co-management or transition strategy for selected patients</td>
<td></td>
</tr>
<tr>
<td>5. Confirmation of receipt and acceptance of referral with date and time of the appointment</td>
<td></td>
</tr>
<tr>
<td>6. Specified information needed from referring clinician about patients</td>
<td></td>
</tr>
<tr>
<td>7. Specified information and timing of the referral response to PCPs and referring clinicians (if not the PCP)</td>
<td></td>
</tr>
<tr>
<td>8. Type and method of communication with the patient and family/caregiver about results and treatment.</td>
<td></td>
</tr>
</tbody>
</table>

Documentation
- Factors 1-8: Documented process
- Factors 1-8: Three examples that show implementation

Scoring
- 100% - 6-8 factors
- 75% - 4-5 factors
- 50% - 2-3 factors
- 25% - No scoring option
- 0% - 0-1 factor

<table>
<thead>
<tr>
<th>1B: Referral Content</th>
<th>5 points</th>
</tr>
</thead>
<tbody>
<tr>
<td>The practice has a written process and monitors against it to ensure receipt of information needed in referrals from referring clinicians:</td>
<td></td>
</tr>
<tr>
<td>1. Reason for the referral (question to be answered by the referral)</td>
<td></td>
</tr>
<tr>
<td>2. Type of referral (e.g., co-management with PCP)</td>
<td></td>
</tr>
<tr>
<td>3. Urgency of referral</td>
<td></td>
</tr>
<tr>
<td>4. Patient demographics (language/cultural/ethnic/communication needs)</td>
<td></td>
</tr>
<tr>
<td>5. Clinical information (e.g. problem list, current medications, allergies, relevant medical history, mental health, substance abuse issues and behaviors affecting health)</td>
<td></td>
</tr>
<tr>
<td>6. Current primary practice care plan, treatment, test results and procedures</td>
<td></td>
</tr>
<tr>
<td>7. Communication with patient/family</td>
<td></td>
</tr>
</tbody>
</table>

Documentation
- Factors 1-7: Documented process
- Factors 1-7: Three examples of implementation
- Factors 1-7: Report demonstrating information provided by referring clinicians based on at least 1 month of data.

Scoring
- 100% 5-7 factors
- 75% - 3-4 factors
### PCSP Standards, Elements and Factors

- 50% - 1-2 factors
- 25% - No scoring option
- 0% - 0 factors

#### SPR 1C: Referral Response

**8 points**

**MUST PASS**

The practice has a written process and monitors against it to ensure a timely response to PCPs, referring clinicians and patients that includes:

1. Answer(s) to clinical question(s) in referral
2. Diagnosis
3. Procedures and test results
4. Recommended specialist’s plan of care, care management, patient education, secondary referrals
5. Follow-up needed with specialist including further coordination
6. Tracking system for monitoring timeliness of referral response
7. Tracking system for confirming receipt of the referral and sending date and time of the appointment to the referring clinician.
8. Providing an electronic summary of care record to another provider for more than 50 percent of referrals+

**Documentation**

- Factors 1-8: Documented process
- Factors 1-5: Report showing completeness of response based on at least 1 month of data
- Factor 6-7: Report showing timeliness of referral response based on at least 1 month of data
- Factor 8: MU Report

+ Stage 1 Menu and Stage 2 Core Meaningful Use Requirement

#### Scoring

- 100% - 6-8 factors
- 75% - 4-5 factors
- 50% - 3 factors
- 25% - 1-2 factors
- 0% - 0 factors

#### Standard 2: Provide Access and Communication

**18 points**

#### 2A: Access

5 points

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

1. Provide patient appointments based on patient need
2. Provide same day appointments
3. Provide non-visit consultations with referring clinicians
4. Provide timely clinical advice to patients who contact the office when the office is open
5. Provide timely clinical advice to patients who contact the office when the office is closed
6. Document clinical advice to established patients in the patient medical record
7. Provide equal access to accepted patients regardless of source of payment.
8. Provide uninsured patients with information about obtaining coverage.

**Documentation**

- Factors 1-8: Documented process for staff, including clinicians, to follow
- Factors 1-6: Three examples of implementation
- Factor 7: Materials provided to uninsured, Medicare and Medicaid patients in practice population demonstrating their non-discriminatory policy and a report show the mix of payers within the practice
- Factor 8: Materials or link to potential insurance sources, e.g., Medicaid, SCHIP, Medicare

#### Scoring

- 100% - 6-8 factors
- 75% - 4-5 factors
- 50% - 2-3 factors
- 25% - 1 factors
### PCSP Standards, Elements and Factors

#### 2B: Electronic Access 2 points
The practice provides the following information and services to patients/families/caregivers through a secure electronic system.

1. More than **10/50** percent of patients have online access to their health information within four business days of when the information is available to the practice+
2. More than 5 percent of patients view, and are provided the capability to download their health information or transmit their health information to a third party+
3. Clinical summaries are provided to patients, families/caregivers within **3/1** business day(s) for more than 50 percent of office visits+
4. A secure message was sent to more than 5 percent of patients+
5. Two-way communication between patients/families/caregivers and the practice
6. Request for appointments, prescription refills and test results.

**Documentation**
- Factors 1-4: Report based on numerator and denominator for a recent 12 months (or 3 months) of data in the electronic system
- Factors 5 and 6: Screen shots showing the capability of the practice’s system.

**NOTE:** Factor 2 and Factor 4 will be scored NA until 1/1/15.

**Scoring**
- 100% - 5-6 factors
- 75% - 4 factors
- 50% - 3 factors
- 25% - 1-2 factors
- 0% - 0 factors

#### 2C: Specialty Practice Responsibilities 4 points
The practice has a process and materials that it provides to patients/families/caregivers about:

1. Role of the specialist
2. Methods, content and frequency of communication with the patient (e.g. test results, care management, medications, after-hours contact).
3. Coordination of care between the primary care clinician, the referring clinician, the specialist and the patient/family/caregiver.

**Documentation**
- Factors 1-3: Documented process
- Factors 1-3: Materials such as brochures, Web materials or letter to patients

**Scoring**
- 100% - 3 factors
- 75% - not a scoring option
- 50% - 2 factors
- 25% - 1 factor
- 0% - 0 factors

#### 2D: Culturally and Linguistically Appropriate Services (CLAS) 2 points
The practice engages in activities to understand and meet the cultural and linguistic needs of its patients/families/caregivers.

1. Assessing the racial and ethnic diversity of its population
2. Assessing the language needs of its population
3. Providing interpretation or bilingual services to meet the language needs of its population
4. Providing printed materials in the languages of its population

**Documentation**
**PCSP Standards, Elements and Factors**

- **Factors 1 and 2:** The practice provides a report showing practice ethnic and language composition of its patients
- **Factor 3:** Documentation of availability of interpretive services or has a policy for using bilingual staff
- **Factor 4:** Provides or shows access to materials in languages needed by ≥5 percent of its population, including on-line materials to meet this requirement

**Scoring**

- 100% - 4 factors
- 75% - 3 factors
- 50% - 2 factors
- 25% - 1 factor
- 0% - 0 factors

<table>
<thead>
<tr>
<th>2E: The Practice Team</th>
<th>5 points</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MUST PASS</strong></td>
<td></td>
</tr>
<tr>
<td>The practice uses a team to provide a range of patient care services by:</td>
<td></td>
</tr>
<tr>
<td>1. Defining roles for clinical and nonclinical team members</td>
<td></td>
</tr>
<tr>
<td>2. Having regular team meetings or a structured communication process focused on patients</td>
<td></td>
</tr>
<tr>
<td>3. Using standing orders for services</td>
<td></td>
</tr>
<tr>
<td>4. Training and assigning care teams to coordinate care</td>
<td></td>
</tr>
<tr>
<td>5. Training and designating care team members in communication skills</td>
<td></td>
</tr>
<tr>
<td>6. Involving care team staff in the practice’s performance evaluation and quality improvement activities</td>
<td></td>
</tr>
<tr>
<td>7. Holding regular practice team meetings</td>
<td></td>
</tr>
</tbody>
</table>

**Documentation**

- **Factor 1, 4, 5:** Staff position descriptions of clinical team members describing roles and functions
- **Factor 2:** Description of structured team communication on patients and three examples
- **Factor 3:** Written example of standing orders
- **Factors 4 and 5:** Description of training process
- **Factor 6:** Description of staff roles in practice evaluation and improvement
- **Factor 7:** Description of practice team meetings and three examples

**Scoring**

- 100% - 5-7 factors
- 75% - 4 factors
- 50% - 3 factors
- 25% - 1-2 factors
- 0% - 0 factors

**Standard 3: Identify and Coordinate Patient Populations**

<table>
<thead>
<tr>
<th>3A: Patient Information</th>
<th>3 points</th>
</tr>
</thead>
<tbody>
<tr>
<td>The practice uses an electronic system that records the following as structured (searchable) data for more than 50/80 percent of the patients.</td>
<td></td>
</tr>
<tr>
<td>1. Date of birth+</td>
<td></td>
</tr>
<tr>
<td>2. Sex+</td>
<td></td>
</tr>
<tr>
<td>3. Race+</td>
<td></td>
</tr>
<tr>
<td>4. Ethnicity+</td>
<td></td>
</tr>
<tr>
<td>5. Preferred language+</td>
<td></td>
</tr>
<tr>
<td>6. Telephone numbers</td>
<td></td>
</tr>
<tr>
<td>7. E-mail address</td>
<td></td>
</tr>
<tr>
<td>8. Primary caregiver</td>
<td></td>
</tr>
<tr>
<td>9. Occupation (NA for pediatric practices)</td>
<td></td>
</tr>
<tr>
<td>10. Presence of advance directives</td>
<td></td>
</tr>
<tr>
<td>11. Health insurance information</td>
<td></td>
</tr>
<tr>
<td>12. Name and contact information of primary care clinician</td>
<td></td>
</tr>
<tr>
<td>13. Name and contact information of other specialists</td>
<td></td>
</tr>
<tr>
<td>14. Practice-patient relationship status (e.g. co-management)</td>
<td></td>
</tr>
</tbody>
</table>

**Documentation**

- Factors 1-12 - Report with numerator and denominator with 12 months (or 3 months) of data.
### PCSP Standards, Elements and Factors

- **Factors 13 and 14** do not need to be searchable or structured data. Documented process identifying how and where this information is captured on patients **and** three examples.

+ **Stage 1/2 Core Meaningful Use Requirement**

<table>
<thead>
<tr>
<th>Scoring</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>100% - 10-14 factors</td>
<td></td>
</tr>
<tr>
<td>75% - 8-9 factors</td>
<td></td>
</tr>
<tr>
<td>50% - 5-7 factors</td>
<td></td>
</tr>
<tr>
<td>25% - 3-4 factors</td>
<td></td>
</tr>
<tr>
<td>0% - 0-2 factors</td>
<td></td>
</tr>
</tbody>
</table>

**3B: Clinical Data**

The practice uses an electronic system to record the following as structured (searchable) data.

1. An up-to-date problem list with current and active diagnoses for more than 80 percent of patients+
2. Allergies, including medication allergies and adverse reactions for more than 80 percent of patients+
3. Blood pressure, with the date of update for more than 50/80 percent of patients 3 years and older+
4. Height/length for more than 50/80 percent of patients+
5. Weight for more than 50/80 percent of patients+
6. System calculates and displays BMI (NA for pediatric practices)+
7. System plots and displays growth charts (length/height, weight and head circumference) and BMI percentile (0–20 years) (NA for adult practices)+
8. Status of tobacco use for patients 13 years and older for more than 50/80 percent of patients+
9. List of prescription medications with date of updates for more than 80 percent of patients + (NA if the practice demonstrates that it does not prescribe medications)
10. More than 20 percent of patients have family health history recorded as structured data++
11. Enter at least one electronic progress note created, edited and signed by an eligible professional for more than 30 percent of patients with at least one office visit++

**Documentation**

Factors 1-11: Reports with a numerator and denominator

+ **Stage 1/2 Core Meaningful Use Requirement**
++ **Stage 1/2 Menu Meaningful Use Requirement**

**NOTE:** Factors 10 and 11 will not be scored until 1/1/2015

<table>
<thead>
<tr>
<th>Scoring</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>100% - 9-11 factors</td>
<td></td>
</tr>
<tr>
<td>75% - 7-8 factors</td>
<td></td>
</tr>
<tr>
<td>50% - 5-6 factors</td>
<td></td>
</tr>
<tr>
<td>25% - 3-4 factors</td>
<td></td>
</tr>
<tr>
<td>0% - 0-2 factors</td>
<td></td>
</tr>
</tbody>
</table>

**3C: Coordinate Patient Populations**

The practice uses patient information, clinical data and evidence-based guidelines to:

1. Generate lists of patients and proactively remind patients/families/caregivers of services needed or coordinate with primary care for one condition-related service+
2. Generate lists of patients and proactively remind patients/families/caregivers of services needed or coordinate with primary care for a second condition-related service
3. Generate lists of patients and proactively remind patients/families/caregivers of services needed or coordinate with primary care for a third condition-related service
4. Generate lists of patients and proactively remind more than 10 percent of patients/families/caregivers (or coordinate with primary care for these patients) for needed preventive/follow-up care +
5. Implement at least 1/5 clinical decision support intervention(s)+

**Documentation**

- **Factors 1-4:** Reports of patients managed by the specialist needing services and follow-up
- **Factors 1-4:** Examples of patient notification of needed services.
- **Factor 5:** Examples of clinical decision support interventions
NOTE: Factor 5 requirement changes from at least 1 to at least 5 clinical decision support interventions as of 1/1/2015 to reflect the transition from Stage 1 to Stage 2 MU.

Scoring
- 100% - 4-5 factors
- 75% - 3 factors
- 50% - 1-2 factors
- 25% - No scoring option
- 0% - 0 factors

Standard 4: Plan and Manage Care 18 points

4A: Care Planning and Self-Care Support 11 points

The practice provides the following care management and self-care support for practice-specific conditions:

1. Conduct pre-visit preparations
2. Assess patient risk status to identify patients needing additional support and services
3. Collaborate with the patient/family/caregiver to develop a specialist’s plan of care that includes patient’s goals, potential barriers and self-care ability
4. Share specialist’s plan of care including recommendations for self-care support with the PCP and referring clinician
5. Give the patient/family/caregiver a written specialist’s plan of care including self-care recommendations.
6. Provide educational resources or refer patients/families/caregivers to assist in self-management
7. Assess and address barriers when patient has not met treatment goals
8. Use an EHR to identify patient-specific education resources and provide to more than 10 percent of patients+

Documentation
- Factors 1-7: Documented process and three examples
- Factor 8: Report with numerator and denominator

Scoring
- 100% - 6-8 factors, including Factors 3 and 4
- 75% - 4-5 factors, including Factors 3 and 4
- 50% - 2-3 factors, including Factors 3 and 4
- 25% - 1 factor
- 0% - 0 factor

CRITICAL FACTORS = FACTORS 3 AND 4

4B: Medication Management 5 points

MUST PASS

The practice has a process and demonstrates that it systematically manages medications prescribed by the practice in the following ways:

1. Reviews and reconciles medications for more than 50 percent of patients received from another care setting or a relevant visit+
2. Provides information about new prescriptions from specialty practice to patients/families/caregivers.
3. Coordinates medication management and reconciliation with the PCP, referring clinician, if applicable, and patient/family/caregiver
4. Assesses patient/family/caregiver understanding of medications from specialty practice
5. Assesses patient response to medications from specialty practice and barriers to adherence
6. Documents over-the-counter medications, herbal therapies and supplements

Documentation:
Factors 1-6: Documented process and three examples for each factor
+ Stage 1 Menu and Stage 2 Core Meaningful Use Requirement

Scoring
- 100% - 5-6 factors
- 75% - 4 factors
- 50% - 3 factors
PCSP Standards, Elements and Factors

- 25% - 2 factors
- 0% - 0-1 factors

4C: Use of Electronic Prescribing 2 points
The practice uses an electronic prescription system with the following.
1. Writes at least 75 percent of eligible prescriptions electronically.
2. More than 40/50 percent of eligible prescriptions written by the practice are compared to drug formularies and electronically sent to pharmacies+
3. Enters electronic medication orders into the medical record for more than 30/60 percent of patients with at least one medication in their medication list+
4. Performs patient-specific checks for drug-drug and drug-allergy interactions+
5. Alerts prescriber to generic alternatives

Documentation
- Factors 1, 2 and 3: Report with a numerator and denominator
- Factors 4 and 5: Screen shot demonstrating functionality

NOTE: This Element is NA for practices that do not prescribe any medications. In this case, points assigned to this element are redistributed to the other elements in Standard 4.
+ Stage 1/2 Core Meaningful Use Requirement

Scoring
- 100% - 3-5 factors
- 75% - 2 factors
- 50% - 1 factor
- 25% - No scoring option
- 0% - 0 factors

Standard 5: Track and Coordinate Care 16 points

5A: Test Tracking and Follow-up 5 points
The practice has a documented process for and demonstrates that it:
1. Requests and tracks receipt of test results from PCP and referring clinician
2. Provides PCP and referring clinician with results of relevant tests ordered by the specialist
3. Tracks lab tests until results are available, flagging and following up on overdue results
4. Tracks imaging tests until results are available, flagging and following up on overdue results
5. Flags abnormal lab results, bringing them to the attention of the clinician
6. Flags abnormal imaging results, bringing them to the attention of the clinician
7. Patients/families/caregivers are notified about normal and abnormal lab and imaging test results
8. More than 30 percent of laboratory orders are electronically recorded in the patient record+
9. More than 30 percent of radiology orders are electronically recorded in the patient record+
10. Electronically incorporates more than 40/55 percent of all clinical lab test results into structured fields in medical record+
11. More than 10 percent of scans and tests that result in an image are accessible electronically++

Documentation
- Factors 1-7: Documented process
- Factors 1-7: Report on 5 days of data or three examples demonstrating that the process is met for each factor
- Factors 8, 9, 10, 11: Report with a numerator and denominator

+ Stage 1/2 Core Meaningful Use Requirement
++ Stage 2 Menu Meaningful Use Requirement

NOTE: Factors 8, 9 and 11 will be scored NA until 1/1/15 since they are new in Stage 2 of MU

Scoring
- 100% - 6-11 factors, including factor 2
- 75% - 4-5 factors, including factor 2
- 50% - 3 factors, including factor 2
- 25% - 1-2 factors, including factor 2
- 0% - 0 factors or does not meet factor 2
PCSP Standards, Elements and Factors

FACTOR 2 = CRITICAL FACTOR

5B: Referral Tracking and Follow-up

The practice coordinates referrals to other (secondary) specialists by:
1. Consulting with PCP and referring clinician and patient/family/caregiver regarding secondary referrals
2. Giving the consultant or specialist the clinical reason for the referral and pertinent clinical information
3. Tracking the status of the referral, including required timing for receiving a specialist’s report
4. Following up to obtain specialist’s report
5. Establishing and documenting agreements with specialists in the medical record if co-management is needed
6. Asking patients/families about self-referrals and requesting reports from clinicians
7. Assuring the PCP and original referring clinician are notified of the secondary referral results.
8. Providing an electronic summary of care record to another provider for more than 50 percent of referrals+
9. Electronically transmitting a summary of care record to another care provider for more than 10 percent of care referrals+
10. Conducts one or more successful electronic exchanges with a recipient who has technology developed by a different EHR developer or successfully tests with the CMS designated test EHR.+

Documentation
- Factors 1-7: Documented process
- Factors 1-7: Report or logs showing data collection in a tracking system
- Factors 8 and 9: Report with numerator and denominator
- Factor 10: Screen shot showing capability

+ Final Stage 2 Core Meaningful Use Requirement (Factor 8 was a Stage 1 Menu Requirement)

Facts 9 and 10 will be scored NA until 1/1/15 since they are new in Stage 2.

Scoring
- 100% - 8-10 factors, including Factor 2
- 75% - 6-7 factors, including Factor 2
- 50% - 4-5 factors, including Factor 2
- 25% - 1-3 factors, including Factor 2
- 0% - 0 factors

FACTOR 2 = CRITICAL FACTOR

5C: Coordinate Care Transitions

For conditions managed by the specialist, the practice systematically:
1. Demonstrates its process for identifying patients with a hospital admission and patients with an emergency department visit
2. Demonstrates its process for sharing clinical information with admitting hospitals or emergency departments
3. Demonstrates its process for consistently obtaining patient discharge summaries from the hospital and other facilities
4. Demonstrates its process for transitioning patients back to the primary care practice
5. Provides an electronic summary-of-care record to another care facility for more than 50 percent of transitions of care+
6. Electronically transmits a summary of care record to another care setting with no organizational affiliation using a different Certified EHR for more than 10 percent of care transitions+

Documentation
- Factors 1-4: Written process and examples
- Factors 5 and 6: Report with a numerator and denominator

+ Stage 2 Core Meaningful Use Requirement (Factor 5 was also a Stage 1 Menu requirement)

NOTE: Factor 6 will be scored NA until 1/1/15 since it is new in Stage 2 MU.

Scoring
- 100% - 4-6 factors
- 75% - 3 factors
- 50% - 2 factors
- 25% - 1 factor
- 0% - 0 factors

Standard 6: Measure and Improve Performance

NCQA’s Patient-Centered Specialty Practice (PCSP) 2013 DRAFT Standards
Pre-Order the free full publication for release on March 25, 2013
Obsolet after March 25, 2013
### 6A: Measure Performance

The practice measures or receives data on:

1. At least three clinical measures related to the practice specialty
2. Coordination of care results
3. At least two utilization measures affecting health care costs
4. Performance data stratified for vulnerable populations (to assess disparities in care).
5. Timely access to appointments based on established criteria

**Documentation**
- Factors 1-5: Reports showing performance

**Scoring**
- 100% - 4-5 factors
- 75% - 3 factors
- 50% - 1-2 factors
- 25% - No scoring option
- 0% - 0 factors

### 6B: Measure Patient/Family Experience

The practice obtains feedback from patients/ families on their experiences with the practice and their care.

1. The practice conducts a survey (using any instrument) to evaluate patient/family experiences on at least three of the following categories:
   - Access
   - Communication
   - Coordination
   - Self-management support
2. The practice uses CAHPS Clinician & Group Survey Tool
3. The practice obtains feedback on experiences of vulnerable patient groups
4. The practice obtains feedback from patients/families through qualitative means.

**Documentation**
- Factors 1-4: Reports showing performance

**Scoring**
- 100% - 4-5 factors
- 75% - 3 factors
- 50% - 1-2 factors
- 25% - No scoring option
- 0% - 0 factors

### 6C: Implement & Demonstrate Continuous Quality Improvement

**MUST PASS**
The practice demonstrates ongoing monitoring of the effectiveness of its improvement process by:

1. Setting goals and acting to improve on at least three clinical quality or utilization measures
2. Setting goals and acting to improve quality on at least one patient experience measure
3. Setting goals and acting to improve timeliness of patient access
4. Setting goals and acting to improve coordination with primary care.
5. Tracking results over time
6. Assessing the effect of its actions
7. Achieving improved performance on one measure
8. Achieving improved performance on a second measure
9. Setting goals and addressing at least one identified disparity in care/service for vulnerable populations

**Documentation**
- Factors 1-8: Reports or completed Quality Measurement and Improvement Worksheet
- Factor 9: Documented process and three examples demonstrating that disparities are addressed

**Scoring**
- 100% - 6-9 factors
### PCSP Standards, Elements and Factors

- 75% - 4-5 factors
- 50% - 3-4 factors
- 25% - 2 factors
- 0% - 0-1 factor

#### 6D: Report Performance

2 points

The practice shares performance data from Element A and Element B:
1. Within the practice, results by individual clinician
2. Within the practice, results across the practice
3. Outside the practice to patients or publicly, results across the practice or by clinician.

**Documentation**

- Factors 1-3: Reports
- Factors 1-3: Three examples of reports to patients or the public

**Scoring**

- 100% - 3 factors
- 75% - 2 factors
- 50% - 1 factor
- 25% - no scoring option
- 0% - 0 factors

#### 6E: Use Certified EHR Technology

0 points

This element is for data collection purposes only and will not be scored.

**Note:** Factor 1 requires entering the CHPL number(s) in NCQA’s Web-based survey tool.

1. The practice uses an EHR system (or modules) that has been certified and issued a Certified HIT Products List (CHPL) Number(s) under the ONC (Office of the National Coordinator for Health Information Technology) HIT certification program
2. The practice attests to conducting a security risk analysis of its electronic health record (EHR) system (or modules) and implementing security updates as necessary and correcting identified security deficiencies
3. The practice demonstrates capability to submit electronic syndromic surveillance data to public health agencies electronically
4. The practice demonstrates capability to identify and report cancer cases to a public health central cancer registry electronically
5. The practice demonstrates capability to identify and report specific cases to a specialized registry electronically (other than a cancer registry)
6. The practice reports clinical quality measures to Medicare or Medicaid agency as required for Meaningful Use.
7. The practice demonstrates the capability to submit electronic data to immunization registries or immunization information systems.

+ Stage 2 Core Meaningful Use Requirement
++ Stage 2 Menu Meaningful Use Requirement

**Scoring** Not scored