NCQA PCMH Recognition: 2017 Standards Preview

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CURRENT LANDSCAPE
NCQA OVERVIEW
RECOGNITION REDESIGN
2017 CONCEPTS
PANEL DISCUSSION
Q&A
Current Landscape

- **Rewarding Value**
- **Improving Quality**
- **Move towards PCMH and Better Integration**
Patient-Centered Care

**Benefits**

<table>
<thead>
<tr>
<th>62%</th>
<th>$265</th>
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<tr>
<td>of total lower spending per NCQA PCMH Medicare beneficiary was attributable to reductions in payments to acute care hospitals</td>
<td>Lower average annual total Medicare spend per beneficiary for patients in NCQA recognized practices</td>
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Patient-Centered Care

Benefits

Lower risk-adjusted ED use and hospitalizations for adult patients treated within NCQA recognized PCMH.

- **11%** Lower risk-adjusted use of ED services
- **12%** Fewer hospitalizations
- **15%** Lower PMPM costs for patients in a PCMH

About NCQA
About NCQA

Recognition Programs
11,974 Recognized Practices
(As of January 1, 2017)
1 in 6 Doctors practice in an NCQA-Recognized PCMH
PCMH Redesign
## PCMH Redesign

### Why Change?

<table>
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<tr>
<th>Reason</th>
<th>Details</th>
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<tr>
<td>Too much documentation</td>
<td>Practices want more interaction with NCQA</td>
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<td>Needs less emphasis on process. More on performance</td>
<td>Too challenging for smaller practices</td>
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<td></td>
<td>Two separate, complicated tools</td>
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<td>Practices should be demonstrating ongoing improvement</td>
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PCMH Redesign

**Now vs. Future**

**Now**
- Self-guide to recognition
- Submit documents all at once
- Cumbersome survey tool
- Recognition is a 3-year cycle, has 3 levels

**Soon**
- NCQA representative to guide you
- Gradual submissions, steady feedback
- More intuitive tool, with user tips
- Yearly check-ins, more frequent help, no levels
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 check-ins with NCQA.
PCMH Redesign

Impact

Flexibility  Personalized service  User-friendly approach  Continuous improvement  Aligns with changes

ncqa.org/redesign
PCMH 2017 Standards
2017 Standards

Structure

Concepts, Competencies and Criteria

Replaces the model of Standards, Elements and Factors

• Concepts: Over-arching components of PCMH
• Competencies: Ways to think about/bucket criteria
• Criteria: The individual things/tasks you do to make up a PCMH
2017 Standards

**Concepts**

- Team-Based Care and Practice Organization
- Knowing and Managing Your Patients
- Patient-Centered Access and Continuity
- Care Management and Support
- Care Coordination and Care Transitions
- Performance Measurement & Quality Improvement
2017 Standards

Concepts

Team-Based Care and Practice Organization

- Practice leadership
- Care team responsibilities
- Orientation of patient/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
2017 Standards

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
2017 Standards

Scoring

Core Criteria

Elective Criteria
2017 Standards

Scoring

Core Criteria

Elective Criteria
2017 Standards

Scoring

Core Criteria

Elective Criteria
### Concept: Patient-Centered Access and Continuity

<table>
<thead>
<tr>
<th>Competency</th>
<th>Core Criteria</th>
<th>Elective Criteria</th>
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<tr>
<td>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.</td>
<td>Assesses the access needs and preferences of the patient population.</td>
<td>Provides scheduled routine or urgent appointments by telephone or other technology supported mechanisms.</td>
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<td>Provides same-day appointments for routine and urgent care to meet identified patients’ needs.</td>
<td>Has a secure electronic system for patient to request appointments, prescription refills, referrals and test results.</td>
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<td>Provides routine and urgent appointments outside regular business hours to meet identified patients’ needs.</td>
<td>Has a secure electronic system for two-way communication to provide timely clinical advice.</td>
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<td>Provides timely clinical advice by telephone.</td>
<td>Evaluates identified health disparities to assess access across the patient population.</td>
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<td>Documents clinical advice in patient records.</td>
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2017 Standards

Changes
2017 Standards

*In Review*

- Improves focus and flexibility
- Supports continuous practice transformation
- Updates documentation methods
- Emphasizes comprehensive, integrated care
Who to contact

Practices currently recognized with questions can contact NCQA through My NCQA at my.ncqa.org.

• Standards and redesigned process will be released April 3
• First PCMH 2017 seminar: May 16-17 (Baltimore, Md.)
• Questions: my.ncqa.org
• Redesign: www.ncqa.org/redesign
• Practices considering recognition: www.ncqa.org/pcmhinfo
Panel Discussion
Panel Discussion

Yul Ejnes, MD, MACP
Internist, Coastal Medical

Deborah Johnson Ingram, BA, NCQA PCMH CCE
Program Director, Primary Care Development Corporation

Suzanne Berman, MD, FAAP,
Pediatrician, Plateau Pediatrics

Cari Miller, MSM, NCQA PCMH CCE, Horizon Blue Cross Blue Shield of New Jersey
Thank you