NCQA Retiring Back Pain Recognition Program

NCQA is phasing out its Back Pain Recognition Program (BPRP) in order to meet the surging demand for its four more-active recognition programs.

June 1, 2012, was the last day to buy the NCQA BPRP data collection tool and application. August 1, 2012, will be the last day to submit the data tool and application. Practices that apply successfully before the August 1 deadline will hold NCQA Back Pain Recognition until late summer or early fall 2014.

BPRP is five years old but represents less than 1 percent of NCQA’s Recognition activity—a proportion that continues to dwindle as the other four programs grow.

NCQA developed BPRP at the urging of the business community, which saw a need for measures and other quality elements in this clinical area. Back pain is one of the most salient spending areas for employers, and one where evidence shows a need for better approaches to care.

BPRP broke ground in several key areas:

- The measures NCQA developed for the program are NQF-endorsed and are used in the Medicare Physician Quality Reporting System.
- The program was one of the first to develop an evaluation program around episodes of care for a clinical condition, which has now become desirable in clinical performance measurement.
- The program allowed different types of practitioners to participate—from surgeons, to chiropractors, to pain management programs.

Despite these important contributions, the program has not grown as intended. NCQA believes the fundamental challenge has been that BPRP rewards an approach to prudent care of back patients that is at odds with fee-for-service incentives, which reward more aggressive diagnostic testing and treatment.

Even as NCQA retires the Back Pain program, the organization continues to believe it is important to develop strategies that discourage overuse and support payment reform.

Engage the Patient to Improve Health Literacy

“Not enough Americans take it upon themselves to learn about the healthcare system. We should be making it easier for them to do so.”

So wrote NCQA President Margaret E. O’Kane in a recent guest article in The Atlantic about why and how to get patients active in their own care.

O’Kane’s recommendations include:

- Ensure patients know their wellness priorities and have ways to implement them
- Improve health literacy
- Establish a research agenda on health behavior motivation
- Make informed decision-making a standard of care
HIV/AIDS Clinics Can be Medical Homes

NCQA recognizes that many HIV providers are good practices to be included in Patient-Centered Medical Home initiatives across the country. Participating in these initiatives can lead to higher payments from sponsors, higher satisfaction among patients and staff and less use of emergency room and hospital care.

NCQA has recognized clinics that specialize in care for patients with HIV/AIDS because they have demonstrated that they are the center of care for their patients. Eleven NCQA PCMH practices have selected HIV as one of their important conditions, but we know many more PCMH practices care for HIV patients.

If a practice can demonstrate that it provides whole-person care and meets the other elements of the joint principles for most of its patients (at least 75 percent), it can be eligible for PCMH recognition by NCQA, even if it is not a traditional primary care practice.

Many health plans and state programs are sponsoring PCMH initiatives that often make additional monthly per-patient payments to practices. The Medicare program also matches these payments for some states and multipayer initiatives. Although transforming a practice can be hard work, practices report better staff and patient satisfaction. Research studies have shown that the improved coordination and access to care have led to less use of emergency rooms and hospital admissions.

For more information on this program, click here. (http://www.ncqa.org/tabid/631/Default.aspx.)

Diabetes Recognition and Heart/Stroke Recognition Programs Change Scoring Thresholds for Various Measures, Among Other Changes in Updates

NCQA released updates to recognition programs – now included in the 2012 Disease Recognition Program (DRP) and 2012 Heart/Stroke Recognition Program (HSRP). The updates include the following:

- **Strengthening scoring thresholds:** NCQA raised the bar for some of the DRP and HSRP measures. An analysis of data submitted to NCQA and approved by its Clinical Programs Committee demonstrated a high level of performance on certain measures. The analysis supported a decision that physicians could keep more of their patients (as indicated by the “threshold,” or percent of people that should be at a level of control or receive a service) at the recommended numbers for the different measures. The threshold will be changed for the following measures:

  **DRP**
### Measure

<table>
<thead>
<tr>
<th>Measure</th>
<th>Previous (% of patients in sample)</th>
<th>Change to (% of patients in sample)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HbA1c Control ≤8.0%</strong></td>
<td>60%</td>
<td>65%</td>
</tr>
<tr>
<td><strong>Smoking and Tobacco Use and Cessation and Treatment Assistance</strong></td>
<td>80%</td>
<td>85%</td>
</tr>
<tr>
<td><strong>Lipid Control - LDL ≥130 mg/dl</strong></td>
<td>≤37% (poor control measure)</td>
<td>≤35% (poor control measure)</td>
</tr>
<tr>
<td><strong>Lipid Control - LDL &lt;100 mg/dl</strong></td>
<td>36%</td>
<td>50%</td>
</tr>
<tr>
<td><strong>Nephropathy Assessment</strong></td>
<td>80%</td>
<td>85%</td>
</tr>
</tbody>
</table>

### HSRP

<table>
<thead>
<tr>
<th>Measure</th>
<th>Previous (% of patients in sample)</th>
<th>Change to (% of patients in sample)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Complete Lipid Profile</strong></td>
<td>80%</td>
<td>85%</td>
</tr>
<tr>
<td><strong>LDL Control &lt;100 mg/dl</strong></td>
<td>50%</td>
<td>60%</td>
</tr>
<tr>
<td><strong>Smoking and Tobacco Use and Cessation and Treatment Assistance</strong></td>
<td>80%</td>
<td>85%</td>
</tr>
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</table>

- **Including tobacco use in the DRP and HSRP smoking measure:** The title of the measure has been changed from "Smoking Status and Cessation Advice or Treatment" to "Smoking and Tobacco Use and Cessation and Treatment Assistance." Adding tobacco use (which include chewing tobacco or use of snuff) to the measure reflects U.S. Preventive Services Task Force (USPSTF) recommendations and HEDIS measures.

- **Retiring the DRP pediatric program:**
  NCQA retired the DRP pediatric program, but clinicians and practices with DRP pediatric can continue to promote their recognition until the term expires. After that point, there will be no opportunity for renewal. The DRP adult program is not available for pediatric practices because the adult patients in the sample must be 18 to 75 years of age. Pediatric practices are eligible for Patient-Centered Medical Home (PCMH) 2011 recognition.

- **Retiring the DRP patient survey**
  NCQA will no longer use the DRP patient survey, but will continue to encourage practices to assess patient experience of care by urging them to use a validated, standardized patient experience survey tool to collect patient input. This will ease the potential burden of choosing a survey or using multiple surveys. The Consumer Assessment of Healthcare Providers and Systems Clinician and Group (CAHPS CG) survey and the newly released Consumer Assessment of Healthcare Providers and Systems (CAHPS) Patient-Centered Medical Home (PCMH) survey are free, standardized evaluation tools and are available through NCQA’s Website.

**Click below to get the standards:**

- DRP
- HSRP
PCMH Model Helps New York’s Diabetes Campaign Improve Patient Care

The New York State Health Foundation’s (NYSHealth) Diabetes Campaign is expanding its initiative to include support for NCQA PCMH Recognition as a way to improve the quality of primary care for patients with diabetes. The campaign was established in 2008 to tackle the diabetes epidemic.

NCQA recently spoke with Jacqueline Martinez Garcel, Senior Program Director of NYSHealth, to learn how the PCMH model of care is improving care.

NCQA: Why did you decide to support medical homes?

Garcel: We wanted to spread best practices in diabetes care and improve outcomes. We invested in resources to help primary care providers implement the chronic care model and realized that the NCQA PCMH model builds on those principles. It made sense to begin supporting providers in their efforts to become recognized.

NCQA: How are you helping clinicians who want to become NCQA PCMH Recognized?

Garcel: We are providing clinicians with technical support; this in turn helps them take advantage of incentives from Medicaid, which gives them a bump in payment for each beneficiary who seeks care at a medical home in New York State.

Our partners provide physicians with hands-on technical support, such as implementing technology to help providers track the health of their patients with diabetes, and establishing self-management programs in primary care settings that optimize the use of community health workers or certified diabetes educators.

NCQA: What do you hope to achieve by supporting medical homes?

Garcel: The Foundation is very pleased with the results of the campaign. New York State is one of the nation’s leaders for providers who have achieved NCQA Diabetes and PCMH Recognition. So far, the campaign’s efforts have helped 1,100 providers achieve DRP recognition—a step toward becoming PCMH recognized.

We hope that primary care practices across New York State will participate in Recognition programs as a way to improve quality and efficiency of care. We also hope that insurers move away from fee-for-service payment models and toward financing mechanisms that support and sustain these improvements.

NCQA: What are the goals of the NYSHealth’s Diabetes Campaign?

Garcel: Our goal is to support 3,000 primary care clinicians in providing the best possible care for their patients with diabetes by helping them meet the criteria for diabetes recognition. We provided grants to several of the largest and most influential associations representing primary care clinicians. The grantees—the Healthcare Association of New York State, the New York State Chapter of the American College of Physicians and the
Community Health Care Association of New York State—provided technical assistance to help primary care practices establish best practices for diabetes care. Our partners work with clinicians to help them meet the criteria for both PCMH and DRP Recognition. We felt strongly that the PCMH model offers the best approach to setting up the right systems that will ultimately yield good health outcomes for people with diabetes and other chronic conditions.

To learn more about this program, click here – insert this link—(http://nyshealthfoundation.org/grant-seekers/rfps/meeting-the-mark-achieving-excellence-in-diabetes-care), or visit www.nyshealthfoundation.org.

NCQA-Recognized Physicians Deliver Better Care for Diabetics

A study recently published in American Drug & Health Benefits, “Impact of Treatment by NCQA-Certified Physicians on Diabetes-Related Outcomes,” shows that physicians with DRP recognition deliver better outcomes for their patients than other physicians.

The study showed – compared with other physicians -- DRP-Recognized physicians had:

- Fewer emergency department visit and fewer inpatient visits
- A higher prescribing rate of antihyperglycemic drugs and statins
- Lower costs for patients with type 2 diabetes

To read the full study, click here.