Patient-Centered Specialty Practice
2018 Updates

Overview
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Our Mission: Improve the Quality of Health Care

NCQA is dedicated to improving health care quality.

For more than 25 years, NCQA has been driving improvement throughout the health care system, helping advance the issue of health care quality to the top of the national agenda. NCQA’s programs and services reflect a straightforward formula for improvement: measurement, transparency, accountability.

Public comment is integral to the development of NCQA standards and measures. NCQA actively seeks input from all interested parties during the development process, and integrates recommendations in the final version of its programs.

We welcome your suggestions and encourage you to comment on the overall structure of the proposed changes.

Background and Objectives

The NCQA Patient-Centered Specialty Practice (PCSP) program was created in 2013 to recognize specialty practices that focus on improved communication and coordination with primary care. It used the model of the Patient-Centered Medical Home (PCMH) program and the concept of the PCMH Neighbor\(^1,2\). PCSP standards were updated in 2016 to refine the referral process, as well as expectations for formal/informal agreements and for care reminders.

Proposed enhancements to the PCSP standards are a component of NCQA’s global update to its recognition programs. The overarching objective is to enhance the value of NCQA Recognition by:

- Engaging practices through a combination of live support and an interactive, web-based platform.
- Removing tasks with limited value.
- Focusing on requirements with the greatest impact on desired outcomes.
- Assessing clinical data and processes to support quality improvement and accountability.
- Responding to federal, state and regional needs and priorities.

More information on the Recognition Redesign for PCMH and PCSP can be found on the NCQA website and the Recognition Programs Redesign page: http://www.ncqa.org/programs/recognition/practices/patient-centered-medical-home-pcmh/pcmh-redesign

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Program Development to Date

NCQA analyzed factor-level data from recognized practices and obtained input from the Clinical Programs Committee and the PCSP 2018 Advisory Committee. Discussions with the advisory committee ensured that updated program requirements reflect the needs and workflow of specialty practices, and emphasize high-value referrals and the importance of care coordination with primary care and other specialists. NCQA identified best practices and core activities essential to a high performing specialty practice.

PCSP 2018 Update Concepts

PCSP 2018 recommendations are consistent with existing PCSP 2016 and the updated PCMH 2017 requirements. The updated program format follows the structure of the newly released PCMH program, which departs from the current standard-element-factor arrangement and organizes the standards into Concept-Competency-Core/Elective Criteria. Recommendations are organized across six concept sections. Each concept is divided into competencies and criteria are sorted into two groups:

- CORE CRITERIA: A practice must meet these to earn PCSP recognition. They demonstrate that the practice is functioning as a medical neighbor and delivers patient-centered care.
- ELECTIVE CRITERIA: Practices can tailor these to the community and populations they serve. Each elective is worth one or two credits.

Recommended changes reduce documentation requirements; criteria focus on the greatest impact on desired outcomes. Electives include criteria on social determinants of health, value-based contracting, assessing risk status and involving patients and families in quality improvement activities.

In addition to changing criteria structure, NCQA is changing how practices earn recognition. As in the updated PCMH program, practices earn recognition by meeting the core requirements and a certain number of elective credits. There are no recognition levels. Practices have the opportunity to demonstrate they meet some requirements through a virtual review during the recognition process.

Refer to Appendix 1: Proposed Standards for PCSP 2018 for a full list of proposed requirements.

Specialty Specific Recognitions Oncology Medical Home Recognition (PCMH-O)

In March 2017, NCQA released its first specialty-specific recognition program, the Oncology Medical Home, to recognize oncology specialty practices that serve as the medical home during active treatment. With PCSP 2016 as the foundation, the program requirements highlight key areas for an oncology practice to provide patient-centered care for its patients. The scoring of this program identifies all elements as “must pass” and required for recognition, which allow a practice to distinguish itself from others as providing patient-centric, comprehensive, coordinated, effective care to oncology patients. The six Oncology Medical Home elements include:
Oncology Medical Home (PCMH-O) Elements

PCMH-O 1A: NCQA PCSP Prerequisite
The practice has achieved or is concurrently applying for PCSP Recognition. It must achieve Level 2 or 3 to meet the requirement.

PCMH-O 1B: Oncology Quality Measures
The practice reports standardized, oncology-specific quality measures that can be monitored and compared to benchmarks. Practices may select from a list of 37 measures that align with current MIPS and OCM measure requirements.

PCMH-O 1C: Oncology Practice Responsibilities
The practice communicates its responsibilities, status as point of contact, information about access to appointments and clinical advice, available services and expectations for practice and patient during active treatment.

PCMH-O 1D: Comprehensive Health Assessment
The practice evaluates patient history, needs and preferences to obtain a holistic view that contributes to the practice’s ability to administer patient-centered care tailored to the individual patient. Collection and documentation of information pertaining to psychosocial needs screening or assessment, performance status and current goals of therapy are critical factors and required for recognition.

PCMH-O 1E: Evidence-Based Pathways
The practice adopts comprehensive pathways for diagnosis, treatment and symptom management and monitors use to ensure standardized, systematic care, and it communicates evidence about treatment to patients.

PCMH-O 1F: Coordinating Patient-Centered Support During Treatment
The practice supports patients by establishing relationships with providers involved in their care during active treatment and connecting patients with community and financial resources.

The current requirements leverage the structure of PCSP 2016, but NCQA plans to redesign the Oncology Medical Home Recognition requirements as a module on the new recognition platform and to reflect the new “core” and “elective” structure of PCSP 2018. Consistent with the current program, most factors will be re-structured as “core” criteria and will enable credit in PCSP 2018 where appropriate crossover is observed. NCQA seeks input from stakeholders on these requirements.

While PCSP requirements remain relevant for all specialties, NCQA recognizes the nuances of patient-practice relationships with specialties, like oncology, that take on principal care of patients to address conditions that require ongoing treatment and regular symptom management. These specialists act as the patient’s medical home for management of their condition by readily addressing concerns and intervening early when symptoms arise to avoid visits to emergency departments, hospitals or other facilities that lack the close relationship of the specialist with the patient. NCQA is actively exploring opportunities to develop recognition modules for additional specialties that have similar relationships with patients and seeks input on specialties/conditions that may fit this model.
PCSP 2018 Update Contributors

NCQA assembled the multi-stakeholder PCSP 2018 Advisory Committee, whose 16 members represent practices, medical associations, physician groups, health plans and consumer and employer groups. NCQA also consulted its Clinical Programs Committee which is a diverse, standing multi-stakeholder panel of experts that review and approve NCQA’s recognition program requirements.

PCSP 2018 Advisory Committee

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<tr>
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Public Comment Instructions

Public Comment Questions

Public comment is integral to the development of all NCQA standards and measures. NCQA considers all suggestions. Many comments lead to changes in our standards and policies. The public comment review process makes our standards stronger and more worthwhile for all stakeholders.

Feedback on Global Issues

NCQA requests reader thoughts and insights on global issues related to product updates.

- Is the scope of requirements reasonable and consistent with a specialty practice workflow?
- Does your practice have the necessary systems and materials (e.g., documents) to meet the criteria? If not, which criteria are most challenging to meet? Which are most challenging to document?
- Are there other specialty specific distinctions or special recognitions NCQA should develop (e.g. PCMH-O)?
- The draft PCSP 2018 standards include 48 core criteria and 49 elective criteria with potential for 63 elective credits. How many elective credits are reasonable and sufficient to require for recognition?
- Do you support the removal of recognition levels for a single threshold to receive PCSP Recognition?

Feedback on Criteria

NCQA requests general feedback on the proposed criteria and criteria groupings (Core and Elective: 1 Credit/2 Credit). When you determine your level of support for each category, consider:

- Are the criteria (Core and Elective Criteria) categorized appropriately? Are the two-credit Elective Criteria more challenging to perform than the one-credit criteria?
- Are criteria clearly articulated? If not, which areas need clarification?
- Do criteria align with practice services and stakeholder expectations? Are there requirements that do not apply to certain specialists? Be specific.
- Should NCQA consider other criteria or changes to recommended criteria?
- Are the Core evidence (documentation) requirements appropriate?
- Are the Elective Criteria evidence (documentation) requirements appropriate?
Additional questions for the following concepts:

- **Practice Organization and Patient Access (AP)**
  - AP 11: Is “providing timely clinical advice” a meaningful core activity across all specialties? Should it apply to only certain patients?

- **Initial Referral Management (RM)**
  - RM 08: Do practices discuss high-cost services or medications with PCPs? – See Appendix 1—RM 08 for more detail.
  - RM 08: Is discussing high-cost services or medications with PCPs an activity to encourage? – See Appendix 1 – RM 08 for more detail.

- **Knowing and Managing Your Patients (KM)**
  - KM 09: What level of medication surveillance or reconciliation is appropriate for all specialty practices?

- **Plan and Manage Care (PM)**
  - PM 04: Should a specialist develop a plan of care with all patients/families/caregivers to or only patients identified for care management?

- **Care Coordination and Care Transitions (CC)**
  - CC 01: Is consulting with the initial referring clinician when the specialist needs to make an unanticipated secondary referral unrelated to the initial clinical question a core activity?
  - CC 04: Should identifying commonly used specialties be considered a core or elective activity?
  - CC 06: Is it feasible and important for specialists to complete all the items (A–F)? If not, why not? Be specific.

Specialty Specific Recognitions:

- **Oncology Medical Home (PCMH-O)**
  - Are the requirements reasonable for an oncology practice?

### Submitting Comments

Submit all comments through NCQA’s Public Comment website (http://publiccomments.ncqa.org). **NCQA does not accept comments via mail, e-mail or fax.**

To enter comments:

1. Go to the Public Comment database.
2. Enter your e-mail address and contact information.
3. Select **Patient-Centered Specialty Practice 2018**.
4. Click **Instructions** to view instructions, proposed specifications and measures.
5. Click to select the **Topic** and **Element** (i.e., question) on which you would like to comment.
6. Click to select your support option (i.e., **Support, Do not support, Support with modifications**).
   - If you choose **Do not support**, include your rationale in the text box.
   - If you choose **Support with modifications**, enter the suggested modification in the text box.
7. Enter your comments in the **Comments** box.  
   **Note**: There is a 2,500-character limit for each comment. We suggest you develop your comments in Word to check your character limit; use the “cut and paste” function to copy your comment into the **Comments** box.

8. Use the **Submit and Return** button to submit more than one comment. Use the **Submit and Logout** button to log out; you will receive an e-mail with all your submitted comments.

   **All comments are due Friday, July 7, by 11:59 p.m. ET.**

### Next Steps

All suggestions will be considered. The final Patient-Centered Specialty Practice 2018 program standards will be released in spring 2018, following approval by the NCQA Clinical Programs Committee and the NCQA Board of Directors.