

For Public Comment
October 9–November 8
Comments due 11:59pm ET
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Patient-Centered Connected Care™ Updates

2019 Public Comment Overview



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Overview

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.

Background and Objectives

NCQA launched the Patient-Centered Connected Care™ Recognition Program in 2015 to expand the reach of its patient-centered program suite by recognizing episodic care providers such as urgent care centers and worksite/onsite clinics that wanted to demonstrate a commitment to quality care delivery but did not qualify for PCMH or PCSP Recognition.

The program includes structures and processes essential to supporting patients navigating the medical neighborhood and addressing care fragmentation concerns raised by primary care practitioners. It evaluates how sites delivering intermittent or episodic outpatient treatment connect with primary care and other providers, support patient decision making, track tests and referrals and engage in quality measurement and improvement.

The goal of this update is to align the Connected Care program with other Recognition programs that have gone through Recognition Redesign (PCMH, PCSP). Recognition Redesign aims to strengthen the link between Recognition and performance and to remove work that does not add value (e.g., documentation requirements that add burden without a return). The redesigned Connected Care product will retain its original intent. Like PCMH and PCSP, the redesigned content will contain core and elective criteria that focus on whether a practice has the capability to provide a “connected” care experience and that encourage continuous quality improvement through annual reporting.

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

Program Development to Date

NCQA analyzed factor-level data from recognized sites, conducted informational interviews with Recognized sites and experts and obtained input from the Clinical Programs Committee (CPC). These discussions ensured that updated program requirements reflect the needs and responsibilities of eligible entities and emphasize high-value care and the importance of connecting patients back to primary care. NCQA identified best practices and core activities essential to a high-performing connected care provider.

Connected Care Update Concepts

Design Changes: Alignment with Redesign

Connected Care recommendations maintain much of the existing Connected Care requirements. The primary focus of the update is to align the format to follow the structure of the redesigned PCMH program. This update departs from the standard-element-factor arrangement and organized standards into *Concept-Competency-Core/ Elective Criteria*. In the proposed update, requirements for Connected Care are organized across six concept sections. Each concept is divided into competencies and criteria are sorted into two groups:

- **CORE CRITERIA:** A site must meet these to earn Connected Care Recognition. They demonstrate that the site is functioning as a medical home neighbor such as maintaining relationships with primary care, quality improvement and documenting a patient's primary care clinician.
- **ELECTIVE CRITERIA:** Sites can tailor these to the community and populations they serve. Each elective is worth one or two credits. Electives include criteria on utilizing opioid databases, determining the appropriateness of lab and imaging tests, quality measurement for health disparities and involving families in quality improvement activities.

Earning Recognition: Scoring Model and Process Changes

In addition to changing criteria structure, NCQA is changing how sites earn Recognition. Currently, practices must demonstrate they meet a minimum number of factors, including the required must pass elements and critical factors to achieve Recognition. In the future, eligible entities seeking recognition must meet all core requirements and a certain number of elective credits to earn Recognition. Sites can demonstrate that they meet some requirements through a virtual review.

Sustaining Recognition: Shift to Annual Reporting

Annually, sites will submit a small number of data and documentation to maintain its recognition and demonstrate it continues to practice as a Connected Care site. This new process is called Annual Reporting. This approach replaces the full renewal survey, reduces the amount of documentation sites must provide and supports continued quality improvement.

Recommended changes to the program reduce documentation requirements; criteria focus on the greatest impact on desired outcomes. Refer to *Appendix 1: Proposed Standards for Patient-Centered Connected Care Recognition* for a full list of proposed requirements.

Content Changes: What's New? What's Retired?

Changes to the Connected Care requirements include the addition of new criteria deemed meaningful to eligible entities. This includes how the site communicates with primary care, understands the patient population and the structure of the organization which support providing quality care. The proposed requirements retired standards that may be important activities but are no longer meaningful to demonstrate as part of recognition and how the eligible entity participates in the medical neighborhood.

The table below provides a summary of new and retired requirements from Connected Care. New criteria are noted with in "*" in *Appendix 1: Proposed Standards for Patient-Centered Connected Care Recognition*.

New and Retired Requirements in Patient-Centered Connected Care	
New Requirements in Connected Care	Current Requirements for Retirement
<ul style="list-style-type: none"> • Use of a certified EHR (Elective) • Define organization and staff structures (Core) • Patient engagement in quality improvement (Elective) • Use of opioid treatment agreements (Elective) • Staff cultural competence (Elective) • Informing primary care about referrals (Core) • Notification to primary car of referral results (Elective) • Appropriateness of diagnostic tests (Elective) • Quality improvement for health disparities (Elective) • Patient experience surveys (Elective) 	<ul style="list-style-type: none"> • Demonstrating interpretation/bilingual services • Demonstrating providing printed materials to meet language needs. • Documentation of patient demographics • Demonstrating electronic prescribing • Use of electronic progress notes

Clinical Programs Committee

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Public Comment Instructions

Refer to *Appendix 1: Proposed Standards for Patient-Centered Connected Care Recognition* for the proposed criteria.

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 stakeholder feedback and insights on global issues related to product updates.

- Are the standards appropriate for all eligible entities?
- Is the scope of requirements reasonable and consistent with the organization 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?
- The draft Connected Care standards include 26 core criteria and 22 elective criteria with potential for 31 elective credits. Is requiring completion of 15 elective credits reasonable and sufficient to require for recognition?
- Should Connected Care recognized sites continue with the traditional 3 year renewal survey against all the standards or move to the Annual Reporting model?

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 eligible entity services and stakeholder expectations? Are there requirements that do not apply to certain entities? Be specific.
- Should NCQA consider other criteria or changes to recommended criteria?
- Are the evidence (documentation) requirements appropriate?
- Do you agree with the criteria proposed for retirement from the program?
- Are any of the new criteria not appropriate for Connected Care practices?
- Notification of reportable incidents, such as communicable diseases, is important across all care settings. Should NCQA include a criterion to evaluate if eligible entities are sending reportable incidents to the appropriate authorities?

Targeted Questions

- *Connecting and Coordinating With Primary Care (CP)*
 - CP 02: Should all patients be informed to follow-up with their primary care clinician or only when follow-up is medically necessary?
 - CP 06 Part 1: What percentage of summary of care records should be sent to the PCP within 1 business day of the visit? Is the current rate of 50% too low?
 - CP 06 Part 2: If the required percentage of summary of care records sent to the PCP within 1 business day is increased, should the number of days to send them increase?
 - CP 07 Part 1: What percentage of pending test results should be sent to the PCP within 1 business day of the visit? Is the current rate of 50% too low?
 - CP 07 Part 2: If the required percentage of pending test results sent to the PCP within 1 business day is increased, should the number of days to send it increase?
- *Understanding and Treating the Patient Population (UP)*
 - UP 14: What percentage of patients should receive an assessment of how they understand their new prescriptions and receive necessary education? Is the current rate of 50% too low?
 - UP 16 and UP 17: Should these criteria be core for Connected Care? They are elective in PCMH and PCSP.
- *Care Coordination and Care Transitions (CC)*
 - CC 05: Can the responsibility of managing diagnostic tests be shared with the PCP or should the practice be responsible for managing receipt and follow-up of all diagnostic tests it ordered?
 - CC 06 Part 1: What percentage of recently received test results should be sent within 1 business day of receipt? Is the current rate of 50% too low?
 - CC 06 Part 2: If the required percentage of recently received test results sent within 1 business day is increased, should the number of days to send it increase?
 - CC 06 Part 3: Do you support different timeframes for practices to provide abnormal vs. normal results to the PCP?
- *Performance Measurement and Quality Improvement (QI)*
 - QI 01 Part 1: Are the number of required quality measures appropriate?
 - QI 01 Part 2: Is each measurement category (A-E) important to assess for all eligible entities? If not, which one?
 - QI 02: Should eligible entities receive elective credits for demonstrating additional quality measures than what is required in QI 01?

Entity-Specific Distinctions Questions:

- Should NCQA develop a set of setting specific criteria in the Connected Care Recognition program for retail clinics?
- Should NCQA develop a set of setting specific criteria in the Connected Care Recognition program for urgent care?
- Should NCQA develop a set of setting specific criteria in the Connected Care Recognition program for telehealth services?
- Should NCQA develop a set of setting specific criteria in the Connected Care Recognition program for onsite/worksite clinics?
- Are there other setting specific criteria groups or special recognitions NCQA should develop (e.g. distinctions or recognition programs for podiatry or optometry)?

Submitting Comments

Submit all comments through NCQA's [my.ncqa.org portal](http://my.ncqa.org). **NCQA does not accept comments via mail, email or fax.**

To enter comments:

1. Go to <http://my.ncqa.org> and enter your email address and password to login.
2. Select the **Public Comments** module to view available public comment.
 - a. Click the **Open Public Comments** link to view instructions, proposed requirements and questions.
3. Click the **Add Comment** button to open the comment box.
4. Select **2019 Patient-Centered Specialty Care** from the product drop-down list.
5. Click to select the **Topic** and **Element** (question) on which you would like to comment.
6. Click to select your support option (**Support, Do not support, Support with modifications**).
7. If you choose **Do not support**, include your rationale in the text box.
8. If you choose **Support with modifications**, enter the suggested modification in the text box.
9. 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.*
10. Use the **Submit** button to submit more than one comment. Use the **Close** button to finish leaving comments; you can view all submitted comments in the **Public Comments** module.

All comments are due Thursday, November 8, by 11:59 p.m. ET.

Next Steps

All suggestions will be considered. The release date for the final Patient-Centered Connected Care™ program standards will be announced in 2019, following approval by the NCQA Clinical Programs Committee and the NCQA Board of Directors.