For Public Comment
March 6–April 5, 2024
Comments due 11:59 p.m. ET

Virtual Primary Care and Urgent Care Recognition Program: *Overview Memo*

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NCQA's Mission: Improve the Quality of Health Care

NCQA is dedicated to improving health care quality.

For almost 35 years, NCQA has driven improvement throughout the health care system, helping to 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.

This approach works, as evidenced by the dramatic improvements in clinical quality demonstrated by NCQA-Accredited health plans and NCQA-Recognized Patient-Centered Medical Homes (PCMH). Today, approximately 176 million Americans are enrolled in an NCQA-Accredited health plan, and 9,782 practices are PCMH Recognized.

The NCQA Advantage

The proposed new Virtual Primary Care and Urgent Care program standards aim to create standardization, align with the changing market landscape and stakeholder (states, employers, CMS, consumers) needs and regulatory requirements, and assist organizations in their pursuit of quality care. The NCQA Recognition seal is a sign that organizations deliver high-quality care and have strong patient protections.

Stakeholders Participating in Public Comment

NCQA shares these updates for public comment to generate thoughtful commentary and constructive suggestions from interested parties. Many comments lead to changes in our standards and policies, and the review process makes our standards stronger for all stakeholders. NCQA asks respondents to consider whether the requirements are feasible as written and are clearly articulated, and to highlight areas that might need clarification.

Global Questions

Public comment is integral to the development of all NCQA standards and measures. NCQA considers all suggestions. NCQA encourages reviewers to provide insights on global issues related to the proposed updates including:

1. Will the proposed updates assist your organization in meeting its objectives? If so, how? If not, why not?
2. Are there key expectations not addressed in the proposed requirements?
3. Are the requirements feasible?
4. Are the requirements clearly written and framed in a manner representative of the organizations that perform the activities?
5. If your organization is interested in pursuing this program, when would be prepared for survey?

Overview of Virtual Primary Care and Urgent Care Recognition

Background: A Proposed New Program

The landscape of health care delivery has undergone significant transformation with the rapid adoption of virtual care, spurred by the COVID-19 pandemic. Primary care practices, hospitals and health systems have expanded their virtual care offerings to meet the demand for improved access and cost-effective solutions that align with the evolving preferences of patients and health plans. Private equity investments propelled the transformation by supporting virtual-first primary and urgent care start-ups, fundamentally reshaping how primary care is delivered.

Given the shift in health care delivery, there is a need for quality standards tailored to the unique challenges and opportunities presented by virtual and hybrid primary and urgent care organizations. After a comprehensive review of existing products, NCQA determined that the current evaluation framework does not adequately apply to care delivered through virtual and hybrid models. There is a compelling mandate to develop standards that can assess the quality of care they provide.

Program Structure

NCQA developed two evaluation modules designed for virtual primary care and virtual urgent care organizations. Organizations may pursue the Primary Care module or the Urgent Care module—or may pursue both modules simultaneously, depending on their business operations. This product takes a service-line approach to expand NCQA's typical target audience. The Virtual Primary Care and Virtual Urgent Care modules include standards specific to virtual care delivery, care coordination and referrals between virtual and in-person providers and specialists.

Although virtual care happens across the care delivery continuum, NCQA is starting with Virtual Primary Care and Urgent Care. Starting with these two modules aligns with our evolving primary care strategy, and our deep institutional knowledge of primary care and urgent care from our pre-existing products. Our initial scope will evaluate how organizations deliver virtual primary and urgent care through synchronous/asynchronous video, audio, and chat. In the future, we hope to evaluate elements like remote patient monitoring and automation. Due to the regulatory environment and payment reforms, these methods of delivery are evolving. NCQA's role in this space is to set standards for quality virtual care.

Eligibility

All organizations that deliver or administer virtual primary care and/or urgent care are eligible for these programs. In the future, we will introduce additional modules, expanding the survey to incorporate behavioral health or specialty care and other forms of virtual care, such as remote patient monitoring.

Base and Module-Specific Requirements

There 46 requirements (36 core, 10 elective) in the Virtual Primary Care and Urgent Care program. These include base requirements that apply to organizations pursuing both modules. There are also requirements unique to each module (Table 1).

Table 1

Base Requirements (Applies to All Modules)	Primary Care Module Requirements	Urgent Care Module Requirements
QPS 1: Program Structure	QPS 2: Person-Centered Care Plan	QPS 7: Health Assessment
QPS 4: Patient Consent	QPS 3: Tracking Person-Centered Goals	QPS 11: Quality Measurement
QPS 5: Training	QPS 6: Health Assessment	CC 8: Closed-Loop Referral Systems to Primary Care
QPS 8: Medication Reconciliation	QPS 10: Quality Measurement	
QPS 9: Prescribing Patterns	CC 1: Patient Intake Process	
CC 3: Triaging	CC 2: Informed Visit	
CC 4: Appropriate Modality of Care	CC 7: Closed-Loop Referral Systems	
CC 5: Referral Process	CC 16: Information for Appeals	
CC 6: Cultural Preferences	EA 2: Demographic Data Collection	
CC 9: Referral to Primary Care Practitioner	EA 3: Social Needs Data Collection	
CC 10: Two-Way Communication	EA 4: Social Needs Referrals	
CC 11: Technological Assistance	EA 5: Use of Data to Improve Access	
CC 12: Advanced Technological Assistance	EA 6: Use of Data to Assess Disparities	
CC 13: Health Education Materials	EA 7: Use of Data to Improve Disparities	
CC 14: Translated Health Education Materials		
CC 15: Evaluation of Supporting Materials		
EA 1: Services Covered by Insurance		
EA 8: Interpreter Services		
EA 9: Staff Training		
EA 10: Assessment of Digital Health Literacy		
PPE 1: Provider Availability		
PPE 2: Assessment of Provider Experience		
PPE 3: Improve Provider Experience		
PPE 4: Assessment of Patient Experience		
PPE 5: Improve Patient Experience		
DSE 1: Data Systems		
DSE 2: Use of Individual Data		
DSE 3: Inform Patients of Data Use		
DSE 4: Privacy Protections		

Core and Elective Requirements

The program's core and elective requirements are noted in the Virtual Care Primary Care and Urgent Care Standards. A *core requirement* is a central, integral function of the program that must be met in order to earn NCQA Recognition, regardless of module type. An *elective requirement* demonstrates capabilities and functions above and beyond that of a typical organization.

- *Primary Care module:* Organizations choose from elective requirements based on their capabilities but must meet 5 elective requirements to earn NCQA Recognition.
- *Urgent Care module:* Organizations choose from elective requirements based on their capabilities but must meet 3 elective requirements to earn NCQA Recognition.

Survey Process and Status Length

Virtual Primary Care and Urgent Care Recognition will follow the PCMH survey process, which includes a "transform" phase when the organization submits evidence and data through NCQA's online survey platform, Q-PASS (Quality Performance Assessment Support System). Over the course of transformation, the organization has up to three check-ins, each including a virtual review process that must be completed in a 12-month period. The organization is Recognized until its next anniversary date, which is based on the 12-month period from the Recognition decision.

Types of Evidence

Organizations may use the following types of evidence to demonstrate performance:

1. *Reports:* Aggregated sources of evidence of action or performance; may include key indicator reports, summary reports, analyses, or meeting minutes.
2. *Materials:* Prepared information provided to patients or practitioners, including written and electronic communication, screenshots, websites, scripts, brochures, reviews and clinical guidelines or contracts or agreements.
3. *Documented process:* Policies and procedures, process flow charts, protocols and other mechanisms that describe the method for completing a task.
4. *Implementation plan:* In place of reports, materials or evidence of implementation, a detailed description of the actions the organization will take to meet the standard, and a timeline.

Virtual Care Pilot

NCQA is testing proposed Virtual Primary Care and Virtual Urgent Care program standards with organizations providing virtual care on the ground. Piloting NCQA standards is critical to a robust program. Standards address feasibility, rigor, perceived challenges or barriers to operationalizing requirements, as written, and possible approaches to demonstrating performance. Over 100 organizations applied to participate in the pilot program. We selected 18 that represent FQHCs, preexisting PCMH customers, virtual-first organizations, health plans and health systems.

The first pilot phase ran from October 2023–February 2024. During this phase, we met with participants to discuss the standards and learn how virtual care is structured and delivered in various settings. We asked organizations to provide feedback on the standards' feasibility and value. Organizations also identified standards that would require growing capabilities, and challenges associated with implementing new processes. Collectively, we spent over 54 hours with pilot participants to ensure a thorough review of the standards. From their feedback, the team concluded that the content of most of the standards is appropriate, but there were opportunities to reorganize, clarify intent and build a roadmap to emphasize quality and align with current industry capabilities.

From February–April 2024, we are conducting mock surveys. Organizations will go through a survey, upload documentation, and get real-time feedback on their performance to prepare them for the final survey at the pilot's end. We will focus on evidence requirements and scoring, leveraging the experience of pilot participants, and will amend the standards where necessary. NCQA will launch the program at the end of the year.

A Guide to This Public Comment

The following sections in this Overview detail background, product roadmap and current program structure. In addition, *Virtual Primary Care and Urgent Care* proposed standards detail standard language.

Public Comment Instructions

Public comment is a critical part of the standards development process. Below is a list of questions, organized by framework, that we are requesting feedback on. The table states the program requirements, summary of pilot feedback and outlined questions. Please also refer to the global questions mentioned above. Standards are delineated by applicability to the primary care module and the urgent care module.

Standard	Summary of Pilot Feedback	Question for Public Comment
QUALITY AND PATIENT SAFETY		
QPS 5: Training *Primary and Urgent Care* Elective Requirement	Organizations expressed that while they all offer training, it could be beneficial to increase rigor by creating expectations around training frequency and content.	Should NCQA have different expectations for primary care vs. urgent care organizations? Should NCQA define separate training topics for primary care vs. urgent care?
QPS 6: Health Assessments *Primary Care* Core Requirement	Organizations expressed the need for clarification of the standard intent. Many hybrid organizations found this standard feasible because they see patients in person as needed. Urgent care participants liked the term "focused" better than "comprehensive" to describe assessments.	Do you support different expectations for primary care and urgent care regarding health assessments? Should NCQA define minimum requirements for primary care to assess?
QPS 8: Medication Reconciliation *Primary and Urgent Care* Core Requirement	Organizations found value in this standard, but there was disagreement with "reconciliation" and how standard language applies to virtual care. Urgent care organizations argued that the standard should be more nuanced and might not be in their scope of service.	Do you support the standard language? Does it create appropriate expectations for both primary and urgent care?
QPS 9: Prescribing Patterns *Primary and Urgent Care* Elective Requirement	Organizations expressed that this standard may be difficult to meet. Many saw value in tracking prescribing patterns, but asked for specificity about which medications to track.	Do you support the focus of this standard?
QPS 10: Quality Measurement *Primary Care*	This standard received the most feedback. Many organizations believed there should be a larger selection of	Should NCQA require organizations to track other measures for *primary care?* If yes, what are they?

Standard	Summary of Pilot Feedback	Question for Public Comment
QPS 11: Quality Measurement *Urgent Care* Core Requirements	measures, because some measures in the standard are difficult in a virtual setting.	Should NCQA require organizations to track other measures for *urgent care?* If yes, what are they?
CARE COORDINATION		
CC 2: Informed Visit *Primary Care* Elective Requirement	Many organizations receive data through payers, HIEs and other care delivery partners, but stressed the importance of "patient-reported data" when electronic data are not available (especially for new patients). "Informed visit" language did not resonate with some organizations, and the intent needed clarification, but overall, organizations believed this standard was valuable.	Do you support defining the minimum criteria necessary to gather before a virtual visit?
CC 3: Triaging *Primary and Urgent Care* Elective Requirement	NA—Recently added	Do you support this standard? Why, or why not? Should NCQA require organizations to provide evidence that they use algorithmic workflows when triaging virtual visits or communicating with patients, if applicable?
CC 4: Appropriate Modality of Care *Primary and Urgent Care* Core Requirement	Many organizations have a triage or redirect process if a clinical situation is inappropriate for virtual care. Most organizations believed a documented process or workflow would be appropriate evidence for this standard. Almost all agreed with the intent.	Do you support this standard? Why, or why not?
CC 5: Referral Process *Primary and Urgent Care* Core Requirement	The standard intent resonated with most organizations. Hybrid organizations expressed the desire to translate in-person processes to the virtual space.	Do you support the requirements for facilitating quality referrals?
CC 7: Closed Loop Referrals *Primary Care* Core Requirement CC 8: Closed Loop Referrals *Urgent Care* Elective Requirement	Received varying feedback. Some organizations believed holding urgent care to the same standard as primary care is important, some did not. Urgent care organizations did not think it was their responsibility unless they are following up on lab, testing or imaging orders. Most primary care organizations had a process for following up and closing the loop within a defined time frame.	Do you support the expectations for primary care? Do you support the expectations for urgent care?

Standard	Summary of Pilot Feedback	Question for Public Comment
CC 9: Referral to Primary Care Practitioner *Primary and Urgent Care* Core Requirement	Many primary care organizations were confused by this standard.	Do you support this standard, and do you think it adds value for virtual primary care organizations? Should NCQA require organizations to evaluate clinician empanelment to understand clinician and patient ratios in the virtual setting?
EQUITABLE ACCESS		
EA 3: Social Needs Data Collection *Primary Care* Core Requirement	Primary care organizations believed this was important, as they currently assess social needs. Urgent care organizations did not believe they should be responsible for screening for social needs. Organizations do not assess the critical factor as part of current social needs screening and expressed that adding it may be a lift. Some feel the critical factor should be assessed separately before the visit occurs.	Do you support the requirement for data collection on access to technology?
EA 5: Use of Data to Improve Access *Primary Care* Elective Requirement	Organizations thought this standard was important, but they would have difficulty meeting it.	Do you support inclusion of this standard?
EA 6: Use of Data to Assess Disparities *Primary Care* Core Requirement	Received varying feedback. Most organizations already complete these activities; some would have to build systems to collect these data. All organizations found value in the idea.	Should NCQA require organizations to compare disparities for patients who do not use virtual care vs. patients that do use virtual care? Do you support inclusion of this standard to help organizations identify how virtual care can reduce disparities?
EA 10: Assessment of Digital Health Literacy *Primary and Urgent Care* Core Requirement	Received mixed feedback. Many organizations saw value in this standard, but hybrid organizations argued that it is more important for virtual-only organizations. Many organizations do not currently assess this, and expressed that it may be a lift, though they are looking for guidance on how to meet the standard.	Do you support this standard? What resources are available for assessing digital health literacy? Should NCQA require organizations to implement a plan to address barriers identified in the assessment?
PATIENT AND PROVIDER EXPERIENCE		
PPE 1: Provider Availability *Primary and Urgent Care* Core Requirement	The previous standard explicitly stated "third next available" to assess appointment availability. Many organizations said there were more innovative ways to track and assess this, as virtual care goes beyond the typical "appointment." Organizations suggested we expand our concept of appointment availability to reflect increased capabilities.	Do you support this standard?

Standard	Summary of Pilot Feedback	Question for Public Comment
PPE 3: Improve Provider Experience *Primary and Urgent Care* Core Requirement	Many organizations do not currently do this but see value in implementing it in the future.	Do you support assessing provider burnout?
PPE 4: Assessment of Patient Experience *Primary and Urgent Care* Core Requirement	Organizations viewed this as a critical component of care delivery. Most agreed with the dimensions of analysis. Organizations believe we should clarify the intent of "coordination of care."	Do you support the assessment areas detailed in this standard?
DATA SHARING AND EXCHANGE STANDARDS		
DSE 2: Use of Individual-Level Data *Primary and Urgent Care* Core Requirement	Organizations did not offer significant feedback on this standard and are able to meet it.	Should NCQA require organizations to disclose that they sell patient data?

How to Submit Comments

Respond to topic and element-specific questions for each product on NCQA's public comment website. NCQA does not accept comments by mail, email, or fax.

1. Go to http://my.ncqa.org and enter your email address and password.
2. Once logged in, scroll down and click **Public Comments**.
3. Click **Add Comment** to open the comment box.
4. Select the following from the drop-down box:
   a. **2024 Virtual Primary and Urgent Care Recognition Standards**
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**).
   a. If you choose **Do not support**, include your rationale in the text box.
   b. 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** 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 must be entered by 11:59 p.m. (ET) on Monday, April 5

Next Steps

The final Standards and Guidelines will be released in August 2024, with applications for surveys open in November 2024, following approval by the NCQA Clinical Programs Committee and the Board of Directors.

