

A photograph of a female doctor in a white lab coat and a blue stethoscope. She is looking down at a tablet computer she is holding. To her right, a male patient is looking at the tablet. The background is a bright, out-of-focus indoor setting.

NCQA PCMH Recognition: 2017 Standards Preview

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Vice President, Product Design and Support

January 25, 2017



Agenda

CURRENT LANDSCAPE

NCQA OVERVIEW

RECOGNITION REDESIGN

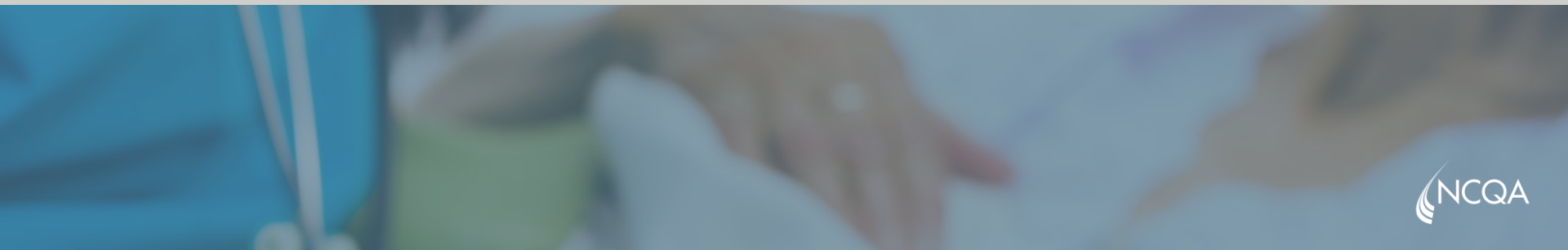
2017 CONCEPTS

PANEL DISCUSSION

Q&A



Current Landscape



Current Landscape



*Rewarding
Value*



*Improving
Quality*



*Move towards
PCMH and Better
Integration*

Patient-Centered Care

Overview



NCQA Recognition Program

- Patient-Centered Medical Home
- Patient-Centered Specialty Practice
- Patient-Centered Connected Care

Patient-Centered Care

Benefits



62%

of total lower spending per NCQA PCMH Medicare beneficiary was attributable to reductions in payments to acute care hospitals



\$265

Lower average annual total Medicare spend per beneficiary for patients in NCQA recognized practices

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

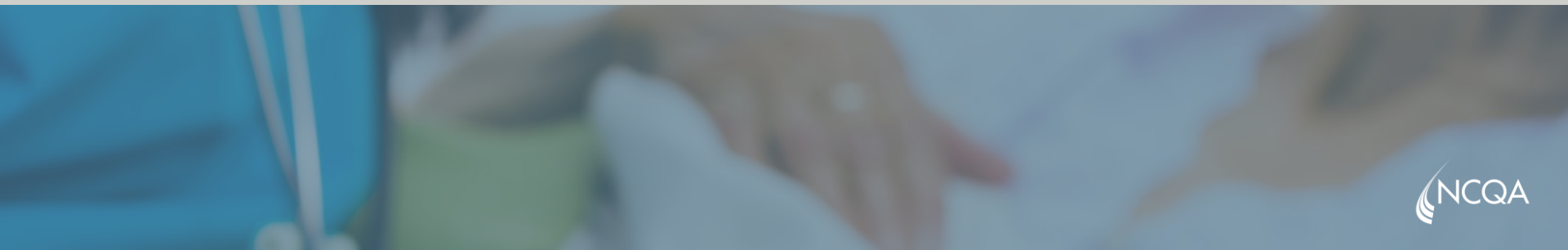


15%

Lower PMPM costs for patients in a PCMH



About NCQA



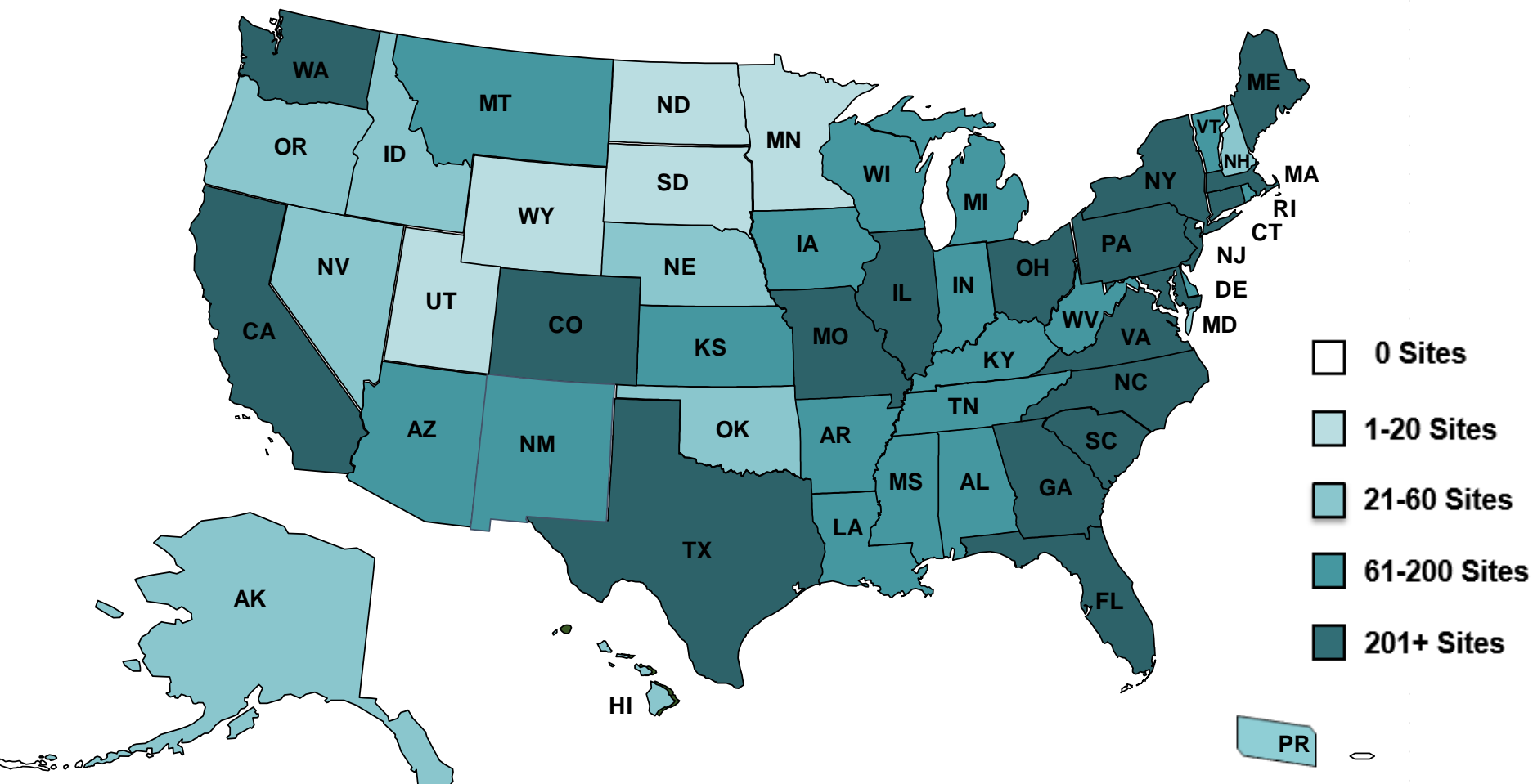
About NCQA

Recognition Programs



About NCQA

Recognition Programs



11,974 Recognized Practices
(As of January 1, 2017)

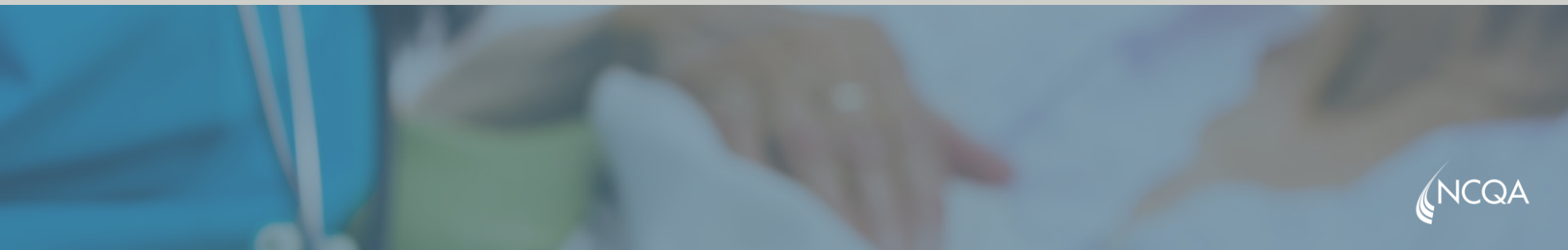


1 in 6

**Doctors practice
in an NCQA-
Recognized
PCMH**



PCMH Redesign



PCMH Redesign

Why Change?

Too much
documentation

Practices want more
interaction with
NCQA

Too challenging for
smaller practices

Needs less
emphasis on
process. More on
performance

Two separate,
complicated tools

Practices should be
demonstrating
ongoing
improvement

PCMH Redesign

Now vs. Future

Now

Self-guide to
recognition



Soon

NCQA
representative
to guide you

Now

Submit documents
all at once



Soon

Gradual
submissions, steady
feedback

Now

Cumbersome
survey tool

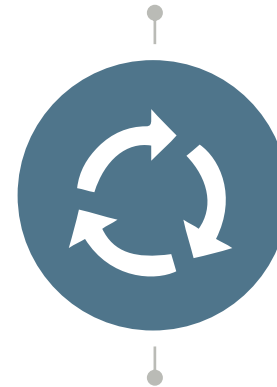


Soon

More intuitive tool,
with user tips

Now

Recognition is a
3-year cycle,
has 3 levels



Soon

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



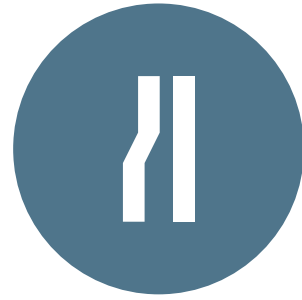
*Personalized
service*



*User-friendly
approach*



*Continuous
improvement*

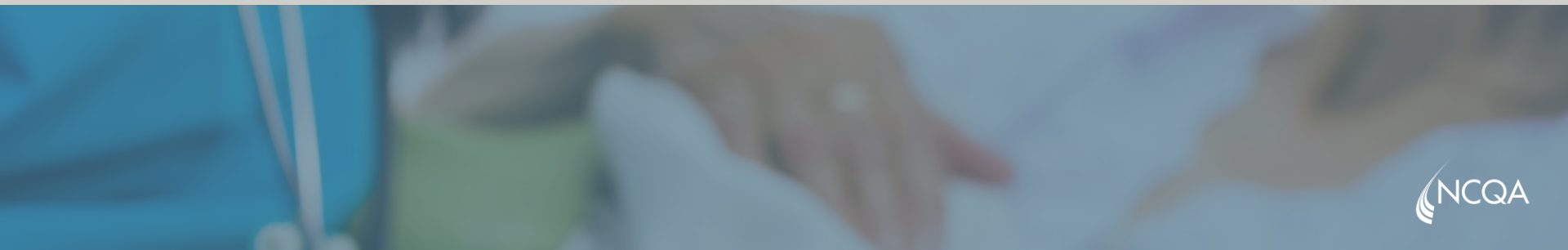


*Aligns with
changes*

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*



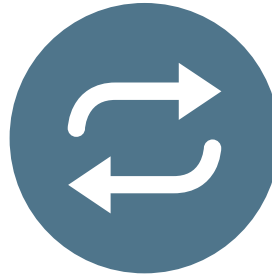
*Knowing and
Managing Your
Patients*



*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

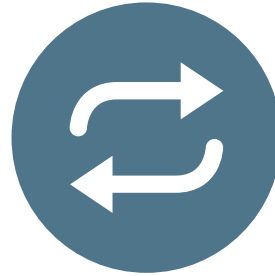
Concepts



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

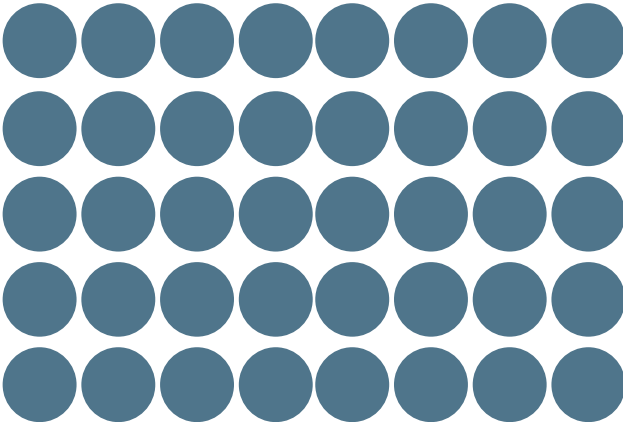
Improving practice performance

Sharing practice performance data

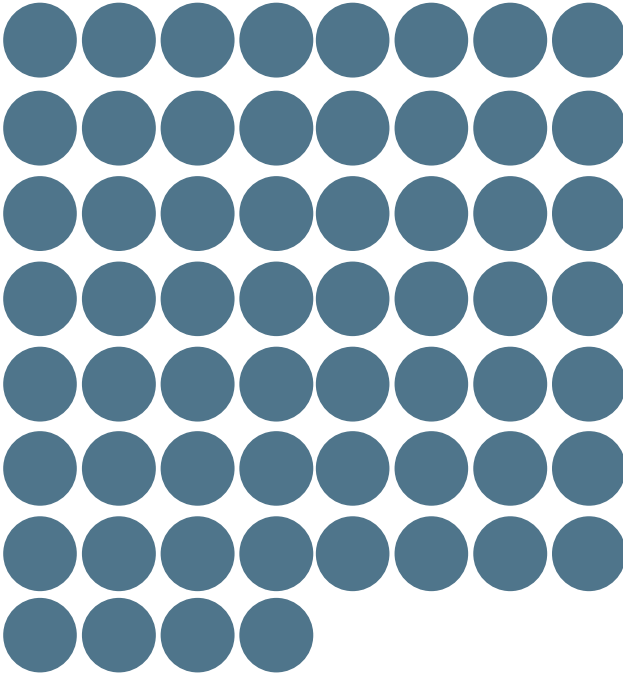
2017 Standards

Scoring

Core Criteria



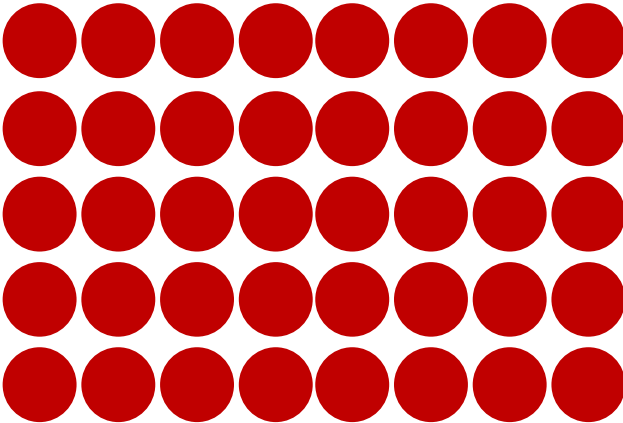
Elective Criteria



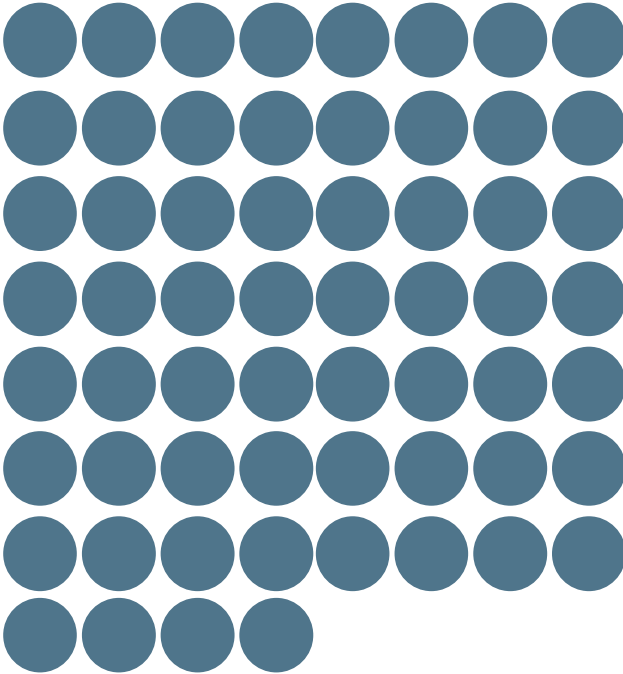
2017 Standards

Scoring

Core Criteria



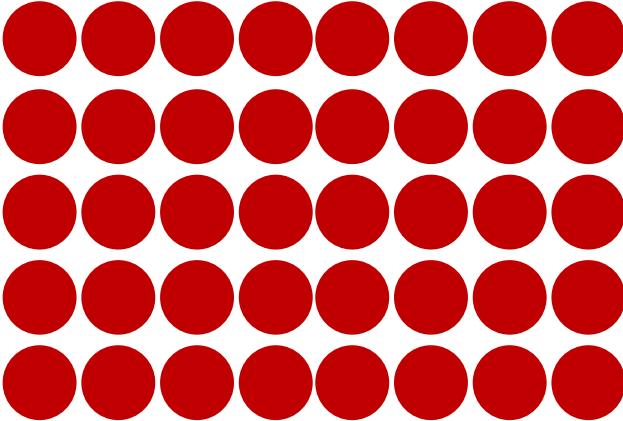
Elective Criteria



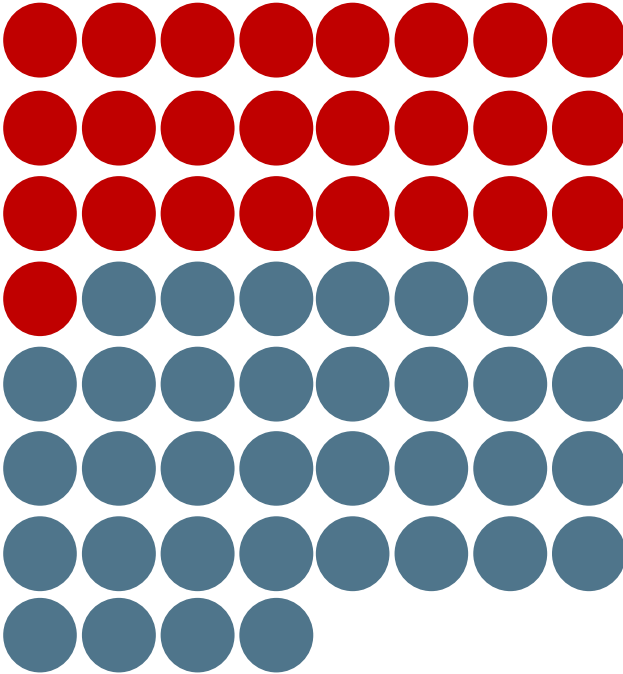
2017 Standards

Scoring

Core Criteria



Elective Criteria



2017 Standards

Structure - Example

Concept: Patient-Centered Access and Continuity

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

2017 Standards

Changes



Level 1



Level 2



Level 3



2017 Standards

In Review

Improves focus and flexibility

Supports continuous practice transformation

Updates documentation methods

Emphasizes comprehensive, integrated care

2017 Standards

Where to get information

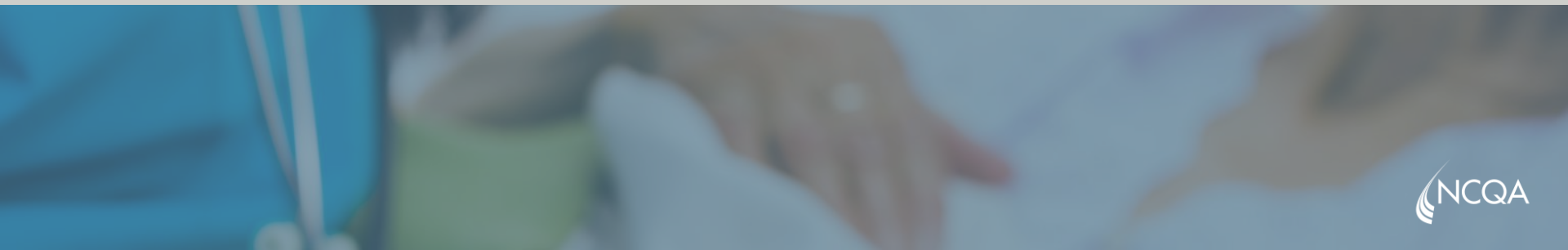
Who to contact

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

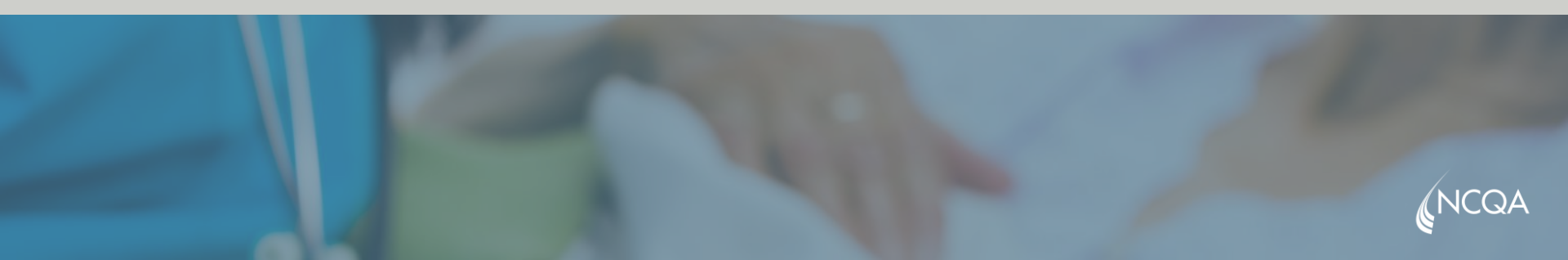
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Pediatrician, Plateau Pediatrics

Cari Miller, MSM, NCQA PCMH
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Shield of New Jersey



Q&A





Thank you