NCQA Recognition Programs Redesign Work in Progress

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1

Where is PCMH in future strategies? Where is it going? MACRA? MIPS?

PCMH is at a crossroads

Current evaluation process

Clinician/Practice

- Self-assess, collect data using Web-based tool
- Submit documentation to NCQA when ready
- May be asked to submit more data if needed

NCQA

- Evaluates and scores all applications
- Checks clinician licensure
- Audits a sample of applications
- Reports those that pass
- Distributes list of recognized clinicians monthly

NCQA's review methodologies

Interactive Survey System

- Web-based process
- The Recognition Survey is a desk-top review
- Organizations and physicians can assess readiness, upload documents on line

Audit

- Validates practice documentation and policies and procedures

PCMH critiques

Too easy

- Can achieve recognition without transforming

Too hard

- Small practices, rural practices, urban practices

Too focused on process

- Needs more performance-based evaluation

Too much

- Burdensome review process

We've been listening. Here's what we've heard.

Customer feedback

The Reality…
Physicians have competing priorities

ICD-10, MOC, MACRA, Stage 2 MU, PQRS, HIPAA, Risk…PCMH?

"I love the patient interaction as much as ever but it is being slowly eroded by so many factors which are beyond our control…
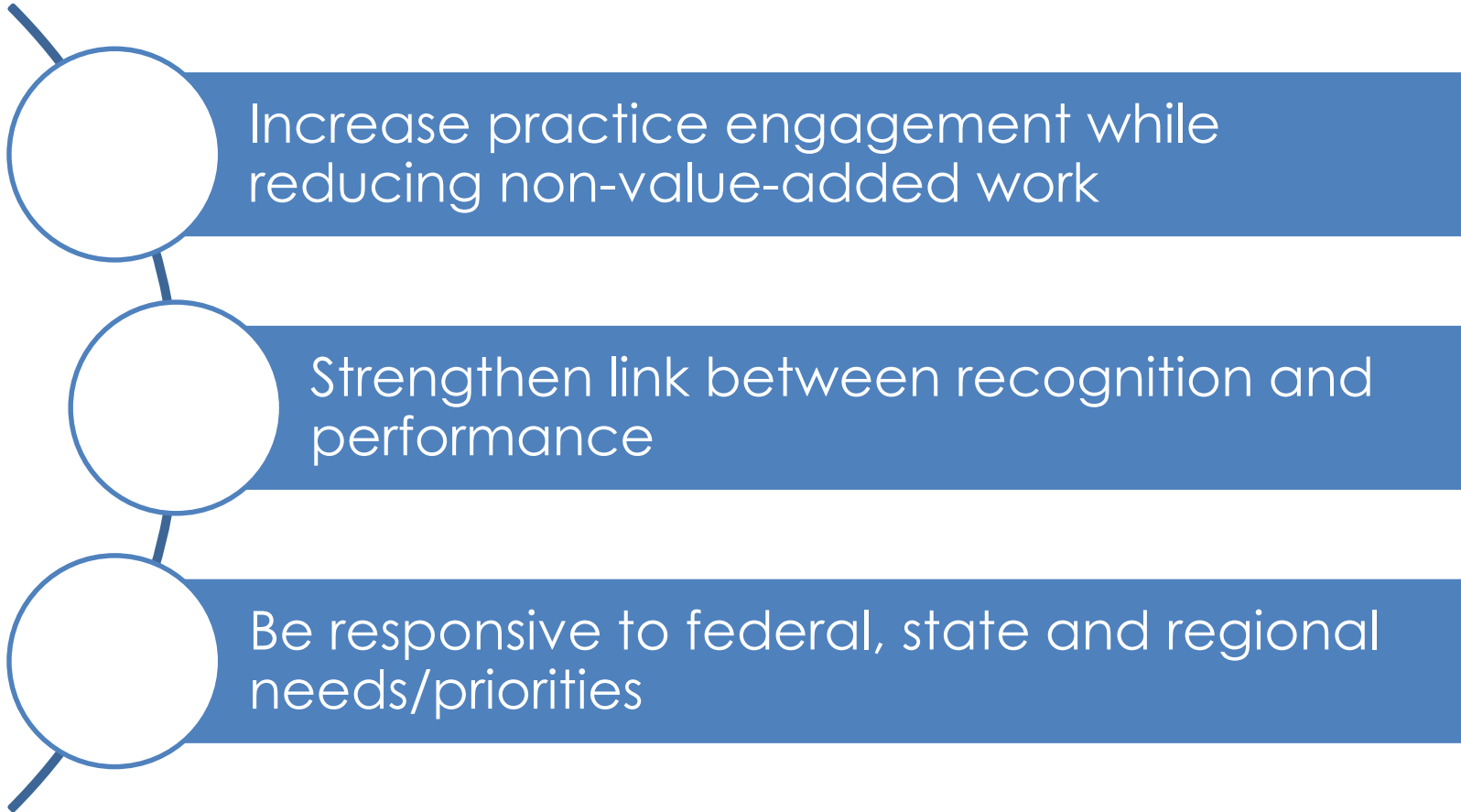
I think both the patient and the physicians are fearful about the future of medicine."

Primary care physician
Medical Economics, 2014

Key components of redesign

- Engage practices through a combination of live support and a new, interactive Web-based platform

- Receive and assess clinical and operational data from practices to support recognition, quality measurement and benchmarking

# Three core strategies

Increase practice engagement while reducing non-value-added work

Strengthen link between recognition and performance

Be responsive to federal, state and regional needs/priorities

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Measuring quality.
Improving health care.

Current → Future

Current Process

- Every 3 years, practice must submit all materials for a full review, with little guidance from NCQA
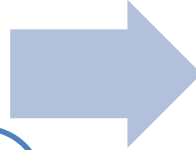
Future Process

- NCQA interacts with practice from the start
- Practice submits information at agreed-upon intervals until recognized
- Focused annual review and ongoing data submission to sustain recognition (no Renewal Survey at 3 years)

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PCMH redesign: Future process

PRE-ASSESSMENT

Practice completes an online guided readiness assessment.

Practice works with an NCQA Navigator to develop a recognition plan and evaluation schedule.

The practice and NCQA Navigator work together to identify support and resources for transformation.

New NCQA PCMH online education offerings support the transformation process.

PHASED ENGAGEMENT

NCQA PCMH RECOGNITION **PHASE 1**

NCQA PCMH RECOGNITION **PHASE 2**

NCQA PCMH RECOGNITION **PHASE 3**

NCQA PCMH RECOGNIZED PRACTICE

Practice submits the first phase of documentation and checks in with its Navigator.

Practice submits the second phase of documentation and checks in with its Navigator.

Practice submits the final phase of documentation and checks in with its Navigator.

Practice becomes recognized by NCQA.

SUSTAINED RECOGNITION

Practice performs an annual check-in with NCQA.

Practice demonstrates:
a) Ongoing activities consistent with PCMH.
b) Implementation of new PCMH standards.
c) Completion of selected qualifying activities from menu of options and/or reports on innovation and quality improvement efforts.

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Redesigned recognition program process

Practice Assessment

- Modular approach assesses practice transformation
- Optional work plan catalogues tasks to complete transformation
- Identify support and resources for transformation

Phased Engagement

- Evidence of transformation evaluated according to Recognition Plan, using a combination of virtual and document reviews.
- Third Phase results in Final Recognition Status

Sustained Recognition

- Annual check-in
  - Demographic updates
  - Verification of continued compliance
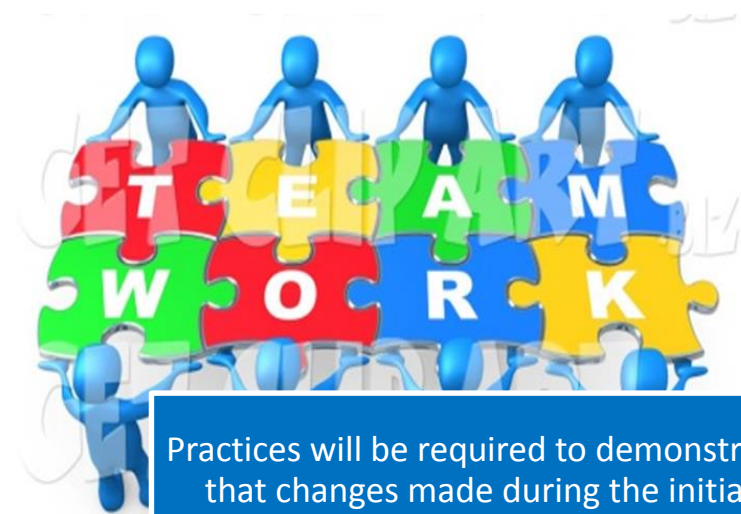- Credit through engagement

Ongoing Activities & Outreach		
Education	Best Practices	User Groups

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Sustaining Recognition Achievements

Engage practices in a streamlined annual check-in providing confirmation of continuing commitment and performance

Practices will be required to demonstrate that changes made during the initial recognition effort have been anchored in their day-to-day culture, continuing to enhance their patient-centered approach to care
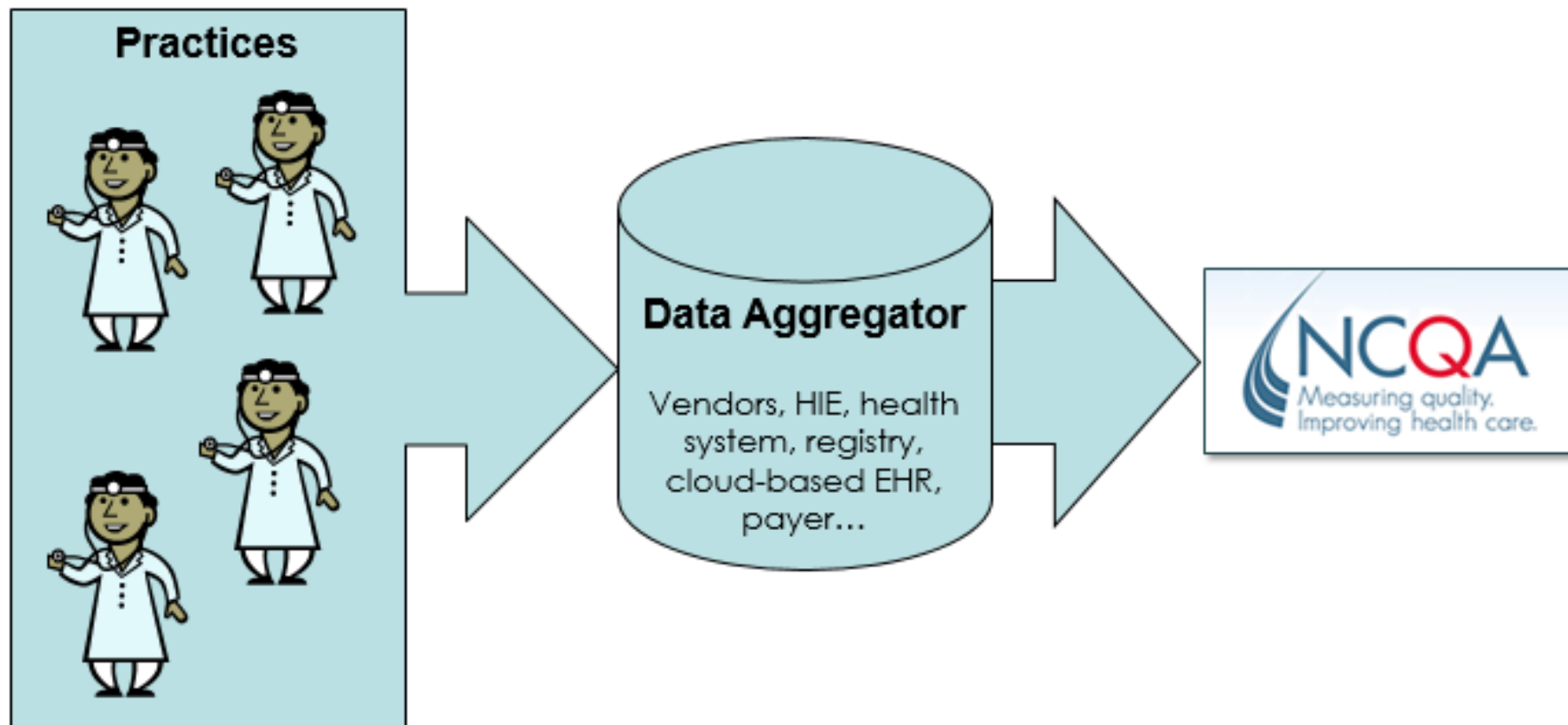
Draft sustaining measures

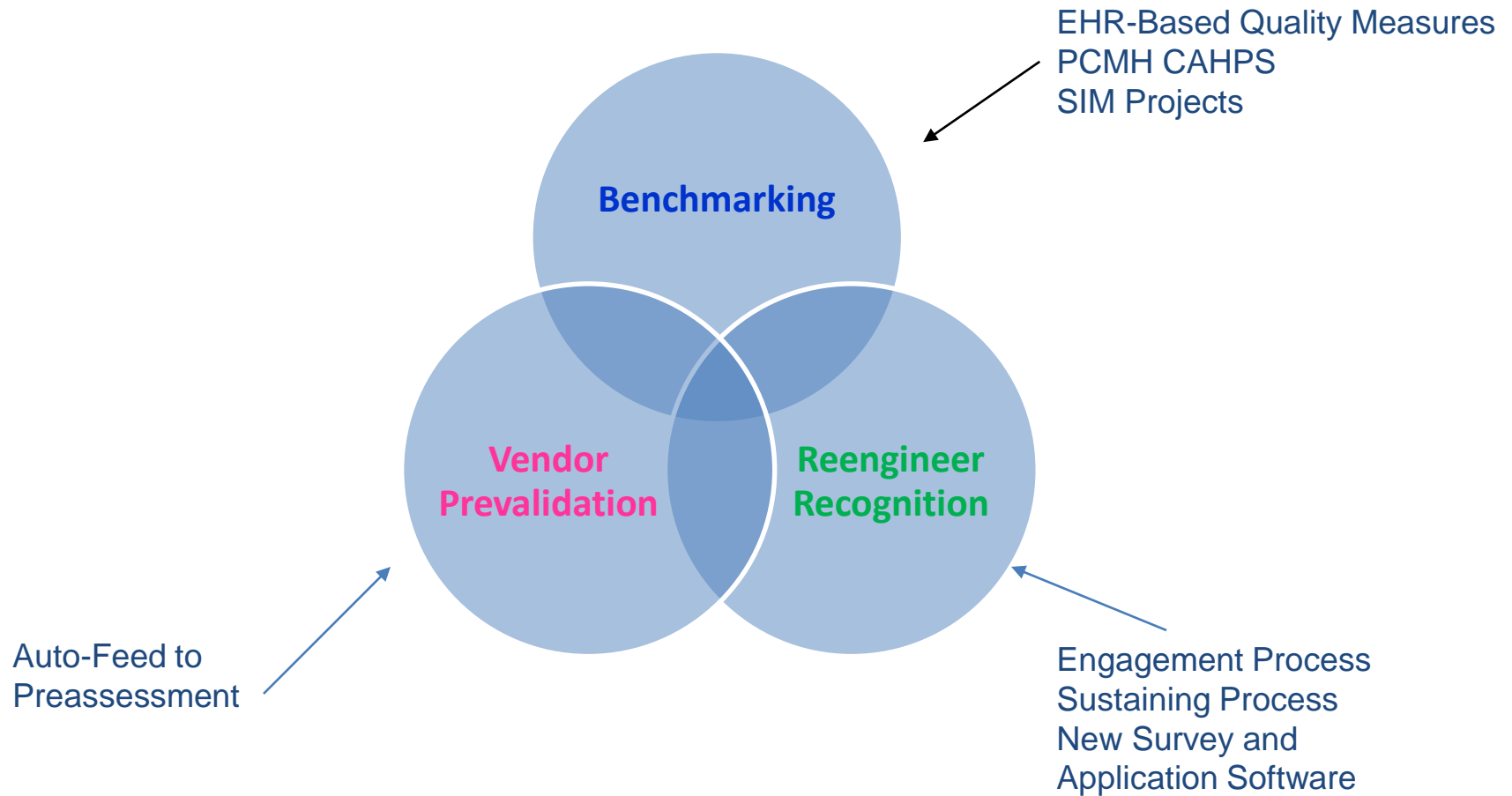| Standard	Submission Options
Standard 1	1. Same-day appointments (attestation)
	2. Average time to third next available appointment
	3. Number of hours that care is available outside normal business hours
	4. CAHPS access composite
Standard 2	1. Continuity with selected clinician/team
	2. Staff satisfaction
	3. Structured care team meetings/communication

Standard 3	1. Patients identified for outreach:
	   a. Choose health topics
	   b. Choose delivery modes

	2. Excellent performance in care a. For example, DRP, HSRP, benchmarking

Draft sustaining measures

Standard	Submission Options
Standard 4	1. Percentage of patients identified for care management a. Choose conditions where care management is used
	2. Care management initiative
Standard 5	1. Referral tracking or care coordination
	2. Lab and imaging tracking
	3. Notifications of care transitions
Standard 6	1. Quality improvement priorities
	2. Patient experience survey
	3. Two categories of clinical quality measures
	4. Resource stewardship and utilization assessment

Testing data connections for quality measures

Concurrent initiatives

Benchmarking

Vendor Prevalidation

Reengineer Recognition

EHR-Based Quality Measures
PCMH CAHPS
SIM Projects

Auto-Feed to
Preassessment

Engagement Process
Sustaining Process
New Survey and
Application Software

NCQA
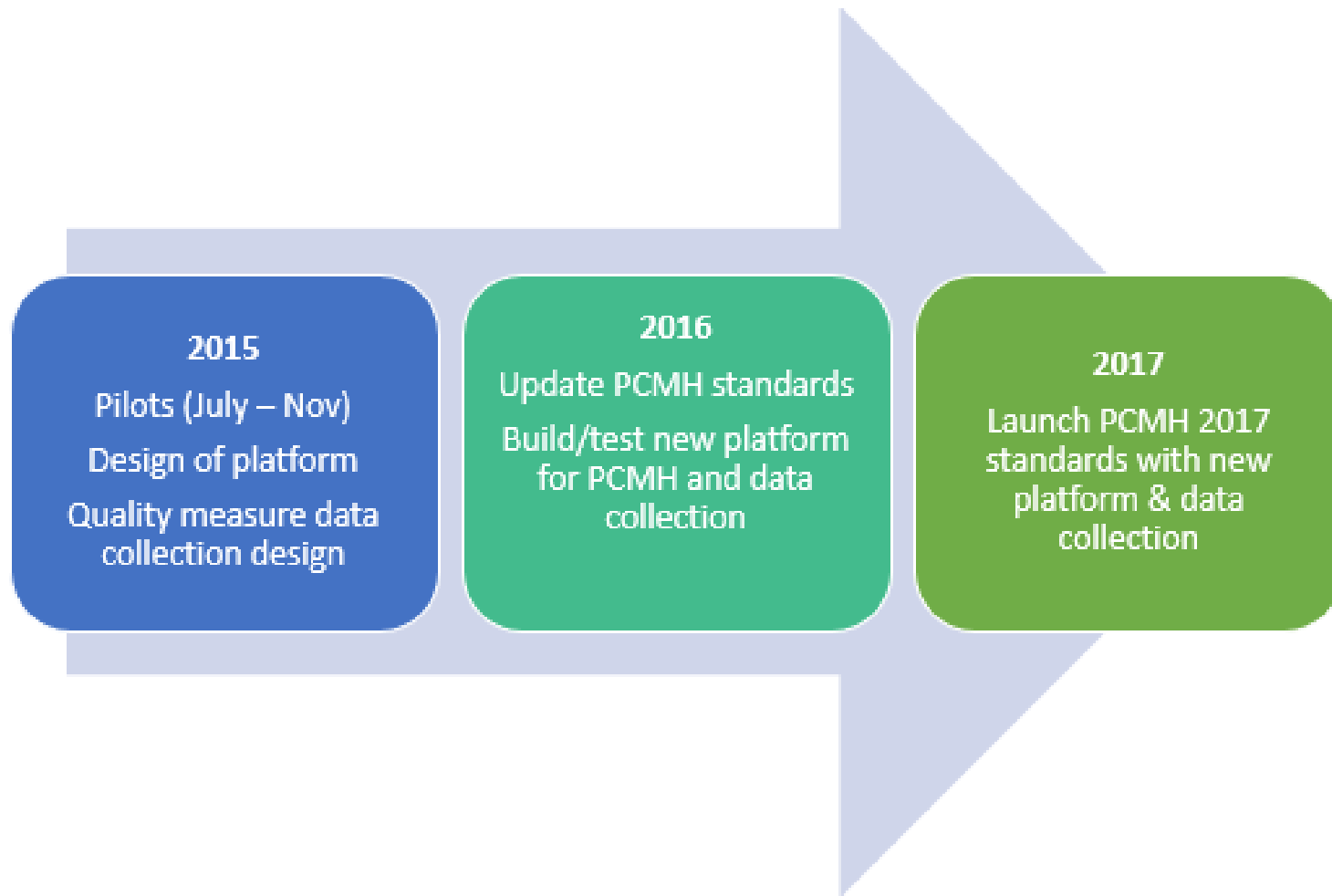Measuring quality.
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Quality measures for PCMH benchmarking

List of 30+ quality performance measures

Includes measures across 7 domains
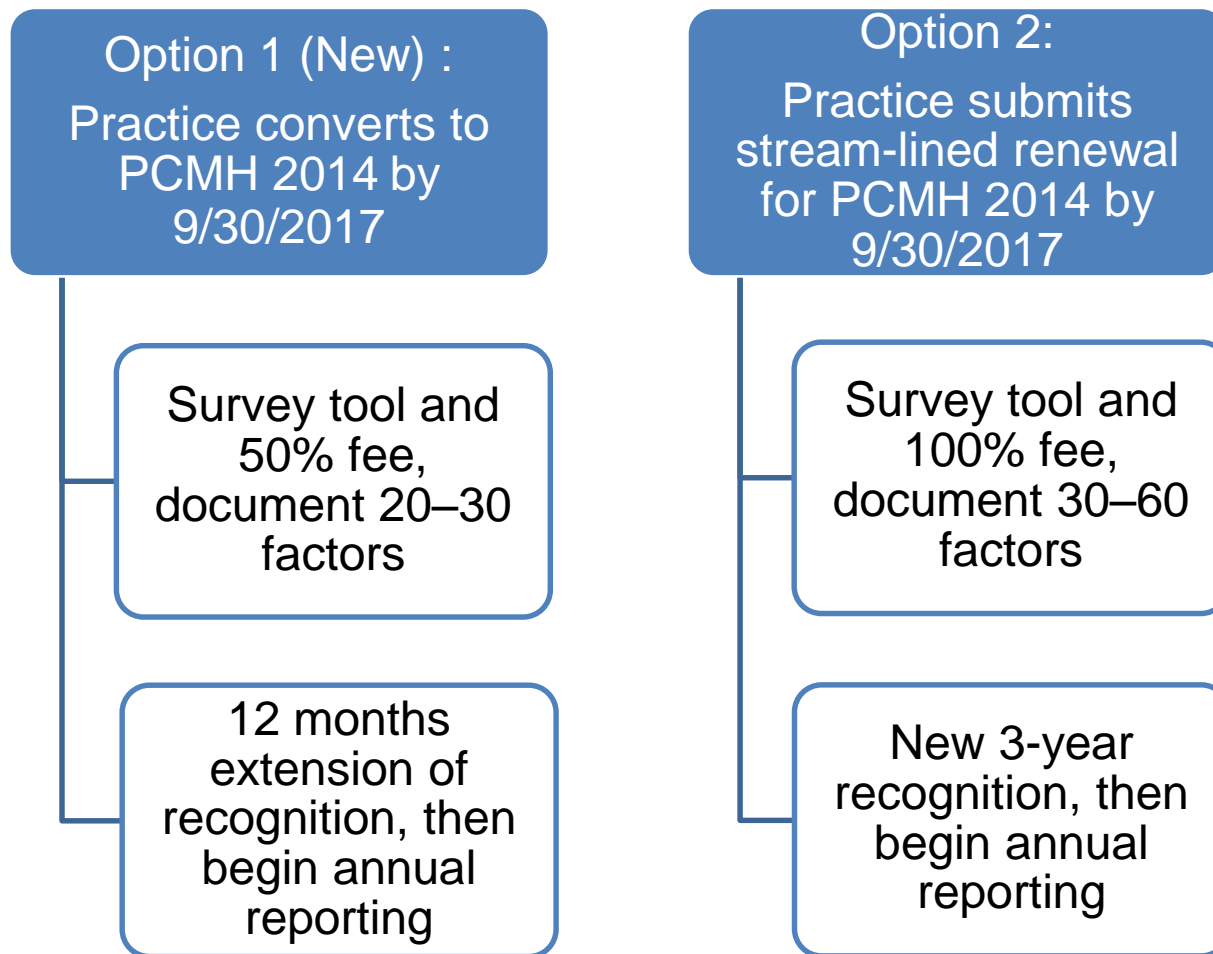
- Acute Care
- Behavioral Health
- Care Coordination
- Chronic Care
- Cost Related
- Immunizations
- Preventive Care

PCMH redesign timeline

2015

Pilots (July – Nov)

Design of platform

Quality measure data collection design

2016

Update PCMH standards

Build/test new platform for PCMH and data collection

2017

Launch PCMH 2017 standards with new platform & data collection

Transition plan for PCMH 2011 Level 3 Recognized practices

Option 1 (New) :
Practice converts to PCMH 2014 by 9/30/2017

- Survey tool and 50% fee, document 20–30 factors

- 12 months extension of recognition, then begin annual reporting

Option 2:
Practice submits stream-lined renewal for PCMH 2014 by 9/30/2017

- Survey tool and 100% fee, document 30–60 factors

- New 3-year recognition, then begin annual reporting

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3/31/2017 – last day to purchase PCMH 2014 surveys

Conversion process/documentation

- Purchase and complete survey responses
- Attest to elements according to capability to show those requirements are met
- PCMH 2014 documentation:
  - 1A Patient-Centered Appointment Access
  - 2D The Practice Team
  - 3E Evidence-Based Decision Support
  - 4A Identify Patients for Care Management
  - 4B Care Planning and Self-Care Support
    - (Examples only, no chart review)
  - 6B Measure Resource Use and Care Coordination

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Conversion FAQs

- Completed by site, no multi-site necessary

- Subset of stream-lined renewal elements require documentation, but no chart review for care management

- Does not require multi-year measure reporting

- Can submit any time prior to date PCMH 2011 recognition expires

- Extends current recognition 12 months as a PCMH 2014 recognition

- Practice is eligible for sustaining on new expiration date, with annual reporting

http://www.ncqa.org/Programs/Recognition/Practices/PatientCenteredMedicalHomePCMH/DuringEarnItPCMH/OtherPCMHResources/ConversionRequirementsforPCMH2014.aspx

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Renewal FAQs

- Multi-site process available

- Documentation required for 3 elements for the corporate survey and 8 elements for each site, including chart review (11 total)

- Requires multi-year measurement reporting

- Can submit any time prior to expiration, but for sites, no later than September 30, 2017

- Renewal is for 3 years as a PCMH 2014 recognition

- Practice is eligible for sustaining on expiration date, with annual reporting

http://www.ncqa.org/Programs/Recognition/Practices/PatientCenteredMedicalHome
PCMH/AfterKeepItPCMH/PCMH2014RenewalRequirements.aspx

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Options for transitioning to PCMH 2014

Conversion (Level 3)

- Applicable to PCMH 2011 practices expiring in 2016–2018, submitted by 9/30/2017
- Documentation required for 6 Elements (1A, 2D, 3E, 4A, 4B*, 6B)
- Practices attest and score remaining elements based on current operations
- 12 month extension of current recognition prior to starting annual reporting process
- Cost includes survey tool fee and 50% of regular application fee

Streamlined Renewal (Level 2 & 3)

- Renewals for site surveys accepted until 9/30/2017, corporate surveys by 3/31/2017
- Documentation required for 11 elements (1A, 2D, 3C, 3D, 4A, 4B, 4C, 5B, 6B, 6D, 6E)
- Practices attest and score remaining elements based on current operations
- 3-year recognition with new annual reporting process to start at end of recognition
- Cost includes survey tool fee and 100% of application fee

* Documentation for 4B conversion requires examples only

Learn more

Read about our PCMH redesign initiative
blog.ncqa.org/PCMH

Send us your thoughts
Ideas4PCMH@ncqa.org

Read about MACRA
ncqa.org/MACRA

Watch QualityTalks
QualityTalks2015.com

Questions & Answers