



Understanding the “PCMH” (Patient-Centered Medical Home) and the NCQA PPC-PCMH Recognition Process

**An Introduction for
His Branches Board Members**

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What is a PCMH?



A PCMH puts patients at the center of the health care system, and provides primary care that is “accessible, continuous, comprehensive, family-centered, coordinated, compassionate, and culturally effective.”

(American Academy of Pediatrics)

Joint Principles of the PCMH

✦ Adopted by AAFP, ACP, AAP, AOA:

- ◆ Personal Physician
- ◆ Physician Directed Medical Practice
- ◆ Whole Person Orientation
- ◆ Care is Coordinated and Integrated
- ◆ Quality and Safety are Hallmarks
- ◆ Enhanced Access
- ◆ Payment Reform

His Branches Mission and Vision

✦ Mission

- ✦ His Branches Inc. is a nonsectarian Christian ministry that seeks to bring hope, healing, and restoration to individuals, families, and entire neighborhoods.

✦ Vision

- ✦ His Branches is dedicated to the promotion and delivery of high quality medical, counseling, and collaborative services that bear witness to the real presence of the Kingdom of God and the transforming power of Jesus Christ by providing tangible solutions to the pervasive issues of social injustice and physical, spiritual, and social poverty in the Greater Rochester community...

His Branches Goals

- ✦ To develop Christ-centered collaborative health and wellness centers in underserved neighborhoods that will serve as catalysts for positive individual and social change.
- ✦ To provide high quality, faith-based family health care that is accessible and affordable.
- ✦ To offer preventive health/wellness education services that help clients learn how to stay healthy and reduce the risk of illness.
- ✦ To provide access to individual and family therapy and counseling services to restore personal and family wholeness.

PCMH and GFM/JFM Growth

- ✦ The principles of the PCMH align with our mission, vision, and strategic goal of developing patient-centered, “home-like” practices.
- ✦ PCMH provides a template to help us develop Policies and Procedures that will enable us to become more organized as a practice.
- ✦ PCMH is an important next step in our ongoing commitment to improving the quality of care for the benefit of all our patients.

Rationale for Seeking and Obtaining PCMH Recognition

- ✦ Both process and end result align with:
 - ◆ HBI/GFM strategic plan for CHC licensure
 - ◆ Policy & Procedure projects we've already started
 - ◆ Comprehensive clinical services we already provide
- ✦ PCMH has been found to be associated with:
 - ◆ Improvement in quality, equity, and staff/provider satisfaction
 - ◆ Enhanced reimbursement from payers
 - ◆ Potential reduction in overall health care costs

NCQA and the PCMH

- ✦ NCQA has developed a set of standards and a 3-tiered recognition process (Physician Practice Connections – Patient-Centered Medical Home (PPC-PCMH) program) to assess the extent to which health care organizations are functioning as medical homes.
- ✦ Recognition is offered at three levels:
 - ◆ Level 1 – Basic
 - ◆ Level 2 – Intermediate
 - ◆ Level 3 – Advanced

Overview of NCQA PPC-PCMH Recognition Program

- ✦ Obtaining recognition via the PPC-PCMH program requires completing an application and providing adequate documentation to show evidence that specific processes and policies are in place and functioning effectively.
 - ◆ 9 standards, 7 of which contain “must-pass” elements
 - ◆ 30 elements, 10 of which are “must-pass”
 - ◆ Each element contains a series of factors upon which your final score will be based

PPC-PCMH Content and Scoring

<p>Standard 1: Access and Communication</p> <p>A. ➔ Has written standards for patient access and patient communication**</p> <p>B. ➔ Uses data to show it meets its standards for patient access and communication**</p>	<p>Pts</p> <p>4</p> <p>5</p> <p>9</p>	<p>Standard 5: Electronic Prescribing</p> <p>A. Uses electronic system to write prescriptions</p> <p>B. Has electronic prescription writer with safety checks</p> <p>C. Has electronic prescription writer with cost checks</p>	<p>Pts</p> <p>3</p> <p>3</p> <p>2</p> <p>8</p>
<p>Standard 2: Patient Tracking and Registry Functions</p> <p>A. Uses data system for basic patient information (mostly non-clinical data)</p> <p>B. Has clinical data system with clinical data in searchable data fields</p> <p>C. Uses the clinical data system</p> <p>D. ➔ Uses paper or electronic-based charting tools to organize clinical information**</p> <p>E. ➔ Uses data to identify important diagnoses and conditions in practice**</p> <p>F. Generates lists of patients and reminds patients and clinicians of services needed (population management)</p>	<p>Pts</p> <p>2</p> <p>3</p> <p>3</p> <p>6</p> <p>4</p> <p>3</p> <p>21</p>	<p>Standard 6: Test Tracking</p> <p>A. ➔ Tracks tests and identifies abnormal results systematically**</p> <p>B. Uses electronic systems to order and retrieve tests and flag duplicate tests</p>	<p>Pts</p> <p>7</p> <p>6</p> <p>13</p>
<p>Standard 3: Care Management</p> <p>A. ➔ Adopts and implements evidence-based guidelines for three conditions **</p> <p>B. Generates reminders about preventive services for clinicians</p> <p>C. Uses non-physician staff to manage patient care</p> <p>D. Conducts care management, including care plans, assessing progress, addressing barriers</p> <p>E. Coordinates care//follow-up for patients who receive care in inpatient and outpatient facilities</p>	<p>Pts</p> <p>3</p> <p>4</p> <p>3</p> <p>5</p> <p>5</p> <p>20</p>	<p>Standard 7: Referral Tracking</p> <p>A. ➔ Tracks referrals using paper-based or electronic system**</p>	<p>PT</p> <p>4</p> <p>4</p>
<p>Standard 4: Patient Self-Management Support</p> <p>A. Assesses language preference and other communication barriers</p> <p>B. ➔ Actively supports patient self-management**</p>	<p>Pts</p> <p>2</p> <p>4</p> <p>6</p>	<p>Standard 8: Performance Reporting and Improvement</p> <p>A. ➔ Measures clinical and/or service performance by physician or across the practice**</p> <p>B. Survey of patients' care experience</p> <p>C. ➔ Reports performance across the practice or by physician **</p> <p>D. Sets goals and takes action to improve performance</p> <p>E. Produces reports using standardized measures</p> <p>F. Transmits reports with standardized measures electronically to external entities</p>	<p>Pts</p> <p>3</p> <p>3</p> <p>3</p> <p>3</p> <p>2</p> <p>1</p> <p>15</p>
		<p>Standard 9: Advanced Electronic Communications</p> <p>A. Availability of Interactive Website</p> <p>B. Electronic Patient Identification</p> <p>C. Electronic Care Management Support</p>	<p>Pts</p> <p>1</p> <p>2</p> <p>1</p> <p>4</p>

➔ Must Pass Elements**

NCQA Scoring Methodology

Level	Points	Must-Pass Elements
Level 1	25-49	5 of 10, with a performance level of at least 50%
Level 2	50-74	10 of 10, with a performance level of at least 50%
Level 3	75-100	10 of 10, with a performance level of at least 50%

Where we are now

PPC	ELEMENT	% PASSED	MUST PASS	PASS/FAIL	POINTS	MUST PASS	POINTS	MUST PASS	POINTS		
PPC 1											
	A	100	Y	→ Y	4	Y		Y			
	B	50	Y	→ Y	2.5	Y		Y			
PPC 2											
	A	75	N		1.5						
	B	100	N		3						
	C	100	N		3						
	D	100	Y	→ Y	6	Y		Y			
	E	100	Y	→ Y	4	Y		Y			
	F	0	N		0						
PPC 3											
	A	0	Y		0	Y	1.5	Y	3		
	B	0	N		0						
	C	100	N		3						
	D	100	N		5						
	E	100	N		5						
PPC 4											
	A	0	N		0						
	B	50	Y	→ Y	2	Y		Y			
PPC 5											
	A	100	N		3						
	B	20	N		0.75						
	C	75	N		1.5						
PPC 6											
	A	0	Y		0	Y	3.5	Y	7		
	B	100	N		6						
PPC 7											
	A	50	Y	→ Y	2	Y	2	Y	4		
PPC 8											
	A	0	Y		0	Y	1.5	Y	3		
	B	0	N		0						
	C	0	Y		0	Y	1.5	Y	3		
	D	0	N		0				3		
	E	0	N		0						
	F	0	N		0						
PPC 9											
	A	0	N		0						
	B	0	N		0				2		
	C	0	N		0				1		
TOTAL PASSED ELEMENTS OF 10 MUST PASS ELEMENTS				6 PASSED		10		10		2	
TOTAL POINTS OUT OF 100 POINTS ATTAINABLE				52.25		62		75		75	
CURRENT LEVEL ONE PCMH						LEVEL 2 GOAL			LEVEL 3 GOAL		
						4 ELEMENTS TO PASS GAP			4 ELEMENTS TO PASS GAP		
						9.75 POINT GAP			22.75 POINT GAP		

ALTERNATIVE
POINT
OPTION
TO
OBTAINING
LEVEL 3

Goals in Seeking Recognition

- ✦ Identify what we're currently doing
 - ◆ Establish work groups and set a timetable
 - ◆ Get organized with clear Level 1 Policies & Procedures
- ✦ Identify Level 2 goals that we can agree on
 - ◆ Develop Level 2 Policies & Procedures
 - ◆ Document performance, seek NCQA recognition
- ✦ Develop GFM/JFM as state-of-the-art offices
 - ◆ Patients are confident that their needs are being met
 - ◆ Staff are supported and secure in their callings
 - ◆ We're growing together as an entire ministry as we move toward Level 3 recognition

Timeline and Approach

- ✦ Develop a PCMH leadership group with members representing providers, front office, nursing, and IT/practice management
- ✦ Allocate protected time weekly for leadership to meet with other team members to carry out project-related work
- ✦ Document Level 1 compliance in first 3 months and complete requirements for Level 2 recognition within 9 months

What will it take?

- ✦ Active WRM involvement, plus freeing Stacey and Michelle up 4-8 hours a week = additional overhead of about \$1000/month
- ✦ Sustain 4 working teams – Providers, Front Office, Nursing, IT – with designated tasks
- ✦ Work with Monroe Plan team support, seek counsel from other local offices (Bayer, etc.)
- ✦ Clear up outstanding bill with HST, get upgrade package, and obtain their software support and PCMH expertise

PCMH: Return on Investment

- ✦ Documents what we're doing now in written Policies & Procedures that will satisfy both PCMH and Article 28 requirements
- ✦ Stimulates mutual problem-solving to design new and better systems for handling both patient and staff problems and concerns
- ✦ Helps staff develop godly pride in working in well-organized, contemporary, caring, and compassionate ministries of healing
- ✦ Qualifies us for higher reimbursement rates

Potential Reimbursement for PCMH - Incentive Payments in our Region

- ✦ NY Medicaid fee-for-service payment increases
 - ◆ \$5.50 for Level 1
 - ◆ \$11.25 for Level 2
 - ◆ \$16.75 for Level 3
- ✦ Managed Care, Family Health Plus increases
 - ◆ Plans receive \$2/\$4/\$6 PMPM for Levels 1/2/3
 - ◆ Payments must go to recognized practices; cannot be retained by Plans or rolled over to subsequent year
 - ◆ Plans will provide details on payout method
- ✦ Commercial: Excellus/MVP/Aetna following suit

Next Steps

- ✦ 4 teams have been established with designated leaders and assigned tasks
- ✦ Teams are meeting weekly for 1 hour and will be working in between
- ✦ Staff meetings planned for twice a month to discuss and review progress, set goals
- ✦ Continue active Monroe Plan involvement
- ✦ Seek additional development funding
- ✦ Submit application to NCQH prior to January 1st