GALEN
HEALTHCARE SOLUTIONS

PCMH: PART 2
PATIENT CENTERED ACCESS & TEAM
BASED CARE
APRIL 29, 2016

You have been automatically muted. Please use the Q&A panel to submit questions during the presentation

<u>Presenter</u>

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Agenda

- PCMH Overview

- Standard 1- Patient Centered Access

- Standard 2- Team Based Care

- Brief review of changes between 2011 and 2014 standards

- MU Alignment of Standards

This just in………..MACRA

- MACRA- The Medicare Access and CHIP Reauthorization Act of 2015- WEDNESDAY, 4/27/16 ruling released
  - Changes payment for Medicare beneficiaries FFS program replacing sustainable growth rate (SGR) formula

- 2 Paths
  - MIPS
    - Quality Measures (30%)
    - Meaningful Use (25%)
    - Clinical Practice Improvement Activities (15%)
    - Resource Use Measures (30%)
  - APM'S
    - CPC Plus
    - ACO's (MSSP, Next Generation ACO Model)
    - Comprehensive End Stage Renal Disease Care Model
    - Oncology Care Program

What is PCMH?

- Patient Centered Medical Home

- Primary Care Program

- Emphasizes care coordination/management and team based care

- Triple aim

NCQA Roadmap – Download Standards

PCMH 2014 Content and Scoring (6 Standards/27 Elements)			
1. Patient Centered Access	10 Points	4. Care Management and Support	20 Points
A. *Patient-Centered Appointment Access	4.5	A. Identify Patients for Care Management	4
B. 24/7 Access to Clinical Advice	3.5	B. *Care Planning and Self-Care Support	4
C. Electronic Access	2	C. Medication Management	4
		D. Use Electronic Prescribing	3
		E. Implement Evidence- Based Decision Support	5
2. Team- Based Care	12 Points	5. Care Coordination and Care Transitions	18 Points
A. Continuity	3	A. Test Tracking and Follow Up	6
B. Medical Home Responsibilities	2.5	B. *Referral Tracking and Follow Up	6
C. Culturaly and Linguistically Appropriate Serices (CLAS)	2.5	C. Coordinate Care Transitions	6
D. *Practice Team	4		
3. Population Health Management	20 Points	6. Performance Measurement and Quality Improvement	20 Points
A. Patient Information	3	A. Measure Clinical Quality Performance	3
B. Clinical Data	4	B. Measure Resource Use and Care Coordination	3
C. Comprehensive Health Assessment	4	C. Measure Patient/Family Experience	4
D. *Use Data for Population Management	5	D. Implement Continous Quality Improvement	4
E. Implement Evidence-Based Decision Support	4	E. Demonstrate Continuous Quality Improvement	3
		F. Report Performance	3
		G. Use Certified EHR Technology	N/A

Scoring Levels
Level 1= 35-59 points
Level 2= 60-84 points
Level 3= 85-100 points

* MUST PASS Elements

PCMH 1: Patient Centered Access

10 POINTS

- **Element A:** Patient-centered appointment access

- **Element B:** 24/7 Access to clinical advice

- **Element C:** Electronic Access

Element 1A: Patient Centered Appointment Access

MUST PASS and CRITICAL FACTOR

1. Same day appointments for routine and urgent care

2. Routine and urgent care appointments outside regular business hours

3. Alternative types of clinical encounters

4. Availability of appointments

5. Monitoring no show rates

6. Acting on identified opportunities to improve access

BEST IN
KLAS
2015/2016

Element 1A: Scoring

4.5 Points

- 5-6 factors (including Factor 1) = 100%
- 3-4 factors (including Factor 1) = 75%
- **2 factors** (including Factor 1) **= 50%**
- 1 factor (including Factor 1) = 25%
- 0 factors = 0%

Must meet 2 factors (including Factor 1) to pass this Must-Pass Element

Element 1A Factor 1: Documentation

PCMH 1A1: Providing same-day appointments for routine and urgent care

- **Process/Policy**
  - Date
  - Practice Name
  - Define "Routine" and Time Requirements
  - Define "Urgent" and Time Requirements
  - Triage Urgency

- **Report**
  - 5 days-consecutive

PCMH 1A1- Policy/Procedure

POLICY: Family Practice Medical Group Access to Care- Same Day
Effective Date: 1/31/15, Revised Date: 1/29/16

SAME DAY ACCESS:
Family Practice Medical Group provides same-day appointments for patients requiring urgent care as well as routine visits when applicable.

- Same-day appointments are available each day on each physician's and provider's schedules. All Physicians at **Family Practice Medical Group** have 3 to 6 same day appointment slots built into their appointment template for work-in or same day appointments.
- Same Day appointment slots numbers are based on the demand for same day access determined through our evaluation process. These slots are purple in color on the appointment schedule.
- The same day appointment slots are not to be booked in advance. They are for same day use only.
- When a patient calls with a need to see their physician on the same day the scheduler should look on the patient's primary care doctor's schedule for same day availability. If there is an opening in an established patient slot for that same day then the scheduler should use that established patient slot. If there is not an available established patient slot then the scheduler should look for a work-in or same day appointment slot and offer that time to the patient. If neither one of the options are available the scheduler can look at other physicians in the practice for availability in the same manner.
- If no appointment is available during office hours the next step would be to look for availability for our urgent care or late night clinic.
- If for some reason there are absolutely no available appointment slots in any of the above mentioned categories then the patient would be offered an appointment on the following day or if their need is urgent then the caller would be given to the triage nurse for alternate instructions or scheduling.

APPOINTMENT TYPE:
- **Urgent Care** (Acute Illnesses) – Patients will be seen same day of request with a physician, PA or NP, if requires is before 2pm. If nothing is available, the patients will be directed to the triage nurse for recommendation.
- **Routine Care** (Chronic Conditions) – Patient is scheduled within 24 hours with physician, PA or NP. No more than 3 day time lapse unless requested by the patient.
- **Wellness Care** (Physical) – Patient is scheduled within 8 weeks of request with physician, PA or NP. With the exception of those patient has been seen prior to 1 calendar year from that time.

Policy: Appointment Scheduling: PCMH 1A1

PCMH 1A1: Report

Same Day Appointments- Monday 4/4/16					
Provider Name (s)	Provider A	Provider B	Provider C	Provider D	Provider E
Regular Number of Appts	12	13	0	15	0
Beginning of Day					
Number of Regular Appointments Scheduled	12	10	0	14	0
Number of Work-In Appointments Scheduled	2	0	0	3	0
Number of Regular Appointments Available	0	3	0	1	0
Number of Same Day Appointments Available	2	3	3	2	0
Total Available Appointments	16	16	3	20	0
End of Day					
Number of Same Day Filled	1	3	1	0	0
Number of Urgent Same Day Filled	1	1	0	0	0
Number of Routine Same Day Filled	0	2	1	0	0
Percent of Same Day Filled	50%	100%	33%	0%	N/A
Total Number of Patients Seen	15	13	1	17	0
Total Number of Patient Seen	46				

Element 1A Factor 2: Documentation

PCMH 1A2: Routine and urgent care appointments outside regular business hours

- **Process/Policy**
  - Date
  - Practice Name
  - Business Hours (outside of 8-5pm)
  - Contracted with outside providers*

- **Report**
  - 5 days

PCMH 1A2- Policy/Procedure

POLICY: Family Practice Medical Group Access to Care- Office Hours
Effective Date: 1/31/15, Revised Date: 1/29/16

Appointment Scheduling: Office Hours:
Family Practice Medical Group provides care to patients during the following times:

Patient Care Hours	
Regular Office Hours:	Monday- Friday 8:00am- 5:00pm
Evening Office Hours:	Monday-Thursday- 5:00pm- 8:00pm
Weekend Office Hours:	Saturday 9:00am-1:00pm

- If no appointment is available during office hours the next step would be to look for availability for our urgent care or late night clinic contracted with Urgent Care Medical Group located at 1 Main Street, Somewhere City, State 99999, telephone (555) 555-5555.
- Family Practice Medical Group will contact Urgent Care Medical Group in advance and schedule the appointment with Urgent Care Medical Group on behalf of the patient.
- Urgent Care Medical Group will see both Urgent and Routine Care appointments for the Family Practice Medical Group.
- Urgent Care Medical Group will not see annual wellness exams.
- Urgent Care Medical Group will send all documentation from the visit to Family Practice Medical Group within 24 hours of the visit.

Policy: Appointment Scheduling: PCMH 1A2

PCMH 1A2: Report

Appointments- Monday 4/4/16					
Provider Name (s)	**Provider A**	**Provider B**	**Provider C**	**Provider D**	**Provider E**
Regular Number of Appts	12	13	5	15	0
			PCMH 1A2		
Beginning of Day					
Number of Regular Appointments Scheduled (All Hours)	12	10	5	14	0
Number of Appointments Scheduled after 5pm	2	5	5	0	0
Number of Work-In Appointments Scheduled	2	0	0	3	0
Number of Regular Appointments Available	0	3	0	1	0
Number of Same Day Appointments Available	2	3	3	2	0
Total Available Appointments	16	16	3	20	0
End of Day					
Number of Same Day Filled	1	3	1	0	0
Number of Urgent Same Day Filled	1	1	0	0	0
Number of Routine Same Day Filled	0	2	1	0	0
Percent of Same Day Filled	50%	100%	33%	0%	N/A
Total Number of Patients Seen	15	13	6	17	0
Total Number of Patient Seen			51		

Element 1A Factor 3: Documentation

PCMH 1A3: Alternative types of clinical encounters

- **Process/Policy**
  - Date
  - Practice Name
  - Alternative Clinical Encounters

- **Report**
  - 30 days-consecutive

PCMH 1A3- Policy/Procedure

POLICY: Family Practice Medical Group Access to Care- Appointments
Effective Date: 1/31/15, Revised Date: 1/29/16

Appointment Scheduling: Family Practice Medical Group provides care to their patients based on the following types of appointment encounters.

- Office Appointments which are broken down as: Provider and Nurse Visits

    - Provider appointments are classified as either Urgent, Routine, or Wellness, see policy Same day access for appointment type description and time requirements .
    - Nurse appointments are solely to see nursing staff for care such as blood pressure checks, medication administration (injections/infusions), lab draws, etc. All nurse visits will be scheduled within 24 hours of patients requested time.

- Telephone Appointments are available to all patients as one on one scheduled encounters by telephone and booked at least 24 hours in advance to the scheduled telephone appointment desired.

- Group/Shared Visits- Family Practice Medical Group offer group visits for the following patient populations: Diabetes Type 2- chronic care follow up and Obesity- Weight Loss/Bariatric patients. A group visit includes all aspects of a normal visit with your provider and includes a counseling session.

Policy: Appointment Scheduling: PCMH 1A3

PCMH 1A3 Report

Alternative Appointments- 1/1/16-1/31/16					
	1/4/2016	1/5/2016	1/6/2016	1/17/2016	1/18/2016
Regular Number of Alternative Appts Available	45	60	60	45	37
Telehone					
Number of Telphone Appointments Available	29	36	36	29	37
Number of Telphone Appointments Scheduled	16	29	31	17	35
Percent Filled	55%	25%	86%	58%	94%
Group					
Number of Group Appointments Available	16	24	24	16	0
Number of Group Appointments Scheduled- DM	7	14	6	0	0
Number of Group Appointments Scheduled- BMI	4	5	0	4	0
Total Number of Patients with Alternative Appts	11	19	6	4	0
Percent Filled	68%	79%	25%	25%	N/A

Element 1A Factor 4: Documentation

PCMH 1A4: Availability of appointments

- **Process/Policy**
  - Date
  - Practice Name
  - Define appointment availability
  - Define monitoring process of appointment availability

- **Report**
  - 5 days

PCMH 1A4- Policy/Procedure

POLICY: Family Practice Medical Group Access to Care- Appointments
Effective Date: 1/31/15, Revised Date: 1/29/16

Appointment Availability: Family Practice Medical Group strives to provide their patients with same day appointment access and monitors regularly the availability of appointments. Utilizing the third next available appointment . Below outlines the process and policy to ensure the practice meets their goals/time requirements for each appointment type:

Definition from Institute of Healthcare Improvement
"Average length of time in days between the day a patient makes a request for an appointment with a physician and the third available appointment for a new patient physical, routine exam, or return visit exam.
The "third next available" appointment is used rather than the "next available" appointment since it is a more sensitive reflection of true appointment availability. For example, an appointment may be open at the time of a request because of a cancellation or other unexpected event. Using the "third next available" appointment eliminates these chance occurrences from the measure of availability."

Each provider will be tracked with quarterly reports provided to leadership for review, to evaluate timeliness of access of all appointments types and availability based on below with goal of 0 days. Front office staff will develop a report utilizing a "dummy pt." to benchmark availability for each primary care provider with one weekly report each month per provider.

PCMH 1A4 Report

	1/4/2016	1/5/2016	1/7/2016	1/8/2016	1/9/2016	Avg/Provider
3rd Next Available Apppointment						
Provider A	0	1	0	2	1	0.8
Provider B	0	0	0	0	0	0
Provider C	0	0	3	2	0	1
Provider D	0	2	0	1	0	0.6
Average of all providers						0.6
Average # per Day	0	0.75	0.75	1.25	0.25	

Element 1A Factor 5: Documentation

PCMH 1A5: Monitoring no show rates

- **Process/Policy**
  - Date
  - Practice Name
  - Define no show rate monitoring

- **Report**
  - 30 days

PCMH 1A5- Policy/Procedure

POLICY: Family Practice Medical Group Access to Care- Appointments
Effective Date: 1/31/15, Revised Date: 1/29/16

Appointment Monitoring: Family Practice Medical Group monitors no show rates of scheduled appointments monthly to improve overall access for all patients and to understand patient population scheduling challenges and patient access to care patterns.

Front desk staff will run monthly reports for each primary care provider to identify the number of no show appointments, cancelled appointments, and walk in appointments.

PCMH 1A5 Report

Appointments- 1/4/16					
Provider Name (s)	**Provider A**	**Provider B**	**Provider C**	**Provider D**	**Provider E**
	1/4/2016	1/4/2016	1/4/2016	1/4/2016	1/4/2016
Regular Number Appts Available	12	13	0	15	0
Beginning of Day					
Number of Appointments Scheduled (All Hours)	12	10	0	14	0
Number of Appointments Scheduled after 5pm	2	5	0	0	0
Number of Work-In Appointments Scheduled	2	0	0	3	0
Number of Regular Appointments Available	0	3	0	1	0
Number of Same day Appointments Scheduled	2	3	3	2	0
End of Day					
Number of Cancellations	0	2	0	0	0
Cancellation Rate	0%	0.20%	0%	0%	0%
Number of No Show's	1	2	0	5	0
No Show Rate	0.80%	0.20%	0%	35%	0%
Number of Same day Filled	2	5	0	0	0
Number of Same Urgent Same Day Filled	2	3	1	0	0
Number of Routine Same Day Filled	0	2	1	0	0
Total Number of Patients	**15**	**15**	**2**	**11**	

Element 1A Factor 6: Documentation

PCMH 1A6: Acting on identified opportunities to improve access

- **Process/Policy**
  - Date
  - Practice Name
  - Define are of focus, monitoring process, target setting, frequency of target evaluation, when target changes
- **Report** or a completed PCMH Quality Measurement and Improvement Worksheet

Element 1B: 24/7 Access Clinical Advice

CRITICAL FACTOR

1. Continuity of medical record information for care and advice when the office is closed

2. Timely clinical advice by telephone

3. Timely clinical advice by using a secure, interactive electronic system

4. Documenting clinical advice in patient records

Element 1B: Scoring

3.5 Points

- 4 factors (including Factor 2) = 100%
- 3 factors (including Factor 2) = 75%
- 2 factors (including Factor 2) = 50%
- 1 factor (or does not meet Factor 2) = 25%
- 0 factors = 0%

Element 1B Factors 1-4: Documentation

Process/Policy

- Date
- Practice Name

- **1B1:** Define access to care and medical record when office is closed

- **1B2-3:** Define response times for telephone/secure messaging

- **1B4:** Define charting requirements for telephone/secure messaging

PCMH 1B1-4 Policy/Procedure

POLICY: Family Practice Medical Group Access to Care- Off Hours
Effective Date: 1/31/15, Revised Date: 1/29/16

Factor 3

Access to Care- Off Hours: Family Practice Medical Group provides access to care 24/7 via on-call services after normal business hours via our office telephone number 555-555-5555. During normal business hours, all calls will be answered by our clinical staff and return calls within 4 hour if patient leaves messages or within 24 hours if via the patient portal. During off hours, all calls will be answered by our answering service and routed to the provider on-call. All off hours calls to the answering service will be responded to within 1 hour by the designated provider on call. **Factor 2**

Factor 1

All clinical staff and providers have access to the electronic medical record 24/7 both in the office and remote access as needed to direct patient care. Each telephone call and patient portal message will be documented in the patient's health record within 24 hours to include the following but not limited to: Name of patient, time of call, name of caller/relationship to pt, and reason for call, time of return call to patient, and clinical/medical recommendation of patient call.

Factor 4

Element 1B Factors 2-4: Documentation

Reports

- **1B2:** 7 days of telephone response times

- **1B3:** 7 days of secure message response times

- **1B4:** 3 examples of documented patient clinical advice (at least 1 example during and after office hours)

PCMH 1B2- Report

	Telephone Response Times				
Date	**Person Calling**	**Call Time**	**Who responded**	**Time response**	**Total Response Time**
4/4/2016	Patient	9:10AM	Mary	9:15AM	5 MIN
4/4/2016	Patient	11:45AM	Barbara	12:00PM	15 MIN
4/5/2016	Mother	8:20PM	Dr. Smith	8:30PM	10 MIN
4/5/2016	Patient	8:15AM	Kathy	8:30AM	5 MIN
4/6/2016	Patient	11:25AM	Mary	11:30AM	5 MIN
4/6/2016	Mother	6:20AM	Dr. Smith	6:30AM	10 MIN
4/7/2016	Patient	2:25PM	Barbara	3:00PM	5 MIN
4/7/2016	Patient	4:05PM	Mary	4:30PM	25 MIN
4/8/2016	Daughter	6:35PM	Dr. Smith	7:00PM	35 MIN

PCMH 1B3- Report

Portal Secure Message Response Times		
3/1/16-3/31/16		
Responder	Total # Messages	Avg Response Time (hrs)
Physicians	75	0.91
NP/PA's	24	0.89
RN/LPN	73	0.94
MA's	62	1.03
Total	234	.94 Hours

PCMH 1B4- Report

Description: 55 year old female
Provider: ████████████████
Department: ████████████████

11/8/2010 9:55 AM   Telephone
MRN: ████████

Incoming Call

Date & Time	Provider	Department	Encounter #
11/8/2010 9:55 AM	████████████████████████████████		

Contacts

	Type	Contact	Phone
11/08/2010 9:55 AM	Phone (Incoming)	██████████████████████ (Self)	████████████ (W)

Reason for Call

Question since 11/8/2010

Call Documentation

████████████████████ 11/8/10 09:58 AM Signed
She is having right leg excruciating leg ,muscle pain."double over , laying on the floor" she is concerned she has a blood clot. She had surface clots in past and labeled von willebrand's. She had bubbling in veins and then after it felt like ice in veins. Inside calf to other side calf, behind knee and knee cap. She is having functional pain now but the prior pain was worse than labor pain. She drank 2 L of pedia lite. Episodes lasted 15 min and then moved and started again. OV made

Historical Meds Added to List

Hyperlink Historical Meds Added

Meds Removed To Update List

Hyperlink Meds Removed

Patient Instruction

Hyperlink Patient Instruction

Element 1C: Electronic Access

1. More than 50 % of patients have online access to their health information within 4 business days of when the information is available to the practice +

2. More than 5% of patients view, download or transmit (VDT) their health information to a third party +

3. Clinical summaries are provided within 1 business day for more than 50% of office visits +

4. A secure message was sent by more than 5 % of patients +

5. Patients have two way communication with the practice +

6. Patients can request appointments, prescription refills, referrals and test results+

+Aligns with MU

Meaningful Use Alignment
1C-Electronic Access

NCQA Requirements	Modified Stage 2 Ruling	NCQA Response
More than 50% of patients have online access to their health information within 4 business days	MU: Objective 8 Within 4 days change to TIMELY	No longer need to show access within 4 days. Timely access sufficient
More than 5% of patients view, download, transmit their health information	MU: Objective 8 5% threshold changed to one patient	Will accept one patient
Clinical Summaries are provided within 1 business day for >50% of office visits	Removed as MU objective	Maintaining requirement however will accept a report showing capability to provide clinical summaries
Secure message sent by >5% of patients	MU: Objective 9 Removed 5% threshold changed to fully enabled/1 patient in 2016	Will accept showing use or capability

Element 1C: Scoring

2.0 Points

- 5-6 factors = 100%
- 3-4 factors = 75%
- 2 factors = 50%
- 1 factor = 25%
- 0 factors = 0%

Element 1C: Documentation

1C1-4: Reports

- 3 months of recent data
- Numerator/Denominator
- Site/Practice Level

1C5-6- Screen Shots

- Web page demonstrating capability of two way communication
- Web page showing where patients can request appointment, refills, etc. Include URL of site/portal

PCMH 1C3- Report

Core 8				
1/1/16-3/31/16 Clinical Summaries				
Site	Num	Den	Excl	Score
Family Practice A	426	691	0	61.65%
Family Practice B	305	344	0	88.66%
Pediatric Practice A	25	152	0	16.45%
Peditric Practice B	438	482	0	90.87%

PCMH 1C5-6- Example

PCMH 2: Team Based Care

12 POINTS

- **Element A:** Continuity

- **Element B:** Medical Home Responsibilities

- **Element C:** Culturally and Linguistically Appropriate Services (CLAS)

- **Element D:** The Practice Team

Element 2A: Continuity

1. Assists patients/families to selects a PCP and **documents** in the practice records the selection of that provider

2. Monitors the percentage of patient visits with selected caregiver or team

3. Has a process to orient new patients to the practice

4. Collaborates with the patient/family to develop a care plan when transitioning from pediatrics to adult care

Element 2A: Scoring

3.0 Points

- 3-4 factors = 100%
- No scoring option= 75%
- 2 factors = 50%
- 1 factor = 25%
- 0 factors = 0%

Element 2A Factor 1, 2A Factors 3-4: Documentation

Process/Policy
- Date
- Practice Name

2A1: Define process for personal clinician selection

2A3: Define new patient orientation process

2A4: Define transition process from Ped to IM/FM (sender/receiver)

Element 2A: Documentation

2A2 Reports
- 5 days
- % of patients encounters with personal clinician

2A1- Examples
- Screen shot from EMR showing patient record with patient's choice of personal clinician

2A4- Examples
- Written transition plan from pediatrics
- Materials for receiving pediatrics patients

Element 2A Factor 2: Report

- 5 days
- % of patients encounters with personal clinician

Provider Report Date 4/4/16-4/9/16	Patients seen by Personal Clinician	Total Patients seen	Percentage
███████████	26	44	76.70%
███████████	46	79	75.58%
███████████	8	39	26.63%
███████████	57	99	74.73%
███████████	4	31	16.75%
███████████	28	58	62.66%

Element 2A Factor 4: Sample

Pediatric to Adult Diabetes Care: Transition Planning Checklist

This checklist helps the health care provider, young adult, and family discuss and plan the change from pediatric to adult health care. While a variety of events may affect the actual timing when this change occurs, below is a suggested timeline and topics for review. The young adult, family, and health care provider can obtain a copy of this checklist and access many online transition resources at the NDEP website (http://www.niddk.nih.gov/health-information/health-communication-programs/ndep/living-with-diabetes/youth-teens/transition-adult-health-care/).

- **1 to 2 years before anticipated transition to new adult care providers**
  - Introduce the idea that transition will occur in about 1 year
  - Encourage shared responsibility between the young adult and family for:
    - Making appointments
    - Refilling prescriptions
    - Calling health care providers with questions or problems
    - Making insurance claims
    - Carrying insurance card
    - Reviewing blood sugar results with provider between visits
  - Discuss with teen alone: *
    - Sexual activity and safety
    - How smoking, drugs, and alcohol affect diabetes
    - How depression and anxiety affect diabetes and diabetes care
- **6 to 12 months before anticipated transition**
  - Discuss health insurance coverage and encourage family to review options
    - Assess current health insurance plan and new options, e.g. family plan, college plan, employer plan, and healthcare.gov
    - Consider making an appointment with a case manager or social worker
    - Discussion of career choices in relationship to insurance issues
  - Encourage family to gather health information to provide to the adult care team *(See Clinical Summary for New Health Care Team at* http://www.niddk.nih.gov/health-information/health-communication-programs/ndep/living-with-diabetes/youth-teens/transition-adult-health-care/)
  - Review health status: diabetes control, retina (eye), kidney and nerve function, oral health, blood pressure, and lipids (cholesterol)
  - Discuss with teen alone: *
    - Sexual activity and safety
    - Smoking status, alcohol, and other drug use
    - Issues of independence, emotional ups and downs, depression, and how to seek help
- **3 to 6 months before anticipated transition**
  - Review the above topics
  - Suggest that the family find out the cost of current medication(s)
  - Provide information about differences between pediatric and adult health systems and what the young adult can expect at first visit
    - Patient's responsibilities

Element 2B: Medical Home Responsibilities

1. Coordinating patient care across multiple settings
2. Instructions on obtaining care and clinical advice during and office hours and when the office is close
3. Captures complete medical history and information about patient care obtained outside the practice
4. Care Team provides patient/family education, access to evidence based care, and self-management support
5. The scope of services available within the practice include how behavioral health needs are addressed
6. Equal access is provided to ALL patients regardless of payment source
7. Information about obtaining coverage is provided to uninsured patients
8. Providing a point of contact at the practice and instructions on transferring records to the practice

Element 2B: Scoring

2.5 Points

- 7-8 factors = 100%
- 5-6 factors = 75%
- 3-4 factors = 50%
- 1-2 factor = 25%
- 0 factors = 0%

Element 2B: Documentation

2B1-8 : Policy/Procedure
- Date
- Practice Name
- Care Coordination
- Office Hours/Clinical Advice
- Medical Home- patient medical history
- Evidence based care and self management education
- Scope of services, including behavioral health
- Access to care/payment
- Insurance
- Transferring Records

2B- Patient Materials
- Brochure, Welcome Letter, Website, Medical Home agreement, sample record transfer request form

Element 2B: Example

What is a Patient-Centered Medical Home?

The Medical Home is an innovative, team-based approach to providing health care services. A partnership develops between the patient, his or her primary clinician, and a health care team. Together, following evidence-based guidelines for medical care, the team will coordinate to provide the best health care services possible for you.

What are the changes and additional benefits that I can anticipate?

Team Based Care:
- One of us will remain as your Primary Care clinician. However, we will have a team of nurses and support staff to work with you to meet all of your health care needs. New information systems tools will assist us (along with other resources) to provide personal medical care that is optimal for you.

Improved Health Access and Communication:
- For urgent care issues during working hours, your Primary Care clinician (or another one of our team members) will see you on the very day that you have an urgent health care need. You will need to simply call the main office number during working hours to schedule a same-day appointment with us. Many urgent health care needs, including lacerations, can be handled by your Medical Home team. You will then avoid having a prolonged and expensive visit to the Emergency Room.

Element 2C: Culturally and Linguistically Appropriate Services

1. Assesses the diversity of its population
2. Assesses the language needs of its population
3. Provides interpretation or bilingual services to meet the language needs of its population
4. Provides printed materials in the languages of its population

Element 2C: Scoring

2.5 Points

- 4 factors = 100%
- 3 factors= 75%
- 2 factors = 50%
- 1 factor = 25%
- 0 factors = 0%

Element 2C: Documentation

2C1-2 Reports
- Assessment of diversity: race, ethnicity, and 1 other diversity aspect
- Assessment of language composition of practice

2B3- Policy/Procedure
- Date and Practice Name
- Interpretive Services, bilingual staff

2B4- Examples
- Materials in languages other than English

Element 2C Factors 1-2: Report Sample

Cultural and Linguistic Report		
7/1/15-12/31/15		
Race		
African American/Black	1,172	16.6%
Asian	855	12.1%
Caucasian/White	3,667	52.1%
Chinese	1,299	18.4%
Japenese	23	0.4%
Not reported	22	0.4%
Ethnicity		
Hispanic or Latino	932	13.2%
Non-hispanic or Latino	5231	74.3%
Not reported	875	12.5%
Language		
Chinese	652	9.3%
English	5752	81.7%
French	14	0.2%
Spanish	531	7.6%
Not reported	89	1.2%
Education		
Less than high school	461	6.5%
High school diploma/GED	2,407	34.2%
Some college	1,387	19.7%
Associates degree	849	12.0%
Bachelor's degree	1,168	16.6%
Master's degree	566	8.0%
Doctoral/Professional Degree	174	2.5%
Not reported	26	0.50%
Total	**7038**	**100%**

Element 2D: The Practice Team
MUST PASS and CRITICAL FACTOR

1. Defining the roles for clinical and nonclinical team members
2. Identifies practice organizational structure and staff leading and sustaining team-based care
3. Has regular patient care team meetings or structured communication processes focused on individual patient care
4. Uses standing orders for services
5. Trains and assigns members of the care team to coordinate care for individual members of the care team to coordinate for individual patients
6. Training and assigning members of the care team to support patients/families/caregivers in self-management, self-efficacy and behavior change.
7. Training and assigning members of the care team to manage the patient population.
8. Holding scheduled team meetings to address practice functioning.
9. Involving care team staff in the practice's performance evaluation and quality improvement activities.
10. Involving patients/families/caregivers in quality improvement activities or on the practice's advisory council.

Element 2D: Scoring

4 Points

- 10 factors (including factor 3) = 100%
- 8-9 factors (including factor 3) = 75%
- **5-7** factors (including factor 3) = **50%**
- 2-4 factors = 25%
- 0-1 factors = 0%

- Must meet at least 5 factors (including Factor 3) to pass this Must-Pass Element

Element 2D Factors 1-3: Documentation

Policy/Procedure
- Date and Practice Name
- **2D1-** Job roles and responsibilities for all team members
- **2D2-** Staffing structure for care team
- **2D3-** Care team meeting structure, frequency, and communication

Examples
- **2D3-** 3 samples of care team meetings
- **2D4-** 1 example of written standing orders

Element 2D Factors 5-7: Documentation

Policy/Procedure- Training of Care Team
- Date and Practice Name
- **2D5-** define care team care coordination initial and refresher training
- **2D6-** define care team effective communication training and evidence based self-management support
- **2D7-**define care team population health management training

Examples 2D5-7
- Description of training, training schedule, and sample materials from such trainings

Element 2D Factors 8-10: Documentation

Policy/Procedure

- Date and Practice Name
- **2D8-** describe care team staff meetings and frequency
- **2D9-** define care team roles and involvement of performance improvement and processes
- **2D10-**define patient/family involvement of performance improvement and processes

Examples 2D8
- Staff meeting agenda/minutes

PCMH 2D Factor 3- Policy/Procedure

POLICY: Family Practice Medical Group-Care Team/Care Huddle
Effective Date: 1/31/15, Revised Date: 1/29/16

Family Practice Medical Group utilizes care teams and daily care huddles to care for their primary care patients.

Process:
1. Daily Huddle: 5-10 minutes, before AM and PM session with core clinical team. The medical assistant runs the meeting by identifying all the patients and families to be seen during that session.
2. Goal: Communicate within the team about what patients need when they arrive to make the day more predictable, organized, and proactive.
3. Structured communication occurs outside the daily huddle in order to follow up on issues reviewed at huddle and issues involving high risk patients not seen in the office that day for example: recent hospitalization, hospice patient, acute illness not resolving, psycho-social and financial issues. The communication will occur using the Electronic Health record clinical message function.

Sample agenda:	**Suggested Team Roles**
1. Schedule updates/changes	MA
2. Who needs testing before being seen	MD/NP
3. Equipment or supplies needed	RN
4. Special business needs	Front desk staff
5. Information gathered before patient arrives.	

Policy: Care team/Huddle: PCMH 2D3

Cross Walk 2011-2014

http://www.ncqa.org/programs/recognition/practices/patient-centered-medical-home-pcmh/pcmh-2011-pcmh-2014-crosswalk

Standard 1

- Providing same-day appointments for <u>routine and urgent care</u>
- Providing alternative types of clinical encounters
- Availability of appointments
- Monitoring no show rates
- Acting on identified opportunities to improve access
- Documenting clinical advice in patient records (office open/closed)

Cross Walk 2011-2014

http://www.ncqa.org/programs/recognition/practices/patient-centered-medical-home-pcmh/pcmh-2011-pcmh-2014-crosswalk

Standard 2

- Having a process to orient new patients to the practice
- Collaborating with the patient/family to develop/implement a written care plan for patients transitioning from pediatric care to adult care
- The scope of services available within the practice including how behavioral health needs are addressed
- The practice provides equal access to all of their patients regardless of source of payment
- The practice gives uninsured patients information about obtaining coverage
- Instructions on transferring records to the practice, including a point of contact at the practice
- Identifying practice organizational structure and staff leading and sustaining team based care
- Holding regular team meetings addressing practice functioning
- Involving patients/families/caregivers in quality improvement activities or on the practice's advisory council

Next Steps- Tips/Tricks

- **Gap Analysis/Audit**

- **Identify areas requiring work**
  - Process/Policy
  - Organizational change
  - Reports, Samples

- **Focus on areas that are quick wins first**

Gap Analysis Sample

	PCMH 1: Patient-Centered Access						
Element	**Factor**	**Factor Present?**	**Policy/ Process**	**Report Timeframe**	**Report Met**	**Report Available? (Y/N) Source?**	**Additional Notes**
ELEMENT A: Patient- Centered Appointment Access [MUST PASS]	The practice has a written process and defined standards, and demonstrates that it monitors performance against the standards for:						
	1. Providing same-day appointments for routine and urgent care.	0.75	X	5 days	Yes		Consecutive days when practice is open
	2. Providing routine and urgent-care appointments outside regular business hours.	0.75	X	5 days	Yes		
	3. Providing alternative types of clinical encounters.	0	X	30 days	No		Consecutive days
	4. Availbility of appointments.	0.75	X	5 days	Yes		
	5. Monitoring no-show rates.	0.75	X	30 days	Yes		
	6. Acting on identified opportunities to improve access.	0.75	X	1 opp.to improve, 1 action taken	Yes		a completed PCMH Quality Measurement and Improvement Worksheet
	Total Possible Points for PCMH 1A:	*4.5*			*Action Plan 1A:*		
	Total # of Points Received for PCMH 1A:	3.75					
	% Points Received for PCMH 1A:	75%					
	MUST PASS Element - Passed at 50% Level? 2 or more factors plus including factor 1	Yes					
NT B: linical Advice	The practice has a written process and defined standards, and demonstrates that it monitors performance against the standards for:						
	1.Continuity of medical record information for care and advice when the office is closed	0.875	X	N/A	Yes		
	2. Timely clinical advice by telephone	0.875	X	7 days	Yes		Consecutive days

Gap Analysis Sample

Factor	Date (>3 mo <12 mo)	Practice Name	Defines Routine	Time requirements	Defines Urgent	Time requirements	Triage urgency	Comments
PCMH 1A1: Providing same-day appointments for routine and urgent care	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
	Date (>3 mo <12 mo)	Practice Name	Outside of 8-5pm (M-F)	Contracted with outside providers*				
PCMH 1A2: Providing routine and urgent-care appointments outside regular business hours.	Yes	Yes	Yes	Yes				
	Date (>3 mo <12 mo)	Practice Name	Define Alternative Encounters					
PCMH 1A3: Providing alternative types of clinical encounters.	Yes	Yes	Yes					
	Date (>3 mo <12 mo)	Practice Name	Define Appt. Availability	Define monitoring of appt availability				
PCMH 1A4: Availability of Appointments	Yes	Yes	Yes	Yes				
	Date (>3 mo <12 mo)	0.312	Define No Show Rate Monitoring					
PCMH 1A5: Monitoring of Scheduled Visits	Yes	Yes	Yes					

References

http://store.ncqa.org/index.php/recognition/patient-centered-medical-home-pcmh.html

http://www.ncqa.org/Portals/0/Programs/Recognition/PCMH/8.%20PCMH%20Recognition%202014_Appendix%206_Summary%20of%20Updates%20to%20PCMH%202014%2003.28.2016%20FINAL.pdf?ver=2016-04-01-142019-047

http://www.ncqa.org/programs/recognition/practices/patient-centered-medical-home-pcmh/pcmh-2011-pcmh-2014-crosswalk

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