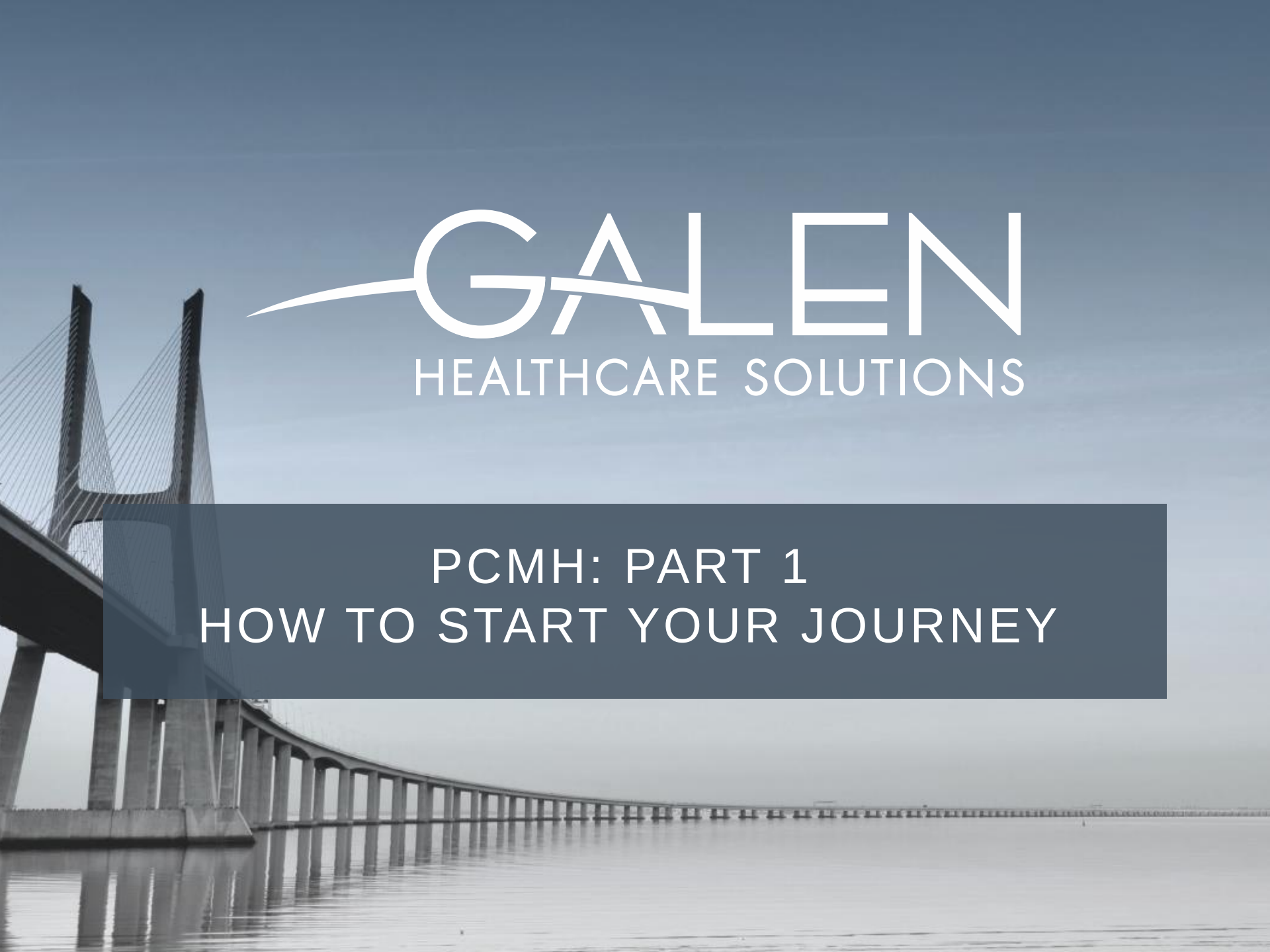


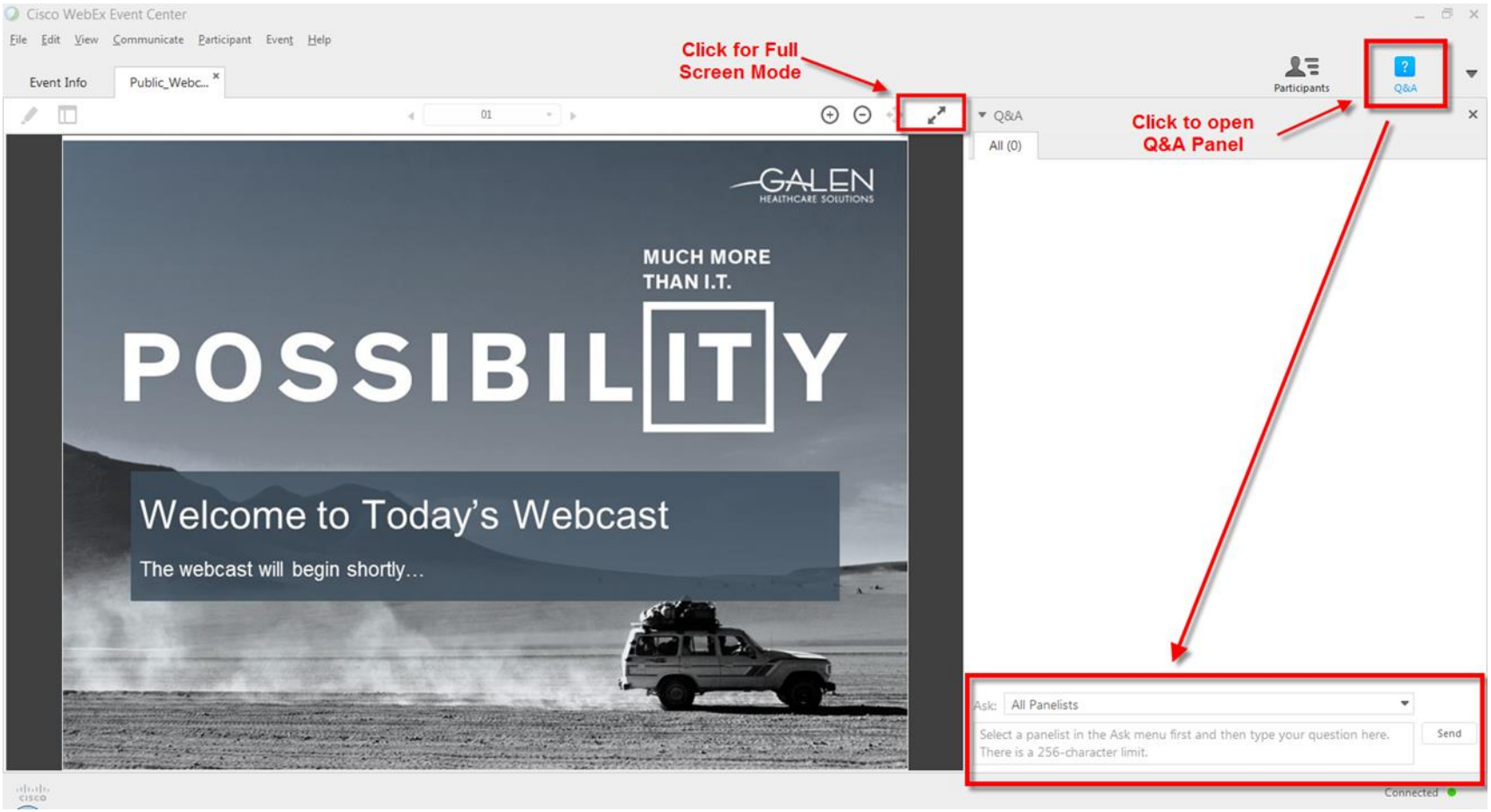
PCMH: PART 1
HOW TO START YOUR JOURNEY

Presenter

Christy Erickson, MSN, PMP, PCMH CCE

- Director, Clinical Transformation
- Over 10 years of Healthcare IT & Clinical Informatics experience
- Over 25 years of Nursing & Nurse Practitioner experience

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



Agenda

- PCMH Overview
- Supporting Evidence
- Organizational Readiness
- PCMH Deep Dive
- Pro's/Con's of Participation
- PCMH Roadmap

PCMH Overview

GALEN HEALTHCARE SOLUTIONS

What is PCMH?

- Patient Centered Medical Home
- Primary Care Program
- Emphasizes care coordination/management and team based care
- Triple aim

BEST IN KLAS 2015/2016

Why Reform? Sustainability

10,000 people/day will enter into Medicare for next 15 years

- U.S. Life Expectancy (2011) – 78.49 years
- U.S. Healthcare Expenditures
  - $8,508 per capita
  - 17.7% national GDP
- Other Countries
  - The next closest country spent 11.9% of its GDP on health care
  - OECD average - $3,322 per capita

Source: 2014 annual report of the Boards of Trustees of the Medicare trust funds, https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/ReportsTrustFunds/downloads/tr2014.pdf.

Certification/Recognition Programs

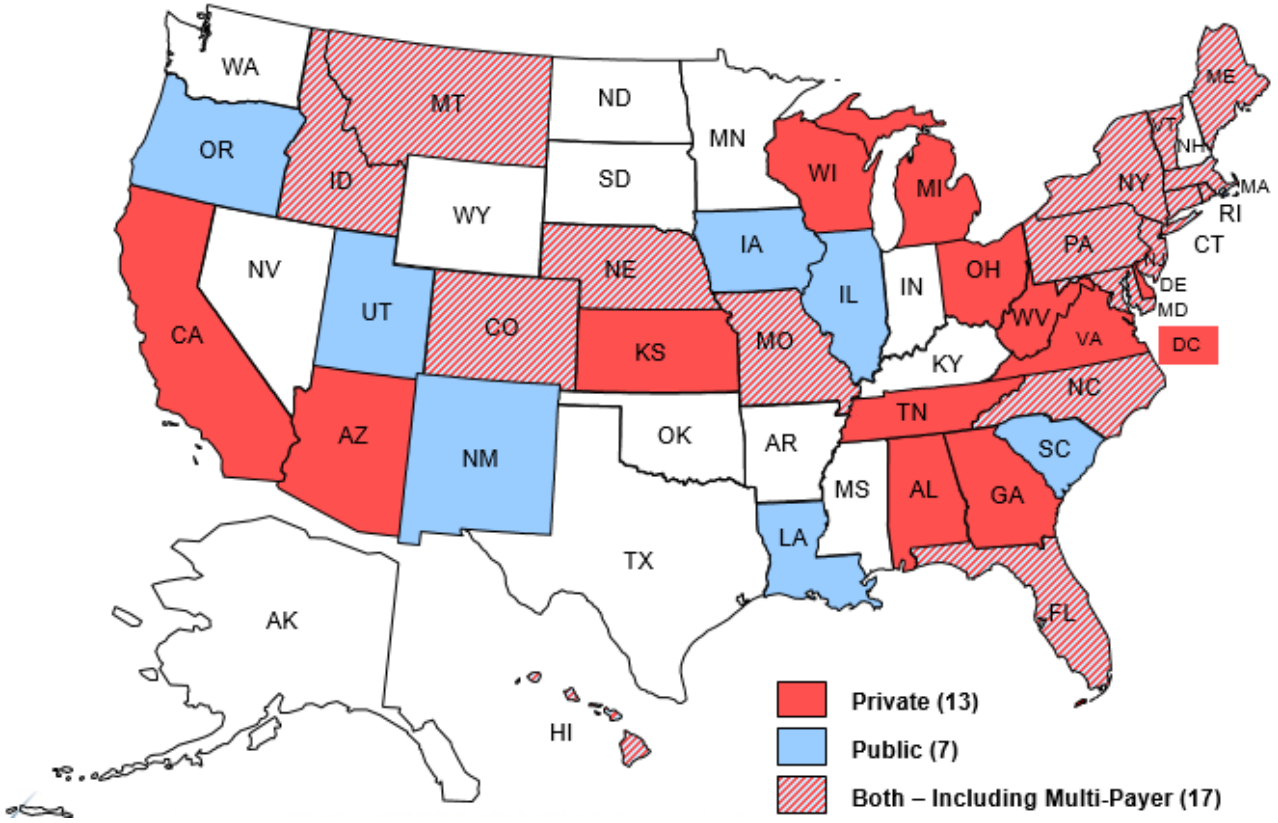
- National Committee for Quality Assurance (NCQA) Patient-Centered Medical Home (PCMH 2014) Recognition(www.ncqa.org)
- Accreditation Association for Ambulatory Health Care (AAAHC) Medical Home On-site Certification(www.aaahc.org)
- The Joint Commission (TJC) Designation for Your Primary Care Home(www.jointcommission.org)
- URAC Patient-Centered Medical Home Accreditation(www.urac.org)

PCMH Overview

GALEN HEALTHCARE SOLUTIONS

What is happening in your area?

https://www.pcpcc.org/initiatives



BEST IN KLAS 2015/2016

PCMH Overview

GALEN HEALTHCARE SOLUTIONS

What is happening in your area?

- Commercial and Government payers offer incentives to become recognized and higher payments to those organizations who have recognition.
  - For example, in NY for Medicaid FFS for Professional services can earn $20 to $30 more per claim. It will vary based on your state.

- Some states are beginning to **require** recognition status both commercial (7) and Medicaid payers (20), this is the beginning of the value based reform wave that is happening!

Thinking About PCMH?

Supporting Evidence

PCMH- Evidence

- What does the research suggest to date from those organizations that have gone down the PCMH path?

AND

- Why does evidence matter?

GALEN HEALTHCARE SOLUTIONS

PCMH- Evidence

- Lower inpatient admissions and re-admissions
- Improve patient clinical outcomes
- Reduction of ER visits
- Improved patient engagement and satisfaction
- Lower health care costs (chronic conditions)
- Increased Staff Satisfaction

BEST IN KLAS 2015/2016

STATS- Patient clinical outcomes

Goals outlined:

- 30% of traditional FFS would go to APM programs by end of 2016
- 50% of payments tied to APM programs by 2018
- Accountable Care Organizations represented 20% in 2014 and as of January 2016 is already at 30% ahead of the initial goals set!

Impact when we focus on quality versus quantity?

- 17% reduction of hospital acquired conditions
- $20 billions saved in costs

GALEN HEALTHCARE SOLUTIONS

Is your organization ready?

- Physician champion
- Motivation for changes
- Staff commitment
- Transformation services
- Technology is necessary
- Communication (ability to effectively communicate changes to patient)

National Committee for Quality Assurance (NCQA)

- Set of standards and “must pass” elements
- Application and survey tool completion
- 3 levels of recognition
  - Recognition status lasts for three years

Overview of 2014 NCQA PCMH Recognition Program

- 6 standards
- 27 elements
- 6 “must-pass” elements
- Scoring Levels:
  - Level 1: 35-59 points
  - Level 2: 60-84 points
  - Level 3: 85-100 points

Overview of 2014 NCQA PCMH Recognition Program

- Statement of the Standard
- Elements
- Factors
- Scoring
- Explanation
- Documentation

Overview of 2014 NCQA PCMH Recognition Program

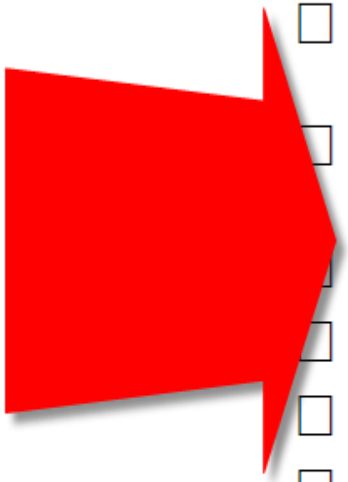
Rationale for Must Pass Elements

- Identifies key concepts of PCMH
- Helps focus Level 1 practices on most important aspects of PCMH
- Guides practices in PCMH evolution and continuous quality improvement
- Standardizes “Recognition”

Must Pass Elements

- 1A: Patient Centered Appointment Access
- 2D: The Practice Team
- 3D: Use of Data for Population Management
- 4B: Care Planning and Self-Care Support
- 5B: Referral Tracking and Follow-Up
- 6D: Implement Continuous Quality Improvement

Element A: Patient-Centered Appointment Access (MUST-PASS)	4.50 points	
The practice has a written process and defined standards for providing access to appointments, and regularly assesses its performance on:	Yes	No
1. Providing same-day appointments for routine and urgent care. (CRITICAL FACTOR)	☐	☐
2. Providing routine and urgent-care appointments outside regular business hours.	☐	☐
3. Providing alternative types of clinical encounters.	☐	☐
4. Availability of appointments.	☐	☐
5. Monitoring no-show rates.	☐	☐
6. Acting on identified opportunities to improve access.	☐	☐



Scoring

100%	75%	50%	25%	0%
The practice meets 5-6 factors (including factor 1)	The practice meets 3-4 factors (including factor 1)	The practice meets 2 factors (including factor 1)	The practice meets 1 factor (including factor 1)	The practice meets 0 factors

Documentation

*For all factors that require a **documented process** for staff, the documented process for staff includes a date of implementation or revision and has been in place for at least three months prior to submitting the PCMH 2014 Survey Tool.*

Factor 1: NCQA reviews a documented process for scheduling same-day appointments that includes defining their appointment types. NCQA reviews a report with at least five days of data, showing the availability and use of same-day appointments for both urgent and routine care.

Factor 2: NCQA reviews a documented process for staff to follow for arranging routine and urgent appointment access during extended hours with other practices or clinicians and provides a report showing extended hours availability or materials provided to patients demonstrating that the practice provides regular extended hours. NCQA reviews a report with at least five days of data, showing availability and use of appointments outside the normal hours of operation. A process for arranging extended hours access is not required if the practice site has regular extended hours.

Factor 3: NCQA reviews a documented process for arranging appointments for alternative types of encounters (e.g., telephone, group visits, video chat). NCQA reviews a report of encounter types and dates that includes frequency of scheduled alternative encounter types in a recent 30-calendar-day period.

Ad hoc telephone or e-mail exchanges do not meet the requirement.

Factor 4: NCQA reviews a documented process defining the practice's standards for timely appointment availability (e.g., within 14 calendar days for physicals, within 2 days for follow-up care, same day for urgent care needs) and for monitoring against the standards. NCQA reviews a report with at least five days of data showing **appointment wait times**, compared with defined standards.

Practice Eligibility

- ✓ *Outpatient Primary Care: Pediatrics, Internal Medicine, Family Medicine*
  - ✓ *Geographic location*
- ✓ *Practices that have systems/procedures that support administrative and clinical functions*
- ✓ *Provide 75% of care that is whole person, patient centered primary care*

Clinician Eligibility

- ✓ *Physicians*
- ✓ *Nurse Practitioners*
- ✓ *Physician Assistants*

- ✓ *Clinicians with the intent to serve as a primary care clinician for their patients*

Individual or Multiple Sites

- ✓ *3 or more sites applying for recognition*
- ✓ *3 or more months*
  - ✓ *sharing medical records between each site*
  - ✓ *operating under the same policies and procedures*

Pro's

Benefits of becoming a Medical Home:

- More organized and efficient workflow
- Lower costs
- Better revenue streams
- Better patient care
- Positive work environment

Con's

Challenges to becoming a Medical Home:

- Long, difficult change process
- Cost
- Lack of incentives to change the culture
- Gaining support from specialist, hospitals and other facilities in the health system

NCQA Roadmap

- Free training
- Application process
- Gap analysis of your practice site vs standards/guidelines

NCQA Roadmap – Download Standards

PCMH 2014 Content and Scoring
(6 standards/27 elements)

1: Enhance Access and Continuity	Pts
A. *Patient-Centered Appointment Access	**4.5**
B. 24/7 Access to Clinical Advice	3.5
C. Electronic Access	2
	10

2: Team-Based Care	Pts
A. Continuity	3
B. Medical Home Responsibilities	2.5
C. Culturally and Linguistically Appropriate Services (CLAS)	2.5
D. *The Practice Team	**4**
	12

3: Population Health Management	Pts
A. Patient Information	3
B. Clinical Data	4
C. Comprehensive Health Assessment	4
D. *Use Data for Population Management	**5**
E. Implement Evidence-Based Decision-Support	4
	20

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

4: Plan and Manage Care	Pts
A. Identify Patients for Care Management	4
B. *Care Planning and Self-Care Support	**4**
C. Medication Management	4
D. Use Electronic Prescribing	3
E. Support Self-Care and Shared Decision-Making	5
	20

5: Track and Coordinate Care	Pts
A. Test Tracking and Follow-Up	6
B. *Referral Tracking and Follow-Up	**6**
C. Coordinate Care Transitions	6
	18

6: Measure and Improve Performance	Pts
A. Measure Clinical Quality Performance	3
B. Measure Resource Use and Care Coordination	3
C. Measure Patient/Family Experience	4
D. *Implement Continuous Quality Improvement	**4**
E. Demonstrate Continuous Quality Improvement	3
F. Report Performance	3
G. Use Certified EHR Technology	0
	20

***Must Pass Elements**

References- How to Get Started

http://www.ncqa.org/Portals/0/Public%20Policy/2015%20PDFs/Attachment%204%20-%20HPA%20List%20of%20States_%20Medicaid_July2015_FINAL.pdf

http://www.ncqa.org/Programs/Recognition/Practices/PatientCenteredMedicalHomePCMH/BeforeLearnItPCMH.aspx

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

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Continue on THE JOURNEY

http://www.galenhealthcare.com/events/list/?tribe_event_display=past/

PCMH: Part 2 - Patient Centered Access & Team Based Care	4/29/16	Is your practice ready to provide alternative patient encounters and develop a care team model of patient care delivery? In Part 2 of our 4-Part PCMH series, we will provide an in-depth review of Standard 1- Patient Centered Access and Standard 2- Team Based Care. We'll dive into each element and the associated factor, presenting examples to adopt for your practice's transformation as a Primary Care Medical Home. Learn from our experts and experience to ensure your PCMH success!
PCMH: Part 3 - Identify At Risk Patient Populations and Make a Difference in Patient Healthcare Outcomes	5/13/16	Continue your PCMH journey with us in Part 3 of our 4-Part series when we take a deep dive into Standard 3- Population Health Management and Standard 4- Care Management and Support. We'll present tools and techniques to assist your organization in managing your patient population data and make an impact to the quality of care!
PCMH: Part 4 – Learn How to Start or Improve Your Quality Improvement Program	6/24/16	We wrap up our PCMH series with a deep dive into Standard 5-Care Coordination and Care Transitions and Standard 6- Performance Measurement and Quality Improvement. How are you handling referrals and transitions of care today? Do you need to make changes to optimize the process? We'll review care coordination elements and factors as well as the performance improvement standards, elements, and associated factors in this webinar to complete your practice's PCMH transformation!
Unlocking Note Data for Quality Reporting	8/3/16	Learn how Galen reporting analysts assist clients using Galen's Note Form Reporting Tool to be able to mine data in their notes to report for various quality incentive measures including PCMH, ACO, GPRO. We will go over a brief description of Note Form Reporting, along with a discussion of our reporting capabilities and client testimonials.

Thank you for joining us today.
To access the slides from today's presentation, please visit:

http://wiki.galenhealthcare.com/Category:Webcasts

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