



PATIENT-CENTERED MEDICAL HOMES - PCMH 1



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PCMH 1A

MUST-PASS

CRITICAL FACTOR = FACTOR 1

Patient-Centered Appointment Access *4.5 points*

The practice has a written process and defined standards for providing access to appointments, and regularly assesses its performance on:

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



PCMH 1A: DOCUMENTATION

- ◉ Factor 1: Documented Process and 5 **consecutive** day report of same day availability for urgent and routine care
- ◉ Factor 2: Documented process and **either a 5 day report showing availability of appts after hours or materials advertising the appts to patients. (NCQA Clarification - 10/26/15)**
- ◉ Factor 3: Documented Process and 30 calendar day report
- ◉ Factor 4: Documented process and 5 day report
- ◉ Factor 5: Documented process and 30 calendar day report
- ◉ Factor 6: Documented process and report

PCMH 1A CHALLENGES

Factor 3: Providing alternative types of clinical encounters

Challenge:

- ⦿ Identifying and/or having these types of encounters.
- ⦿ Reporting

Encounters must be scheduled and patients must be seen by a clinician during these visits. Remember - clinical care must be provided during the encounter.

Factor 4: Availability of appointments

- ⦿ Establishing standards for different types of appointments
- ⦿ Reporting ability to monitor adherence to standards

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DEPT/OPS AREA: Front Desk/Reception	POLICY NAME: PATIENT ACCESS AND AVAILABILITY	POLICY NUMBER: OP 601
EFFECTIVE (ORIGINAL) DATE: March 1, 2009		REVISED DATE(S): March 15, 2012
APPROVAL DATE(S): March 31, 2012	DATE(S) REVIEWED: February 16, 2012	APPROVED BY: Board of Directors as reflected in BOD Minutes (3/31/12)

APPLIES TO: ALL

POLICY STATEMENT: It is the policy of Corvette Community Clinic to be as flexible as possible in meeting appointment preferences and needs of new and established patients during office hours. Patients can access providers and care team members to address routine, urgent and emergent needs after normal business hours through the health center's extended hour offerings at all locations, telephone and through secure electronic messaging. The ability of patients to have access to clinical advice when the health center is closed reduces patient use of the emergency room, promotes continuity of care, and fosters patient-centeredness.

RESPONSIBILITY: The CCC Board of Directors (BOD) has the ultimate responsibility for the approval of this. The BOD delegates policy compliance to the COO. The COO delegates oversight of policy implementation to the Director of Administrative Services who delegates day to day management in compliance with this policy to the Front Desk Supervisor or delegate to ensure implementation of the standards outlined below.

KEY TERMS:

Clinical Advice: Advice is the giving of a formal professional opinion regarding what a specific individual should or should not do to restore or preserve health.

No Show: Appointment scheduled that are not kept by patients.

Factor 3

Alternative Clinical Encounters: Scheduled patient encounters using a mode of real-time communication other than a traditional one-on-one-in-person office visit. These include but may not be limited to scheduled e-visit, telephone visit, group visit, and secure messaging.

IMPLEMENTATION:

Same Day Access: Patients can access CCC physicians and the care team for routine and urgent care needs by office visit, by telephone and through secure electronic messaging. CCC reserves "open slots" in each clinical session to preserve capacity to accommodate same day access needs (triage) and preferences. Although CCC has a schedule for routine/preventive appointments, patients do have open access and may request a same day appointment.

Standard 1A4: Appointment Availability

Report timeframe: 5 days 5/1/15 - 5/5/15

Standard 1: Patient-Centered Access

*Element A: Patient-Centered Appointment Access
(MUST-PASS)*

Factor 4: Availability of appointments

Appointment Type	Availability Standard (in calendar days)	Standard for percent of appointments meeting the Availability Standard	Percent of appointments provided meeting your practice's standard (5-day total)
Same-day Routine	0	75%	100%
Same-day Urgent			
Routine	7	80%	100%
Hospital Follow-up	14	85%	100%
New Patient	14	75%	100%

PCMH 1B

CRITICAL FACTOR = FACTOR 2

24/7 Access to Clinical Advice 3.5 points

The practice has a written process and defined standards for providing access to clinical advice and continuity of medical record information at all times, and regularly assesses its performance on:

1. Providing continuity of medical record information for care and advice when the office is closed
2. Providing timely clinical advice by telephone
Critical Factor
3. Providing timely clinical advice using a secure, interactive electronic system
4. Documenting clinical advice in patient records



PCMH 1B: DOCUMENTATION

- ◉ Factor 1: Documented process
- ◉ Factor 2: Documented process and 7 calendar day report
- ◉ Factor 3: Documented process and 7 calendar day report
- ◉ Factor 4: Documented process and 3 examples.

PCMH 1B CHALLENGES

Factor 2: Providing timely clinical advice by telephone

Challenge:

- Monitoring and reporting after hours adherence to timeliness standards

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After-Hours Access:

1. At all times when the health center is closed phone lines are transferred to a contracted answering service vendor. Health Center providers provide the professional after-hours coverage and are responsible for ensuring the contracted vendor has current provider call schedules and current contact information.
2. When life-threatening emergency situations are identified patients are instructed to call 911 or go to the nearest emergency room. The answering service and/or the provider on call make reasonable attempts to find out which hospital the patient is being transported to so a call may be placed to the facility, when appropriate, and notification of the emergency situation and disposition is made to their personal clinician the following day.
3. Non-life threatening situations: Calls received by the answering service that are determined appropriate for a provider call back using triage criteria and decision-support tools are immediately forwarded to the provider on call. Calls placed to the provider include patient demographic (name, date of birth, telephone number), personal clinician, and clinical symptom information that is necessary to locate the patient's electronic health record for review.
4. Providers are expected to contact patients within twenty (20) minutes of receiving the call and provide clinical advice as needed. On call providers have access to the electronic medical record for accessing important clinical information. Clinical advice provided is documented in the clinical record at the time of the call.
5. The answering service records the time each call is received, the time the call is closed, and the disposition of the call (e.g., instructed to go the ER or time the provider was contacted, etc). Each morning, a list of all after-hours calls is faxed to the health center by the answering service provider for follow-up by health center staff, when appropriate. Assigned nurses in each of the health centers medical areas (e.g., Family and Internal Medicine, Pediatrics, OB/GYN) conduct follow-up calls within 1 business day. The nursing staff document in the clinical record the reason for the call, the outcome of the call and clinical advice provided, when given. .

Telephone Response Timeliness Standards:

← 1B Factor 2 and 4

- Clinical staff returns calls to patients for clinical advice within 24 hours of the call.
- During office hours urgent calls are returned by the triage clinician within 1 hour and after hours calls are returned within 1 hour by the on call provider. This will allow our patients to have available clinician support 24 hours a day, 7 days a week.
- Medicine refills and paperwork requests are forwarded to the responsible provider/staff within 1 business day.
- Time of call, patient complaint, and advice given is documented in the EHR and sent to the PCP.

Monitoring Clinical Advice Timeliness - During and After Office Hours

Location:	Enter Location Name									
Reporting Period:	Enter Reporting Period <i>(Must be at least 7 calendar days to satisfy PCMH 1B factors 2 and 3)</i>									
Last Name	First Name	Date of Patient Access Request	Time Received	Initiated Via: <i>(Phone, Secure Messaging)</i>	After Hours (Y/N)	Date Responded	Time of Response	Timeliness Standard Met (Y/N)	Clinical Advice Provided (Y/N)	Clinical Advice Documented in Record (Y/N/NA)
<i>Examples</i>										
McQueen	Speed	11/1/2012	3:00 PM	Phone	N	11/1/2012	3:30 PM	Y	Y	Y
Mater	IM	11/1/2012	8:30 PM	Secure Messaging	Y	11/2/2012	4:30 PM	Y	N	NA

PCMH 1C

Electronic Access 2 points

The following information and services are provided to patients/families/caregivers, as specified, through a secure electronic system.

1. More than 50 percent of patients have online access to their health information within four business days of when the information is available to the practice+
2. More than 5 percent of patient *must view as well as have the capability to download their health information* + (NCQA Clarification - November 2014)
3. Clinical summaries are provided within 1 business day(s) for more than 50 percent of office visits+
4. A secure message was sent *by* more than 5 percent of patients+ (NCQA Clarification-November 2014)
5. Patients have two-way communication with the practice
6. Patients can request appointments, prescription refills, referrals and test results.

+Stage 2 Core Meaningful Use Requirement



PCMH 1C: DOCUMENTATION

- Factors 1-4: At least a 3 month report with percentage results
- Factors 5 and 6: Screenshot demonstrating capability



PCMH 1C CHALLENGES

- ⦿ Patient engagement/willingness to use patient portal.
- ⦿ Attestation to Stage 2 MU portal utilization threshold.

NOTE: A change: NCQA will accept one example of capability or use to satisfy the requirements for Factors 2 and 4.

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PCMH 1C: Electronic Access

Factors 5, 6

Two-Way Communication from Send a Message Button

Compose Email

To:

Please select a provider

Subject:

Body:

Characters used: 0 / 1000

Note: You must provide the url of the site or portal with your documentation.

Send

Cancel

Request an Appointment from Schedule an Appointment Button

Schedule an Appointment

Appointment With

Organization
Physician Services

Provider
Please select a provider

Appointment Type
Request an Appointment

Reason For Appointment

Characters used: 0 / 250

Appointments may or may not be available within the time slots you have provided.

When Do You Want An Appointment?

First Available

Mon Tues Wed Thurs Fri

Anytime

Add This Time Slot

Please select a day to add time slots.

Comments

Characters used: 0 / 250

Submit

Cancel

QUESTIONS?



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