

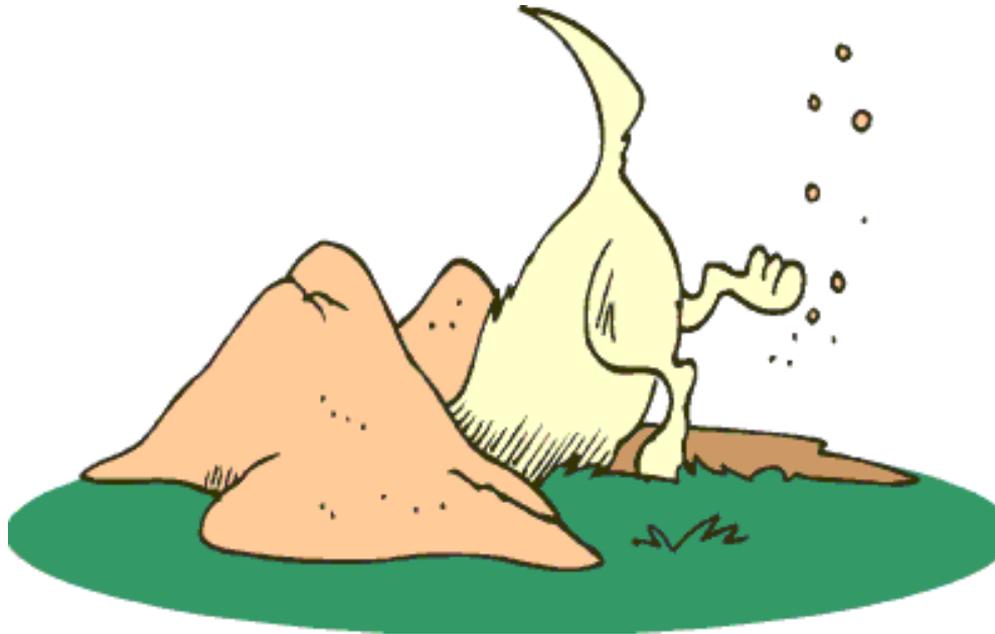


PATIENT-CENTERED MEDICAL HOMES - PCMH 6 REVIEWED



Candace J. Chitty
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DIGGING INTO NCQA'S 2014 PCMH STANDARD 6 PERFORMANCE MEASUREMENT AND QUALITY IMPROVEMENT



PCMH 6A

RENEWAL SURVEYS: NCQA REVIEWS REPORTS SHOWING THE PRACTICE HAS MEASURED AT LEAST ANNUALLY FOR TWO YEARS

Measure Clinical Quality Performance *3 points*

At least annually, the practice measures or receives data on:

1. At least two immunization measures
2. At least two other preventive care measures
At least three chronic or acute care clinical measures
3. Performance data stratified for vulnerable populations (to assess disparities in care).

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PCMH 6A: DOCUMENTATION

Factors 1-4: Reports or NCQA HSRP or DRP Recognition (Factor 3 only)

Multi-Site: Practice must provide a report with data specified for each individual site in the corporate tool.

Renewals: The practice provides reports showing it has measured annually for two years (current and previous year). If site is an existing Level 2 or 3 the practice can attest. If a practice is unable to evidence data annually for two years the practice must submit as an initial applicant and may not use the streamlined renewal process.

This is an attestation element

This is corporate survey eligible

PCMH 6A CONSIDERATIONS

Factors 1 and 2: Preventive measures must encompass a practice's entire population and not be limited to patients with chronic conditions.

Factor 4: Practices select a vulnerable population for measurement using fields that are available in their practice system.

Practices may use categories such as race, age, ethnicity, language needs, education, income, type of insurance, disability or health status to identify specific populations that may experience disparities in care.

PCMH 6A

PCMH 6A 1-4 and 6B 1-2		National 90th Percentile Benchmark	FY 15 Goal	Frequency	FY14		
					4th Q		
					%	Num	Den
Preventive Health ←		PCMH 6A Factor 1					
NQF 0031	Breast Cancer Screening	82%	48%	Quarterly	43%	602	1,410
NQF 0034	Colorectal Cancer Screening	76%	36%	Quarterly	26%	1,087	4,236
Immunizations ←		PCMH 6A Factor 2					
NQF 0043	Pneumonia Vaccination Status for Older Adults	82%	37%	Quarterly	27%	774	2,891
NQF 0041	Influenza Immunization	80%	31%	Quarterly	21%	1,259	5,859
PCMH A Factor 4 →	0-17	80%	26%	Quarterly	16%	107	660
	18-64	59%	25%	Quarterly	15%	481	3,201
	65 & up	83%	44%	Quarterly	34%	671	1,998
Chronic Condition Management ←		PCMH 6A Factor 3					
NQF 0018	Controlling High Blood Pressure	75%	44%	Quarterly	39%	1,402	3,596
NQF 0059	Diabetes Hemoglobin A1C Poor Control	10%	5%	Quarterly	6%	89	1,474
NQF 0062	Diabetes Urine Protein Screening	94%	85%	Quarterly	80%	1,175	1,474
NQF 0064	Diabetes Low Density Lipoprotein Management	94%	29%	Quarterly	19%	276	1,474
Utilization of Services ←		PCMH 6B Factor 2					
NQF 0052	Imaging Lower Back Pain	85%	72%	Quarterly	67%	44	66
NQF 0069	Approp Tx for Children with Upper Resp Infection	93%	86%	Quarterly	81%	352	434
Care Coordination ←		PCMH 6B Factor 1					
NQF 0419	Documentation of Current Meds in the Medical Record	100%	99%	Quarterly	96%	10,538	10,989
CMS 50	Closing the Referral Loop Receipt of Specialist Report	80%	25%	Quarterly	0%	0	145

PCMH 6B

RENEWAL SURVEYS: NCQA REVIEWS REPORTS SHOWING THE PRACTICE HAS MEASURED AT LEAST ANNUALLY FOR TWO YEARS FOR FACTOR 2 ONLY

Measure Resource Use and Care Coordination *3 points*

At least annually, the practice measures or receives quantitative data on:

1. At least two measures related to care coordination
2. At least two measures affecting health care costs

NOTE: *Renewing practices that did not previously report utilization measures may provide one report of data from within the 12 months prior to survey submission Include an explanation for the reviewer in the survey tool.*



PCMH 6B: DOCUMENTATION

Factors 1-2: Reports

Multi-Site: Practice must provide a report with data specified for each individual site in the corporate tool.

Renewals: The practice provides reports showing it has measured annually for two years (current and previous year). If site is an existing Level 2 or 3 the practice can attest. If a practice is unable to evidence data annually for two years the practice must submit as an initial applicant and may not use the streamlined renewal process.

This is a documentation element.

This is corporate survey eligible.

PCMH 6B CONSIDERATIONS

Factors 1: Practices may submit MU reports for **medication reconciliation** (Stage 2 Core Objective #14 or Modified Stage 2 Objective 7) and **summary care records** (Stage 2 Core Objective #15 or Modified Stage 2 Objective 5) as documentation for factor 1, which would demonstrate two measures of care coordination.

Example: Using Mammography. NCQA wants to evaluate gaps in communication or coordination between members of the care team (providers and patients). Measuring the practice's mammography rates does not meet the intent of a care coordination measure, but measuring timely receipt of results of a referral meets the intent.

Factor 2: No show rates are not accepted. Common examples: Referrals to specialists, hospital readmission rates, ED visit rates, brand vs. generic prescribing.



PCMH 6A 1-4 and 6B 1-2		National 90th Percentile Benchmark	FY 15 Goal	Frequency	FY14		
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PCMH 6B

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PCMH 6C

RENEWAL SURVEYS: NCQA REVIEWS REPORTS SHOWING THE PRACTICE HAS MEASURED AT LEAST ANNUALLY FOR TWO YEARS

Measure Patient/Family Experience *4 points*

At least annually, the practice obtains feedback from patients/families on their experiences with the practice and their care.

1. The practice conducts a survey (using any instrument) to evaluate patient/family experiences on at least three of the following categories:
 - Access
 - Communication
 - Coordination
 - Whole person care/self-management support
2. The practice uses the PCMH version of the CAHPS Clinician & Group Survey Tool
3. The practice obtains feedback on experiences of vulnerable patient groups
4. The practice obtains feedback from patients/families through qualitative means

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PCMH 6C: DOCUMENTATION

Factors 1-4: Reports with summarized results

Multi-Site: Practice must provide a report with data specified for each individual site in the corporate tool.

Renewals: The practice provides reports showing it has measured annually for two years (current and previous year). If site is an existing Level 2 or 3 the practice can attest. If a practice is unable to evidence data annually for two years the practice must submit as an initial applicant and may not use the streamlined renewal process.

This is an attestation element.

This is corporate survey eligible.

PCMH 6C CONSIDERATIONS

If this element is selected for the Multi-site Corporate Survey Tool, practice sites must provide a report with data specified for each individual site in the corporate tool. Practice sites can share the same goals and actions taken by the organization for factors 1-3, however the re-measurement and performance reporting must be at the site level.

Factor 2: CAHPS CG meets the requirement for factor 2. Practices may use CAHPS PCMH, CAHPS CG or another standardized, non-proprietary survey administered through measurement initiatives that provides benchmark analysis external to the practice; practices must administer the entire approved standardized survey to receive credit.

Factor 4: Comment sections or “free text” questions on a patient experience survey or patient comments do not meet the requirement as a method of collecting qualitative feedback from patients and their families.



Category	April 2013 Patient Experience Survey	Goal	
Ease of Getting Care			
Access	Able to get appointment for checkups	> 85%	96%
Access	Able to make same day appointment	> 85%	90%
Access	Health center hours work for me	> 85%	96%
Access	Phone calls get through easily	> 85%	90%
Access	I get called back quickly	> 85%	85%
Access	Able to get medical advise when the clinic is closed	> 85%	79%
Access	Length of time waiting at the clinic	> 85%	77%
Facility			
Access	Easy to find clinic	> 85%	97%
Facility	Lobby and waiting room is comfortable and clean	> 85%	97%
Facility	Exam room was comfortable and clean	> 85%	99%
Access	Handicap accessibility	> 85%	98%
Front Desk			
Communication	Friendly and helpful	> 90%	99%
Nurses and Medical Assistants			
Communication	Listens to you	> 90%	99%
Communication	Friendly and helpful to you	> 90%	99%
Communication	Answers your questions	> 90%	99%
Providers			
Communication	Listens to you	> 90%	97%
Communication	Spends enough time with you	> 90%	98%
Communication	Answers your questions	> 90%	99%
Communication	Friendly and helpful to you	> 90%	99%
Communication	Gives you information you can understand	> 90%	98%
Communication	Considers your personal and family beliefs	> 90%	99%
Coordination of Care	Involves other doctors and caregivers in your care when needed	> 90%	99%
Communication	Gives you good advice and treatment	> 90%	99%



PCMH 6D

MUST-PASS

Implement Continuous Quality Improvement *4 points*

The practice uses an ongoing quality improvement process to:

1. Set goals and analyze at least three clinical quality measures from Element A
2. Act to improve at least three clinical quality measures from Element A
3. Set goals and analyze at least one measure from Element B
4. Act to improve at least one measure from Element B
5. Set goals and analyze at least one patient experience measure from Element C
6. Act to improve at least one patient experience measure from Element C
7. Set goals and address at least one identified disparity in care/service for identified vulnerable population.



PCMH 6D: DOCUMENTATION

- Factors 1-7: Report showing how practice meets each factor or completion of the PCMH Quality Measurement and Improvement Worksheet or may use a different format as long as all components are included.

This is a site-specific documentation element only.



PCMH 6D CONSIDERATIONS

NCQA has created a new QI worksheet. Practices may use the old format, the new format, or something of their own.

Performance goals must be quantified (e.g., number or percentage signifying a specific performance level. Goals that state, “improve performance” is not accepted.

Factor 5: It is up to the practice to determine the area of patient experience on which it would like to focus quality improvement efforts. This may be improvement of the results of a specific question on a survey, a section of a survey or the entire survey.



PCMH 6D and 6E

NCQA's Patient-Centered Medical Home (PCMH) 2014 Quality Measurement and Improvement Worksheet

A. Measure	B. Opportunity Identified	C. Initial Performance/ Measurement Period <i>PCMH 6 Elements A/B/C</i>	D. Performance Goal <i>PCMH 6 Element D</i>	E. Action Taken/Date of Implementation <i>PCMH 6 Element D</i>	F. Performance at Remeasurement <i>PCMH 6 Element E</i>	G. Demonstrated Improvement <i>PCMH 6 Element E</i>
Performance Measures (Identified in 6A and 6B)						
Breast Cancer Screening	Uninsured patients receive less mammograms than insured patients	01/09-01/10: 25% of uninsured women receive mammograms	50% of uninsured women receive mammograms	2/10: Identified community resources for free or low-cost mammograms and shared with uninsured patients	01/10-01/11: 40% of uninsured women receive mammograms	During a one year measurement period from Jan 2009 to Jan 2010, there was a 30 percentage point difference in screening rates between insured and uninsured women. After compiling a list of community resources and sharing the information with our uninsured population, we saw a 15 percentage point increase in the number of uninsured women receiving mammograms during the re-measurement period of Jan 2010 to Jan 2011.
ED Utilization	Specific population identified as high utilizer (3 or more per year)resulting in higher cost	50% of ED visits by patients are by high utilization population (2009-2010)	30% of ED visits are by the high utilization population	After all ED visits for patients on one care team, RNs called the patient to assess why they visited the ED, and to arrange for follow up care. At the follow up visit the RN developed an "Urgent Plan of Care" along with the patient. The UPOC identifies team members at the health center and how they may assist the patient in lieu of ED, when to call the office, and when to go directly to the ED.	January-June 2011 39% of ED visits were by the high utilization population July 2011-May 2012 this rate decreased to 25%	From 2010 ED use by high utilizing population decreased as measured by percent of ED visits by high utilization population. The rates decreased significantly after implementation of the ED follow up calls, and the Urgent Plan of Care process.

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PCMH 6E

Demonstrate Continuous Quality Improvement *3 points*

The practice demonstrates-continuous quality improvement by:

1. Measuring the effectiveness of the actions it takes to improve the measures selected in Element D
2. Achieving improved performance on at least two clinical quality measures
3. Achieving improved performance on one utilization or care coordination measure
4. Achieving improved performance on at least one patient experience measure



PCMH 6E: DOCUMENTATION

- Factors 1-4: Report showing how practice meets each factor or completion of the PCMH Quality Measurement and Improvement Worksheet

This is a site specific documentation element only.



PCMH 6E CONSIDERATIONS

NCQA has created a new QI worksheet. Practices may use the old format, the new format, or something of their own.

NCQA does not specify a time period for remeasurement, but it must be long enough for the practice to implement a performance improvement plan and to assess results.

Factor 1: Assessing effectiveness of improvement actions includes remeasurement to compare results over time and evaluation of what is driving change. Results may be quantitative (numerical data that demonstrate performance and can be compared to benchmarks) or qualitative (conceptual data that describe why performance is high or low), but practices must look at the goals set, actions taken to improve and previous or baseline results.



PCMH 6D and 6E

NCQA's Patient-Centered Medical Home (PCMH) 2014 Quality Measurement and Improvement Worksheet

A. Measure	B. Opportunity Identified	C. Initial Performance/ Measurement Period <i>PCMH 6 Elements A/B/C</i>	D. Performance Goal <i>PCMH 6 Element D</i>	E. Action Taken/Date of Implementation <i>PCMH 6 Element D</i>	F. Performance at Remeasurement <i>PCMH 6 Element E</i>	G. Demonstrated Improvement <i>PCMH 6 Element E</i>
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PCMH 6F

Report Performance *3 points*

The practice produces performance data reports using measures from **Elements A, B and C** and shares:

1. Individual clinician performance results with the practice
2. Practice-level performance results with the practice
3. Individual clinician or practice-level performance results publicly
4. Individual clinician or practice-level performance results with patients

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PCMH 6F: DOCUMENTATION

- Factor 1: Reports to clinicians and practice staff showing individual clinician performance and describing how shared for at least one measure from PCMH 6A, 6B, and 6C.
- Factor 2: Reports showing practice level results and describing how shared for at least one measure from PCMH 6A, 6B, and 6C.
- Factor 3: Example of performance report provided to the public for at least one measure from PCMH 6A, 6B, and 6C.
- Factor 4: Example of performance report provided to the public for at least one measure from PCMH 6A, 6B, and 6C.

This is an attestation element.

This is a corporate survey eligible element.



PCMH 6F CONSIDERATIONS

Factor 1: Practices no longer have to provide clinician-level patient experience results (PCMH 6C) but must provide evidence of sharing clinical quality (PCMH 6A) and care coordination (PCMH 6B) at the clinician level

Factor 3: The practice reports site-specific or clinician data on its Web site, or data are made public by a health plan or other entity.
Example: UDS health center data website.

Factor 4: The practice reports site-specific or clinician performance results to patients, or makes results available to patients. The practice may use patient communications (e.g., letter, e-mail, mass mailing) to notify patients that the information is available publicly.

	Clinic	Provider	1 st Q			2 Q			3Q			4Q			YTD	Goal
Preventative Care Measures																
<i>Breast CA Screening: PQRS#112/NQF 0031 = % of women aged 40-69 who had a mammogram to screen for breast cancer within 24 months</i>															Denominator: Women 40-69 who have had at least 1 face to face visit	
			838	1115	75.2%	804	1136	70.8%	491	683	71.9%				73.0%	> 60%
Site Level Result			348	413	84.3%	315	407	77.4%	204	271	75.3%				80.8%	
	4 Providers Results listed in these rows		55	69	79.7%	48	65	73.8%	27	34	79.4%				76.8%	
			104	126	82.5%	82	102	80.4%	63	83	75.9%				81.5%	
			97	114	85.1%	93	116	80.2%	61	79	77.2%				82.6%	
			92	114	80.7%	92	124	74.2%	53	75	70.7%				77.4%	
Site Level Result			245	325	75.4%	239	327	73.1%	173	230	75.2%				74.2%	
	2 Providers Results listed in these rows		126	172	73.3%	120	166	72.3%	93	121	76.9%				72.8%	
			119	153	77.8%	119	161	73.9%	80	109	73.4%				75.8%	
Site Level Result			150	245	61.2%	154	263	58.6%	114	182	62.6%				59.9%	
	2 Providers Results listed		58	103	56.3%	64	117	54.7%	49	89	55.1%				55.5%	
			92	142	64.8%	90	146	61.6%	65	93	69.9%				63.2%	

PCMH 6F Factor 1 and Factor 2 Evidence from PCMH 6A



	2012	2013	2014
Patients			
Medical Conditions (% of patients with medical conditions)			
Hypertension ³	20.3%	22.3%	20.6%
Diabetes ⁴	9.4%	10.1%	9.7%
Asthma	3.3%	3.7%	3.7%
HIV	0.0%	0.0%	0.0%
Prenatal			
Prenatal Patients	-	-	10
Prenatal patients who delivered	-	-	1

	2012	2013	2014	Adjusted Quartile Ranking ⁶	
				2013	2014
http://www.bphc.hrsa.gov/uds/datacenter					

Quality of Care Measures					
Perinatal Health					
Access to Prenatal Care (First Prenatal Visit in 1 st Trimester)	-	-	90.0%	-	-
Low Birth Weight	-	-	0.0%	-	-
Preventive Health Screening & Services					
Cervical Cancer Screening	39.4%	34.1%	21.5%	4	4
Adolescent Weight Screening and Follow Up	24.3%	2.2%	27.1%	4	4

PCMH 6G

Element 6G: Use Certified EHR Technology

Not Scored

The practice uses a certified EHR system

1. The practice uses an EHR system (or modules) that has been certified and issued a CMS certification ID+++
2. The practice to conducts a security risk analysis of its EHR system (or modules), implements security updates as necessary and corrects identified security deficiencies+
3. The practice demonstrates the capability to submit electronic syndromic surveillance data to public health agencies electronically++
4. The practice demonstrates the capability to identify and report cancer cases to a public health central cancer registry electronically++
5. The practice demonstrates the capability to identify and report specific cases to a specialized registry (other than a cancer registry) electronically ++

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PCMH 6G

Use Certified EHR Technology

Not Scored Responses are by attestation only

The practice uses a certified EHR system

6. The practice reports clinical quality measures to Medicare or Medicaid agency, as required for Meaningful Use+++
7. The practice demonstrates the capability to submit data to immunization registries or immunization information systems electronically +
8. The practice has access to a health information exchange.
9. The practice has bidirectional exchange with a health information exchange
10. The practice generates lists of patients, and based on their preferred method of communication, proactively reminds more than 10 percent of patients/families/caregivers about needed preventive/follow-up care+

+ Stage 2 Core Meaningful Use Requirement

++ Stage 2 Menu Meaningful Use Requirement

+++ CMS Meaningful Use Requirement

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PCMH 6G CONSIDERATIONS

Factors 1, 8 and 9 require comments in the Support Text/Notes box of the Survey Tool.

Factors 4, 5, and 7 require comments in the Support Text/Notes box of the Survey Tool if NA is selected.

This element is for data collection purposes only and will not be scored.

QUESTIONS?



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