

# **NACHC/NCQA PCMH Technical Assistance Part 1**

March 19, 2020

# THE NACHC MISSION

## America's Voice for Community Health Care

The National Association of Community Health Centers (NACHC) was founded in 1971 to promote efficient, high quality, comprehensive health care that is accessible, culturally and linguistically competent, community directed, and patient centered for all.



**This webinar was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$6,375,000 with 0 percentage financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit [HRSA.gov](https://www.hrsa.gov).**



# About NCQA

# What we do, and why

## OUR MISSION

*To improve the quality of health care*

## OUR METHOD

- *Measurement*

- We can't improve what we don't measure

- *Transparency*

- We show how we measure so measurement will be accepted

- *Accountability*

- Once we measure, we can expect and track progress

# Recognition Programs

*Identifies providers and practices delivering superior care*



**>82,000**  
clinicians at



**>14,000**  
practice sites





*The Evidence*

PCMH ROI

## Key Issues Drive High Costs & Poor Performance

### *Drivers of a Fragmented, Reactive and Costly US Healthcare System*

Volume vs. Value

Disease-Focus

Fragmentation

Limited Transparency

Underinvestment in Primary Care



# Evidence on PCMHs & Disparities

- \$56.50 more Medicaid spending on non-Medical supports

- \$4,145 savings per patient year on high-risk patient psychiatric care

- Lower gaps in care & patient satisfaction for low-income patients

- Fewer patient-reported access problems due to cost

- Increased preventive care for at-risk Hispanic & foreign-born teens

- Income-related breast cancer screening disparities cut from 6% to 3%

# Health Centers Well-placed to Achieve Recognition

- PCMH Model already “baked in” to health center design:
  - Team-based approach to care
  - Highly sophisticated QI programs
  - Assessment of population characteristics
  - Alignment of care and population needs
  - Reporting to outside agencies at federal & state levels



*PCMH*

# Standards Overview & Scoring

# PCMH Standards

## *Concepts*



### *Team-Based Care and Practice Organization*

- Practice leadership
- Care team responsibilities
- Orientation of patients/families/caregivers



### *Knowing and Managing Your Patients*

- Data collection
- Medication reconciliation
- Evidence-based clinical decision support
- Connection with community resources



### *Patient-Centered Access and Continuity*

- Access to practice and clinical advice
- Care continuity
- Empanelment

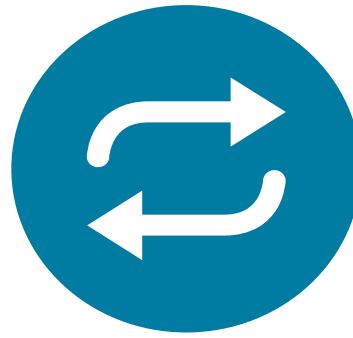
# PCMH Standards

## *Concepts*



### *Care Management and Support*

- Identifying patients for care management
- Person-centered care plan development



### *Care Coordination and Care Transitions*

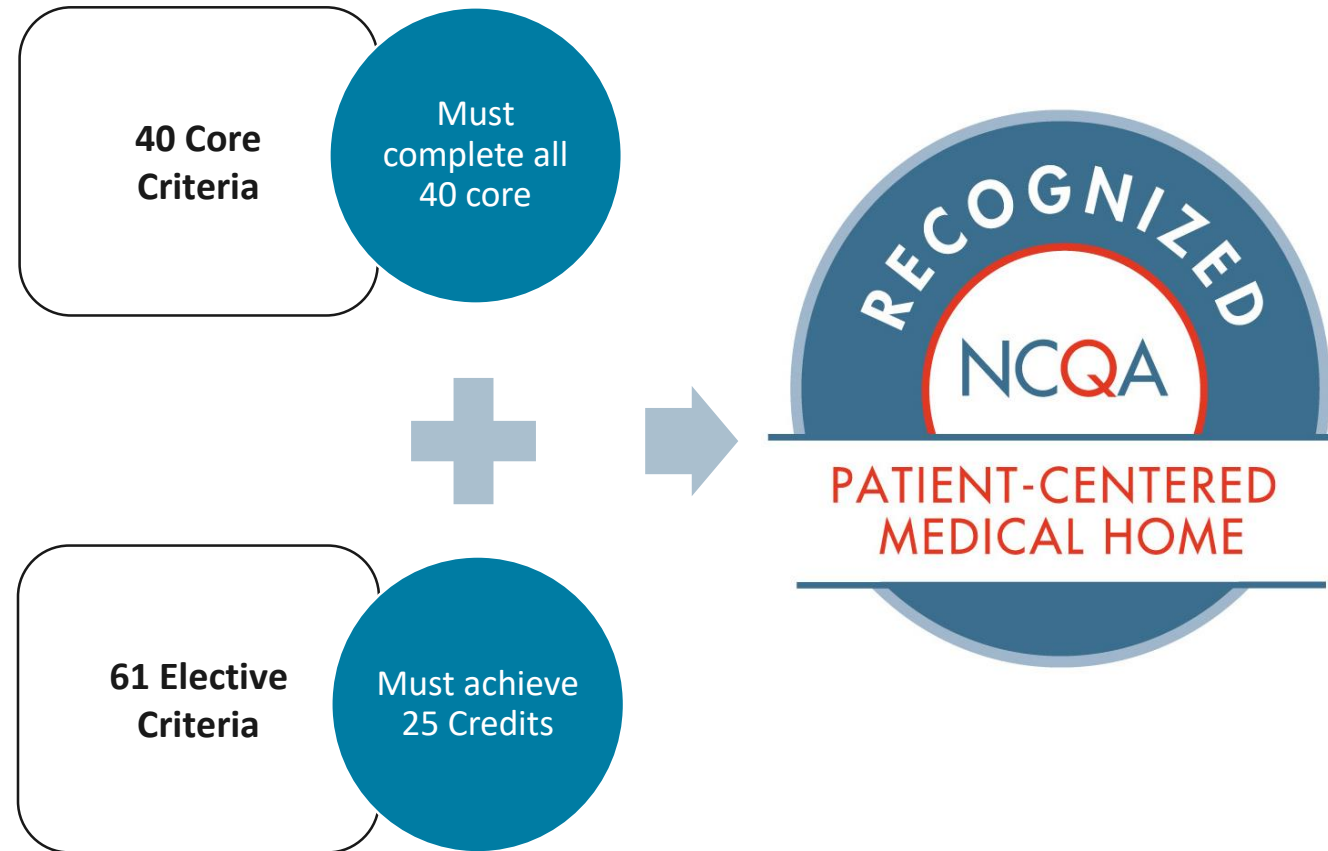
- Management of lab/imaging results
- Tracking and managing patient referrals
- Care transitions



### *Performance Measurement & Quality Improvement*

- Collecting and analyzing performance data
- Setting goals
- Improving practice performance
- Sharing practice performance data

# PCMH Recognition Scoring





# Recognition Process

Q-PASS

# Recognition Process

*3 Pathways*



*New  
Customer*

Full Transform  
Process

***New Access Points***



*Recognized  
PCMH 2011 Levels 1-3 &  
PCMH 2014 Levels 1-2*

Accelerated Renewal  
Process (Transform w/  
Attestation)



*Recognized PCMH  
2014 Level 3*

Bypass Transform  
Direct to Sustaining  
Process



# New Customers

## *Transform Steps*

Submit Notice of  
Intent/Receive HRSA  
Approval

Complete Eligibility/Readiness  
Survey

- Discover Educational Resources

Create Q-PASS Account(s)

- Enroll Sites

- Meet with NCQA Representative

- Provide Evidence during Review

# Completing Enrollment

**NCQA will assign a representative to the practice**

**The practice should then address:**

- **Transfer credit**

- Pre-validated vendors & programs
  - Choose vendor/org with existing auto-credit
  - Vendor/org supplies implementation letter confirming eligibility or participation
  - Criteria set as “Met” after confirmation by Representative

- **Shared credit**

- Organizations with multiple sites
- Share evidence/credit for criteria done the same
- Create sub-groups if share different electronic system/processes

New Access Points part of  
Centers with Existing  
Recognitions

# Multi-Site Process



- **Organizations with 3+ sites**
- **Shared electronic system**, processes and evidence across sites
- **Identify shared criteria** from “sharable list”
- Identify primary site
  - Full review only for this site
  - Shared criteria auto-populate in subsequent sites

# Transform “Check-in” process

*Up to 3 “Check-ins” During Review*



## *Determine Criteria to Address*

- Focus on core & documented processes first
- Identify criteria for 25 elective credits



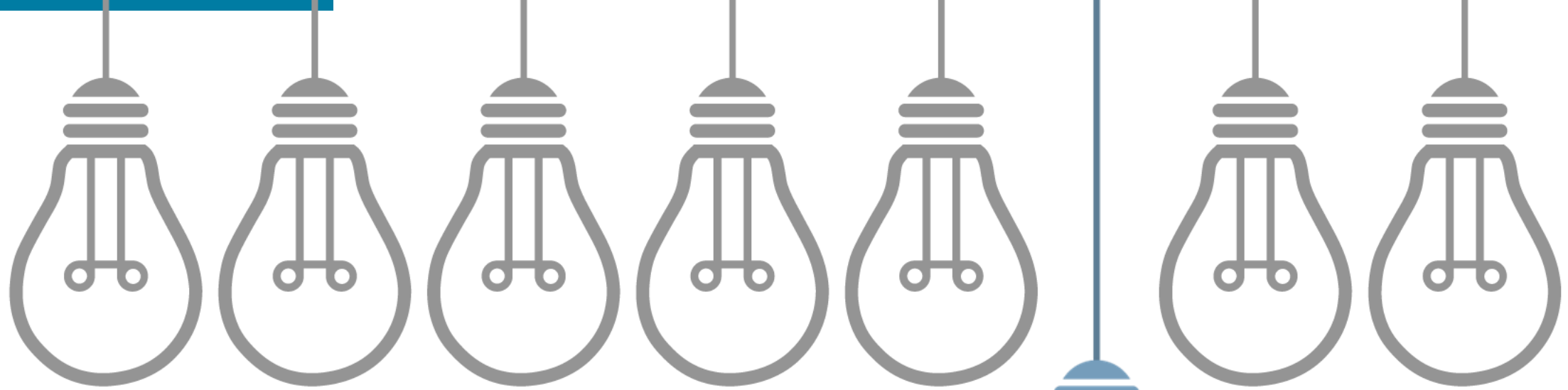
## *Provide Documents for Offsite Review*

- Policies, procedures & protocols
- Website links
- Public information
- Attestation



## *Provide Evidence during Virtual Review*

- Communicate with Evaluator
- Substitute evidence if not sufficient
- Demo systems
- Provide reports



# Discussion:

Enter your questions/comments into the chat box

Or, raise your hand.

## FOR MORE INFORMATION CONTACT:

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## Next Call:

April 2, 2020  
2:30 – 3:30 pm EST

### Pre-Reading:

- [Standards & Guidelines](#)

### Concept Areas:

- Team-based care and practice organization
- Knowing and managing your patients
- Patient-centered access and continuity

# Thank you!

*The Quality Center team*

*Cheryl Modica, Luke Ertle & Camila Silva*