

NACHC/NCQA PCMH Technical Assistance Part 2

April 2, 2020

THE NACHC MISSION

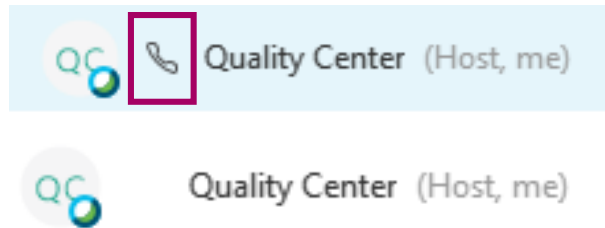
America's Voice for Community Health Care

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.

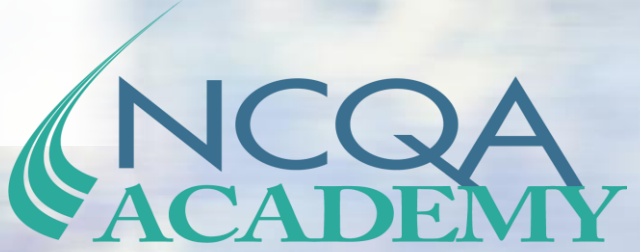


Today's webinar will start soon

Be sure to connect your audio using your **Attendee ID!**



If you don't see the phone/headset icon next to your name, connect your audio again using your **Attendee ID!**

A photograph of a female doctor in a white lab coat and a blue stethoscope around her neck. She is looking down at a tablet computer she is holding in her hands. To her right, a male patient is lying in a hospital bed, looking towards the doctor. The background is a bright, out-of-focus window. A semi-transparent teal banner is overlaid across the middle of the image, containing the title text.

NCQA's PCMH Recognition: Deeper Dive Part 1

4/2/2020



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



PCMH

Concept Overviews: Challenges and Strengths

PCMH Standards

Concepts



Team-Based Care and Practice Organization

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



Knowing and Managing Your Patients

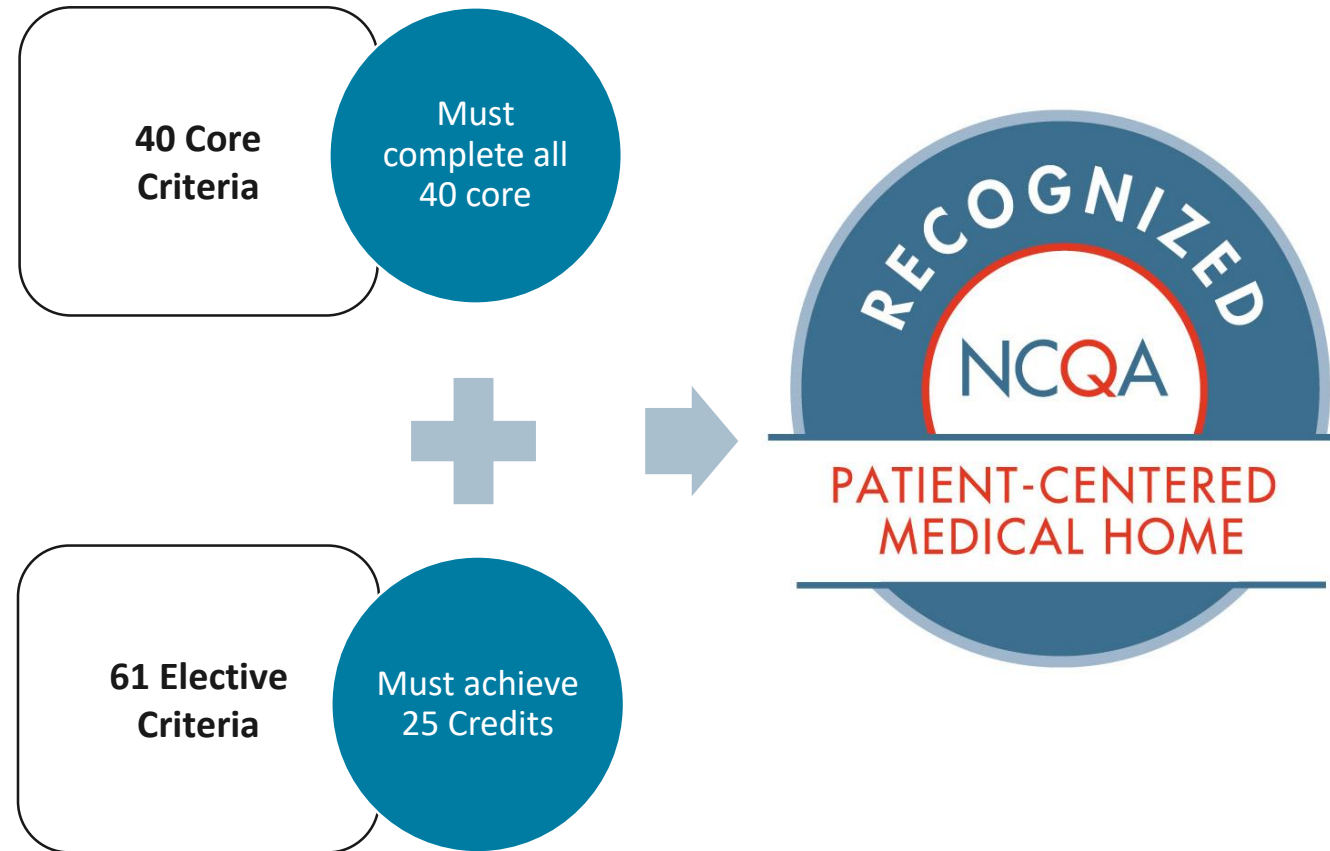
- Data collection
- Medication reconciliation
- Evidence-based clinical decision support
- Connection with community resources



Patient-Centered Access and Continuity

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

PCMH Recognition Scoring



TC Challenges

- **“Who’s going to do all this?”**

- NCQA agnostic about team set up
- Utilize clinically appropriate staff of all kinds

- **TC 04: Patient/family/caregiver Involvement in Governance**

- Can use BoD, but must show interaction

- **TC 07: Staff Involvement in Quality Improvement**

- Representation of all staff levels vital
- May want to occasionally narrow staff type to get authentic input

TC Strengths

•HRSA Alignment:

- Clinical Staffing requirement
 - Team members working “at top of their license”
 - Defined roles & responsibilities
- Medical Emergency Coverage (During/After Office Hours)
 - Patients know whom/how to contact
- Quality Improvement
 - Staff members provide oversight & input to QI program

•TC 09: Medical Home Information

- Educate & Inform patient populations in best suited manners/means

KM Challenges

- **KM 10: Assess Language Needs**

- Multiple languages spoken can mean multiple translation options/methods

- **KM 12: Proactive Outreach**

- Outreach challenging for populations w/out settled phone #s/address
 - Can adapt outreach methods to meet patient needs (e.g., mobile vans)

- **KM 14: Medication Reconciliation**

- Must be for all transitions of care (i.e., any outside provider)
- Identifying no prescriptions from outside provider = reconciliation

- **KM 26: Community Resource List**

- Internal resources acceptable, but some external expected

KM Strengths

- **HRSA Alignment**

- Needs Assessment

- **UDS Alignment**

- Identify & quantify patient populations
 - Demographics & characteristics
- Selected Diagnoses
 - Predominant Conditions

- **Dental Integration**

- Can achieve elective credits in KM 05 and KM 23

AC Challenges

•AC 02: Same-Day Appointments

- Scheduling with complex populations (e.g., those facing homelessness).
 - NCQA requirement - at least 1 scheduled appointment/day
 - Conversation w/ reviewer on complex populations – flexibility to meet patient needs

•AC 03: Appointments Outside Business Hours

- Can't extend past 40-hour week (e.g., union rules, rural practices)
- Can shift hours to maintain 8 hour/day but outside 8 – 5.

•AC 06: Alternative Appointments

- Telephonic/Telehealth
- Scheduled
- Replace 1:1 provider/patient visit

AC Strengths

- **HRSA Alignment**

- Needs Assessment
- Accessible Locations & Hours of Operation
- Medical Emergency Coverage (During/After Office Hours)

- **UDS Alignment**

- Utilization by Staff Category
- Utilization by Service Category

- **AC 11: Patient Visits with Clinician/Team**

- Practices that use team approach – several providers serving same panel
– can assess continuity via team approach

Criteria Evidence Options



Q-PASS Documents

- Documents*
(upload for off-site review)
- Weblinks
- Text



Virtual Review

- Reports (create in advance)
- System demo
- Patient examples



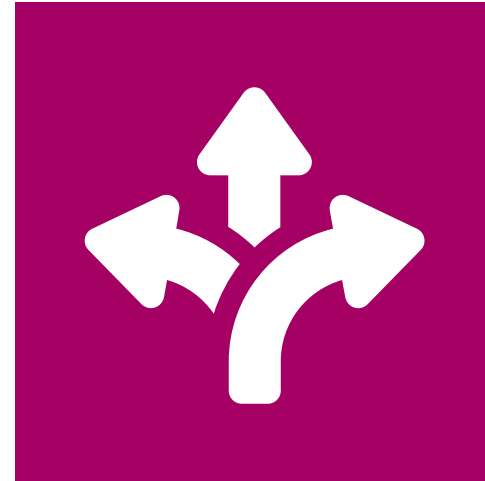
Either Option

- Practice decision*

*All PHI should be removed from documents uploaded in Q-PASS

“We Have Different Evidence”

- Flexibility is encouraged
- Suggested evidence not exhaustive
- Meet intent in creative ways
- Not sure? Ask NCQA



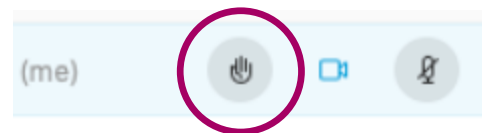
Questions & Ideas

Questions spark discussion...
Discussion shares ideas
Ideas spark innovation

Use “chat”



Raise your hand



FOR MORE INFORMATION CONTACT:

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Next Call:

April 23, 2020
2:30 – 3:30 pm EST

Pre-Reading:

- [Standards & Guidelines](#)

Concept Areas:

- Care Management and Support
- Care Coordination and Care Transitions
- Performance Measurement and Quality Improvement



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