

# **Quality Improvement and Patient-Centered Medical Home (PCMH) for Clinical Leaders & their Care Teams: A System-Based Approach**

Wednesday, June 29, 2022

# 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.



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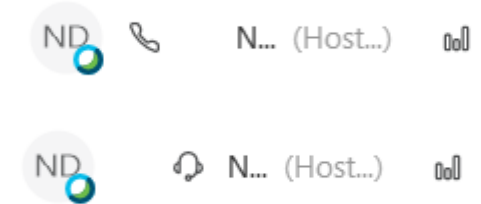
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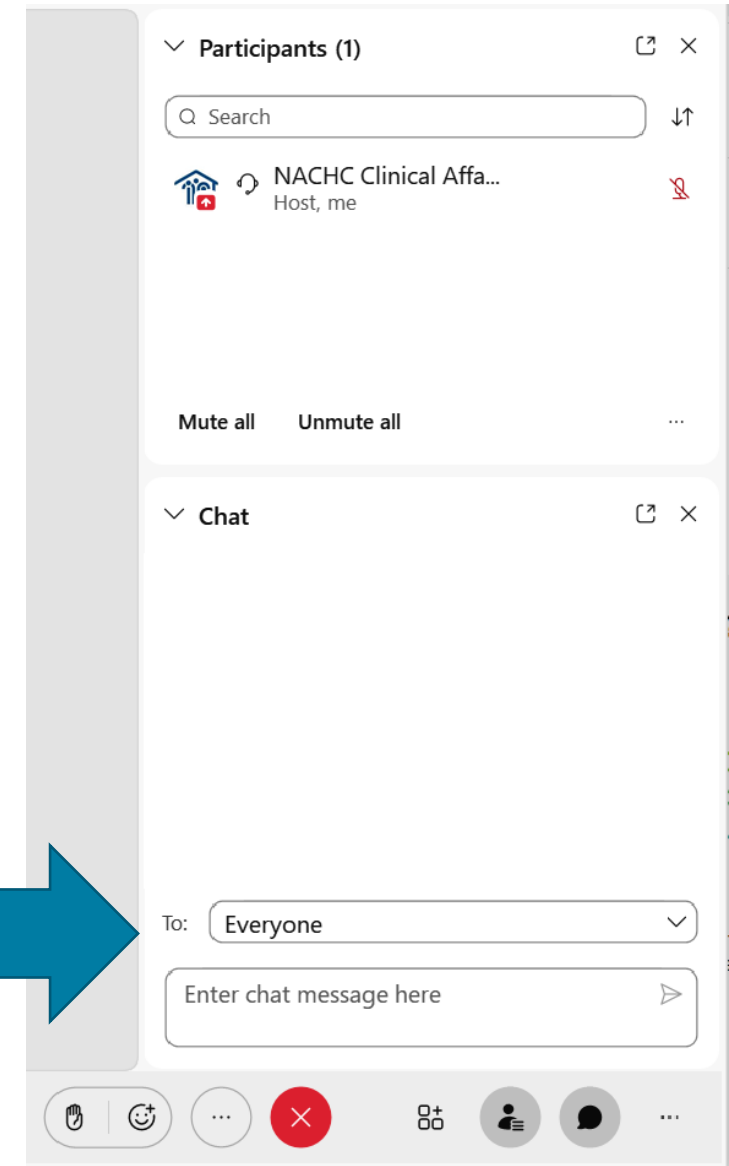
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# Friendly Reminders

- Today's Event is being **RECORDED**
- All attendee lines have been **MUTED**
- The **CHATBOX** is open for the duration of this event
- Questions from the **CHAT BOX** will be answered after the presentation is completed.



# Today's Presenters



**Pearl Darling**

The Joint Commission

**Cheryl Modica**

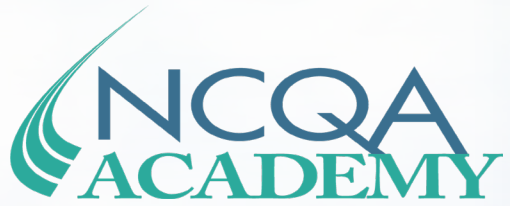
NACHC

**William Tulloch**

National Committee  
for Quality Assurance  
(NCQA)

**Joyce Webb**

The Joint Commission



## Using PCMH to Promote Quality Improvement

**June 29, 2022**



## **William Tulloch, MA, PCMH CCE**

Director, QSG

Quality Measurement & Research Group

NCQA



# NCQA PCMH Program



## Learning Objectives:

- Describe the important aspects of a functional quality improvement program.
- Explain how qualitative analysis – asking “Why” – is vital to identifying the most effective interventions in QI activities.

# Recognition Programs

*Identifies providers and practices delivering superior care*



**>82,000**  
clinicians at



**>14,000**  
practice sites



# 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

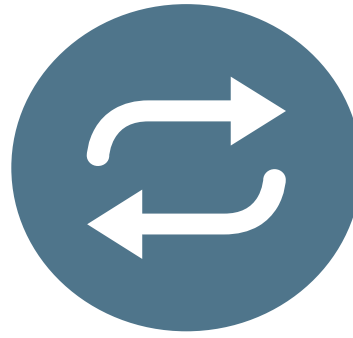
# PCMH Standards

## *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

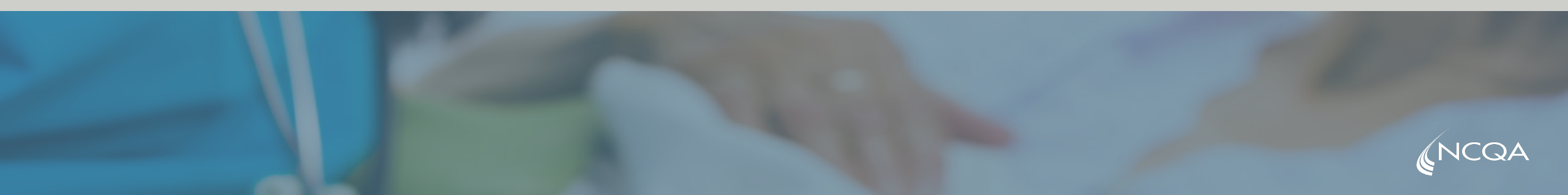


### *Performance Measurement & Quality Improvement*

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

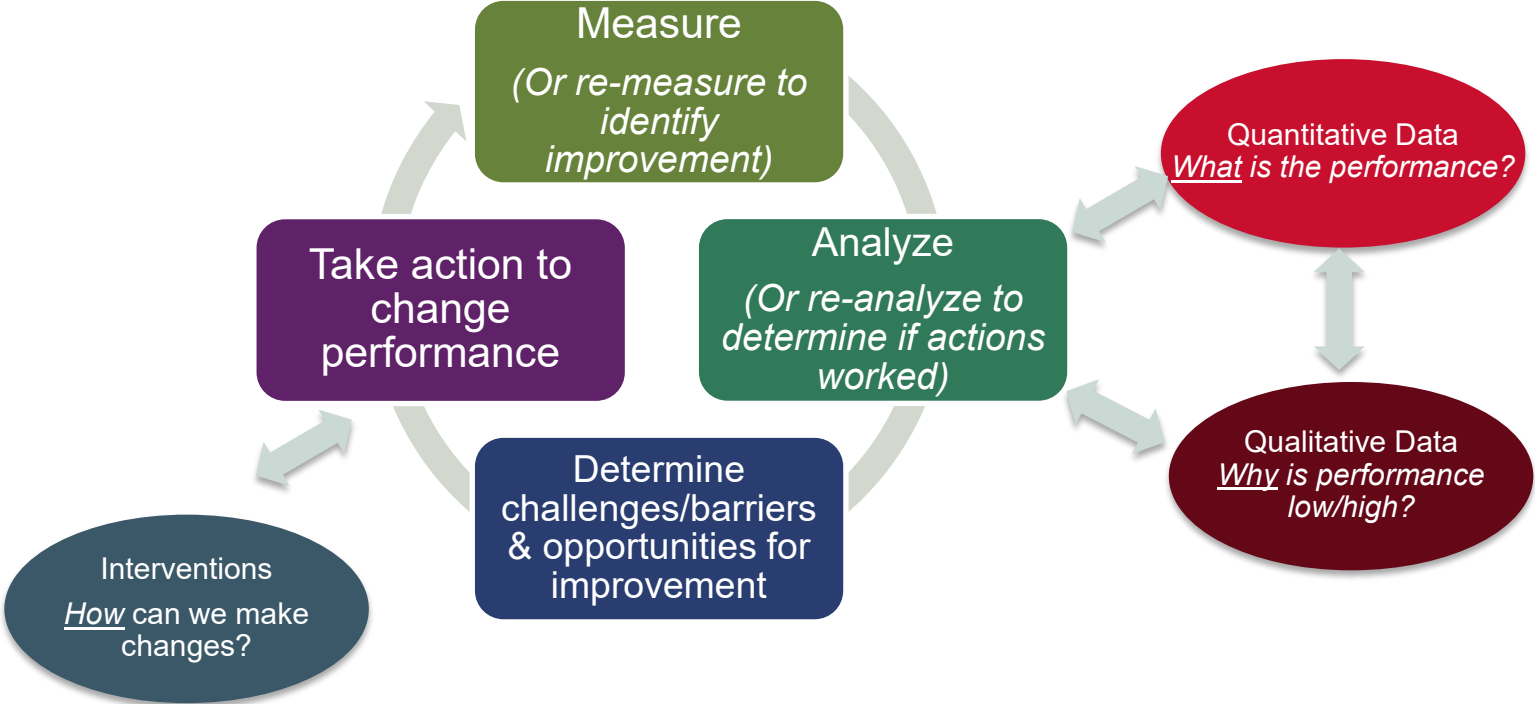


# PCMH and Quality Improvement



# The QI Cycle

NCQA **does not prescribe** a specific QI format



# Using PCMH to Address Key Questions

## Why?

- Knowing/Managing
  - Clinical & behavioral health concerns
  - Social Determinants of Health
  - Local infrastructure and resources
- Team-Based Care
  - Utilization of existing resources
  - Patient feedback
- Care Management
  - What has worked/failed in the past
  - Are we choosing right populations
- Continuity
  - Are local providers good partners
  - Does available technology meet our needs

# Using PCMH to Address Key Questions II

## How?

- Knowing/Managing
  - What local challenges do we need to overcome
  - Are resources available, useful, improvable
- Team-Based Care
  - Rethinking deployment of resources
  - Untapped talent/skills/abilities
- Access
  - Better/different appointment times & types
- Continuity
  - Better follow up
  - Patient education on primary care as center of local network
  - Rethink technology options





# Q&A



# Primary Care Medical Home Certification: Strategies for Enhancing Performance Improvement



Pearl Darling, MBA  
Executive Director  
Ambulatory Care Services



Joyce Webb, RN, BSN, MBA  
Project Director  
Healthcare Quality Evaluation

June 29, 2022

# Learning Objectives

1. Describe how The Joint Commission accreditation and PCMH certification process aligns with your quality management initiatives
2. Describe quality improvement strategies and tools that support problem-solving and operational enhancements
3. Identify key steps for conducting a proactive risk assessment

# Joint Commission Vision and Mission



## VISION AND MISSION OF THE JOINT COMMISSION

### Vision

All people always experience the safest, highest quality, best-value health care across all settings.

### Mission

To continuously improve health care for the public, in collaboration with other stakeholders, by evaluating health care organizations and inspiring them to excel in providing safe and effective care of the highest quality and value.

# Joint Commission Levers



## **Accreditation Activities**

- Standards and Survey Processes
- R3 Reports
- SIG/FAQs

## **Risk Reduction**

- Sentinel Event Alerts
- Sentinel Event Review Process
- Complaint Analysis
- Topic specific portals

## **Education and Publication**

- Published Books and Journals
- Seminars/Webinars/Conferences
- Center Improvement Projects

## **Communication**

- Joint Commission Online
- Website postings and news releases
- Quick Safety/Advisories

## **Performance Measurement**

- Quality Portal
- Quality Check
- Accelerate PI

## **Government Advocacy**

- Washington, DC office

## **Collaboration with Agencies and Professional Organizations**

- Advisory Groups and Expert Panels

# PCMH Certification Benefits

*Studies have shown that medical homes decrease healthcare costs while improving patient care and access*

- Studies also suggest that this particular model empowers the patient and actively engages the patient in their health
- Patients benefit from this model of care because they have increased access to their primary care clinician and interdisciplinary team
- Their care is tracked and coordinated; and increased use of health information technology supports their care



# PCMH Certification Overview

- Based on the Agency for Healthcare Research and Quality's (AHRQ) definition of Medical Home
- Voluntary, optional PCMH certification requires Joint Commission Ambulatory Care Accreditation
- Onsite concurrent survey to evaluate compliance with both Ambulatory Care Accreditation and PCMH requirements
- Timing of survey can be:
  - With initial or triennial accreditation survey
- No separate application (from accreditation application)
- No pre-submission document requirements
- Organization-wide certification for 3 years (includes PCMH-eligible sites)



# Onsite Survey Process

- **Survey complement** will likely be 2 surveyors across 2-3 days, or more based on the following:

- Depends on number of sites, volume, distance between sites
- Minimum of 50% of the sites visited

- **Patient Tracers**
- **System Tracers**

**Initial PCMH surveys** require at a minimum:

- Implement in at least one location, for at least one population
- Have supporting written policies/procedures
- Plan in place to implement in all eligible sites by next triennial survey (18-36 months)



# Areas of Similarity: TJC's Ambulatory Health Care Standards and the Bureau of Primary Health Care's Compliance Manual

## BPHC Compliance Manual

- Chapter 5: Clinical Staffing (Credentialing & Privileging)
- Chapter 6: Accessible Locations and Hours of Operation
- Chapter 7: Coverage for Medical Emergencies During and After Hours
- Chapter 8: Continuity of Care and Hospital Admitting
- Chapter 10: Quality Improvement/Assurance
- Chapter 18: Program Monitoring & Data Reporting Systems
- Chapter 19: Board Authority

## TJC Ambulatory Healthcare Standards

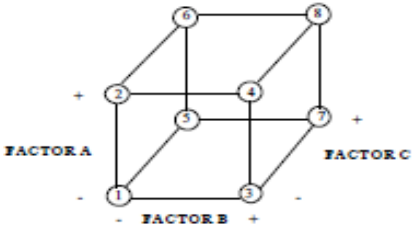
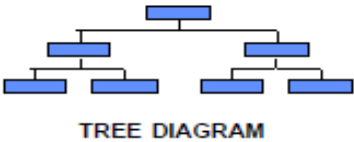
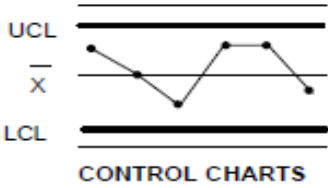
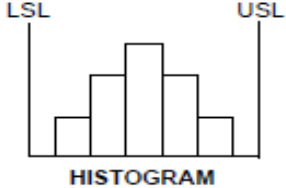
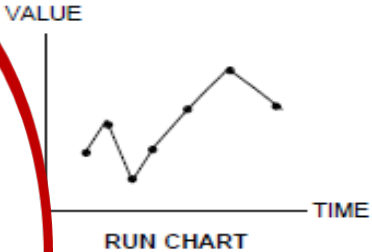
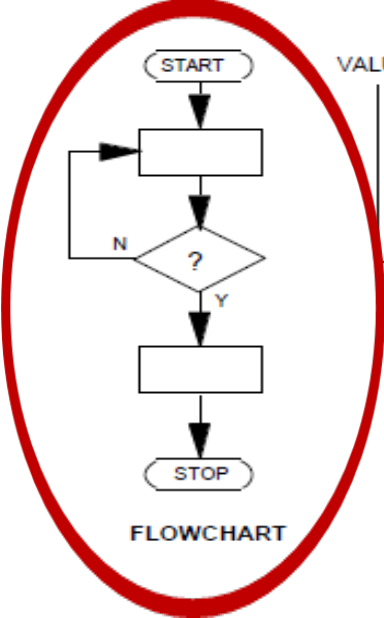
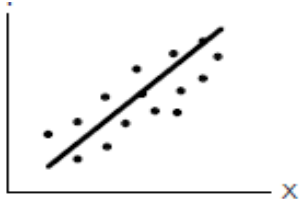
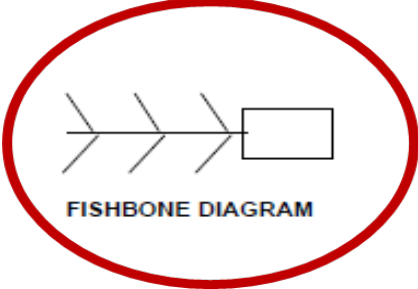
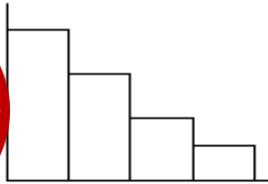
- Human Resources (HR) Standards
- Provision of Care, Treatment and Services (PC) Standards
- Performance Improvement (PI) Standards
- Rights and Responsibilities of the Individual (RI) Standards
- Leadership (LD) Standards

# Key principles: Performance/Quality Improvement:

1. **Collecting data** – Define the problem. What's not working?
2. **Analyzing data** – what are the underlying root causes, gaps, related factors? *Prioritize*
3. **Implementing solutions** – what are you going to do? *Prioritize*
4. **Monitoring progress** – How's it going? What changes are needed?



# Define the Problem: Tools



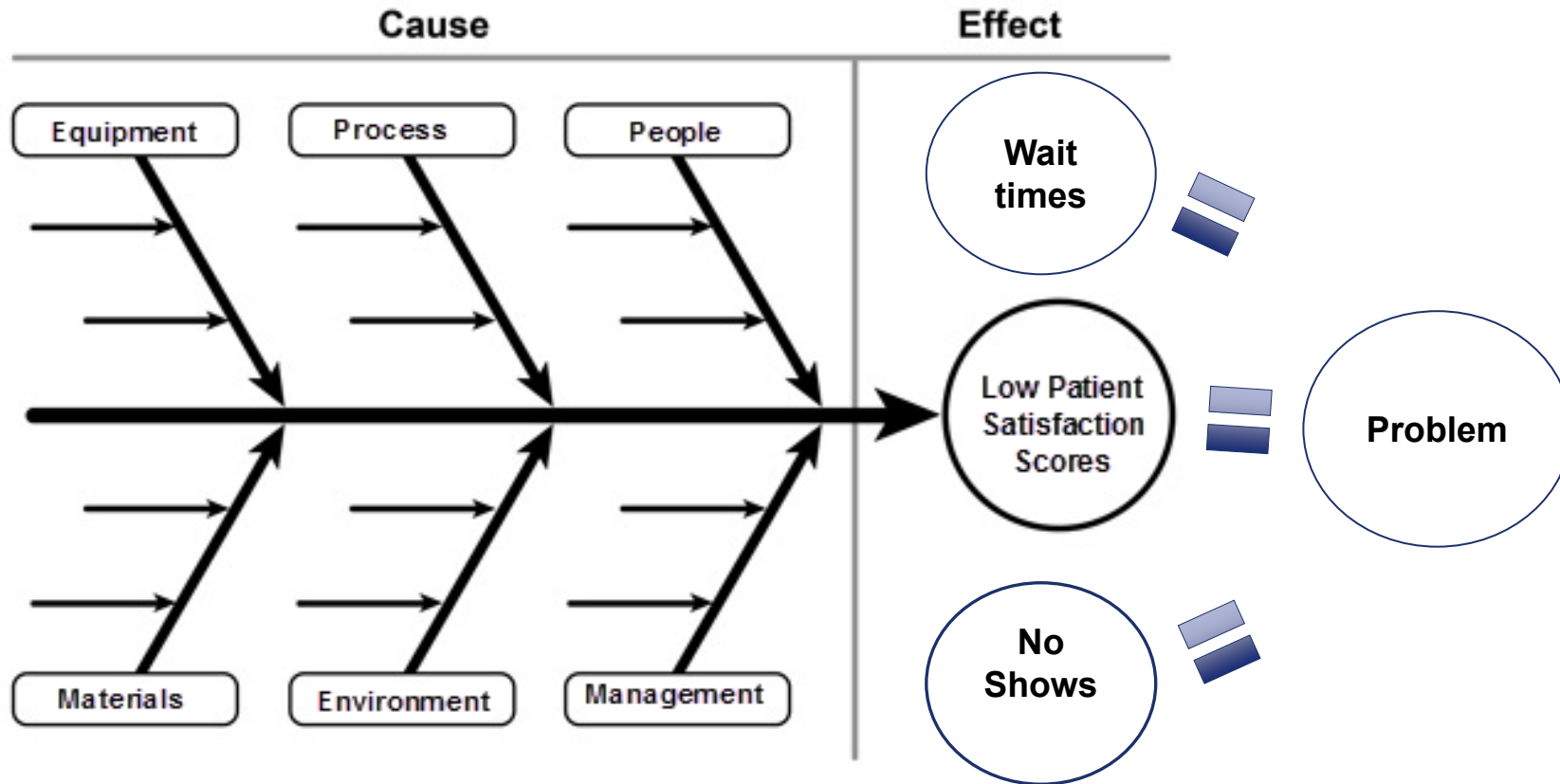
# Strategy: Brainstorming

- ✓ Use collective brainpower to quickly generate as many ideas as you can in a short period of time
- ✓ Ask: What's not working? Why not?
- ✓ As topics, problems, or issues are identified, work to make sure there is mutual understanding of each of them
- ✓ Focus on quantity of ideas, not the quality
- ✓ No criticism is allowed. All ideas are welcome!

# Cause & Effect: Fishbone Diagram

- Provides a visual of the problem
- Shows contributing/underlying factors
- Helps you understand why a problem/incident occurred
- Helps you focus on the various possible causes/factors
- Reveals cause-and-effect relationships
- Can be very basic or very detailed depending on the issue

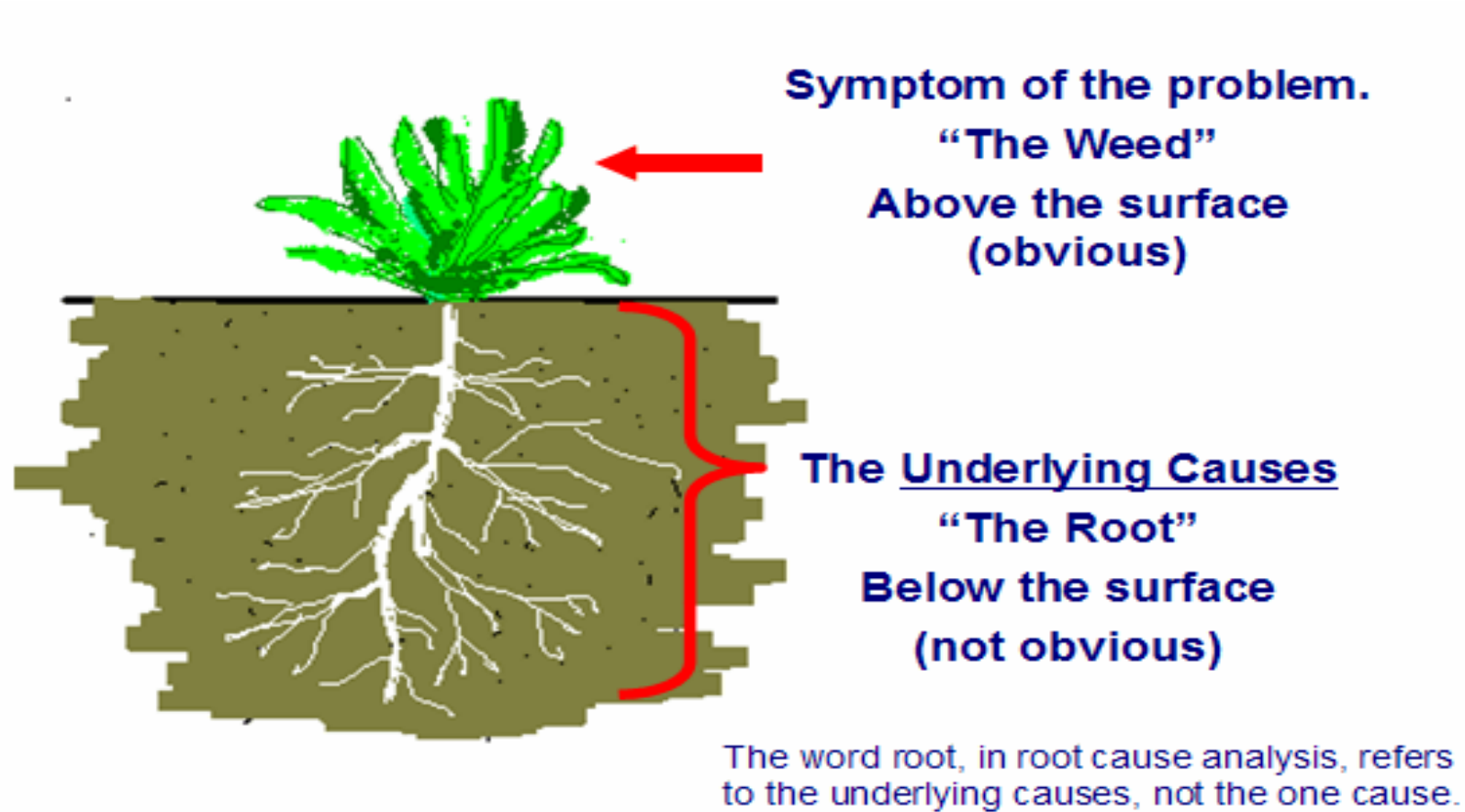
# Cause & Effect Diagram: “Fishbone”





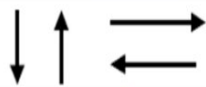
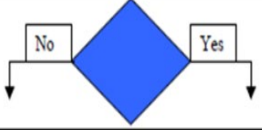




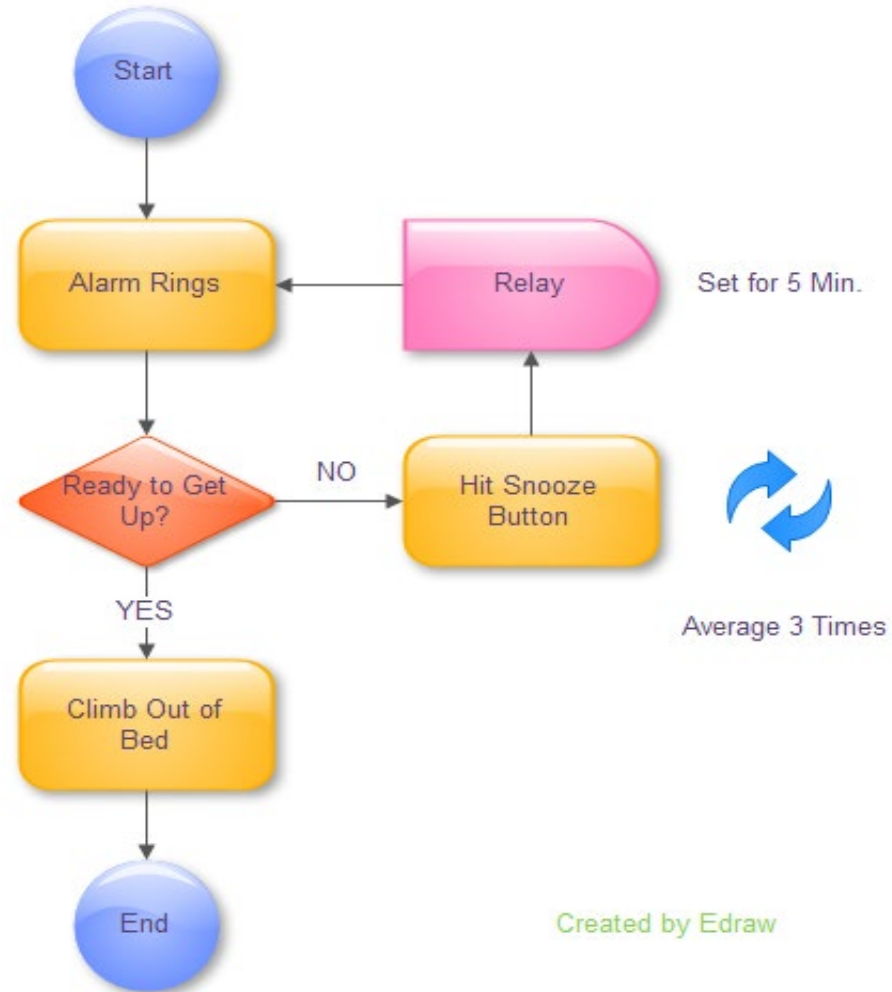


# Systematic Analysis



# Process Map/Flow Chart

Start or End	
Activity (that needs instructions)	
Direction of work flow	
Decision that changes process direction	
Another process flowchart	
Connector	



Created by Edraw

# Challenges / Barriers

- ✓ Tendency to jump to conclusions
- ✓ Identifying solutions *before* the root causes or contributing factors are clearly identified
- ✓ Not having the right people in the room
- ✓ Not assigning accountability *to the right person*
- ✓ Under resourcing solutions
- ✓ Not making solution(s) a priority
- ✓ Failing to follow-up or follow through
- ✓ Failing to monitor

# Joint Commission's Proactive Risk Assessment: 8 Steps

1. Describe the process (i.e., with a process map)
2. Identify ways in which the process could break down
3. Identify the potential impact of process breakdown
4. Prioritize the potential impact of process breakdowns
5. Determine why the breakdown could occur
6. Design/redesign the process
7. Test and implement the newly/re-designed process
8. Monitor for effectiveness

*\*For more detail, refer to the LD chapter intro*

# A Few Final Tips:

- ✓ Secure senior leadership/governing body sponsorship
- ✓ Ensure appropriate resource allocation & commitment
- ✓ Manage time (plan meetings, use agendas, take notes)
- ✓ Clarify team members, duties, and responsibilities
- ✓ Knowledge of the process is critical – Do a “Gemba walk” through the actual work processes
- ✓ Use white boards, flipcharts, or sticky notes, to capture input, feedback, action steps
- ✓ Monitor solutions implemented, check compliance, and adjust as needed *and...monitor the adjustments!*



# Q&A

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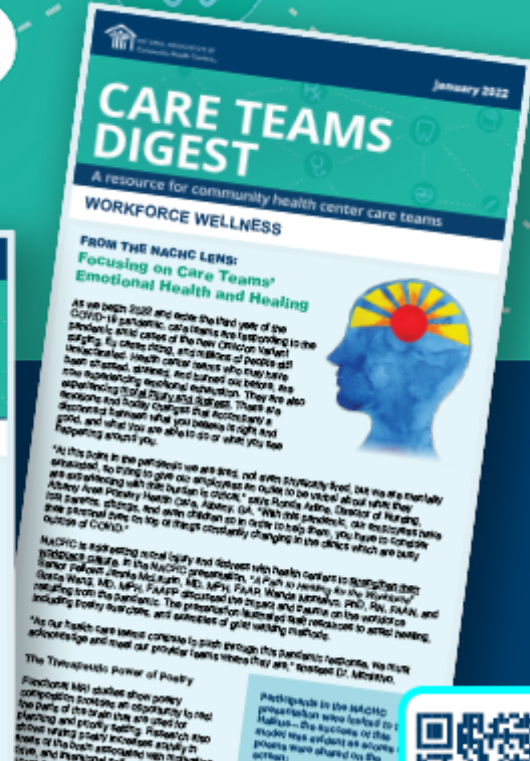
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