No Man is An Island: The Coordinated Journey to A Patient-Centered Healthcare System

for

Patient-Centered Primary Care Collaborative

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National Committee for Quality Assurance (NCQA)

Private, independent non-profit health care quality oversight organization founded in 1990

MISSION

To improve the quality of health care.

VISION

To transform health care through quality measurement, transparency, and accountability.

ILLUSTRATIVE PROGRAMS

*** HEDIS® – Healthcare Effectiveness Data and Information Set**

*** Health Plan Accreditation** *** Clinician Recognition**

- **Disease Management Accreditation * Wellness & Health Promotion Accreditation**

***Case Management Accreditation * ACO Accreditation**

*** Quality Compass™**

NCQA RECOGNITION PROGRAMS

- **>46485 Clinician Recognitions nationally across all Recognition programs**

- **Clinical programs**
  - **Diabetes Recognition Program (DRP)**
  - **Heart/Stroke Recognition Program (HSRP)**
  - **Back Pain Recognition Program (BPRP)**

*** As of 9/30/13**

- **Medical practice process and structural measures**
  - ***Physician Practice Connections***
  - ***Physician Practice Connections-Patient-Centered Medical Home (PPC-PCMH) 2008***
  - **Patient-Centered Medical Home (PCMH) 2011**
  - **Patient centered Specialty Practice (PCSP)**

10483 clinicians*

4078 clinicians*

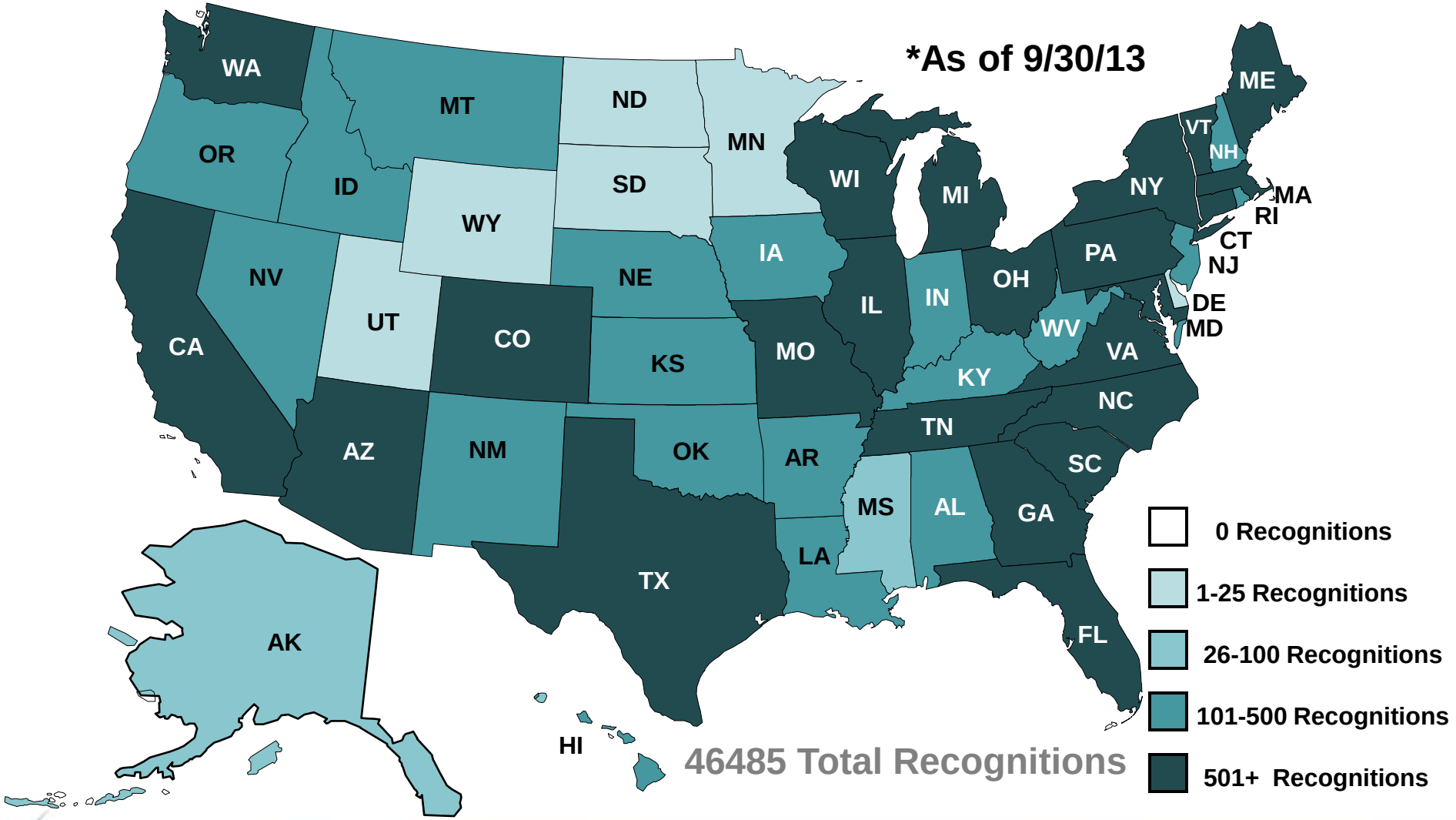
63 clinicians*
31 practices*

414 clinicians*
89 practices*

31447 clinicians*
6257 practices*

PCSP
New Program

NUMBER OF CLINICIAN RECOGNITIONS BY STATE



Growing Evidence on PCMH

- **Impact of Medical Homes on Quality, Healthcare Utilization, and Costs** American Journal of Managed Care, September 2012
- **Colorado PCMH Multi-Payer Pilot Reduced Inpatient Admissions, ER Visits & Demonstrated Plan ROI** Harbrecht, Health Affairs, September 2012
- **PCMH Improves Low-income Access, Reduces Inequities** Berenson, Commonwealth Fund, May 2012
- ***Reinventing Medicaid: Innovations To Qualify And Pay For PCMHs*** Takach, Health Affairs, July 2011
- **See NCQA's website for a full list of references and background:** http://www.ncqa.org/PublicPolicy/DeliverySystemReform.aspx

Care Integration and Coordination

- **Patient-Centered Medical Home (PCMH)** is foundation of effective healthcare delivery
- **Patient-Centered Specialty Practice (PCSP)** emphasizes care coordination
- **Accountable Care Organizations (ACO)** are based on PCMHs but clinical integration across the delivery system is critical

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Improved care coordination and patient-centered care are critical aspects of delivery system reform that promise to save money and improve quality
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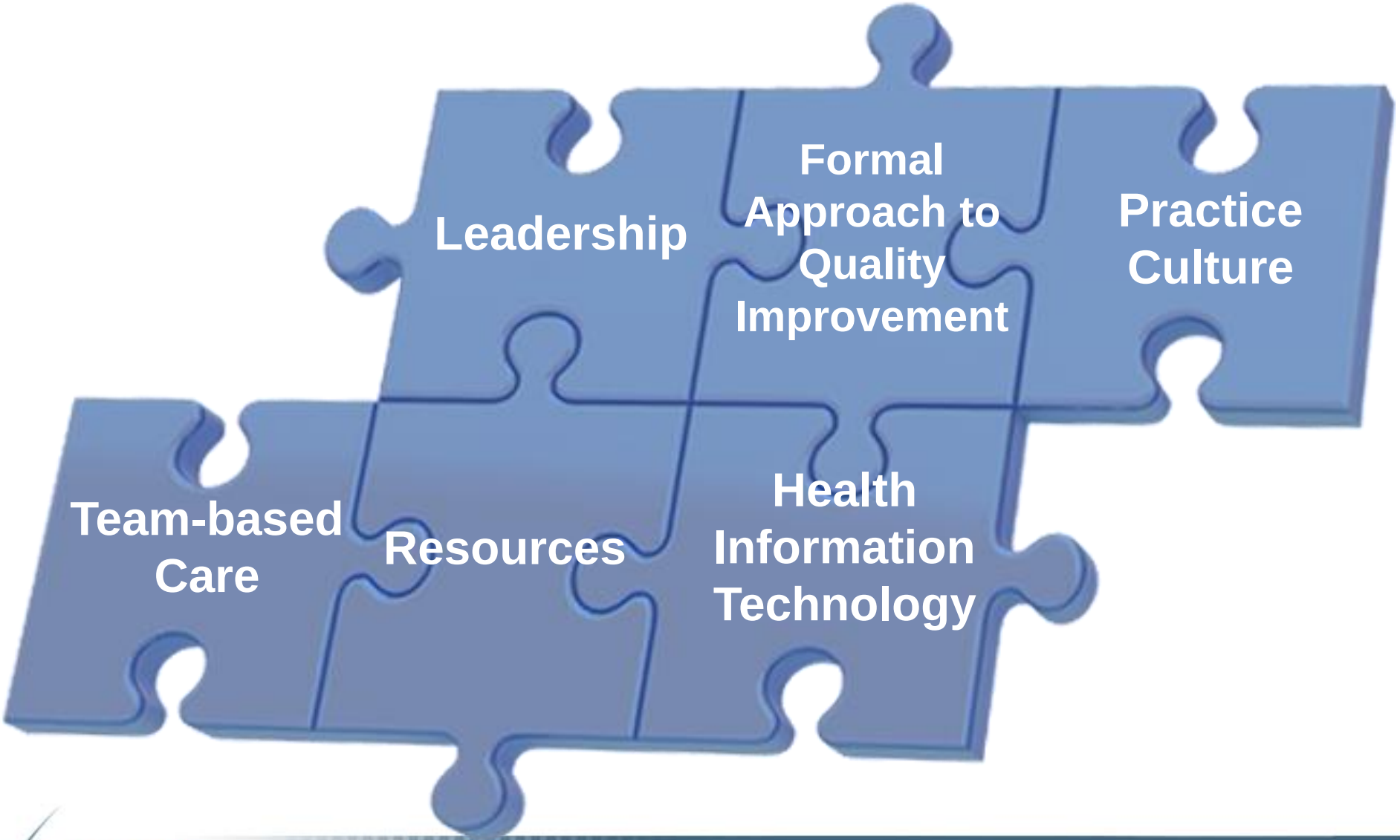
What makes a successful PCMH?



Atul Gawande on Fragmented Care…..

"…pieces of [care] don't fit together" because we haven't turned [care] into a system, a team of capabilities, of people with their capabilities…"

From NCQA's March 2012 Quality Awards

The Importance of Care Coordination

- **The typical PCP needs to coordinate care with 229 other physicians working in 117 practices.** *(Pham et. al., Ann Int Med. 2009)*
- **In the Medicare population, the average beneficiary sees seven different physicians and fills upwards of 20 prescriptions per year.** *(Partnership for Solutions, Johns Hopkins Univ. 2002)*
- **Among the elderly, on average two referrals are made per person per year.** ***(Shea et al. Health Service Research , 1999)***
- **In the nonelderly population, about one-third of patients each year is referred to a specialist.** *(Forrest, Majeed, et al. BMJ 2002)*
- **Visits to specialists constitute more than half of outpatient physician visits in the United States.**
  (Machlin and Carper, AHRQ, 2007)

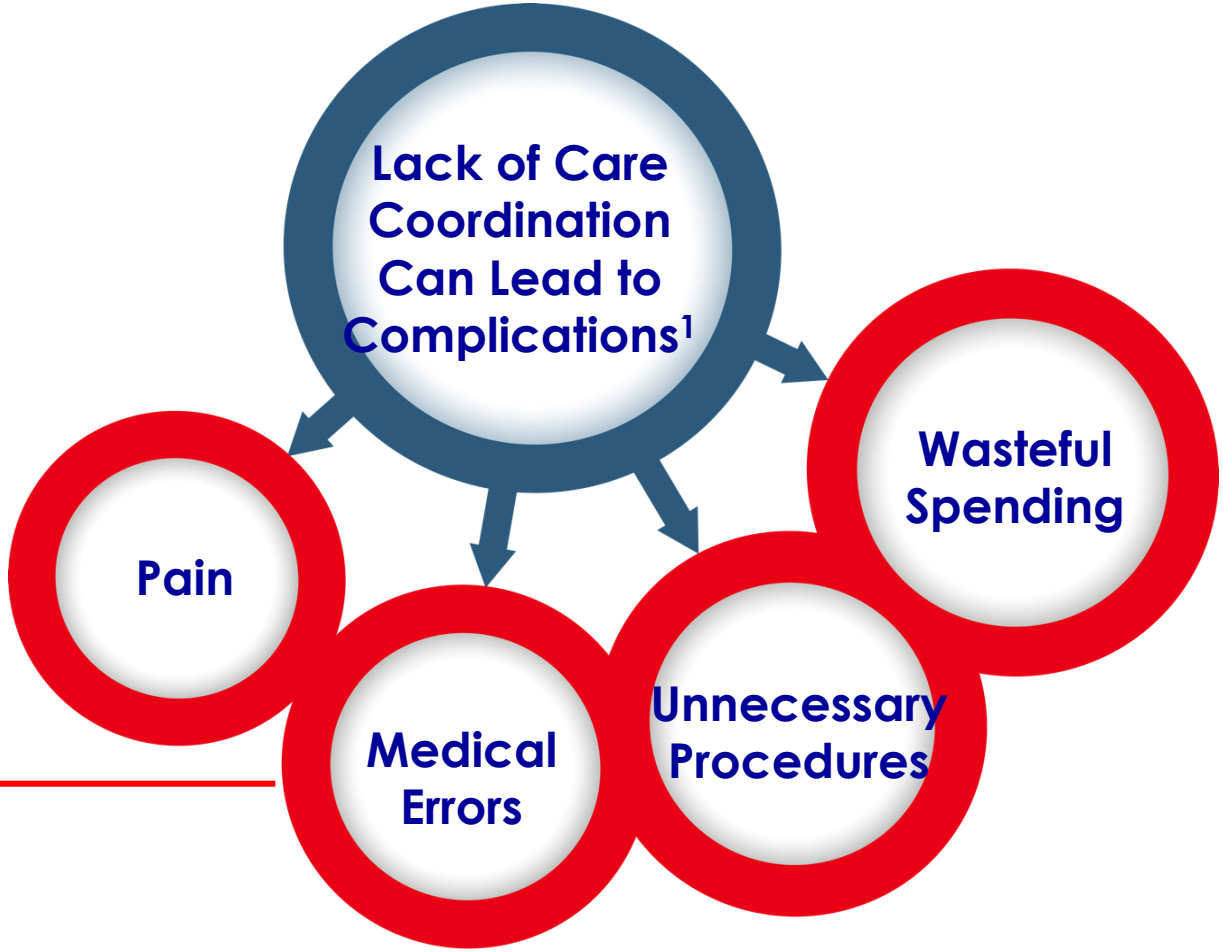
Impact of Disconnected Care

- **Poor communication** leads to frustration and wasted time, and can lead to poor quality, safety and outcomes
- "…**25%–50%** of referring physicians do not know whether their patients [saw] the specialist to which they were referred … and physicians routinely misestimate the number of referrals completed"

Mehrotra, A., Forrest, C.B., Lin, C.Y. (2011). Dropping the Baton: Specialty Referrals in the United States. *The Milbank Quarterly, 89* (1), 39-68.

Burden of Uncoordinated Care

The Institute of Medicine has estimated that care coordination initiatives addressing these complications could result in $240 billion in healthcare savings.[2]



1. American College of Physicians. http://www.lpfch.org/programs/cshcn/Reducing%20Care%20Fragmentation%20A%20Toolkit%20for%20Coordinating%20Care.pdf. Accessed July 22, 2013. 2. National Quality Forum. http://www.qualityforum.org/Publications/2010/10/Quality_Connections__Care_Coordination.aspx. Accessed July 22, 2013.
2. IOM, *Roundtable on Value & Science-Driven Health Care: The Healthcare Imperative: Lowering Costs and Improving Outcomes:* Workshop Serious Summary, Washington, DC: National Academies Press, 2010.

Recognizing the Disconnects

Operate in Silos

- Fragmentation
  - No one coordinating and integrating
- Duplicated Services/ Redundancies
  - Cost / Wasted Resources
- Safety Issues with Transfers and Transitions
  - Missing Information
  - No "Closing the Loop"

Operate on Assumptions

- There is no "system" for coordination
- Integration depends on the diligence of the individual physicians
- No payment for care coordination
- Assume it will "just happen"…

Why Focus on Specialty Practices?

Building on PCMH to address PCP disconnect, improve communication

- PCPs report sending information 70% of the time
- Specialists report receiving information 35% of the time
- Specialists report sending a report 81% of the time
- PCPs report receiving a report 62% of the time

O'Malley, A.S., Reschovsky, J.D. (2011) Referral and consultation communication between primary care and specialist physicians: finding common ground. *Arch Intern Med, 171* (1), 56-65.

Why Develop the Program?

- PCPs and specialists can benefit from structure and guidelines to establish and maintain good communication[1]
- Effective collaborative arrangements may result in significant return on investment[2]
- State and private payer PCMH initiatives include specialists (e.g. VT, BCBSNC)

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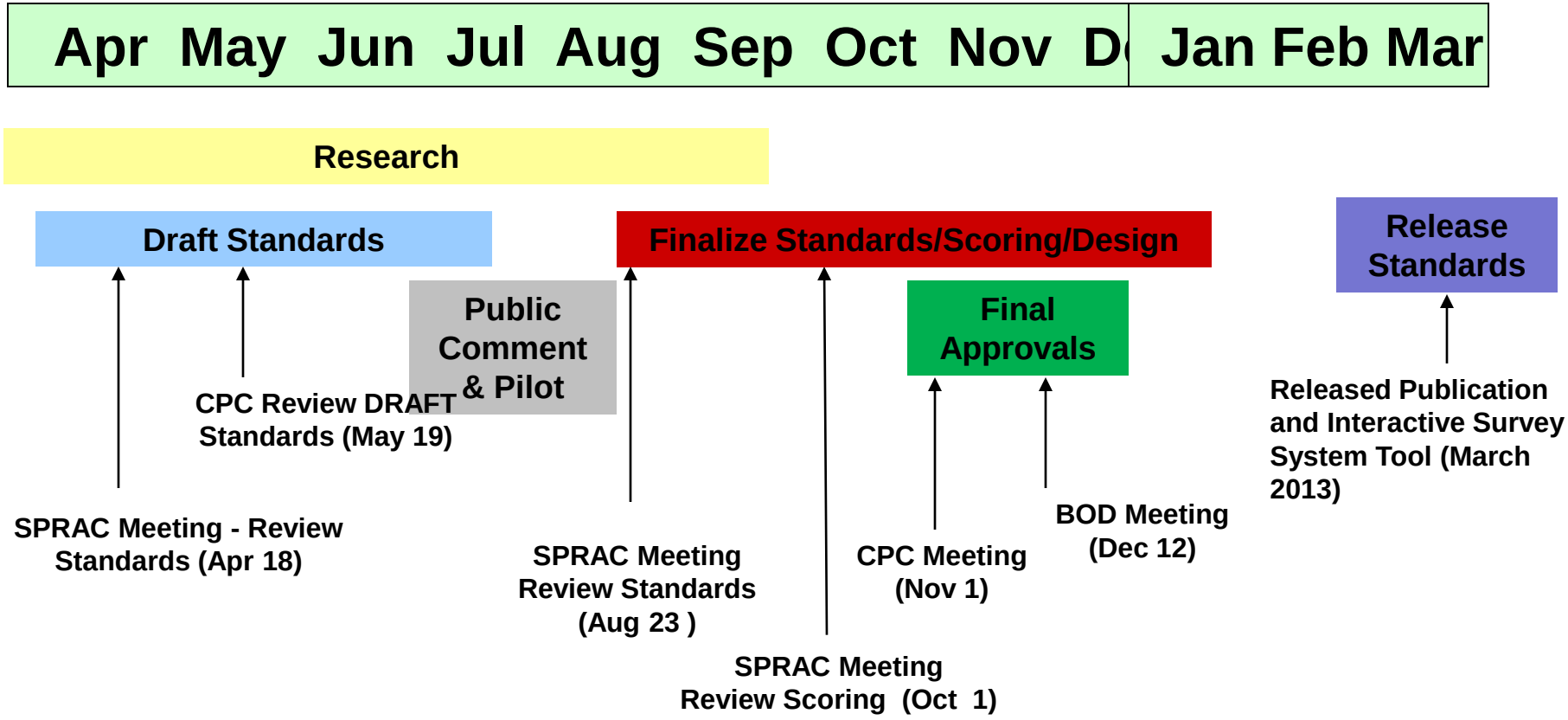
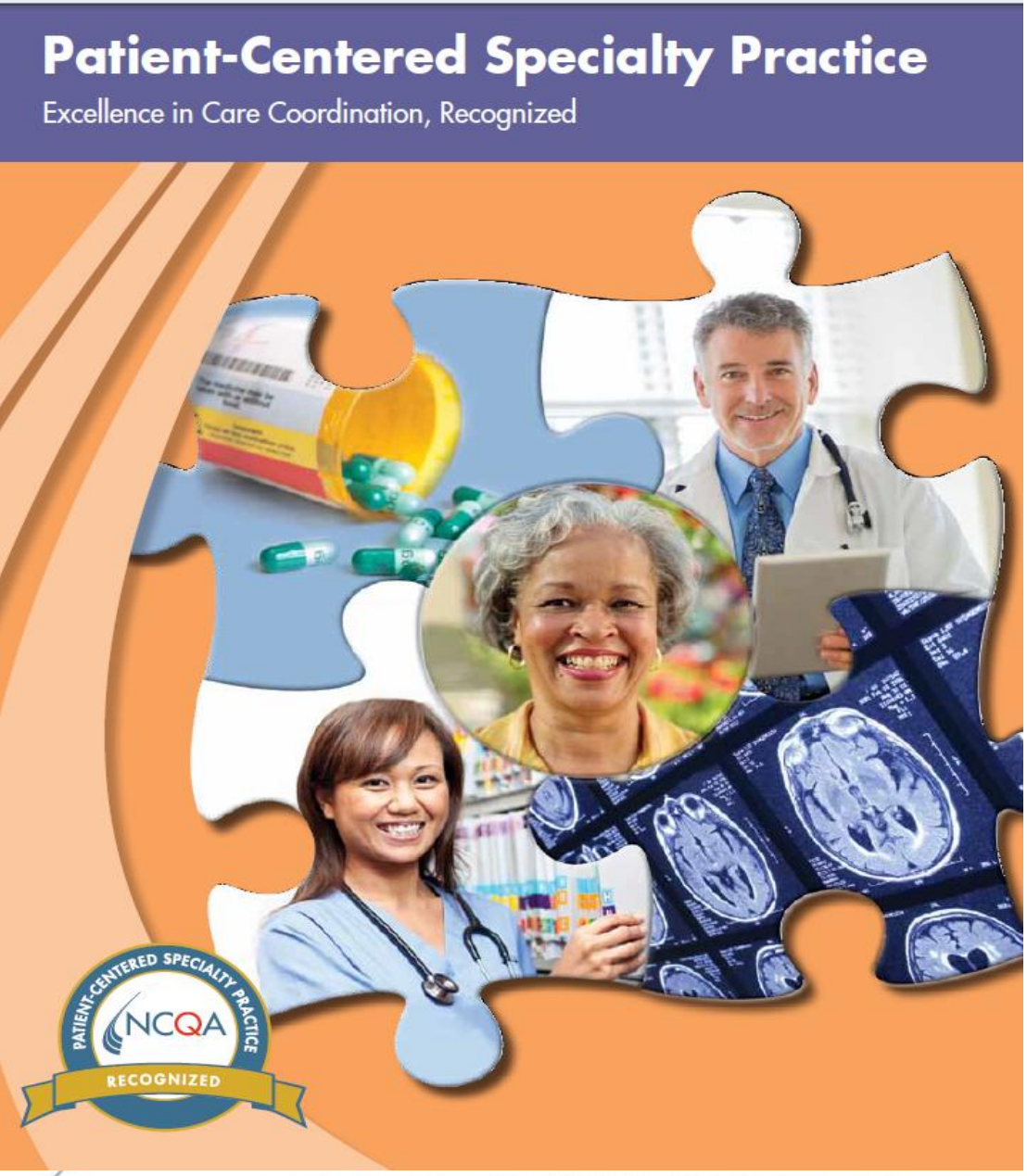
[1]Peikes, D., Taylor, E.F., Lake, T., Nysenbaum, J., Peterson, G., Meyers, D. (2011) Coordinating Care in the Medical Neighborhood: Critical Components and Available Mechanisms. AHRQ

[2]Foy, R., Hempel, S., Rubenstein, L., Suttorp, M., Seelig, M., Shanman, R., Shekelle, P.G. (2010). Meta-analysis: effect of interactive communication between collaborating primary care physicians and specialists. *Annals of Internal Medicine, 152 (4), 247-258.*

PCSP Development Timeline
2012 -2013





PCSP: *A Piece of the Puzzle*

The PCSP Design

- **Goal:** Enhance primary/specialist collaboration and coordination to benefit patients
- Accommodates the *range* of relationships between PCP and specialist:
  1. Consulting on patients
  2. Evaluating and treating patients
  3. Co-managing patients
  4. Providing temporary/permanent care management for some patients
- Practices are likely to have patients in each "category"

Patient-Centered Specialty Practice

(6 standards/22 elements)

1. **Track and Coordinate Referrals (22)**
   - A. ***Referral Process and Agreements**
   - B. Referral Content
   - C. ***Referral Response**
2. **Provide Access and Communication (18)**
   - A. Access
   - B. Electronic Access
   - C. Specialty Practice Responsibilities
   - D. Culturally and Linguistically Appropriate Services (CLAS)
   - E. ***The Practice Team**
3. **Identify and Coordinate Patient Populations (10)**
   - A. Patient Information
   - B. Clinical Data
   - C. Coordinate Patient Populations
4. **Plan and Manage Care (18)**
   - A. Care Planning and Support Self-Care
   - B. ***Medication Management**
   - C. Use Electronic Prescribing
5. **Track and Coordinate Care (16)**
   - A. Test Tracking and Follow-Up
   - B. Referral Tracking and Follow-Up
   - C. Coordinate Care Transitions
6. **Measure and Improve Performance (16)**
   - A. Measure Performance
   - B. Measure Patient/Family Experience
   - C. ***Implement and Demonstrate Continuous Quality Improvement**
   - D. Report Performance
   - E. Use Certified EHR Technology

***Must Pass**

Recognition starts with 25 points

PCSP Scoring

6 standards = 100 points
5 Must Pass elements

NOTE: Must Pass elements require a ≥ **50%** performance level to pass

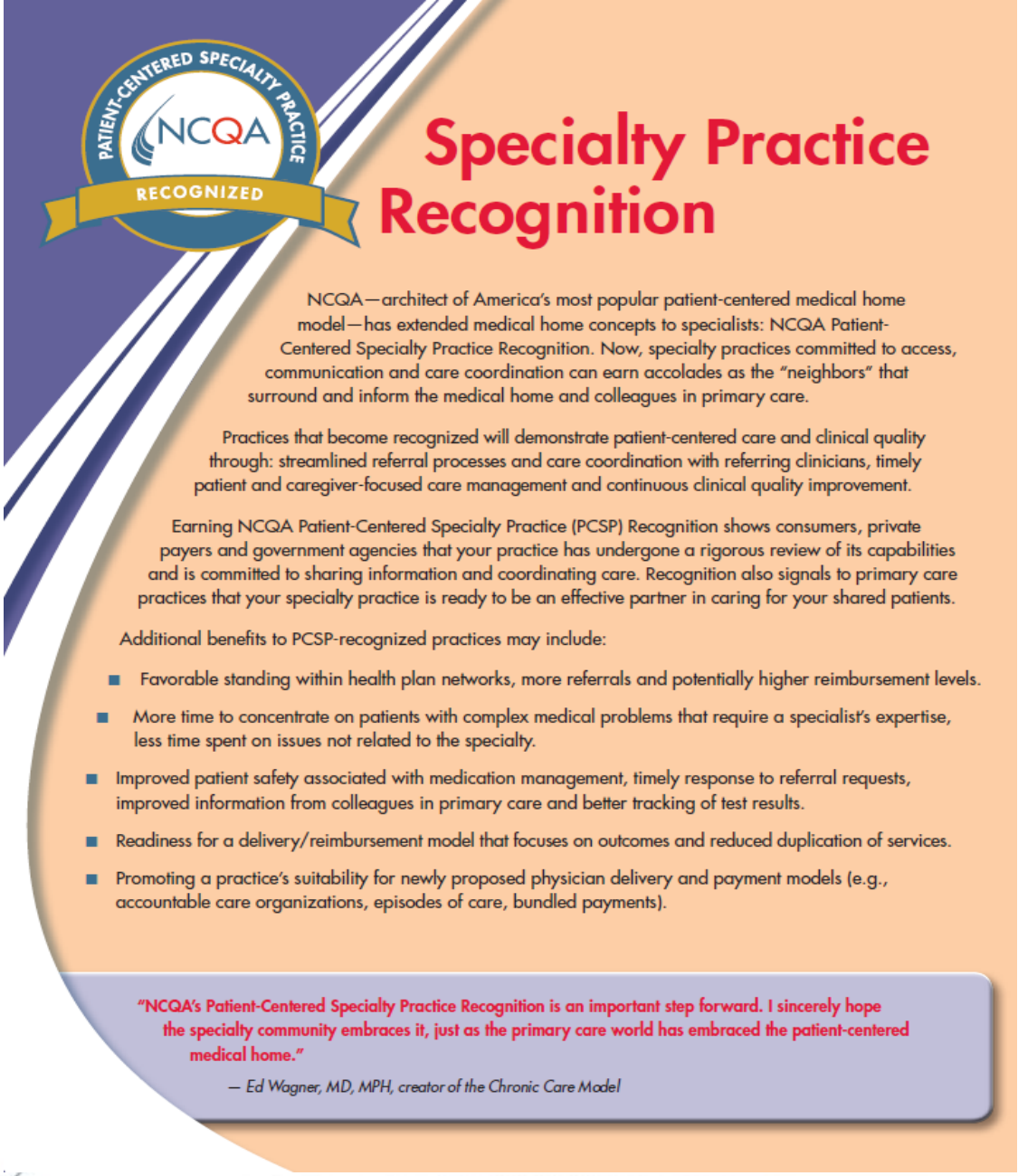
Level of Qualifying	Points	Must Pass Elements at 50% Performance Level
Level 3	**75 - 100**	**5 of 5**
Level 2	**50 - 74**	**5 of 5**
Level 1	**55 - 49**	**5 of 5**
Not Recognized	**0 - 24**	**< 5**

Practices with a numeric score of 0 to 24 points and/or achieve less than 5 “Must Pass” Elements are not Recognized.

Recognition is for 3 years. Practices may submit an add-on survey, based on their initial survey, within the 3 year Recognition to achieve a higher level. After 3 years, the practice must submit the survey version available at that time for renewal.

Eligibility for PCSP Recognition

- Outpatient specialty practices
- May be multi-site and/or multi-specialty
- Recognition is at the practice-site level
- Eligible clinicians:
  - MDs, DOs
  - NPs/PAs with their own panel of patients
  - Certified nurse mid-wives
  - Behavioral health specialists: Psychologists, licensed clinical social workers, marriage and family counselors



PCSP *Recognition Benefits*

- ✓ Favorable standing with plans
- ✓ Time for complex patients
- ✓ Improved patient safety
- ✓ Focus on outcomes/reduced duplication of services
- ✓ Readiness for other delivery/ payment models

PCSP Early Adopter Specialties

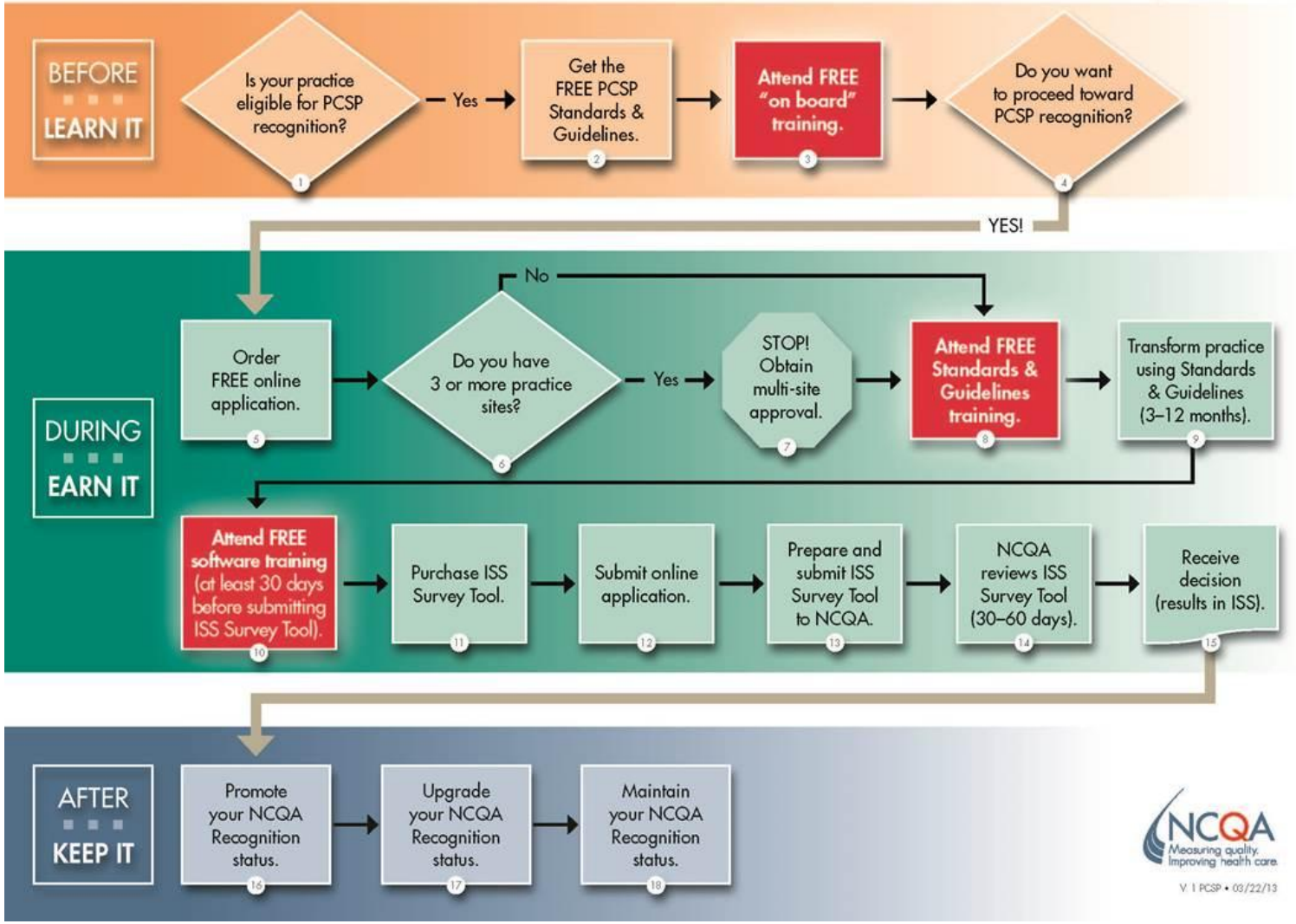
- Allergy
- Cardiology
- Diabetes
- Endocrinology
- Gastroenterology
- Gastroenterology/endocrinology surgery
- Hematology/oncology
- Immunodeficiency
- Infectious disease
- Liver transplant
- Mental health/behavioral health
- Multi-specialty
- Neurology
- OB-GYN
- Occupational medicine
- Ophthalmology
- Orthopedics
- Pain management/spine
- Pulmonology
- Rheumatology
- Sleep
- Urology/nephrology

- ✓ 73 early adopters
- ✓ from 28 states
- ✓ 22 different specialties
- ✓ at least 3 surgical practices
- ✓ 2 mental health practices

73 Early Adopters in 28 States

MomDoc (AZ)
Allergy and Asthma Medical Group of the Bay Area (CA)
The Davies Medical Group-Mental Health Specialists (CA)
Private Practice - Nadine Yassa (CA)
Western Slope Endocrinology (CO)
Western Connecticut Medical Group Cardiovascular Services (CT)
NeuroCare Health (CT)
Orlando Heart Specialists (FL)
HealthPoint Medical Group - Hematology and Oncology (FL)
UF CARES – University of Florida Center for HIV/AIDS Research, Education, and Service (FL)
Shaw Center for Women's Health (GA)
The Sleep Lab - Jamil Sulieman MD (HI)
FW Medical Oncology & Hematology (IN)
Northeast Indiana Urology (IN)
The University of Kansas Physicians - Department of Internal Medicine (KS)
Affinity Health Group (LA)
Commonwealth Hematology-Oncology (MA)
Joslin Diabetes Center - Boston (MA)
Johns Hopkins Community Physicians - Heart Care (MD)
Inland Hospital (ME)
St. Clair Specialty Physicians (MI)
CoxHealth, Regional Services, Adult Medicine and Endocrinology Specialists (MO)
Raleigh OB/Gyn Centre (NC)
Pulmonary Clinic of the Carolinas, PC (NC)
Wendover OB/GYN & Infertility (NC)
Halifax Regional Cardiology (NC)
Occupational and Environmental Medicine, Dartmouth Hitchcock Medical Center (NH)
New Mexico Heart Institute (NM)
Medical Associates of the Hudson Valley (NY)
ColumbiaDoctors, Division of GI and Endocrine Surgery (NY)
ColumbiaDoctors, Division of Orthopedics (NY)
ColumbiaDoctors Pulmonary Associates (NY)
Buffalo Medical Group (NY)
Hematology Oncology Associates of Central New York (NY)
Bassett Healthcare (NY)
Scarsdale Medical Group (NY)
ColumbiaDoctors, Department of Urology (NY)
Joslin Diabetes Center Affiliate at Southview Medical Center (OH)
OSUCCC-James Physician Group (OH)
Ohio State University Rheumatology at CarePoint East (OH)
Toledo Clinic Cancer Centers (OH)
Providence Heart Clinic at The Oregon Clinic Gateway (OR)
The Liver Clinic, Portland Gastroenterology, The Oregon Clinic (OR)
Portland Pain and Spine (OR)
Immune Deficiency Clinic, Kaiser Permanente Northwest (OR)
Women's Healthcare Associates (OR)
Consultants in Medical Oncology and Hematology (PA)
Jefferson Pulmonary Associates (PA)
Cardiology Consultants of Philadelphia (PA)
Lehigh Valley Physician Group - Hematology Oncology Associates, Morgan Cancer Center (PA)
Jefferson Medical Oncology Associates (PA)
South Penn Eye Care (PA)
PMA Medical Specialists (PA)
Main Line Gastroenterology Associates (PA)
PMSI - Division of Neurology (PA)
Lankenau Clinical Care Center (PA)
Thomas Jefferson University - Liver Transplant Program (PA)
Carolina Center for Occupational Health (SC)
Charleston Women's Wellness Center (SC)
Sea Island Pediatrics (SC)
The West Clinic (TN)
Wellmont CVA Heart Institute (TN)
Texas Children's Health Plan - The Center, The Center at Greenspoint - Obstetrics Clinic (TX)
Texas Oncology-Methodist Dallas Cancer Center (TX)
Texas Health Physicians Group (TX)
North Texas Kidney Disease Associates (TX)
Greater Austin Allergy, Asthma and Immunology (TX)
AMEN Clinics - Reston Location (VA)
North Country Obstetrics and Gynecology (VT)
Digestive Health Specialists (WA)
TriState Hospital and Medical Clinic (WA)

Start to Finish: Patient-Centered Specialty Practice (PCSP) Recognition



PCSP *Start to Finish*

NCQA Contact Information

PCSP: www.ncqa.org/pcsp

PCMH: www.ncqa.org/pcmh

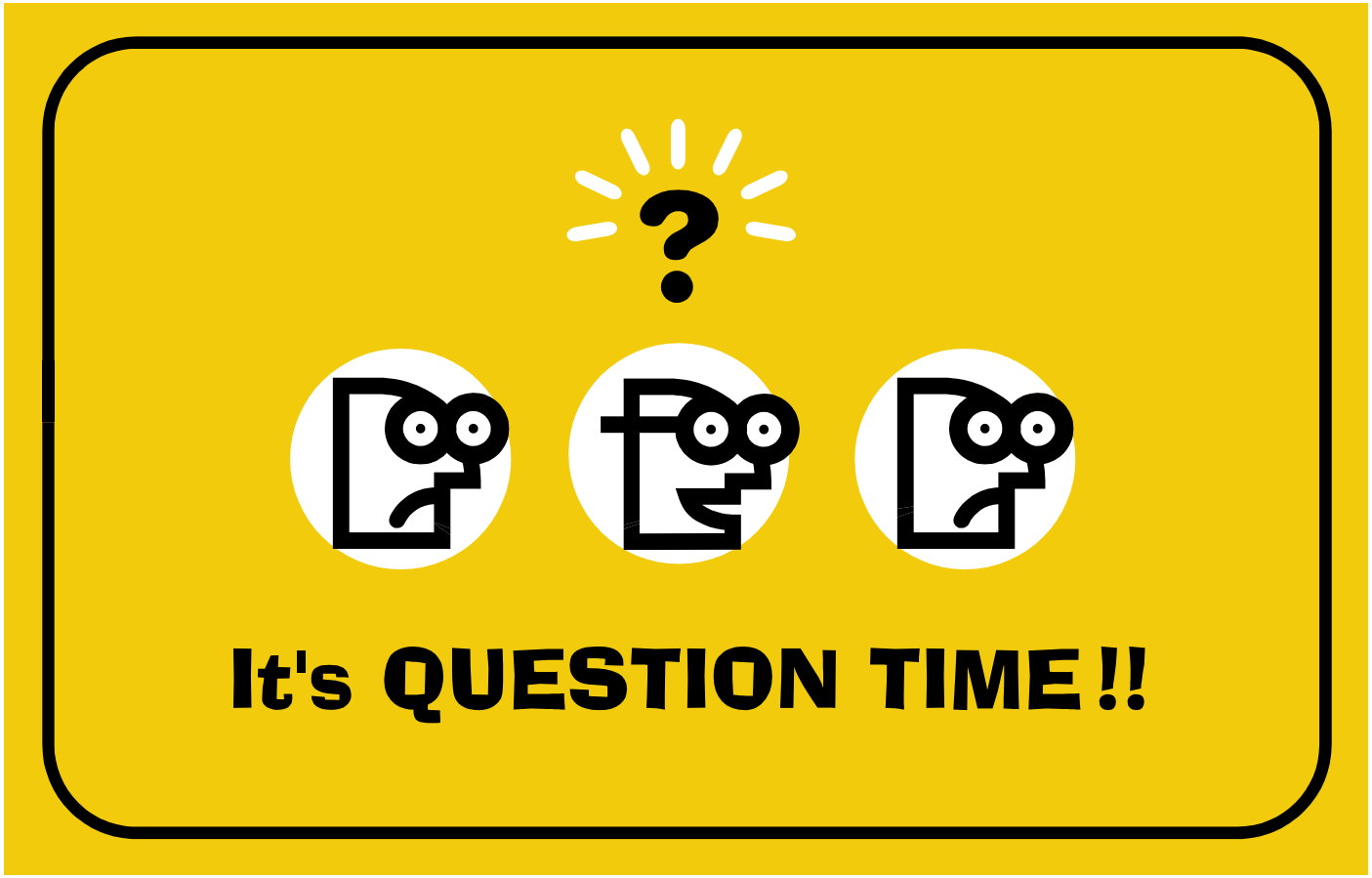
ACO: www.ncqa.org/aco.aspx

- ✓ View Frequently Asked Questions
- ✓ Program Pricing
- ✓ View Recognition Programs Training Schedule
- ✓ View other Recognition Programs – PCMH, DRP, HSRP

Submit to questions about interpretation of PCSP, PCMH & ACO standards to: pcsp@ncqa.org; pcmh@ncqa.org; aco@ncqa.org

Contact NCQA Customer Support: 1-888-275-7585

Questions?



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References

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