No Man is An Island: The Coordinated Journey to A Patient-Centered Healthcare System
for Patient-Centered Primary Care Collaborative
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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)

• 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)

* As of 9/30/13
NUMBER OF CLINICIAN RECOGNITIONS BY STATE

*As of 9/30/13

46485 Total Recognitions
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
What makes a successful PCMH?

Leadership

Practice Culture

Formal Approach to Quality Improvement

Team-based Care

Health Information Technology

Resources
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”

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

1. American College of Physicians.  
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

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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)


PCSP Development Timeline
2012 - 2013

Apr  May  Jun  Jul  Aug  Sep  Oct  Nov  Dec  Jan  Feb  Mar

Research

Draft Standards

CPC Review DRAFT Standards (May 19)

SPRAC Meeting - Review Standards (Apr 18)

Public Comment & Pilot

SPRAC Meeting Review Standards (Aug 23)

Finalize Standards/Scoring/Design

CPC Meeting (Nov 1)

Final Approvals

SPRAC Meeting Review Scoring (Oct 1)

Release Standards

Released Publication and Interactive Survey System Tool (March 2013)

BOD Meeting (Dec 12)
Patient-Centered Specialty Practice
Excellence in Care Coordination, Recognized

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 \( \geq 50\% \) performance level to pass

<table>
<thead>
<tr>
<th>Level of Qualifying</th>
<th>Points</th>
<th>Must Pass Elements at 50% Performance Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 3</td>
<td>75 - 100</td>
<td>5 of 5</td>
</tr>
<tr>
<td>Level 2</td>
<td>50 - 74</td>
<td>5 of 5</td>
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<tr>
<td>Level 1</td>
<td>55 - 49</td>
<td>5 of 5</td>
</tr>
<tr>
<td>Not Recognized</td>
<td>0 - 24</td>
<td>&lt; 5</td>
</tr>
</tbody>
</table>

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
Specialty Practice Recognition

NCQA—architect of America’s most popular patient-centered medical home model—has extended medical home concepts to specialists. NCQA Patient-Centered Specialty Practice Recognition. Now, specialty practices committed to access, communication and care coordination can earn accolades as the “neighbors” that surround and inform the medical home and colleagues in primary care.

Practices that become recognized will demonstrate patient-centered care and clinical quality through streamlined referral processes and care coordination with referring clinicians, timely patient and caregiver-focused care management and continuous clinical quality improvement.

Earning NCQA Patient-Centered Specialty Practice (PCSP) Recognition shows consumers, private payers and government agencies that your practice has undergone a rigorous review of its capabilities and is committed to sharing information and coordinating care. Recognition also signals to primary care practices that your specialty practice is ready to be an effective partner in caring for your shared patients.

Additional benefits to PCSP recognized practices may include:

- Favorable standing within health plan networks, more referrals and potentially higher reimbursement levels.
- More time to concentrate on patients with complex medical problems that require a specialist’s expertise, less time spent on issues not related to the specialty.
- Improved patient safety associated with medication management, timely response to referral requests, improved information from colleagues in primary care and better tracking of test results.
- Readiness for a delivery/reimbursement model that focuses on outcomes and reduced duplication of services.
- Promoting a practice’s suitability for newly proposed physician delivery and payment models (e.g., accountable care organizations, episodes of care, bundled payments).

“NCQA’s Patient-Centered Specialty Practice Recognition is an important step forward. I sincerely hope the specialty community embraces it, just as the primary care world has embraced the patient-centered medical home.”

— Ed Wagner, MD, MPH, creator of the Chronic Care Model

- 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 Endocrinology 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

BEFORE LEARN IT

Is your practice eligible for PCSP recognition?

Yes → Get the FREE PCSP Standards & Guidelines.

No → Attend FREE "on board" training.

Do you want to proceed toward PCSP recognition?

YES!

DURING EARN IT

Order FREE online application.

Do you have 3 or more practice sites?

Yes → STOP! Obtain multi-site approval.

No → Attend FREE software training.

(at least 30 days before submitting ISS Survey Tool).

Order ISS Survey Tool.

Submit online application.

Prepare and submit ISS Survey Tool to NCQA.

NCQA reviews ISS Survey Tool (30–60 days).

Receive decision (results in ISS).

AFTER KEEP IT

Promote your NCQA Recognition status.

Upgrade your NCQA Recognition status.

Maintain your NCQA Recognition status.

NCQA Start to Finish
NCQA Contact Information

PCSP: [www.ncqa.org/prsp](http://www.ncqa.org/prsp)
PCMH: [www.ncqa.org/pcmh](http://www.ncqa.org/pcmh)
ACO: [www.ncqa.org/aco.aspx](http://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; pcmp@ncqa.org; aco@ncqa.org](mailto:pcsp@ncqa.org; pcmp@ncqa.org; aco@ncqa.org)

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

It's QUESTION TIME!!

Contact me: Tricia Barrett, VP Product Development, barrett@ncqa.org, 202-955-1734
References

• Mehrotra et al. The Milbank Quarterly, 2011.
• Partnership for Solutions, Johns Hopkins Univ. 2002.
• Machlin and Carper. 2007. AHRQ.
• Takash. July 2011. Reinventing Medicaid: State Innovations To Qualify And Pay For Patient-Centered Medical Homes Show Promising Results.