

For Public Comment
June 13–July 15
Comments due 11:59pm ET
July 15, 2016

Patient-Centered Medical Home 2017 Updates

Overview



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Overview

Our Mission: Improve the Quality of Health Care

NCQA is dedicated to improving health care quality.

For more than 25 years, NCQA has been driving improvement throughout the health care system, helping advance the issue of health care quality to the top of the national agenda. NCQA's programs and services reflect a straightforward formula for improvement: measurement, transparency, accountability.

Public comment is integral to the development of NCQA standards and measures. NCQA actively seeks input from all interested parties during the development process, and integrates recommendations in the final version of its programs.

We welcome your suggestions and encourage you to comment on the overall structure of the proposed changes.

Background and Objectives

The NCQA Patient-Centered Medical Home (PCMH) Recognition program was launched in 2008 to provide a standardized tool for qualifying practices as adhering to the PCMH model. PCMH standards were updated in 2011 and 2014, to add requirements for behavioral health and to refine requirements for team-based care, care management and quality improvement activities.

The PCMH 2017 update responds to customer comments and program requirement challenges. NCQA seeks to pare the number of requirements necessary for PCMH recognition by identifying best practices and core activities essential to a primary practice functioning as a medical home, and to improve communication with and support for practices throughout the recognition process.

Proposed enhancements to PCMH standards are a component of NCQA's global update to its recognition programs. The overarching objective is to enhance the value of NCQA Recognition for clinicians and their teams, employers, payers, patients and families, and for other stakeholders, by:

- Engaging practices through a combination of live support and an interactive, Web-based platform.
- Removing tasks with limited value.
- Focus on Criteria with the greatest impact on desired outcomes.
- Assessing clinical and operational practice data to support recognition, quality measurement, and benchmarking.
- Responding to federal, state and regional needs and priorities.

More information on the Recognition Redesign can be found on the [NCQA Website](#) and [Blog](#)

PCMH Redesign: <http://www.ncqa.org/newsroom/statements/pcmh-ideas>

PCMH Redesign Blog Post: <http://blog.ncqa.org/recognition-redesign-questions/>

Program Development to Date

NCQA staff reviewed feedback and recommendations from key stakeholders (e.g. practices, health plans, patient advocates); analyzed factor-level data from currently recognized practices; surveyed PCMH Certified Content Experts; and obtained input from the Clinical Programs Committee and members of the PCMH 2017 Advisory Committee. Staff also compiled feedback from the Ideas4PCMH digital inbox, which gathered customer and stakeholder input.

NCQA held a series of discussions with the PCMH 2017 Advisory Committee to ensure that program requirements reflect The Joint Principles of PCMH and the triple aim, focus on practice transformation and drive improvement, are flexible to a spectrum of practice types and create a pathway to acknowledge more advanced practices.

The committee also discussed how to evaluate high-performing practices. The majority of suggestions align with existing program components (patient engagement, care coordination, population management), and include practice governance/leadership, social determinants of health and community engagement.

Ultimately, PCMH 2017 recommendations were derived from committee discussions over six months and many are consistent with existing PCMH 2014 requirements.

PCSP 2016 Standards Update Concepts

The 2017 standard format is a departure from the current standard-element-factor arrangement. Recommendations are organized across six categories that roughly align with existing program requirements; some still carry current PCMH 2014 titles. PCMH criteria are outlined across two sections:

1. **CORE:** Requirements that must be met in order to earn PCMH recognition.
2. **ADDITIONAL CRITERIA:** A list of important requirements for practices to demonstrate but practices must only demonstrate a portion of the listed items. Practices can choose among the items to tailor their activities to the community and population served. Requirements noted as **(ADVANCED)** are requirements that are more challenging and are above and beyond typical practice function and capabilities.

Recommended changes reduce documentation requirements whose burden outweighs return, and provide focus on the criteria with the greatest impact on desired outcomes. They include additional behavioral health integration criteria and introduce requirements for evaluating a practice's structure, its collaboration with community partners and its integration of social determinants of health for responding to the needs of its patient population.

NCQA is also changing how practices will become recognized within the PCMH program. The new scoring structure will no longer use levels in determining recognition. Practices seeking PCMH Recognition will receive the designation by meeting the Core requirements and a certain number of the Additional Criteria. NCQA also intends to increase flexibility in the methods used for documentation in PCMH 2017. Practices will have the opportunity to demonstrate they meet some requirements during a virtual review of their practice during the recognition process.

Refer to the PCMH 2017 Recommendations Table for a full list of proposed requirements.

PCMH 2017 Advisory Committee Members

In 2015, NCQA assembled the PCMH 2017 Advisory Committee, whose 25 members represent practices, medical associations, physician groups, health plans and consumer and employer groups. The committee met throughout 2016 to discuss and analyze draft standards.

Yul D. Ejnes, MD, MACP, Chair (Internal Medicine)
Coastal Medical

Jean Antonucci, MD (Family Medicine)

Alicia Berkemeyer
Arkansas Blue Cross and Blue Shield

Suzanne Berman, MD, FAAP (Pediatrics)
Plateau Pediatrics

Kelly Cronin, MPH, MHP
Office of the National Coordinator for Health Information Technology

Susan Davis, MSN, APRN, CPNP-PC
Community Health Network of CT, Inc.

Patrick Gordon, MPA
Rocky Mountain Health Plans

Karen Handmaker, MPP
IBM Watson Health

Jeffery Harris, BS, RCP, RCPT
Patient Advocate

Scott Hines, MD (Endocrinology)
Crystal Run Healthcare

Deborah Johnson Ingram, BA
Primary Care Development Corporation

Katelyn Johnson, MBA
Cisco Systems

Donald Liss, MD
Independence Blue Cross

Adriana Matiz, MD, FAAP (Pediatrics)
Columbia University Medical Center

Leslie Milteer, PA-C, MPAS, DFAAPA
Saint Catherine University

Mary Minniti, BS, CPHQ
Institute for Patient-and-Family Centered Care

Amy Mullins, MD, CPE, FAAFP
American Academy of Family Physicians

Deborah Murph, RN
Cherokee Health Systems

Ann O'Malley, MD, MPH
Mathematica

Lori Raney, MD (Psychiatry)
Health Management Associates

Judith Steinberg, MD, MPH
UMass School of Medicine

William F. Streck, MD
Healthcare Association of New York State

Joseph Territo, MD (Pediatric Ophthalmologist)
Kaiser Mid-Atlantic Permanente Medical Group

Brad Thompson, MA, LPC-S
HALI Project

Lisa Dulsky Watkins, MD
Granite Shore Consulting, LLC

Public Comment Instructions

Public Comment Questions

Public Comment is integral to the development of all NCQA standards and measures. NCQA actively seeks thoughtful commentary and constructive criticism from interested parties, and considers all suggestions. Many comments lead to changes in our standards and policies. The public comment review process makes our standards stronger and more worthwhile for all stakeholders.

Feedback on Global Issues

NCQA requests reader thoughts and insights on global issues related to product updates.

- Does the scope of requirements seem reasonable and consistent with the medical home practice workflow?
- Are criteria clearly articulated? If not, which areas need clarification?
- Do criteria align with practice services and stakeholder expectations? Are there requirements that do not apply to certain types of medical homes? Be specific.
- Does your practice have the necessary systems and materials (e.g., documents) to meet the criteria? If not, which criteria are most challenging to meet? Which are most challenging to document?
- Would your practice be willing to be reviewed against additional requirements to receive special recognition?
- Would your practice be interested in special recognition for behavioral health?
- Would your practice be interested in special recognition for patient engagement?
- Would your practice be interested in special recognition for cardiovascular care?
- Would your practice be interested in special recognition for diabetes care?
- Would your practice be interested in special recognition for pediatrics?
- What other area(s) would you be interested in for special recognition?
- PCMH 2017 requires practices to complete all Core criteria and a selection of Additional Criteria. How many of the Additional Criteria is reasonable and sufficient to require for recognition?
- Do you support the removal of recognition levels for a single threshold to receive PCMH Recognition?

Feedback on Program Policies and Procedures

NCQA proposes language to highlight criteria for culture change that practices should consider when determining their eligibility for PCMH Recognition.

- Is it reasonable to require practices to attest to their commitment to a practice-level culture change that requires all services to be equally available to all patients and all clinicians to participate?

Feedback on Criteria

NCQA requests feedback on changes proposed to criteria groups (Core, Additional Criteria). When you determine your level of support for each category, consider:

- Are the criteria (Core and Additional Criteria) categorized appropriately?
- Are there any other items that should be listed in Core such that all practices must demonstrate them to receive recognition?
- Are the Additional Criteria designated as “Advanced” truly more challenging to perform?
- Should NCQA consider other criteria or changes to recommended criteria?
- Are the Core documentation requirements appropriate?
- Are the Additional Criteria documentation requirements appropriate?

There are also additional questions for the following categories:

Team –Based Care and Practice Organization

- **Core 2:** We request a designated clinician leader to support the medical home model. Should NCQA allow the clinician leader to be a clinical team or administrative staff?

Knowing and Managing Your Patients

- **Core 9:** Do practices collect items A-H as part of a Comprehensive Health Assessment?
- **Core 9:** Can practices produce a report demonstrating the percentage of patients for whom items A-H have been collected? If not, what is the best way to demonstrate routine and systematic collection of these data?
- **Core 9:** Do practices report data for items A-H in structured fields (from which a report may be generated)?

Care Coordination and Care Transitions

- Should any criteria be moved to Core in Section C?

Performance Measurement and Quality Improvement

- Should practices receive credit for each item completed in A66?

Submitting Comments

Submit all comments through NCQA’s Public Comment Web site (<http://publiccomments.ncqa.org>). **NCQA does not accept comments via mail, e-mail or fax.**

To enter comments:

1. Go to the Public Comment database.
2. Enter your e-mail address and contact information.
3. Select **Patient-Centered Medical Home 2017**.
4. Click the **Instructions** link to the view public comment materials including instructions, proposed specifications and measures.
5. Select the **Topic** and **Element** (i.e., question) on which you would like to comment.
6. Select your support option (i.e., **Support, Do not support, Support with modifications**).
 - If you choose **Do not support**, include your rationale in the text box.

- If you choose **Support with modifications**, enter the suggested modification in the text box.
- 7. Enter your comments in the **Comments** box.
*Note: There is a 2,500-character limit for each comment. We suggest you develop your comments in Word, to check your character limit, and use the “cut and paste” function to copy your comment into the **Comments** box.*
- 8. Use the **Submit and Return** button to submit more than one comment. Use the **Submit and Logout** button to log out; you will receive an e-mail notification with all your submitted comments.

All comments are due Friday, July 15, by 11:59 p.m. ET.

Next Steps

All suggestions will be considered. The final Patient-Centered Medical Home 2017 program standards will be released in March 2017, following approval by the NCQA Clinical Programs Committee and the NCQA Board of Directors.