

2024 NCQA PCMH Changes

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Session Goals

- Learn changes made to the PCMH program
- Utilize PCC tools to meet requirements
- Implement a workable plan

Annual Reporting 2024

No changes!

- *Team meetings – document!*
- *Data points – clinical and resource*
- *Patient surveys – at least once a year*
- *Care Management - Care plans on high-risk patients*

Tips for Success with PCMH

- Become familiar with Dashboard Reports
- Learn how to build and run custom reports in Report Library
- Assign proper privileges to staff
- Assess your patient population
- Edit protocols to fit your patient population

Medical Home Responsibilities

Update your website, brochure, welcome letters

- Names and phone number of practice points of contact.
- Instructions for reaching the practice after office hours.
- A list of services offered by the practice.
- A list of resources for patient education and self-management support.
- Indication that the practice uses evidence-based care.

This is a required submission item!

Diversity

- Sexual orientation/gender identity on 18 y/o+
- Reports need to be broken down by data point
- Language report is required
- Do not give more than what is asked

Demonstration - PCC Diversity Tools & Reporting

- The new PCC Report Library SO/GI Report (release 9.7)
 - Only required for > 18 year old patients
 - No PHI provided in the report, strictly percentages of your patient population
- Properly Documenting and Configuring your SO/GI EHR Tools
 - This is a confidential component by default
 - Part of the Medical Summary
 - Configuring your Practice Preferences
 - Individual Patient Configuration

Same-Day/Outside of Business Hours Appointments

- Attestation item, but expect audits
- Must include routine and urgent care
- Routine is not only preventive exams
- Use blocks!
- Walk-in appointments, overbooks or lunch do not count
- What are appointments outside of business hours?

Demonstration of Tools to Track Same-Day Appts

- Appointment-based reports in Report Library
 - Customize, use column data to prove same-day
- Configure your Provider Hours Templates with helpful color blocking as visual aid to staff
 - Optional: create discrete Same-Day/After Hours Visit Types and Reasons with unique colors

PCMH 2024

Pursuing PCMH?

- Full utilization of an EMR is required 01/01/2024
 - Hybrid will no longer be accepted
- Learn the NCQA terminology/lingo
- Expect heftier documentation requirements
 - Clear explanations
 - Understandable to the point policies
 - “By-the-book”

Nuances of PCMH

- Date EVERYTHING
 - Policies
 - Examples
 - Reports
 - Patient communications
- Date of implementation - when did the process begin?
- Date of review - needed when making updates
- Remove PHI - NCQA will delete the documentation
- Prepare a few virtual review items
- Understand you will have to explain basic pediatric concepts to evaluator

Documentation Points

- Use structured data fields
- Do not use reminders or medical summary or other 'free text' fields in the chart or protocols – these will not pull into reports
- Patients medical Hx
- Social Hx
- Family medical Hx -including substance use/mental illness
- SDoH – pick what is relevant to your population
- Notation of BH assessments with plan for positive assessments
- Clinical advice messages
- **Care coordination**
 - All the details!
 - Follow-up on referrals, labs, imaging
 - Notification of test results
 - ED/UC/Hospital follow-ups
- **Care management/care plans**
 - Individualized
 - Matches reason for visit/condition

Technology Matters

- CHADIS
- Phreeisa
- Lab interfaces
- Hospital notification systems - **NYS
- Patient portal - **NYS
- Recaller systems
- HIEs **NYS

If you're going to tell NCQA that you use these, make sure they work for you!

Demonstration on SDoH Charting

- Example of what ***not to do*** in free-text PCC EHR fields for SDoH
- How to set up a SDoH Screening Order
- Don't forget appropriate CPT and ICD-10 in Billing Configuration
 - And LOINC: 88121-9, also 88122-7, 88123-5, and 88124-3
- **Example: The Hunger Vital Signs Screening for SDoH**
 - Quick and easy for patients/families
 - Available in CHADIS
 - Procedural billing code G9919 (positive,) G9920 (negative) ICD-10 Z59.4 (positive)
 - This is how **your payors** know you're addressing SDoH as well!
 - **Note:** if you use a Form (physically printed and completed) to track this SDoH, you must also record the results properly in Screening Order/s *or* appropriate billing/diagnosis codes on the claim so you can report to NCQA accurately

More ICD-10 Coding Information for SDoH

Z55 - Literacy (i.e. illiteracy, failing in school)

Z56 - Employment (i.e. change or loss of job, stressful work)

Z57 - Exposures to Risk (i.e. tobacco smoke, other air contaminants)

Z58 - Physical Environment (i.e. lack of safe drinking water Z58.6)

Z59 - Housing & Homelessness

Z60 - Social Environment (i.e. rejection, bullying)

Z62 - Upbringing (i.e. custody issues, physical and sexual abuses)

Z63 - Relationships (i.e. absence or death of family member, military deployments, stress, alcoholism in family)

Z64 - Psychosocial Circumstances (i.e. unwanted pregnancy, issue with counselors)

Z65 - Other Psychosocial (i.e. victim of crime, imprisonment, terrorism.)

Care Coordination

- Proactively check hospital portals for your patients
- Ask patients if they have visited other facilities – add this to your protocols
 - AKA the ARRA Transition of Care Component in the PCC EHR
- Documentation
 - Hospital transitions
 - If the hospital won't accept a call, send the patient with a clinical summary, and document
- Scan all documentation into EMR
- Call for hospital follow-up and document

Care Management

- NCQA is reviewing content carefully
- Must individualize to patient
- Use templates, then make edits
- Keywords - use the NCQA terms
 - **Goals:** patient goals NOT provider goals
 - **Barriers:** to achieving the patient goals
 - **Ways to overcome barriers:** education/tools to help
 - **NEW:** timeline to achieve goals [credit]

Care Plans

- Care management patient criteria
- Acute conditions are not care management/high-risk
- Use SDoH and high-cost/high-utilization as “layers”
- What constitutes a good care plan?
 - No medical jargon
 - Complete information - not relying on the template (i.e. Snap Text)
 - The parent should leave knowing what to do between appointments

Quality Improvement

- Expect changes with clinical quality data
- NCQA is moving to standardized measures
- Standardized measures follow strict HEDIS guidelines
- Data requirements
 - Denominators must be 30 for any measure
 - Always include a reporting period
 - Keep baseline and re-measurement reporting periods consistent
- Pick at least 3 QI projects each year and prioritize

QI Goals/Projects

- Clinical
 - Consider payer goals
 - Special interest/soul projects
- Resource
 - Avoid URI/Strep
 - Lean towards operational improvements
- Patient satisfaction
 - Do not pick the easiest measure
 - Appointment wait times or availability no longer count
- Use email as a method of communication - easy documentation

What's Your PCMH Plan?

- Start early
- Identify challenges
- Submit NCQA tickets for questions
- Less is more... just joking...document everything!
- Continuously train/educate staff
- Audit your data for accuracy
- Align with your payer requirements

References and Resources

Resources:

- <https://learn.pcc.com>
- http://pcmh.pcc.com/index.php?title=PCC_PCMH_Resources
- Visit the Patient Centered Solutions booth in the Exhibition Hall
- Your PCC Client Advocate

What Questions Do You Have?

Later Viewing

This and all other UC2023 course recordings will be available for later viewing through the app.