

2025 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 2025

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No changes!

- *Diversity reporting*
- *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

Structure and Staff Responsibilities

- **Organizational Chart** – Reporting structure
- **Job Descriptions** – description of staff roles, responsibilities and skills necessary to complete the job

This is a required submission item!

Comprehensive Health Assessment

The practice continues to conduct and document comprehensive health assessments that include:

- Medical history of the patient and family.
- Mental health/substance use history of the patient and family.
- Family/social/cultural characteristics.
- Communication needs.
- Behaviors affecting health.
- Social functioning.
- Social determinants of health.
- Developmental screening using a standardized tool. *(NA for practices with no pediatric population under 30 months of age.)*
- Advance care planning. *(NA for pediatric practices.)*

PCC Protocols

- PCC has a comprehensive set of age-based protocols, even those based on Bright Futures guidelines.
- Integration with CHADIS allows for developmental and depression assessments.
- PCC Community allows for PCC clients to share ideas and protocols - they can be imported/exported from system to system
- Work with your PCC Client Advocate
 - Protocols should be regularly reviewed and refined, and PCC is here to help!

Protocol Anchor Example for 11-14yr Well Visit

1. Accompanied By:
2. Forms
3. Vitals
4. Vital Notes
5. BF4 - HISTORY
6. BF4 - Concerns and Questions:
7. BF4 - Interval History:
8. BF4 - Medical History
9. BF4 - Areas reviewed and updated as needed
10. BF4 - Past Medical History
11. BF4 - Surgical History
12. Problem List
13. Medication History
14. Allergies
15. PCC eRx Allergies
16. BF4 - Nutrition
17. BF4 - Females
18. BF4 - Dental Home
19. BF4 - Sleep
20. BF4 - Physical Activity
21. BF4 - School
22. BF4 - Activities
23. BF4 - Tobacco, alcohol, and drug use
24. BF4 - Sexual Orientation/Gender Identity
25. BF4 - Sexual Activity
26. BF4 - Mood
27. BF4 - Development (Checked box= Normal development)
28. BF4 - Social and Family History
29. BF4 - Review of Systems (Focus area)
30. BF4 - Review of Systems
31. BF4 - Physical Examination (Focus area)
32. BF4 - Physical Examination
33. Diagnoses
34. BF4 - Assessment
35. Medical Procedure Orders
36. Lab Orders
37. Screening Orders
38. Medical Test Orders
39. Immunizations
40. BF4 - Anticipatory Guidance
41. BF4 - Plan
42. BF4 - Immunizations
43. BF4 - Universal Screening
44. BF4 - Selective Screening (based on risk/previsit questionnaire)
45. Followup Orders
46. Visit Documents

Diversity

- Race, ethnicity, language
- Zip-code is a great option for “other”
- Sexual orientation/gender identity on 18 y/o+
- Reports need to be broken down by data point

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

PCMH 2025

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Pursuing PCMH?

- Full utilization of an EMR is required as of 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

Referral Management

- Attestation item but PREPARE ALL documentation.
- Giving the consultant or specialist the clinical question, the required timing and the type of referral.
- Giving the consultant or specialist pertinent demographic and clinical data, including test results and the current care plan.
- Tracking referrals until the consultant or specialist's report is available, flagging and following up on overdue reports.

Tracking referrals

- Use orders by visit report
 - Stratify on “referrals”
 - Specific time frame
 - Status
- Task management system

Referral Task Examples from PCC Client

PCC EHR Schedule (52) Visit Tasks (99+) E-lab Results (0) Rx Queue (23) Messaging (99+) Signing (99+)

Tasks: 2314

Completed	Date	Due	Patient	Visit Status (Rm.)	Provider	Order	Task	To	Docs	In Use
✓	07/03/24 06:53pm	07/03/24		Gone		Gastroenterology	Referral Needed	Referral Coordinator		
✓	07/03/24 05:16pm	07/03/24		Gone		Speech Therapy	Referral Needed	Referral Coordinator		
✓	07/03/24 04:06pm	07/03/24		Gone		Ophthalmology	Referral Needed	Referral Coordinator		
✓	06/28/24 10:02am	07/03/24		Gone		sleep study	Referral Needed	Referral Coordinator		
✓	06/27/24 04:20pm	06/27/24		Gone		Allergy / Immunology	Referral Needed	Referral Coordinator		
✓	06/27/24 04:19pm	06/27/24		Gone		Allergy / Immunology	Referral Needed	Referral Coordinator		
✓	06/27/24 02:29pm	06/27/24		Gone		Allergy / Immunology	Referral Needed	Referral Coordinator		
✓	06/26/24 06:46pm	06/26/24		Gone		Allergy / Immunology	Referral Needed	Referral Coordinator		
✓	06/26/24 06:25pm	06/26/24		Gone		sleep specialist	Referral Needed	Referral Coordinator		
✓	06/26/24 03:34pm	06/26/24		Gone		Ophthalmology	Referral Needed	Referral Coordinator		
✓	06/24/24 11:37am	06/26/24		Gone		Dermatology	Referral Needed	Referral Coordinator		
✓	06/24/24 09:27am	06/24/24		Gone		ENT	Referral Needed	Referral Coordinator		
✓	06/21/24 04:22pm	07/03/24		Gone		sleep study	Referral Needed	Referral Coordinator		
✓	06/21/24 11:09am	06/25/24		Gone		ENT	Referral Needed	Referral Coordinator		
✓	06/21/24 09:00am	06/21/24		Gone		Nephrology	Referral Needed	Referral Coordinator		
✓	06/20/24 03:09pm	07/03/24		Gone		Speech Therapy	Referral Needed	Referral Coordinator		
✓				Gone		Audiology	Referral Needed	Referral Coordinator		
✓				Gone		Psychiatry	Referral Needed	Referral Coordinator		
✓				Gone		ENT	Referral Needed	Referral Coordinator		
✓				Gone		Ophthalmology	Referral Needed	Referral Coordinator		
✓				Gone		Speech Therapy	Referral Needed	Referral Coordinator		

Referral Needed
 Referral Requested
 Repeat Procedure Needed
 Requisition Needed
 Results Needed
 Schedule Appointment
 Scoring/Results Needed
 Second Call
 STAT Order
 STAT Referral Needed

Task: Referral Needed Location: All Locations Due: 07/10/24 Display: All Statuses

Assigned User: Coordinator Provider: All Providers Save My Defaults

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Referral Task Examples from PCC Client

PCC EHR

File Edit Reports Tools Configuration Window Help

Schedule (52) Visit Tasks (19) E-lab Results (0) Rx Queue (23) Messaging (99+) Signing (99+)

PCC EHR

FIND

Tasks: 19

Completed	Date	Due	Patient	Visit Status (Rm.)	Provider	Order	Task	To	Docs	In Use
	06/10/24 11:32am	07/10/24		Gone		ENT	Last Call	Referral Coordinator		
	06/10/24 10:36am	07/10/24		Gone		Ophthalmology	Last Call	Referral Coordinator		
	06/08/24 01:26pm	07/08/24		Gone		Physical Therapy	Last Call	Referral Coordinator		
	06/08/24 09:56am	07/08/24		Gone		Occupational Therapy	Last Call	Referral Coordinator		
	06/08/24 09:27am	07/08/24		Gone		Speech Therapy	Last Call	Referral Coordinator		
	06/07/24 02:58pm	07/08/24		Gone		Allergy / Immunology	Last Call	Referral Coordinator		
	06/07/24 11:14am	07/08/24		Gone		Orthopedics	Last Call	Referral Coordinator		
	06/07/24 10:47am	07/08/24		Gone		Dermatology	Last Call	Referral Coordinator		
	06/07/24 10:29am	07/08/24		Gone		Gynecology	Last Call	Referral Coordinator		
	06/07/24 09:57am	07/08/24		Gone		ENT	Last Call	Referral Coordinator		
	06/06/24 04:16pm	07/08/24		Gone		Allergy / Immunology	Last Call	Referral Coordinator		
	06/06/24 02:54pm	07/08/24		Gone		Podiatry	Last Call	Referral Coordinator		
	06/06/24 02:43pm	07/08/24		Gone		ENT	Last Call	Referral Coordinator		
	06/06/24 02:43pm	07/08/24		Gone		Audiology	Last Call	Referral Coordinator		
	06/06/24 10:18am	07/08/24		Gone		Speech Therapy	Last Call	Referral Coordinator		
	06/06/24 08:54am	07/08/24		Gone		Neurology	Last Call	Referral Coordinator		
	06/05/24 05:23pm	07/10/24		Gone		Counseling	Last Call	Referral Coordinator		
	06/05/24 04:50pm	07/08/24		Gone		neurosurgery	Last Call	Referral Coordinator		
	06/04/24 08:40am	07/10/24		Gone		Dermatology	Last Call	Referral Coordinator		

Task: Last Call Location: All Locations Due: 07/10/24 Display: Not Completed

Assigned User: Coordinator Provider: All Providers Save My Defaults

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Hospital/ED Care Coordination Basics

- Proactively check hospital portals for your patients - can use CDE
- Ask patients if they have visited other facilities – add this to your protocols
 - AKA the ARRA Transition of Care Component in the PCC EHR
 - ONLY use this component when there is a transition of care
- 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

Hospital/ED Care Coordination Requirements

- Post hospital/ED discharge follow-up

The practice contacts patients/families/caregivers about follow-up care, if needed, within an appropriate period following a hospital admission or emergency department visit.

Upload:

- Evidence of implementation on contacting patients following a hospital admission or emergency department visit.

Note: *Although not every patient in the primary care practice may require a follow-up visit, all discharged patients should be contacted. The practice defines “appropriate period.”*

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:** Include the visit summary to cover problem list, expected outcome/prognosis, treatment goals, medication management, schedule for review/update

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
 - Follow-up schedule

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

QI Goals/Projects – New 2025

- Goals and actions for improvement spreadsheet is new to 2025
- Clinical
 - Consider payer goals
 - Special interest/soul projects
- Resource
 - Avoid URI/Strep
 - Lean towards operational improvements
- 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
- Patient Centered Solutions Consulting
- Your PCC Client Advocate

What Questions Do You Have?

Later Viewing

This and all other UC2024 course recordings will be available for later viewing through the app.