

PCMH Quality Assurance Program

Education regarding quality
assurance activities



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Agenda

- Welcome & Introductions
- Review of six-month activities
- Maintaining documentation
- Validation criteria and processes
- Remediation process and documentation submission

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Welcome & Introductions



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Review of six-month activities – Due 6/30/14

- Identify top 10 percent of high priority patients
- Assess operations of practice and opportunities to improve
- Develop strategy to implement care coordination and practice transformation
- Identify and address medical neighborhood barriers to coordinated care at the practice level
- Provide 24/7 access to care
- Document approach to expanding access to same-day appointments

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Maintaining documentation

Suggested binder for housing supporting documentation

- Creates an organized system for supporting documentation relating to activities
- Provides easy access to documentation required for validation
- Create a section for each activity



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Validation process

Post-attestation (June 30, 2014), the PCMH validation process for six-month activities will be completed by PCMH QA staff through a scheduled onsite review between July 1, 2014 and December 31, 2014.

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What are we looking for?



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Validation process

Activity A: Identify top 10 percent of high-priority patients

- PCMH QA reviews for completion of selection of high-priority beneficiaries as submitted in provider portal.

Arkansas PCMH Portal

Home

Identification of high priority patients & physician-selected exclusions

Please identify both your high priority patients and your physician-selected exclusions.

- High priority patients are those patients you feel will require increased attention and upon whom certain practice support metrics will be tracked.
- Physician-selected exclusions are patients that will be removed from your total cost of care calculations at the end of the performance period.
- This list must be submitted within 90 days of beginning of the performance period.

Beneficiaries per page: 100
 Attributed patients: 5000
 # patients that must be indicated as high priority: 500
 # currently identified as high priority: 400
 Allowed exclusions: 5
 Exclusions currently selected: 0

Search:

Beneficiary ID	Beneficiary name	Include in high priority group	Excluded patients	Age	Sex	# IP visits	Most recent IP visit	# ED visits	Is patient in a Health Home?	Risk score	Is risk score claims-based?	PCP	Have care plan been updated at least twice in the performance period?	Has the care plan been updated at least twice in the performance period?
123456	Doe, John	<input type="checkbox"/>	<input type="checkbox"/>	79	M	2	2/12/13	1	N/A	73	Y	Smith, J, MD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
123457	Doe, John	<input type="checkbox"/>	<input type="checkbox"/>	24	M	1	1/1/13	3	N/A	73	Y	Smith, J, MD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
123458	Doe, John	<input type="checkbox"/>	<input type="checkbox"/>	56	F	0	7/29/12	0	N/A	71	Y	Smith, W, MD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
123459	Doe, John	<input type="checkbox"/>	<input type="checkbox"/>	83	M	4	4/15/13	8	N/A	66	N	Smith, J, MD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
123460	Doe, John	<input type="checkbox"/>	<input type="checkbox"/>	45	M	1	5/18/13	2	N/A	65	Y	Smith, W, MD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
123466	Doe, John	<input type="checkbox"/>	<input type="checkbox"/>	37	M	1	12/13/12	0	N/A	65	Y	Goody, J, MD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
123479	Doe, John	<input type="checkbox"/>	<input type="checkbox"/>	92	F	3	11/11/12	1	N/A	59	N	Smith, W, MD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
123482	Doe, John	<input type="checkbox"/>	<input type="checkbox"/>	77	F	5	5/5/13	5	N/A	48	Y	Goody, J, MD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Download attributed beneficiary list as pdf | Download attributed beneficiary list as csv file | Choose top 10% by risk score | Save list

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Validation process

Activity B: Assess operations of practice and opportunities to improve

PCMH QA reviews the tool practice used for the assessment, along with resulting summary, which should include identification of practice strengths and opportunities for improvement.

Assessment completed for practice transformation vendor is acceptable.



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Validation process

Activity B: Assess operations of practice and opportunities to improve

Additional resources:

American Academy of Family Practice:

http://www.aafp.org/dam/AAFP/documents/practice_management/pcmh/PCMHChecklist.pdf

Safety Net Medical Home Initiative:

<http://www.safetynetmedicalhome.org/sites/default/files/PCMH-A.pdf>

Joint Commission:

http://www.jointcommission.org/accreditation/primary_care_medical_home_certification_option_for_cah.aspx

National Committee of Quality Assurance (NCQA): *Registration required and fee associated*

www.ncqa.org

- Publication and Products
- Recognition Programs
- Patient-Centered Medical Home (PCMH)
- 2014 PCMH Survey Tool (1-4 users)

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Validation process

Activity C: Develop and record strategies to implement care coordination and practice transformation

PCMH QA reviews implementation plans and timelines for improvements as well as documentation of activities completed to date toward the achievement of those plans.

Example of plan:

1. Select a transition of care domain to focus (e.g., ER visits)
2. Identify the “ideal” model (e.g., how will the practice be notified of ER visits)
3. Define methods on how to create the “ideal” model
4. Identify examples/tools of “ideal” model
5. Finalize task required to achieve desired model
6. Implement model
7. Track progress

Timeline example:

Month 1

- Select area of focus and identify ideal model

Month 2

- Define methods of ideal model and obtain examples/tools

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Validation process

Activity D: Identify and reduce medical neighborhood barriers to coordinated care at the practice level

PCMH QA reviews documentation of identified barriers and plans to address

(SAMPLE AGREEMENT)

Referring Provider – Cardiology Patient Referral Understanding 2014

Mutually agreed upon expectations outlined for Referring Provider and Medical Group

When receiving a referral the following are standard expectations of information required by the Cardiology Department (to be made available by the referring provider):

- Diagnosis – why patient is being referred/what question is being asked
- Patient Demographics (insurance, address, dob, etc.)
- Pertinent clinical data – Lab results, radiology reports, prior procedures, prior medications, etc.

When requesting a referral the following are standard expectation as to what will be provided by the Cardiology Department:

- Timely access for the referred patients
- Consult notes timely
- Lab, procedures and other test results cc'd to Referring Provider

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Validation process

Activity E: Make available 24/7 access to care

- PCMH QA performs after-hours calls to verify 24/7 access to care.
- PCMH QA reviews documentation of efforts to make after-hours access known to patients (e.g., brochures, appointment cards, website).
- PCMH QA reviews posting of information on public entries, and inclusion on answering machine greetings.

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Validation process

Activity E: Make available 24/7 access to care

Ask your MMCS provider representative for more information on this tool.



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Validation process

Activity F: Track same-day appointment requests

- PCMH QA reviews documented process for scheduling same-day appointments.
- PCMH QA reviews a report with at least five days of data (five days before/five days after), showing the availability and use of same-day appointments. This report can consist of screen shots or a photo copy of five days of schedules showing availability of same-day appointments (e.g., appointment types for sick/same-day/urgent).
- PCMH QA reviews a documented process for evaluating data on access and implementation of improvements to same-day access.

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Validation process

Activity F: Track same-day appointment requests

Example of a same-day scheduling policy:

Office Scheduling Policy

ABCD Medical Clinic

Effective June 6, 2014

Same-Day Appointments:

Any patient that needs to be seen on a day the office is open (Monday – Friday) will be able to be seen that day with an available clinician. Not all clinicians will have openings every day due to their schedules, but there will be a clinician available to see a patient when they call.

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What about care plans?



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Validation process

Metric A: Percentage of high-priority beneficiaries (identified in Section 241.000) whose care plan as contained in the medical record includes:

- Documentation of a beneficiary's current problems;
- Plan of care integrating contributions from the health care team (including behavioral health professionals) and from the beneficiary,
- Instructions for follow up, and
- Assessment of progress to date.

PCMH QA reviews five (5) examples (either notes incorporating care plans or specific care plans) demonstrating how each component is documented and that the care plan has been updated twice in twelve months.

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Validation process

Metric A: Percentage of high-priority beneficiaries (identified in Section 241.000) whose care plan as contained in the medical record includes:

- There is no single endorsed template for care plans.
- The care plans are for your high priority beneficiaries – those who make up the top 10% that would be considered high risk.
- (EXAMPLES OF CARE PLANS PROVIDED)

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Care Plan Guidance:

- Document Current Problems
- Plan of care integrating contributions from health care team (including behavioral health professionals) and from the beneficiary
 - Problem based detail of plan of care occurring twice during a 12 month time frame
- Instruction and follow-up
 - Documentation supporting instructions and follow-up
- Assessment of progress to date
 - Clear documentation identifying the course of a specific problem and the status

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Care Plan Example:

▪ **06/10/14**

- **SUBJECTIVE:** This is a 6-year-old male who comes in rechecking his ADHD medicines, accompanied by both parents. We placed him on Adderall, first time he has been on a stimulant medication last month. Mother said the next day, he had a wonderful improvement, and he has been doing very well with the medicine. She has two concerns. It seems like first thing in the morning after he takes the medicine and it seems like it takes a while for the medicine to kick in. It wears off about 2 and they have problems in the evening with him. He was initially having difficulty with his appetite but that seems to be coming back but it is more the problems early in the morning after he takes this medicine than in the afternoon when the thing wears off. His teachers have seen a dramatic improvement and she did miss a dose this past weekend and said he was just horrible. The patient even commented that he thought he needed his medication. Family dynamics are good and both parents provide input and support in his treatment.

PAST HISTORY: Reviewed from appointment on 01/16/2014.

CURRENT MEDICATIONS: He is on Adderall XR 10 mg once daily.

ALLERGIES: To medicines are none.

FAMILY AND SOCIAL HISTORY: Reviewed from appointment on 01/16/2014.

REVIEW OF SYSTEMS: He has been having problems as mentioned in the morning and later in the afternoon but he has been eating well, sleeping okay. Review of systems is otherwise negative.

OBJECTIVE: Weight is 46.5 pounds, which is down just a little bit from his appointment last month. He was 49 pounds, but otherwise, fairly well controlled, not all that active in the exam room. Physical exam itself was deferred today because he has otherwise been very healthy.

ASSESSMENT: At this point is attention deficit hyperactivity disorder, doing fairly well with the Adderall.

PLAN: Discussed with mother two options. Switch him to the Ritalin LA, which I think has better release of the medicine early in the morning or to increase his Adderall dose. As far as the afternoon, if she really wanted him to be on the medication, we will do a small dose of the Adderall, which she would prefer. So I have decided at this point to increase him to the Adderall XR 15 mg in the morning and then Adderall 5 mg in the afternoon. Will ask for educator feedback on child progress through clinic feedback form. Mother is to watch his diet. We would like to recheck his weight if he is doing very well, in two months. But if there are any problems, especially in the morning then we would do the Ritalin LA. Mother understands and will call if there are problems. Approximately 25 minutes spent with patient, all in discussion.

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Remediation

- Attestation
- Non-response or Incomplete Response
- Failed Validation



Remediation for attestation

If a practice does not complete attestation, remediation will be initiated following guidelines dictated in Section 243.000 of PCMH provider manual.

- PCMH must submit an improvement plan within one month of the date that a report provides notice that the practice failed to perform on the indicated activities.
- Practices must remediate performance before the end of the first full calendar quarter after the date the practice receives notice via the provider report that target(s) have not been met.

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Remediation for attestation

- To ensure completion of attestation, PCMH QA will email a standardized improvement plan form to practice(s) in question with a reiteration of the remediation timeline. Improvement plans can be submitted to PCMH QA by email.
- After the end of the remediation period if practice(s) have not satisfied completion of the attestation, practice will be referred to DMS for termination of practice support.

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Remediation for non-response or incomplete response to validation documentation request

If a request for documentation is not satisfied within 10 business days the following remediation process is initiated:

- On the eleventh business day, PCMH QA will contact PCMH by telephone advising of failure to submit requested documentation. PCMH will be required to submit requested documentation within five business days.
- If documentation is not received within five business days, PCMH QA will initiate a scheduled onsite visit to secure documentation and conduct an onsite review.
- If documentation cannot be provided to complete the validation, PCMH will be referred to DMS for termination of practice support.

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Remediation for failing of validation

If the practice fails validation, remediation will be initiated following guidelines dictated in Section 243.000 of PCMH provider manual.

- PCMH must submit an improvement plan within one month of the date that a report provides notice that the practice failed to perform on the indicated activities.
- With respect to activities tracked for practice support, practices must remediate performance before the end of the first full calendar quarter after the date the practice receives notice via the provider report that target(s) have not been met.
- With respect to metrics tracked for practice support, practices must remediate performance before the end of the second full quarter after the date the practice receives notice via the provider report that target(s) have not been met. For purposes of remediation, performance is measured on the most recent four calendar quarters.
- After the end of the remediation period, if practice(s) have not satisfactorily remediated performance, practice will be referred to DMS for termination of practice support.

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EHR adoption and implementation to meet 24-month activity

If you do not currently have an EHR, you need to begin your planning for selection and implementation in advance of the 24th month.

If you need assistance, ask your provider relations representative about HIT Arkansas.

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Questions?



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Thank you!

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