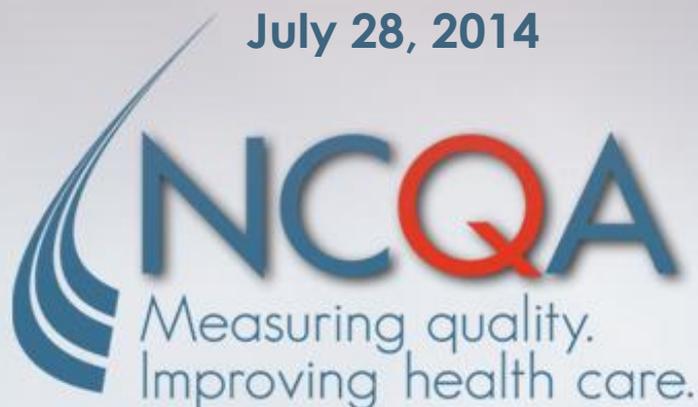


NCQA PCMH Recognition & Working with Governments to Improve Care



Phyllis Torda, Vice President, Quality Solutions Group
Will Robinson, Assistant Director, State Affairs

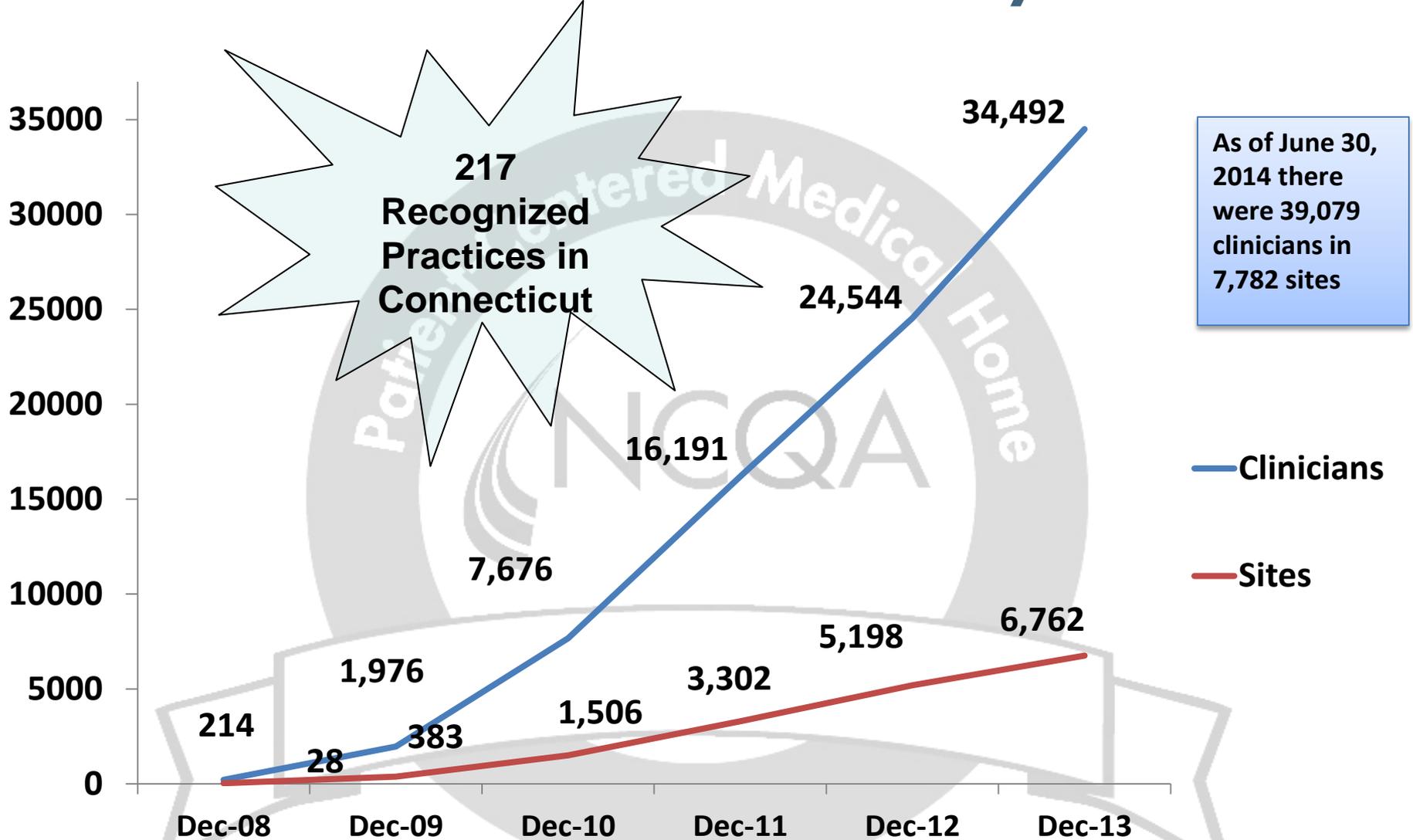
July 28, 2014



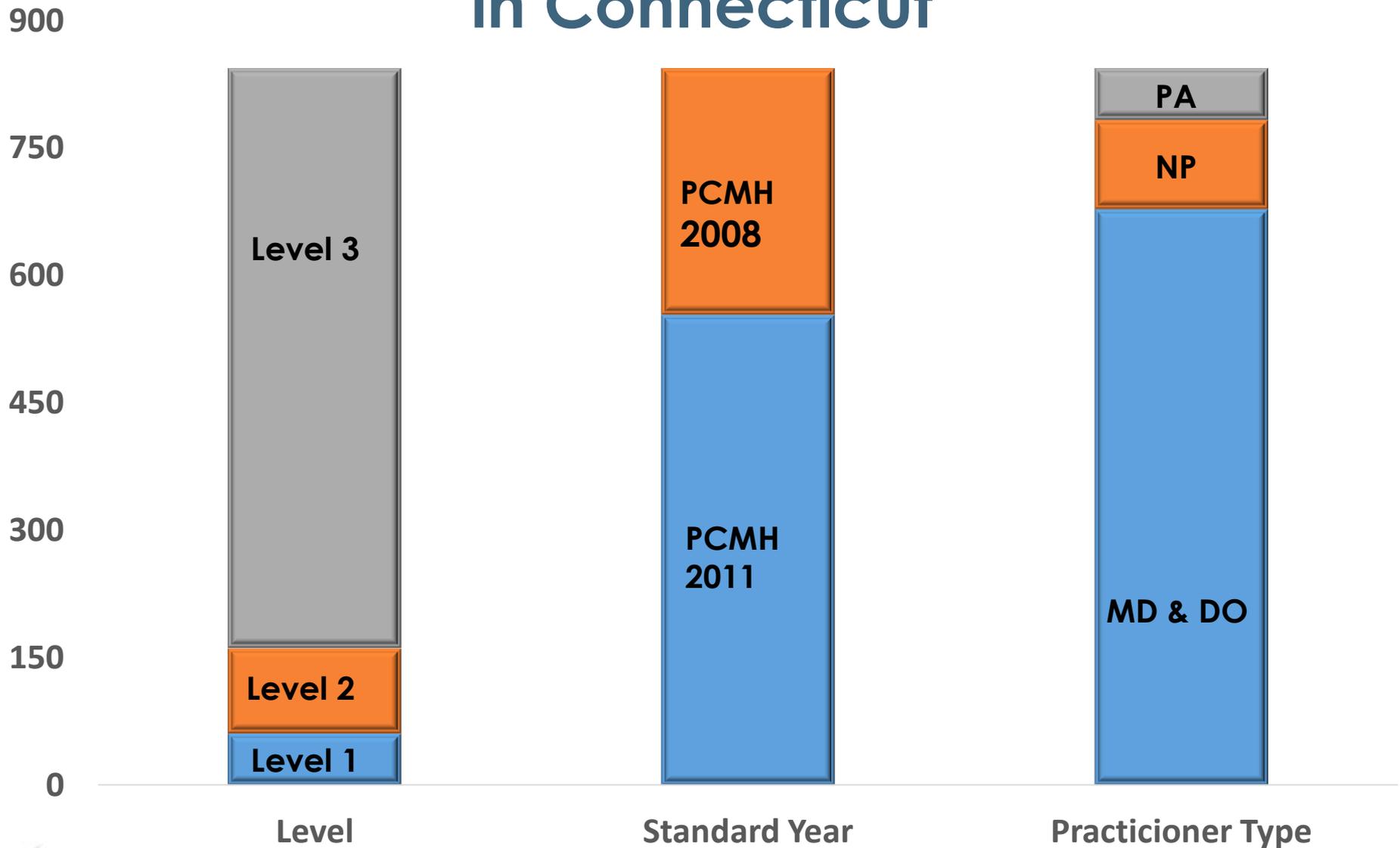
Agenda

- **Current status of medical homes in CT and latest research**
- **Two examples of state & federal partnerships: CMS & Pennsylvania**
- **Methods for tailoring NCQA's PCMH program:**
 - **Modifications to PCMH program scoring: adding 'must-pass elements'**
 - **Engaging new practices: on ramp**
 - **Adding state-specific PCMH standards**
 - **Education and recognition fee discounts**
 - **Collecting and reporting measures**

Where are we today?



843 Recognized Clinicians in Connecticut



Evidence Supporting PCMH Model Continues to Grow

- **Vermont Blueprint for Health 2013 Annual Report**: Lower inpatient admissions, higher use of primary care services, lower use of specialty care, higher use of non-medical services and supports
- **RTI Medicare Study**: PCMH recognition was associated with \$1,099 lower average per-patient total Medicare spend
- **Empire Blue Cross**: Improved care for chronic conditions, lower ED use and hospitalizations
- **PCPCC Report**: Meta analysis found improvements across a range of categories, many of the individual studies were of pilots that used NCQA's program

Examples of Partnerships

- **CMS Federally Qualified Health Center PCMH Demonstration**
 - Bringing hundreds of FQHCs through NCQA PCMH recognition
 - NCQA tracking FQHC performance every 6 months, detailed audit and feedback for sample of practices
 - Provide targeted technical assistance and education
- **Pennsylvania Chronic Care Initiative**
 - Helped design the program to meet state's health plans' needs
 - Participated in state's learning collaborative: held education sessions and one-on-one meetings with practices
 - Helped define criteria for care coordinator role
 - Provided organizers with performance reports
- **Experiences shaped development of core programs (e.g., free education sessions)**

Modifying Program Scoring

- **PCMH recognition is built around 6 ‘must pass’ elements that are required for Recognition at any level**
 - Practices can meet other elements that align with their transformation goals
- **Connecticut could require practices to meet specified elements**
- **NCQA can share data on practice performance that makes oversight easier**

Maryland’s Multi-payer PCMH program required practices to meet additional standards (“NCQA +”) to receive incentive payments. These requirements were built into the agreements among the Maryland Health Care Commission, payers and practices.

PCMH On-Ramp

- **NCQA can help Connecticut design strategies to engage practices that have yet to start the transformation process**
- **Possible options:**
 - **Review documentation on specific foundational elements, provide feedback, follow up**
 - **Review documentation on all PCMH standards, provide feedback (similar to CMS FQHC program), follow up**
 - **Collect attestations**

State-Specific PCMH Standards

- **NCQA can help Connecticut design and implement state-specific PCMH standards**
- **Possible ‘module’ topic areas include behavioral health, oral health and others**
- **Under a contract, we can collect data and review practices on new requirements**

Education and Recognition Discounts

- **NCQA will provide one free on-site training for Connecticut officials and other program management staff**
- **All state officials are also eligible for 25% discount on education fees**
- **Practices participating in state initiatives are eligible for 20% discount on recognition fees**
 - **NCQA can provide a code to state staff that practices can use when applying**

Questions?

