

Practice Transformation Taskforce Meeting

September 30, 2014



Agenda

Introductions/Public Comments

Charter Update & Roadmap

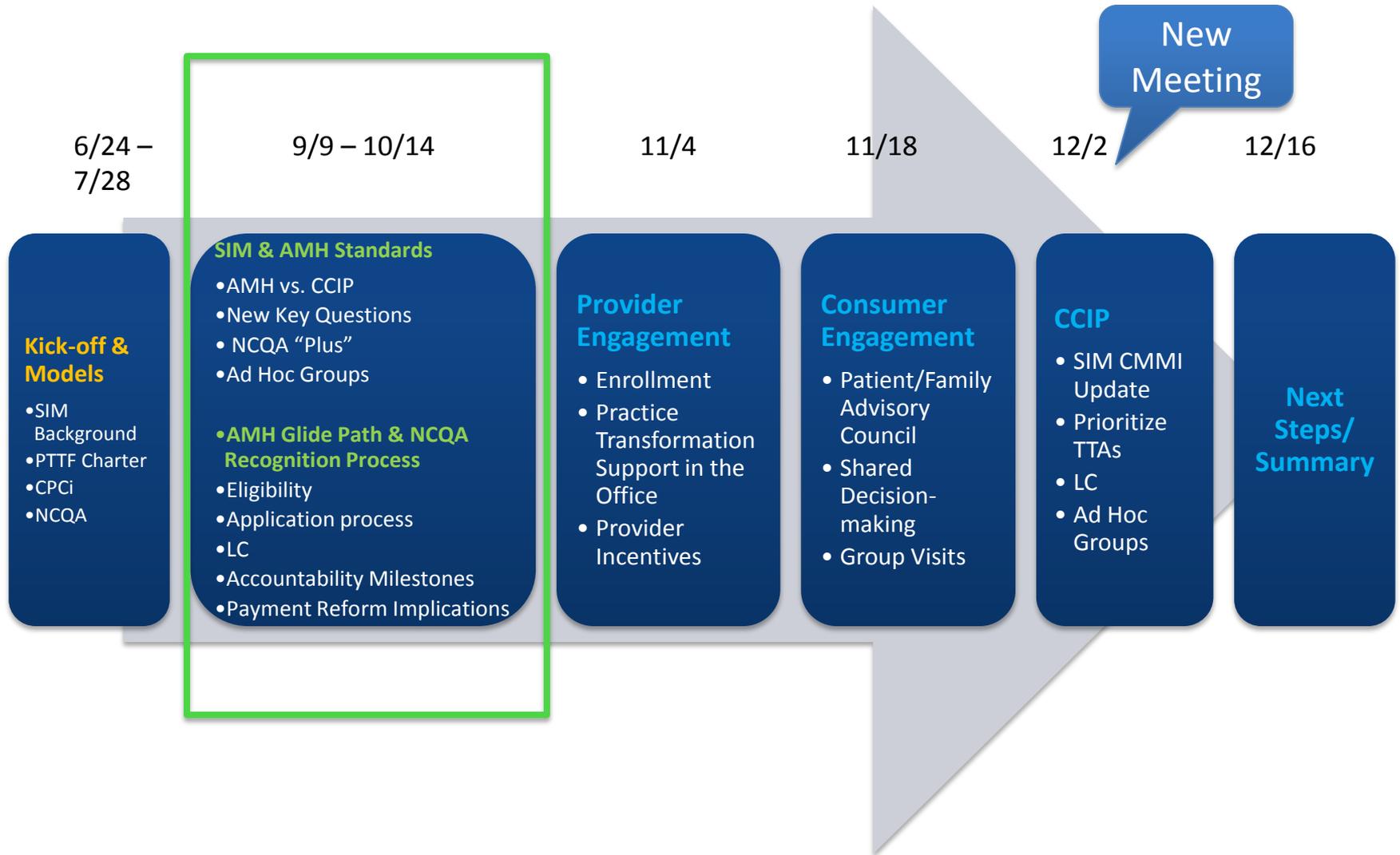
LEAP

Planetree – Patient Centeredness

“NCQA Plus”

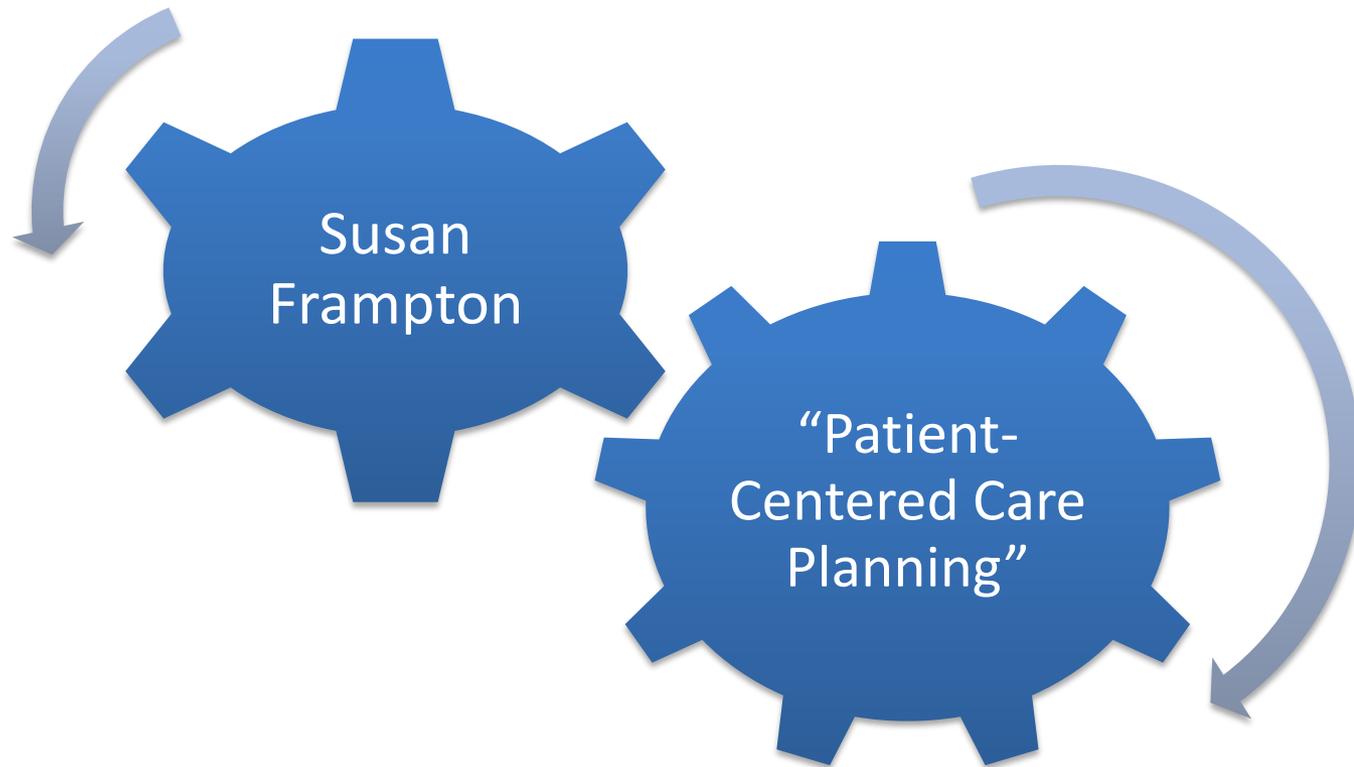
TF Meeting Schedule

Practice Transformation Roadmap



LEAP – Leading Edge AMH Pilot

Planetree



Voting Results & Discussion

Standard 1 A



Standard 1 B



Standard 1 C



Standard 2 A



Standard 2 B



Standard 2 C

“NCQA Plus” Discussion – Standard 2D and 3

Objective: **Answer AMH Standards Questions 1-3**

- Review and evaluate current NCQA 2014 standards to decide:
 1. Are NCQA 2014 standards sufficient “as is”?
 2. Should any elements change to “must pass”?
 3. Do we need to build any additional elements, factors or standards?
 4. How we will verify that transformation has occurred?

Example Standard X:

NCQA 2014 "As Is"	NCQA "Must Pass"	NCQA New Element/Standard	CT AMH Transformation Verification
<p>No changes necessary</p> <p>--Or--</p> <p>Not sufficient "as is" recommend additional criteria because x, y, z...</p>	<p>Element C should be changed to must pass as opposed to optional because it is a crucial aspect of our AMH strategy...</p>	<p>Standard X is very superficial we want more depth. Need a new offshoot Standard Y that will focus on these specific details/components of X.</p>	<p>To validate that transformation occurred for Standard X we will need an onsite team to track and view changes...</p>

Standard 2: Team Based Care

- A) Continuity
- B) Medical Home Responsibility
- C) Cultural and Linguistic Appropriateness Standards (CLAS)
- **D) The Practice Team (MUST PASS)**

NCQA 2014 "As Is"	NCQA "Must Pass"	NCQA New Element/Standard	CT AMH Transformation Verification

Standard 3: Population Health Management

- **A) Patient Information**
- **B) Clinical Data**
- **C) Comprehensive Health Assessment**
- **D) Use Data for Population Management (MUST PASS)**
- **E) Implement Evidence-Based Decision Support**

NCQA 2014 "As Is"	NCQA "Must Pass"	NCQA New Element/Standard	CT AMH Transformation Verification

Standard 4: Care Management and Support

- A) Identify Patients for Care Management
- B) Care Planning and Self-Care Support (MUST PASS)
- C) Medication Management
- D) Use Electronic Prescribing
- E) Support Self-Care and Shared Decision Making

NCQA 2014 "As Is"	NCQA "Must Pass"	NCQA New Element/Standard	CT AMH Transformation Verification

Standard 5: Care Coordination and Care Transitions

- A) Test Tracking and Follow-Up
- B) Referral Tracking and Follow-Up (MUST PASS)
- C) Coordinate Care Transitions

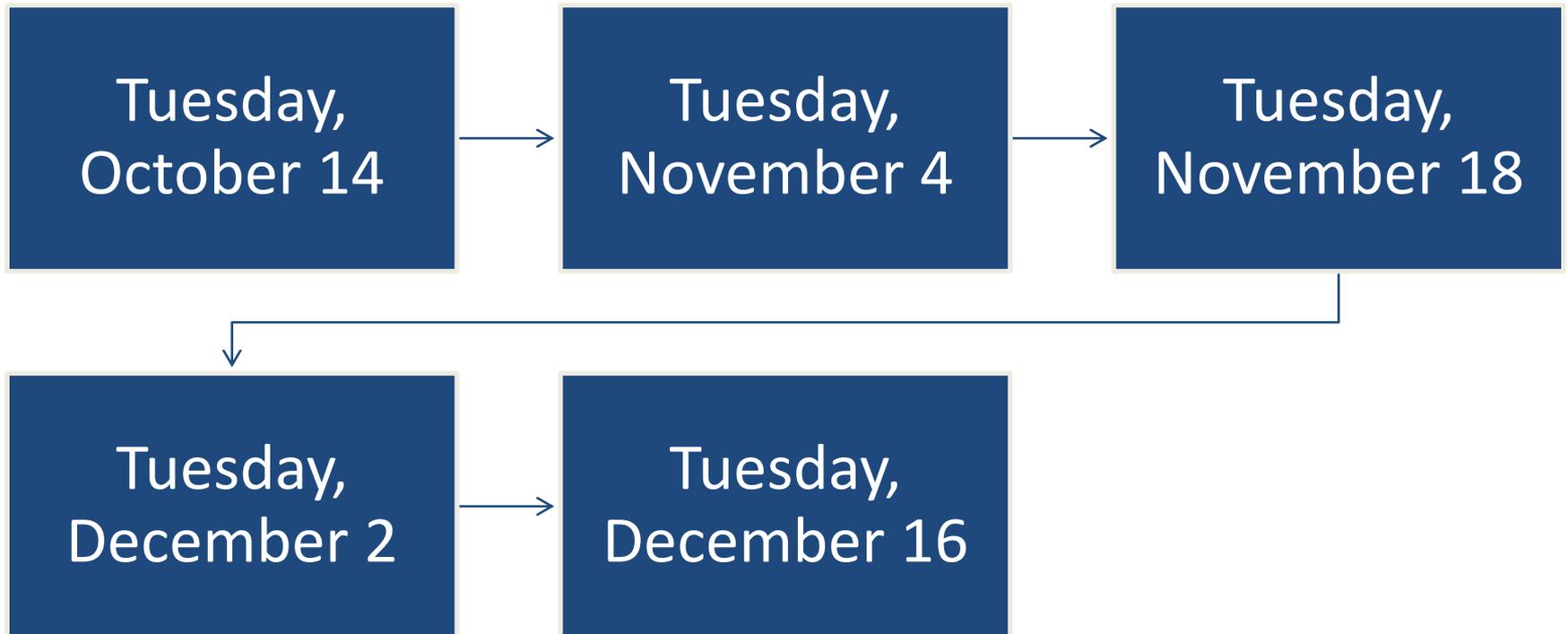
NCQA 2014 "As Is"	NCQA "Must Pass"	NCQA New Element/Standard	CT AMH Transformation Verification

Standard 6: Performance Measurement & Quality Improvement

- A) Measure Clinical Quality Performance
- B) Measure Resource Use and Care Coordination
- C) Measure Patient/Family Experience
- D) Implement Continuous Quality Improvement (MUST PASS)
- E) Demonstrate Continuous Quality Improvement
- F) Report Performance
- G) Use Certified HER Technology

NCQA 2014 "As Is"	NCQA "Must Pass"	NCQA New Element/Standard	CT AMH Transformation Verification

Meeting Schedule



Appendix

Patient-Centered Medical Home 2014

(6 standards/27 elements)

1) Patient-Centered Access (10)

- A) *Patient-Centered Appointment Access (4.5)
- B) 24/7 Access to Clinical Advice (3.5)
- C) Electronic Access (2)

2) Team-Based Care (12)

- A) Continuity (3)
- B) Medical Home Responsibilities (2.5)
- C) Culturally and Linguistically Appropriate Services (2.5)

D) *The Practice Team (4)

3) Population Health Management (20)

- A) Patient Information (3)
- B) Clinical Data (4)
- C) Comprehensive Health Assessment (4)
- D) *Use Data for Population Management (5)
- E) Implement Evidence-Based Decision Support (4)

4) Care Management and Support (20)

- A) Identify Patients for Care Management (4)
- B) *Care Planning and Self-Care Support (4)
- C) Medication Management (4)
- D) Use Electronic Prescribing (3)
- E) Support Self-Care and Shared Decision Making (5)

5) Care Coordination and Care Transitions (18)

- A) Test Tracking and Follow-Up (6)
- B) *Referral Tracking and Follow-Up (6)
- C) Coordinate Care Transitions (6)

6) Performance Measurement and Quality Improvement (20)

- A) Measure Clinical Quality Performance (3)
- B) Measure Resource Use and Care Coordination (3)
- C) Measure Patient/Family Experience (4)
- D) *Implement Continuous Quality Improvement (4)
- E) Demonstrate Continuous Quality Improvement (3)
- F) Report Performance (3)
- G) Use Certified EHR Technology (0)

*Indicates Must Pass Element