



# Recognition Notes

April 2014

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## Now Available: 2014 Medical Home Standards *Free Webinar Will Show What's New*



The nation's most widely adopted model of patient-centered medical homes (PCMH) got an update in March when NCQA released our latest generation of medical home standards, NCQA PCMH 2014. The new program retains strengths of earlier NCQA standards, including alignment with contemporary federal requirements for "meaningful use" of health information technology—

now Meaningful Use Stage 2—and ongoing performance measurement.

Changes affected the advantages and requirements of NCQA PCMH 2014 Recognition:

- **Integration of behavioral healthcare.** Expectations rise, as they did in previous NCQA standards, that a practice must support patients' behavioral health. Practices must also collaborate with behavioral healthcare providers and communicate behavioral healthcare capabilities to patients.
- **Care management focus on high-need populations.** Practices should address socioeconomic drivers of health and poorly controlled or complex conditions, and focus on the special needs of patients referred from the "medical neighborhood" that surrounds and informs the medical home.
- **Enhanced emphasis on team-based care.** Revised standards emphasize collaboration with patients as part of the care team and make team-based care a "must-pass" criterion for NCQA Recognition.
- **Alignment of improvement efforts with the Triple Aim.** Practices must work to improve across all three domains of the Triple Aim: patient experience, cost and clinical quality.
- **Sustained transformation.** In keeping with the goal of continuous improvement, practices must show that they comply with NCQA standards over long periods of time.

## GET THE STANDARDS

[Download PCMH 2014 standards free of charge.](#)

## WANT TO LEARN MORE?

Interested in learning how PCMH 2014 standards can transform your practice? NCQA is releasing a free, 60-minute webinar that will cover:

- How NCQA PCMH 2014 standards differ from the 2011 standards.
- How these standards align with the Triple Aim.
- How these standards can improve the experience of care for patients and providers.
- How practices that meet the highest NCQA requirements can qualify for incentives.

Registration for this webinar is full, but [sign up today to view a recording when it becomes available](#).

PCMH 2014 standards are the third iteration of the NCQA medical home program since 2008. Over 10 percent of U.S. primary care practices—more than 35,500 clinicians at more than 7,000 practice sites—have earned NCQA PCMH Recognition. Many payers apply higher reimbursement rates to practices that have earned the NCQA PCMH seal. Check [this list](#) to find PCMH payers and partners in your state.

For more on how medical homes support the Triple Aim, see this recent [white paper](#).

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## You Have Questions? NCQA Has Answers!



NCQA has a new and improved way to answer your questions.

You can now submit questions through the [Policy/Program Clarification Support \(PCS\) system](#), NCQA's Web-based Q&A system.

This system allows you to track your questions and NCQA's responses easily, so you can see if your question has been addressed. It also contains a wealth of prior information and FAQs on all NCQA Recognition programs—[PCMH/PCSP](#), [DRP](#) and [HSRP](#). You can also use it to learn practical approaches for preparing documents.

If you purchased a Survey Tool, NCQA has assigned someone to help you with any questions you may have. If you do not know who your assigned contact is, ask NCQA Customer Support at [customersupport@ncqa.org](mailto:customersupport@ncqa.org) or at 888-275-

7585.

### How to Ask a Question

1. Log in to <http://ncqa.force.com/pcs/login>.
2. Register with a username and password if you don't already have an account.
3. Once logged in, select **Ask a New Question**.
4. Select **Recognition Programs** from the **Product/Program Type** drop-down menu.
5. Complete the remaining drop-down boxes.
6. Submit your question.

Access this step-by-step [guide](#) on navigating PCS.

Responses are delivered via e-mail and are stored in the new PCS system. To access them, simply log in to your PCS account.

For more information about the PCS, contact NCQA Customer Support at 888-275-7585, Monday–Friday, 8:30–5:00 ET or at [customersupport@ncqa.org](mailto:customersupport@ncqa.org).

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## HealthPoint Medical First to Earn Recognition for Specialized Quality Care

HealthPoint Medical Group of Tampa, Florida, is the first practice to receive NCQA Patient-Centered Specialty Practice (PCSP) Recognition for its responsiveness to patients and medical colleagues; its cooperation and integration with other health care groups; and its dedication to continuous improvement.

Earning PCSP recognition shows that HealthPoint Medical Group has undergone a rigorous review of its capabilities and is committed to communication, coordination and providing access to care. Recognition also signals to primary care practices that HealthPoint Medical Group is ready to be an effective partner in caring for patients they have in common.

HealthPoint Medical Group is an oncology practice with more than 180 providers and is part of the BayCare Health System, one of Florida's largest not-for-profit health systems. HealthPoint earned a Level 3 PCSP designation, the highest possible; the group's primary care practice sites are NCQA Recognized as Level 3 Patient-Centered Medical Homes (PCMH).

To earn PCSP recognition, HealthPoint met or exceeded national standards for:

- Communicating with primary care clinicians to exchange key information and establish coordinated care plans.
- Providing timely access to care and clinical advice based on patient need.
- Using a systematic approach to track referrals and coordinate care.
- Measuring and improving performance over time.

PCSP recognition is modeled on and complements NCQA's PCMH Recognition program, and distinguishes the "neighbors" in medical specialties that help build accountable communities of care.

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## A "Blueprint" for Linking Primary Care to Specialty Care

Vermont's novel use of NCQA's [Patient-Centered Specialty Practice \(PCSP\)](#) standards is improving the way clinicians manage substance abuse treatment, and may serve as a model for other states to help residents cope with drug problems.

The "[Blueprint for Health](#)," Vermont's plan for achieving health care reform goals, highlights using PCSP standards to promote integration of the state's opioid treatment programs with the rest of its health care agenda.

The seriousness of Vermont's heroin use problem was addressed in Governor Peter Shumlin's [State of the State address on opiate addiction](#), in January.

Vermont's approach to fighting opiate addiction could offer a framework not only for using PCSP standards, but also for improving substance abuse treatment and related services in other regions. Look for news in future editions of Recognition Notes on coordinating care for patients with substance abuse, mental health and other behavioral health conditions, and for updates about what Vermont's experience could mean for practices in your state.

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## Tips from a Triple Crown Winner



[South East Texas Medical Associates LLC \(SETMA\)](#) can call itself an NCQA “triple crown” winner because it has earned three NCQA Recognition seals: [Diabetes Recognition Program \(DRP\)](#), [Heart/Stroke Recognition Program \(HSRP\)](#) and [Patient-Centered Medical Home \(PCMH\) Recognition Program](#). SETMA has also received NCQA’s [Patient-Centered Medical Home Distinction in Patient Experience Reporting](#). NCQA spoke with James L. Holly, MD, CEO, about how NCQA Recognition has changed the way SETMA delivers care.

**NCQA: What was delivering primary care like before you became a PCMH compared to now?**

**Dr. Holly:** When I started practicing medicine in 1975, patients were often told what to do and they were expected to follow health care providers’ instructions without modification.

The dynamic of the medical home redefines the relationship of health care provider and patient, and changes how they relate. Rather than the patient/provider encounter being didactic, the experience becomes a dialogue, where they discuss a mutual concern and then come to a mutual conclusion and agreed-upon plan. This new way is more of a partnership.

**NCQA: If a patient were to walk into your practice pre-PCMH and then again now, what differences would they notice?**

**Dr. Holly:** First, they would be given information about our medical home and see framed copies of The Baton, a depiction of the patient’s care and treatment plan.

Mainly, patients would experience a fundamental change in how our patient encounters are conducted; they’re built on a patient-centered conversation in which we encourage patients to tell their story.

Patients also now receive a document with their quality metrics, which are also published publicly (without patient identifier) by provider name. You can see that information on our [Web site](#), where we show performance on over 300 quality metrics from 2009–2013.

**NCQA: What surprised you and your team about undergoing NCQA Recognition?**

**Dr. Holly:** We had taken steps to transform, but were surprised how the standards encouraged us to go further. We were challenged to put the patient in charge of their health care experience and we were challenged by how much NCQA emphasized patient convenience. It took us a while to understand the value of convenience and coordination.

**NCQA: Speaking of patients, what prompted your interest in pursuing NCQA’s Distinction in Patient Experience?**

**Dr. Holly:** SETMA has done internal patient-satisfaction surveys for 19 years. But we always knew these were inadequate in assessing the dynamic of patient-centered medical home care.

The Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) and the Consumer Assessment of Healthcare Providers and Systems (CAHPS) had always seemed daunting to us, but by July 30, 2013, we were completing our own HCAHPS survey.

During this process, I realized how important HCAHPS and CAHPS PCMH were in achieving patient-centered care. In August 2013, we contracted with an NCQA-certified vendor to complete quarterly surveys. I invite people to see how we did on our [first-quarter CAHPS survey](#).

**NCQA: A recent [opinion piece](#) in the Wall Street Journal said that quality “metrics are often misguided,” that primary care providers become “swamped” with lists, report cards and warnings**

**about performance and that many of the measures have “little bearing on improving patient health.” What are your thoughts about this?**

**Dr. Holly:** I totally disagree. A well-designed EHR allows quality data to be collected incidental to excellent care. The author implies that the intent of quality care is to track and measure quality metrics, and that isn't the case. Providing quality care means that clinicians are providing superb health care. Incidental to that care, providers should be able to track how well they fulfill guidelines based on national standards. The difference between “intentional” and “incidental” is critical. Due to a bad experience or an inadequate EHR design, the author thinks that her perception is correct. However, it is not a failure of the method, but of the deployment of the EHR that created a sense of futility.

Here's my [response](#) to a New England Journal of Medicine article that questioned the effectiveness of quality metrics.

**NCQA: What advice do you have for other practices interested in NCQA Recognition?**

**Dr. Holly:** NCQA PCMH Recognition is worth the process, the price and the pain. This is the future of health care, and it is possible to be part of that future now. It is not easy, but it is not impossible. Measure your success by your own advancement and not by whether someone else is ahead of [you] or behind you. In the same way, share your success with others. These steps will help:

- Determine where you are and where you want to be.
- Select the template or model you will follow.
- Outline the steps you will take.
- Develop a timeline for completing each task.
- Be innovative. Emulate the best of others, but expand upon their work and make it yours.
- Be patient, but eager.
- Enjoy what you are doing and celebrate where you are. Be relentless; don't give up!

NCQA: Thank you, Dr. Holly; we look forward to continuing our work with you as our recognition programs evolve.

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## Sponsors

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For information about NCQA sponsorship, please contact [Jennifer Dziekan](#), Director, Corporate and Foundation Relations.

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