



NCQA Requirement

On April 29, 2009, the following analysis of SETMA's pursuit of Patient-Centered Medical Home was distributed to our staff. In our continuing pursuit of NCQA recognition as a Patient-Centered Medical Home, our committee has done the following analysis. **NCQA Medical Home recognition** is based on:

- 9 Standards in which are there a total of
- 30 Elements and a total of
- 183 Data Points within the elements.

There are a total of 100 points possible with a perfect score. There are three levels of recognition:

- Tier 1 25 points are higher
- Tier 2 50 points are higher
- Tier 3 75 points are higher

The total points for each Standard vary from a low of 4 points to a high of 21 points. The following are observations made after careful analysis of NCQA's Standards, the Elements within each Standard, and the Data Points within each Element:

1. A 100% score for each Element of each Standard is earned by the ability to do a varying number of Data Points within each Element.
2. The more complex an Element and its Data Points, the fewer of the Data Points must be met in order to achieve a 100% credit for that Element.
3. The Elements which address functions which are new to the workflow of primary care require the fulfillment of fewer of the total Data Points in order to achieve a 100% score on that element.
4. SETMA has been challenged by these Elements and Data Points and are ignoring none of them. In fact, the more complex and/or "difficult" a Element and/or its Data Points are, the more aggressive SETMA is being in meeting the standards of that Element and/or Data Points. This is even in the face that while these Elements net the fewest points and require the greatest effort, they also, we think, address more fundamentally the great promise of Medical Home.
5. It is not so stated by NCQA, but it is anticipated by SETMA that in coming years NCQA Medical Home recognition will require the fulfillment of more and more of the Data Points within each Element in order to achieve recognition.
6. In SETMA's judgment, there is only one Data Point (PPC-1, Element A, Number 2) and no Elements and no Standards which appear not to be valuable for improvement of patient care, satisfaction and outcomes. PPC-1, Element A, Number 2 is found in Physician Practice Connections Patient-Centered Medical Home Standard 1 (referred to as PPC-1) which is entitled

"Access and Communications". In Element A, entitled Access and Communication Processes, Data Point Number 2 is entitled "Coordinating visits with multiple clinicians and/or diagnostic tests during one trip." The reason for our finding this Data Point not to be valuable will be discussed later. At present this is the ONLY Data Point which we are not planning on following. Because Standard PPC-1, Element A has 12 data points and the receiving of 100% credit for this Element requires the fulfillment of 9-12 Data Points, it will be possible to succeed at this Element without fulfilling PPC-1 Element A Data Point 2.

Yesterday, as we continued the process of working toward NCQA recognition and PQRS reporting, we went through and reviewed our preparation to fulfill all 9 NCQA Standards, all 30 Elements and all 183 Data Points, it is our assessment that for SETMA, other than as mentioned above, **there are no Standards, only 4 elements and only 12 Data Points which we think will require additional modification of our work flow in order to achieve them.**

It is possible to achieve NCQA recognition without addressing the Elements and Data Points which are most difficult and which require the greatest modification of workflow. But, with the exception of 1 Data Point out of 183, SETMA's goal is to meet all Standards, Elements and Data Points. It is particularly our desire to implement changes in practice dynamics which will achieve **the intent and goals of Patient-Centered Medical Home rather than simply concentrating on getting to at least 75 points on the survey.** The Standards, Elements and Data Points of NCQA Medical Home, in our judgment, if taken seriously and addressed with the intent to fulfill the spirit and the content of each **will be transformative to our practice of medicine.**

It will be our goal to judge over the coming five years as to whether these changes:

1. Improve the quality of care which our patients receive as proved by the meeting of evidence-based measures
2. Decrease the cost of care by increasing the standardization of that care and improving performance with preventive and screening measures.
3. Increase patient confidence, satisfaction and compliance with care initiatives
4. Decrease the need for hospitalizations and/or the accessing of other costly care centers
5. Benefit the practice by attracting and retaining new providers who are committed to the pursuit of excellence in medicine.
6. Benefit the providers and staff of the practice financially.

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