

# NCQA PCMH Assessment

# PCMH 2011 Content and Scoring

<b>PCMH1: Enhance Access and Continuity</b>		<b>Pts</b>
<b>A. Access During Office Hours**</b>		<b>4</b>
B. After-Hours Access		4
C. Electronic Access		2
D. Continuity		2
E. Medical Home Responsibilities		2
F. Culturally and Linguistically Appropriate Services		2
G. Practice Team		4
		20
<b>PCMH2: Identify and Manage Patient Populations</b>		<b>Pts</b>
A. Patient Information		3
B. Clinical Data		4
C. Comprehensive Health Assessment		4
<b>D. Use Data for Population Management**</b>		<b>5</b>
		16
<b>PCMH3: Plan and Manage Care</b>		<b>Pts</b>
A. Implement Evidence-Based Guidelines		4
B. Identify High-Risk Patients		3
<b>C. Care Management**</b>		<b>4</b>
D. Manage Medications		3
E. Use Electronic Prescribing		3
		17

<b>PCMH4: Provide Self-Care Support and Community Resources</b>		<b>Pts</b>
<b>A. Support Self-Care Process**</b>		<b>6</b>
B. Provide Referrals to Community Resources		3
		9
<b>PCMH5: Track and Coordinate Care</b>		<b>Pts</b>
A. Test Tracking and Follow-Up		6
<b>B. Referral Tracking and Follow-Up**</b>		<b>6</b>
C. Coordinate with Facilities/Care Transitions		6
		18
<b>PCMH6: Measure and Improve Performance</b>		<b>Pts</b>
A. Measure Performance		4
B. Measure Patient/Family Experience		4
<b>C. Implement Continuously Quality Improvement**</b>		<b>4</b>
D. Demonstrate Continuous Quality Improvement		3
E. Report Performance		3
F. Report Data Externally		2
		20

**\*\*Must Pass Elements**

# NCQA 2011 Standard 1: Enhanced access and continuity (20 points)

## Standard

- ❖ Access During Office Hours \* (4 points)
- ❖ After-Hours Access (4 points)
- ❖ Electronic Access (2 points)
- ❖ Continuity - with provider (2 points)
- ❖ Medical Home Responsibilities (2 points)
- ❖ Culturally/Linguistically Appropriate Services (2 points)
- ❖ The Practice Team (4 points)

## Meaningful Use Criteria

patients provided electronic:

- Copy of health information
- Clinical summary of visit
- Access to health information

\* Must pass element

# PCMH1A Access during office hours

- Practice has written process/standards **and** demonstrates that it monitors performance against the standards to:
  - Provide same day appointments (**critical factor**)
  - Timely advise by telephone
  - Timely advise by electronic message
  - Document clinical advise
- Scoring: 4 factors = 100%; 3 factors including critical factor = 75%; 2 factors including critical factor = 50%

# NCQA 2011 Standard 2: Identify and Manage Patient Populations (16 points)

## Standard

- ❖ Patient Information (3 points)
- ❖ Clinical Data (4 points)
- ❖ Comprehensive Health Assessment (4 points)
- ❖ Use Data for Population Management \* (5 points)

PCMH Recognition

\*Must-pass element for any level of

## Meaningful Use Criteria

- Language, gender, race, ethnicity, DOB
- Problem list
- Medication list
- Medication allergy list
- Vital signs
- Grown chart (pediatrics)
- Smoking status
- Lists of patients with specific conditions for QI, decrease disparities
- Follow-up reminders for care

# NCQA 2011 Standard 3: Plan and Manage Care (17 points)

## Standards

- ❖ Implement Evidence-Based Guidelines (4 points)
- ❖ Identify High-Risk Patients (3 points)
- ❖ Care Management \* (4 points)
- ❖ Medication Management (3 points)
- ❖ Use Electronic Prescribing (3 points)

## Meaningful Use Criteria

- Clinical decision support
- Medication reconciliation with transitions of care
- E-prescribing
- Drug-drug, drug-allergy checks
- Drug-formulary checks

\*Must-pass element for any level  
of PCMH Recognition

# Clinical Decision Support

**Asthma Control: Billy S. Pendergast**

**CLASSIFYING COMPONENTS OF ASTHMA SEVERITY AND INITIATING TREATMENT**

Is patient currently on controller medication?  yes  no  
 Has this patients severity been classified?  yes  no

Assessment for:  Control  Severity

Impairment	----- Intermittent -----		Mild	----- Persistent -----	
	None	<=2 days/wk	>2 days/wk	Moderate	Severe
Cough due to asthma	<input type="radio"/> None	<input type="radio"/> <=2 days/wk	<input checked="" type="radio"/> >2 days/wk	<input type="radio"/> Daily	<input type="radio"/> All Day
Wheezing	<input type="radio"/> None	<input checked="" type="radio"/> <=2 days/wk	<input type="radio"/> >2 days/wk	<input type="radio"/> Daily	<input type="radio"/> All Day
Chest tightness	<input type="radio"/> None	<input type="radio"/> <=2 days/wk	<input type="radio"/> >2 days/wk	<input checked="" type="radio"/> Daily	<input type="radio"/> All Day
Shortness of breath	<input type="radio"/> None	<input checked="" type="radio"/> <=2 days/wk	<input type="radio"/> >2 days/wk	<input type="radio"/> Daily	<input type="radio"/> All Day
Nighttime awakening	<input type="radio"/> None	<input checked="" type="radio"/> <=1x/month	<input type="radio"/> 1-2x/month	<input type="radio"/> 3 - 4x/month	<input type="radio"/> >1x/week
Interference with normal activity Reduction in school/play/work	<input type="radio"/> None	<input type="radio"/> <-----	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe
SABA use (not for EIB)	<input type="radio"/> None	<input type="radio"/> <=2 days/wk	<input type="radio"/> >2 days/wk but r	<input type="radio"/> Daily	<input type="radio"/> Several times per

**Impairment Classification:**

**Risk**

Acute/ ER visit(s) due to asthma	<input type="radio"/> 0	<input type="radio"/> 1 in last year	<input type="radio"/> 2 in last year	<input type="radio"/> 3 in last year	<input type="radio"/> >=4 in last year
Hospitalizations due to asthma	<input type="radio"/> 0	<input type="radio"/> 1 in last year	<input type="radio"/> 2 in last year	<input type="radio"/> 3 in last year	<input type="radio"/> >=4 in last year
Exacerbations requiring oral systemic corticosteroids	<input type="radio"/> 0-1/year	<input type="radio"/> >=2 exacerbations in last 6 mont	<input type="radio"/> >=4 wheezing episodes/1 year		

AND **Risk Factors** for persistent asthma

**Medication Adverse Effect**

- Thrush
- Palpitations
- Jitteriness
- Sleep Disturbances
- Decreased Growth
- Other

**Comments**

**Risk Classification:**  
**Asthma Severity Classification: Moderate Persistent**

**Provider Assessment - Today**

Current level of control is:  Well Controlled  Not Well Controlled  Very Poorly Controlled

Inhaler Technique:  Correct  Incorrect  N/A

Adherence:  N/A  Good  Fair  Poor

Environmental Control:  Adequate  Inadequate  N/A

Coexisting Conditions:  yes  no

Psychosocial Factors:  yes  no

Alternative Dx ("e.g. vocal cord dysfunction"):  yes  no

**Decision Support - Today**

Control Class: **Not Well Controlled** Recommend step up in therapy

Impairment: **Moderate**

Risk: **Moderate** --- Regular follow up every 2 - 6 weeks ---

Re-Classify Patient Asthma Severity

**Intermittent Asthma**

**Persistent Asthma: Daily Medication**

Step 1  Step 2  Step 3  Step 4  Step 5  Step 6

Provider Assessment / Step  
Comments:

	Preferred: Low-dose ICS	Preferred: Medium-dose ICS	Preferred: Medium-dose ICS + either LABA or Montelukast	Preferred: High-dose ICS + either LABA or Montelukast	Preferred: High-dose ICS + either LABA or Montelukast  Oral systemic
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# NCQA 2011 Standard 4: Provide Self-Care and Community Resources (9 points)

## Standard

- ❖ Support Self-Care Process\*  
(6 points)
- ❖ Provide Referrals to  
Community Resources  
(3 points)

## Meaningful Use Criteria

- Patient specific education materials

\*Must-pass element  
for any level of PCMH Recognition

# You Have Diabetes, Know and Control Your ABCS: A1C, Blood Pressure and LDL "bad" Cholesterol

Name: \_\_\_\_\_

Date: \_\_\_\_\_

### My A1C

A1C thermometer with scale from 4 to 13. A human figure with icons for eye, heart, kidney, and foot. A storm cloud with lightning and a sun are also present.

Goal less than 7%

### My Blood Pressure

My BP: \_\_\_\_\_ Date: \_\_\_\_\_

Goal less than 130/80

A semi-circular gauge with a needle pointing to approximately 120/80. A blue blood pressure cuff is shown below.

### My LDL "bad" Cholesterol

My LDL: \_\_\_\_\_ Date: \_\_\_\_\_

Goal less than 100 mg/dL

A vertical thermometer with scale from 70 to 200. Two red heart icons with faces are shown on the right.

### Self Management Goal

How sure am I that I can meet my goal?

Not Sure At All..... 0 1 2 3 4 5 6 7 8 9 10 Very Sure

# Asthma Action Plan

Asthma Management - TEST: Billy S. Pendergast

Summary Severity Control Medications Triggers AActionPlan- 1 AAction Plan- 2 Pt Question.

**Asthma Management - Asthma Action Plan Recommendations**

**Green Zone** [Definition](#)

**Peak Flow Range** **Instructions**  Reviewed

More than:

No previous result

Take controller medications as prescribed.

Before exercise, take  puffs of  5-60 minutes before exercise.

Avoid things that make your asthma worse.

Avoid tobacco smoke.

Ask people to smoke outside.

Other

Instructions:

**Yellow Zone** [Definition](#)

**Peak Flow Range** **Instructions**

From:

To:

Continue taking controller medications as prescribed.

Add quick-relief medication:

If you are taking your quick-relief medication more than 2 to 3 times/week, then call your provider.

**If your symptoms and/or peak flows do not improve after 1 hour of treatment, then...**

Take quick relief medication:

Take quick relief medication:

Call your primary care provider if no improvement in  days.

Other

Instructions:

**Red Zone** [Definition](#)

**Peak Flow Range** **Instructions**

Less than:

Take this medication:

Call your provider NOW.

Go to the nearest emergency room.

Call 911 if person doesn't respond to you, skin is sucked in around the neck and ribs, and/or if lips or fingernails are grey or blue.

Make an appointment with your primary care provider within two days of an emergency room visit or hospitalization.

Other

Instructions:



# NCQA 2011 Standard 5: Track/ Coordinate Care (18 points)

## Standard

- ❖ Referral tracking and Follow-Up  
\* (6 points)
- ❖ Test Tracking and Follow-Up  
(6 points)
- ❖ Coordinate with Facilities/Care  
Transitions (6 points)

## Meaningful Use Criteria

- Incorporate lab/test results
- Exchange patient information with other providers (meds/allergies/ tests)
- Provide summary care record for transitions and referrals

\*Must-pass element for any level of PCMH Recognition

# NCQA 2011 Standard 6: Measure and Improve Performance (20 points)

## Standard

- ❖ Measure Performance (4 points)
- ❖ Measure Patient/Family Feedback (4 points)
- ❖ Implement CQI \* (4 points)
- ❖ Demonstrate CQI (3 points)
- ❖ Report Performance (3 points)
- ❖ Report Data Externally (2 points)

\*Must-pass element for any level of PCMH Recognition

## Meaningful Use Criteria

### Report:

- Ambulatory clinical quality measures to CMS/State
- Immunization data to registries
- Syndromic surveillance data to public health agencies

# PCMH Scoring

6 standards = 100 points

**6 Must Pass** elements

**Must Pass** elements require a  $\geq 50\%$  performance level to pass

Level of Qualifying	Points	Must Pass Elements at 50% Performance Level
Level 3	85 - 100	6 of 6
Level 2	60 - 84	6 of 6
Level 1	35 - 59	6 of 6
Not Recognized	0 - 34	< 6

**Practices with a numeric score of 0 to 34 points and/or achieve less than 6 “Must Pass” Elements are not Recognized.**