

ASSESSING THE PATIENT-CENTERED MEDICAL HOME

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NCQA: A BRIEF INTRODUCTION

- Private, independent non-profit health care quality oversight organization
- Measures and reports on health care quality
 - Developed HEDIS[®], the nation's most widely used set of clinical quality measures.
- Committed to measurement, transparency and accountability
- Unites diverse groups around common goal: improving health care quality

IOM REPORT—*CROSSING THE QUALITY CHASM: IT'S THE SYSTEMS!*

Each system is designed precisely to achieve the results it produces.”

—Don Berwick

THE PCMH IS BASICALLY A SYSTEM OF CARE THAT LEADS TO HIGHER QUALITY PRIMARY CARE

FROM CONCEPT TO ACTION: HOW WILL WE KNOW A PATIENT CENTERED MEDICAL HOME WHEN WE SEE IT?

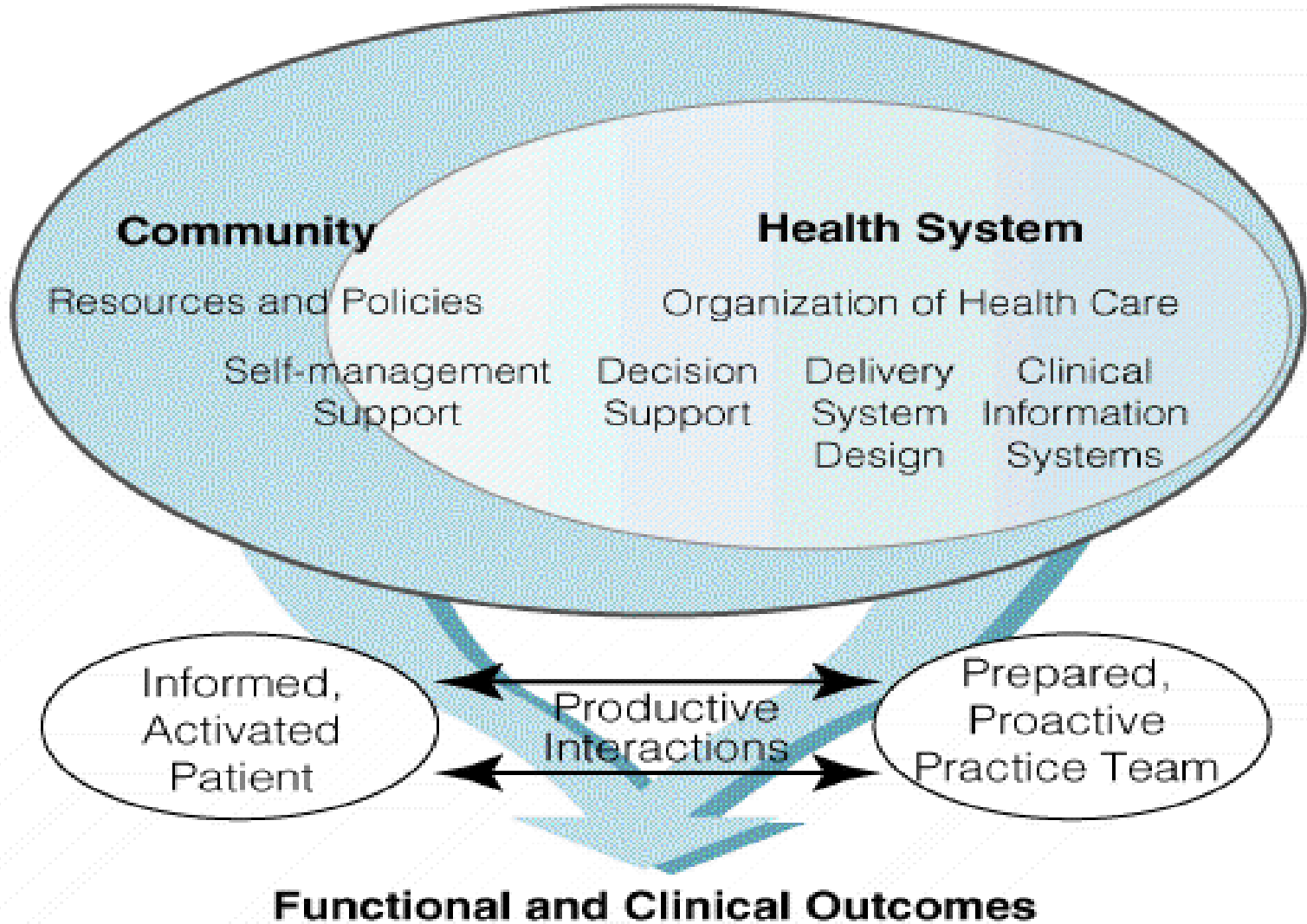
- We need to measure it!
- Good measures for physician office practice should be:
 - Accurate, reliable and valid
 - Understandable and actionable at the level of the physician office
 - Have an evidence-based link to important health care outcomes

Major problems with current approaches using administrative or chart review data

PHYSICIAN PRACTICE CONNECTIONS (PPC):

A TOOL TO MEASURE THE “PATIENT CENTERED HOMENESS” OF A PRACTICE

STRONG EVIDENCE-BASE RESEARCH AND SIX SIGMA



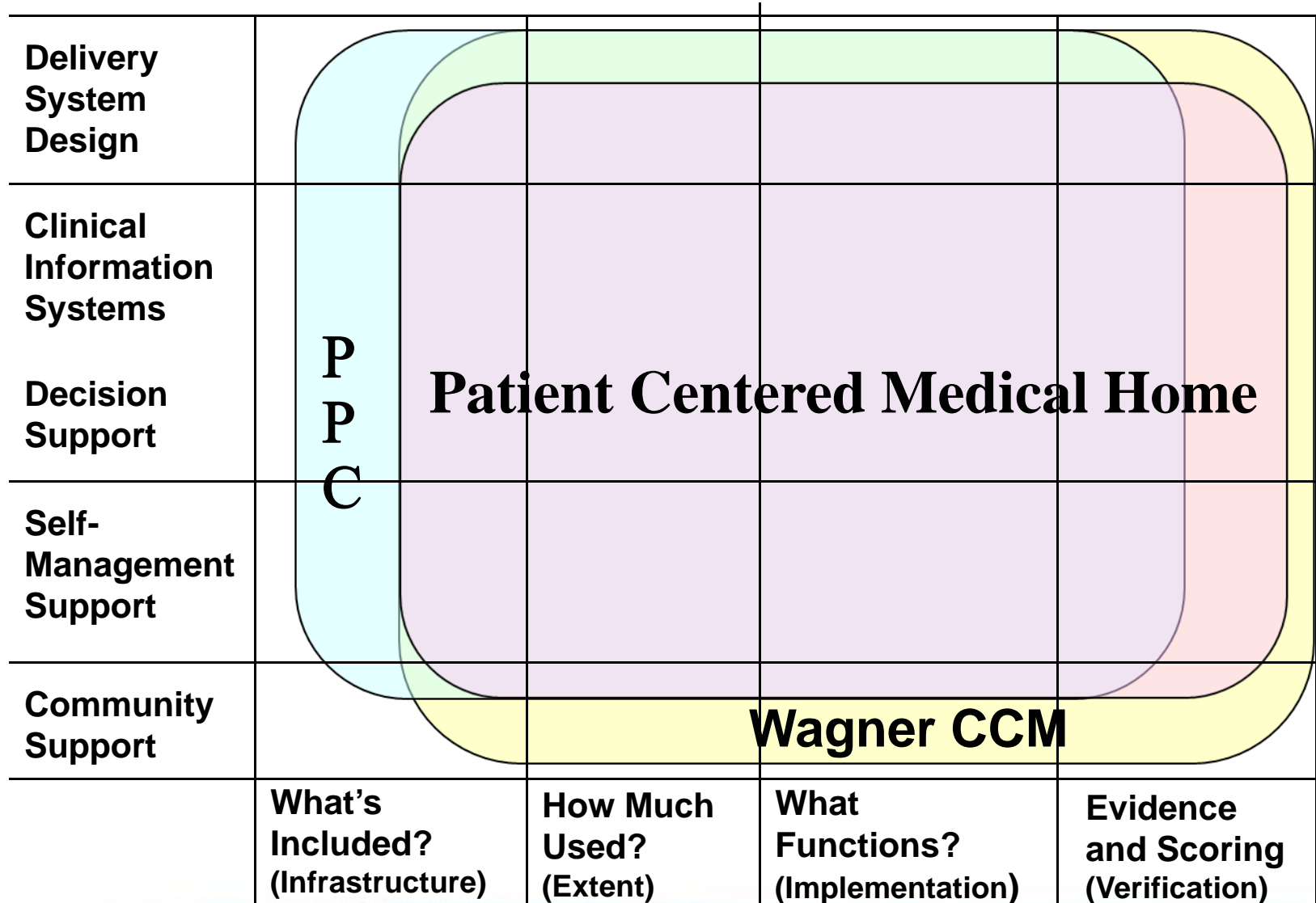
Ed Wagner-Chronic Care Model

WHAT *PHYSICIAN PRACTICE CONNECTIONS* DOES

- Provides a tested, accurate assessment of the systemness and patient centeredness of office based practice
- Scores on PPC tool correlate with enhanced clinical performance
- Provides a “road map” for practices to follow to achieving higher levels of PCMH
- Revised by ACP, AAFP, AAP and AOA with NCQA to include more patient centered concepts and to align even more closely with PCMH –
- Endorsed by the four medical groups for “qualifying” practices as PCMH’s in pilot-demonstrations

Key- linkage to educational and practice assistance

HOW PPC RELATES TO THE WAGNER MODEL AND THE PATIENT-CENTERED MEDICAL HOME



PPC-PCMH Version

Systematic Inputs

Patient Tracking & Registries

Care Management

E-prescribing Information

Test Results History

Referral Results

Access & Scheduling

Patient/Care Team Interaction



- in person
- by telephone
- by e-mail

Follow-up & Outcomes

Updated Patient Registries

Care Management Reminders, Referrals and Goals

E-Prescribing: Checks for Safety, Efficiency

Test Results Follow-up (across practice)

Referral Follow-up (across practice)

Performance Measurement, Feedback & Reporting

Patient Experience



Earlier Version of PPC (PPC_2006) ALREADY IN USE IN NCQA RECOGNITION PROGRAM

- Today: 2500 + physicians at more than 200 practice sites recognized
- Large *and* small practices qualify!
 - Median number of physicians at Recognized site: **6**
 - Number of solo practitioner sites: **27**
- By Practice Specialties
 - 57% - Primary Care
 - 19% - Pediatrics
 - 9% - Cardiology
 - 2% - OB-GYN
 - 13% - Multi-specialty

THE MOST SUCCESSFUL PRIOR PPC INITIATIVES HAVE PAY-FOR-PERFORMANCE LINKS

- Bridges to Excellence
- Silicon Valley – Health IT initiative
- BlueCross/Blue Shield of North Carolina
- MVP Health Plan (NY)
- Capital District Physicians' Health Plan (NY)
- CareFirst (DC-area health plan)

**STRONGLY SUGGESTS THAT SUCCESS
OF PCMH WILL BE LINKAGE TO
FAIR AND EQUITABLE REIMBURSEMENT**

FOR MORE INFORMATION

www.ncqa.org/ppc

or

www.ncqa.org