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Obtaining Patient-Centered Medical Home Recognition: A How To Manual



**A Guide for Obtaining PPC-PCMH
Recognition for Safety-Net Providers**

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INTRODUCTION: An Orientation to the Manual

What is the purpose of this manual?

This manual is a step-by-step guide to assist your organization to apply for and obtain recognition as a medical home through the National Committee for Quality Assurance (NCQA) Physician Practice Connections Patient-Centered Medical Home (PPC-PCMH) program. Essentially, the NCQA recognition process evaluates an organization's development and implementation of the systems necessary for the provision of patient-centered care. NCQA measures how effectively your team uses health information technology (HIT), establishes channels to coordinate care, redesigns office practices and, ultimately, provides preventive services and clinical care to patients when and how they want it.

This manual will help you to understand the individual components of the NCQA survey process. However, we encourage you to take a step back from this process, and continually reassess your purpose in seeking medical home recognition. Think about your organization and the health care delivered by your team in the context of a broad, long-term framework. NCQA recognition is only one step in a larger process of transforming your health center into a true PCMH, where patients' needs and interests are prioritized at all times.

Who is this manual intended for?

This manual was developed with safety-net providers, specifically community health centers (CHCs), in mind. However, other primary care providers (PCPs), will benefit from the information provided in this manual, as well as primary care associations (PCAs) and other organizations providing assistance to PCPs seeking NCQA PPC-PCMH recognition.

This manual is intended for CHCs at all points along the process. Some organizations may be at the beginning of their work, while others may be further in the process. If you are already familiar with the PCMH model and the NCQA survey process, some of the manual's sections may contain information that is not new to you. Nonetheless, we recommend that you look over these sections to ensure that as you work on your submission, you have the most up-to-date information and requirements within your reach.

Certain sections of this manual may prove more useful to your organization's senior leaders, while other sections may be more appropriate for the NCQA PPC-PCMH project managers and team. Senior leaders are typically the highest-ranking members of the organization, who hold decision-making authority (e.g., CEO/Executive Director, CMO/Medical Director, COO). The project manager and team will include different staff titles, which may vary from organization to organization. The project manager may be your organization's Medical Director, or perhaps your site's Administrative or Nurse Manager. The team may include clinical, information technology (IT) and administrative staff. Based on the processes laid out in this manual, it is the

responsibility of the senior leader(s) to select and recruit the project manager and team, and to provide them with their charge.

How is the manual organized?

The manual begins with a conceptual introduction to the PCMH and to the NCQA survey process. Following these background pieces, the manual guides you through the steps necessary to managing the NCQA survey process successfully – from selecting a project team, to setting expectations, to organizing the workload. Finally, the manual leads you through the specifics of completing your NCQA submission from beginning to end.

We have imposed an order on the process to facilitate your work; but be aware that completing your NCQA submission may not be a straightforward, step-by-step process. Some elements of the survey process build on previous ones, but others may not. In some cases, you may need to select for your organization which elements to prioritize, and you may find that you must revisit elements completed earlier in the process to ensure that the information and documentation you prepare for submission to NCQA is complete, complementary, and comprehensive.

Below is a brief description of each section of this manual, and a designation of the target audience for each one (Senior Leaders or Project Manager and Team).

Section 1: The PCMH Framework <i>(Senior Leaders; Project Manager & Team)</i>	<ul style="list-style-type: none">• Background, principles and tenets of the PCMH• Alignment of the NCQA PPC-PCMH framework with the services CHCs are chartered to provide
Section 2: NCQA & the PCMH Recognition Process <i>(Senior Leaders; Project Manager & Team)</i>	<ul style="list-style-type: none">• Overview of the 9 NCQA PPC-PCMH standards and corresponding 30 elements• Description of the scoring methodology• Benefits of obtaining recognition• Initial steps to take toward obtaining recognition
Section 3: Communicating with Your Staff & Board <i>(Senior Leaders)</i>	<ul style="list-style-type: none">• Guidelines and tips for explaining the NCQA survey process and its requirements to your staff• Guidelines and tips for describing the requirements and potential benefits of NCQA recognition to your board
Section 4: What Are You Trying to Accomplish? <i>(Senior Leaders)</i>	<ul style="list-style-type: none">• Framework for goal-setting during the recognition process, including key questions and a helpful rubric (SMART) to refer to when developing your goals

Section 5: Identify Your Project Team <i>(Senior Leaders; Project Manager & Team)</i>	<ul style="list-style-type: none">• Recommendations to identify and recruit a high-performing team; and develop an environment that will support the team’s success• Tips and examples of effective team-building activities for senior leaders and project managers
Section 6: Assess Your Internal Resources <i>(Project Manager & Team)</i>	<ul style="list-style-type: none">• Tool to help assess your organization’s current standing with respect to the NCQA PPC-PCMH requirements, including an assessment of your health information technology (HIT) capabilities
Section 7: Make a Plan <i>(Project Manager & Team)</i>	<ul style="list-style-type: none">• Guidance on using your team’s strengths to develop a realistic project timeline and conduct gap analysis• Key issues to consider in developing your action plan
Section 8: Understanding the Requirements of the NCQA PPC-PCMH Survey Process <i>(Project Manager & Team)</i>	<ul style="list-style-type: none">• Data and documentation required for submission• Helpful hints and tips to assist you to complete the survey• Guidance in using NCQA’s interactive survey tool to minimize the bumps along the way
Section 9: Hints to Enhance Your Success <i>(Senior Leaders; Project Manager)</i>	<ul style="list-style-type: none">• Tips to help you keep up the momentum of your project• Guidance offered in this section will be useful throughout your project’s lifespan, and should be reviewed at the outset of your work, as well as periodically during the project

Please note that the last section of this manual provides “helpful hints” that you may find useful even now, at the outset of your work. We recommend that you review this section periodically over the course of the project.

Appendices

The manual’s appendices contain a number of useful resources and tools. Some of them are designed to provide project management support, while others are intended to facilitate your completion and submission of the NCQA survey.

Consider these appendices as integral pieces of the manual. As you read through each of the manual’s sections, refer to the appendices where indicated.

Icons

The following icons are used throughout the Manual to differentiate key elements:



Denotes tips on the topic



Denotes additional resources available on the topic



These boxes contain examples and more detailed information on key topics

SECTION 1: The PCMH Framework

Audience: Senior Leaders, Project Manager & Team

What is the Patient-Centered Medical Home (PCMH)?

A PCMH puts the patient at the center of the health care system, and according to the American Academy of Pediatrics, provides primary care that is “accessible, continuous, comprehensive, family-centered, coordinated, compassionate, and culturally effective.”

The Joint Principles of the PCMH were published in March 2007 by the American Academy of Pediatrics (AAP), the American Academy of Family Physicians (AAFP), the American College of Physicians (ACP) and the American Osteopathic Association (AOA). The following principles are core to the medical home:

- Personal physician
- Physician-directed medical practice
- Whole person orientation
- Coordinated and/or integrated care
- Quality and safety are prioritized
- Enhanced access is available
- Payment appropriately recognizes the added value to patients who have a PCMH

The PCMH also builds on the foundational structure of the Chronic Care Model (CCM), prioritizing a systematic approach to providing coordinated care to patients. The PCMH makes explicit the systems of care coordination, care management, community linkages and delivery of preventive services that underlie the successful implementation of the 6 elements comprising the CCM: health system, delivery system design, decision support, clinical information systems, self-management support, and community.

Patients and the PCMH

Patients are the heart of the health care system. The PCMH model reminds us that a patient’s needs, safety, and interests must be the foundation of all care delivery. Developing a true care team – where all staff members practice and use their top skill-sets to provide coordinated, comprehensive care to patients when and how they want it – is key to transforming your practice into a medical home. The PCMH model is a tool to help you get there.

CHCs and the PCMH

Given the charter for and mission of CHCs, you may already have implemented many of the components contained within the PCMH model. By virtue of its recognition as a federally-qualified health center (FQHCs), your CHC provides comprehensive primary care and supportive services; is governed by a community board; and is accountable for quality reporting to your staff, your board and your patients. These elements, which are foundational characteristics of CHCs, are also the basics upon which the PCMH is built.

For many CHCs, using technology and documentation to convert informal care processes into formal systems forms the crux of the challenge in becoming a true medical home. Although CHC providers and staff are oriented toward the patient-centered approach, often systems to optimize the patient-centered care they deliver may not be in place. Technology and administrative processes may not support providers and staff in the way that they could, and should, in order to ensure that care is coordinated and timely.

The PCMH's emphasis on documentation and systematization may seem exaggerated. But remember, the PCMH puts the patient at the center of a care delivery system that includes family, providers, specialists, ancillary staff, and the wider community. Your organization is just one piece of each patient's total health care experience. Managing care for your patients requires both an intuitive awareness of all of these moving parts, as well as the integration of sophisticated systems (technological and otherwise) to deliver care in a timely, sensitive and coordinated manner across, between and within this complex system. **Box 1** provides an example illustrating the importance of formalized systems.



ADDITIONAL RESOURCES:

- The medical home concept was originally introduced by the American Academy of Pediatrics (AAP) in 1967. For more information on the history of the medical home, [click here](#) for: Sia C, Tonnignes TF, Osterhus E, et al. (2004) History of the medical home concept. *Pediatrics*. 113(5) Suppl: 1473-8.
- For more information on the evolution of the medical home, [click here](#) for "Patient-Centered Medical Home: From Vision to Reality."
- The Patient-Centered Primary Care Collaborative (PCPCC) (<http://www.pcpcc.net/>) is a coalition of major employers, consumer groups, patient quality organizations, health plans, labor unions, hospitals, clinicians and many others who have joined together to develop and advance the patient centered medical home. PCPCC hosts free, weekly calls which contain national updates on the PCMH movement, information about upcoming events, and newly available tools and resources, and various links to other sources. Minutes from past calls are available at (<http://pcpcc.net/content/weekly-call-and-announcements>).

- H2RMinutes is a free, weekly e-newsletter created to deliver the latest news about the PCMH. It is sponsored by the PCPCC and produced by Health2 Resources. Go to <http://www.h2rminutes.com/> to subscribe.

Box 1: Why Spend So Much Time to Formalize Care Processes? Making it Real.

The staff of a small CHC may be accessible to its patients 24 hours/day, by telephone, email or in person, but the organization may not have formalized that access. Patients may simply dial their providers' direct cell phone numbers in an emergency; or the CHC may use an answering service that does not document response times. Either way, without a formal procedure in place through which patients can reach providers, patients may fall through the cracks.

A provider may know all of his/her patients by first name; but without a backup system, the provider's interactions with patients cannot be documented and shared with the rest of the care team. Similarly, if an answering service cannot document all of its interactions with patients, and provide evidence of the responses provided to patient queries, then no follow-up is possible.

Without the crucial element of a formal call-back system in place, the coordination of care will suffer. This challenge is especially acute in the case of patients with complex chronic diseases. The CHC cannot assure its patients of optimal care – no matter how personal and high-quality the interactions between patients and providers may be.

SECTION 2: NCQA & the PCMH Recognition Process

Audience: Senior Leaders, Project Manager & Team

What is the NCQA recognition process?

Through its Physician Practice Connections (PPC) evaluation program, the NCQA introduced a set of standards and a process through which primary care practices may be recognized as patient-centered medical homes (PCMHs) for a 3-year period.

NCQA's PPC-PCMH program essentially codifies the services and administrative elements necessary for the provision of patient-centered primary care. However, it should be noted that NCQA's recognition program also emphasizes the integration of health information technologies (e.g., electronic medical records, registries, e-Prescribing) that support the care processes associated with the PCMH.

Through its PPC-PCMH program, NCQA provides a useful framework to guide your organization toward becoming a medical home. However, as is true with any framework, it has its limitations which need to be understood and managed. For instance, your organization may do things that are not yet included in the NCQA framework (e.g., capture more robust patient experience data, provide patients with critical auxiliary services like transportation). Conversely, NCQA may score some elements that recognize processes or systems that may not be an priority for your organization today given your patient population's needs, your organizational mission, or other reasons (e.g., developing an interactive website). What's important is to understand how what you do connects with the principles of the medical home contained on page 7.

NCQA is not the only agency that has introduced a PCMH framework and recognition program. Bridges to Excellence (BTE) offers an alternative framework, and others exist or are in development. However, the NCQA framework is currently the national reference for PCMH recognition, particularly as state, federal, and private insurance programs consider implementing changes in reimbursement to reward PCMH-recognized organizations.

Why should my CHC obtain PCMH recognition?

The best reason for pursuing PCMH recognition is that fulfilling the requirements of the NCQA recognition process will help your organization to make great strides toward transforming itself into a true medical home: a health center of the 21st century, where care is coordinated, accessible and keeps patients at the center. Completing the NCQA recognition process will allow your organization to assess its strengths and achievements, to recognize areas for improvement, and, ultimately, to develop more efficient, effective and patient-centered care processes.

Promising evidence has recently begun to emerge related to the benefits of implementing the PCMH framework. Evaluation studies of PCMH demonstration projects being conducted nationwide “indicate that investments to redesign the delivery of care around a PCMH yield an excellent return on investment.”¹ Demonstration projects have shown cost savings, largely due to a reduction in emergency department visits and inpatient hospitalizations; and the PCMH model has been associated with improved quality, equity of care, and patient experience. Current evaluation data also point to increased professional satisfaction among providers and staff working in PCMH-oriented settings.

Now read **Appendix 1** (or [click here](#) to download), which contains the PCMH evaluation article, “The Outcomes of Implementing Patient-Centered Medical Home Interventions: A Review of the Evidence on Quality, Access and Costs from Recent Prospective Evaluation Studies.” This article will familiarize you with the strengths and limitations of the NCQA PCMH model, as reported by an independent evaluation group.

Anticipated changes in reimbursement

For the past several years, purchasers of healthcare at the federal, state, and employer level have been increasingly demanding more value (in terms of better health outcomes) for their money. Finally, payors (public and private) are beginning to respond to the demand of paying for value, not volume, and are exploring alternatives to the traditional fee-for-service payment model. Despite the lack of systematic changes in reimbursement for recognized PCMH providers today, much activity is underway to explore more effective payment methods.

Nationwide, numerous PCMH demonstration projects based on the NCQA PPC-PCMH program have emerged over the past few years, many of which include multiple stakeholders and payors from both the public and private sector. In general, recognized PCMH providers in these demonstration projects receive additional payments (typically in the form additional dollars on a per member per month (pmpm) basis) to cover the additional care coordination and management costs associated with the PCMH model of care delivery. Additionally, many demonstration projects also give providers bonuses based on performance (typically also in the form of pmpm). These payments vary from project to project but tend to be scaled based on the level of recognition obtained.

Although these projects are still ongoing, evidence is emerging from them to support changes in reimbursement, and national conversations have begun assessing how these changes might be mandated and implemented. Thus, by pursuing recognition as a PCMH now, your organization will be ahead of the curve and ready to benefit from these impending changes.

¹ Grumach K, Bodenheimer T & Grundy P. The Outcomes of Implementing Patient-Centered Medical Home Interventions: A Review of the Evidence on Quality, Access and Costs from Recent Prospective Evaluation Studies. 2009, pg 1.

Contact your state Primary Care Associations, and your state and local governmental health representatives to learn more about PCMH incentives.



ADDITIONAL RESOURCES:

- To find out about demonstration projects taking place throughout the country, [click here](#) for the “Proof in Practice: A compilation of patient centered medical home pilot and demonstration projects” developed by the PCPCC.
- The Centers for Medicaid & Medicare Services (CMS) is in the process of organizing a Medicare demonstration project in selected states to explore appropriate payment models. [Click here](#) for a short fact sheet which contains more detailed information.
- To learn more about your state’s position on the PCMH and about the reimbursement methodologies under consideration for NCQA-recognized organizations, visit your state’s Medicaid and Department of Health websites. [Click here](#) for links to each of the 50 states Medicaid websites.

We are interested in obtaining recognition. Where do we start?

To obtain NCQA PPC-PCMH recognition, you must first carry out the following steps:

Step 1: *Confirm your practice/site is eligible for recognition through the NCQA PPC-PCMH program.* As stated in the Joint Principles, one of the core elements is that an applicant practice is physician-led (either MD or DO). Thus, only physician-led practices are eligible for recognition through the NCQA PPC-PCMH program. While recognition is obtained at the practice-level, only physicians will be included on the list of PCMH recognized providers. Practices exclusively run by, or employing only, PAs, NPs or RNs are not eligible for recognition at this time.² If you have questions regarding your eligibility, contact NCQA at ppc-pcmh@ncqa.org or (888) 275-7585 before taking additional steps. Also, refer to **Section 8** for information on pricing.

Step 2: *If your practice is part of a multi-site organization, work with NCQA to determine if a multi-site survey is appropriate for your organization.* While NCQA grants PPC-PCMH recognition at the individual practice level, it offers health care networks the option of completing a multi-site survey for all of their member practices. A multi-site survey allows the entire network to receive credit for fulfilling certain elements (approximately 1/3 of the 30 elements) at the network level. You will still need to complete site-specific surveys for the remaining elements (approximately 2/3 of the 30 elements), but depending on

² Including NP and PA exclusively-led practices as eligible for obtaining recognition through the PPC-PCMH program is being considered by NCQA. In several specific cases (namely demonstration projects), NCQA has granted recognition to non-physician led practices. If you are contemplating obtaining NCQA recognition for a non-physician led practice, contact NCQA to determine if this is feasible. At present, these exceptions are being made on a case-by-case basis.

the size of your network, the multi-site survey process may help to facilitate organization-wide approval for certain elements. It may also prove cost-effective for your network to utilize a multi-site survey process. Refer to **Section 8** for information on pricing. A basic rule to keep in mind is that for small networks (2-3 sites), it is probably best to complete individual surveys for each practice. However, larger networks (>6 sites) will likely benefit from using the multi-site survey. NCQA is available to provide guidance on which option is best for you. You should contact NCQA early in the process for consultation. More information about the multi-site survey is included in **Section 8** of this manual as well as in NCQA PPC-PCMH's Commonly Asked Questions available at <http://www.ncqa.org/tabid/1016/Default.aspx>. For further guidance, contact NCQA at ppc-pcmh@ncqa.org or (888) 275-7585.

Step 3: ***Obtain a free copy of NCQA PPC-PCMH Standards & Guidelines.*** This document provides detailed information on the standards and elements, including information on how each element is scored. While you don't need to read it in detail immediately, it will be useful to have as you move through the steps laid out in this manual. [Click here](#) to request a PDF copy, where you will be asked to register as a new user. Shortly after you register, you will receive the Standards & Guidelines in your email box.

Step 4: ***Continue following the steps laid out in this manual.*** In brief, these steps include:

- articulate your goals;
- identify a project team;
- assess your organization's current PCMH-related activities/ characteristics;
- conduct a gap analysis, and develop an action plan that responds to identified strengths and challenges;
- implement the plan in a systematic manner, incorporating steps such as documenting existing policies and procedures, gathering evidence to support them, and developing new policies and processes as needed; and
- submit your survey to NCQA using the web-based Interactive Survey Tool (refer to **Section 8** for additional information).

How does scoring work?

The PPC-PCMH scoring system recognizes practices that have systematized their care processes and can provide documentation of care provided at Level 1, 2 or 3. To achieve each level of recognition, NCQA has laid out 9 standards containing 30 individual elements. Ten of these elements have been designated as "must-pass." The four professional, medical societies who developed the Joint Principles (AAP, AAFP, ACP, and AOA) recommended these "must pass" elements because they were seen to be the essential building blocks of a medical home.

Figure 1 contains the 9 standards and 30 elements. The “must-pass” elements are indicated in bold and with two asterisks (**). The number of points assigned to each standard and element is also included. Note that each standard is worth the sum total of its individual elements. For instance, Standard PPC1 is worth 9 points because Elements PPC1A and PPC1B are worth 4 and 5 points, respectively.

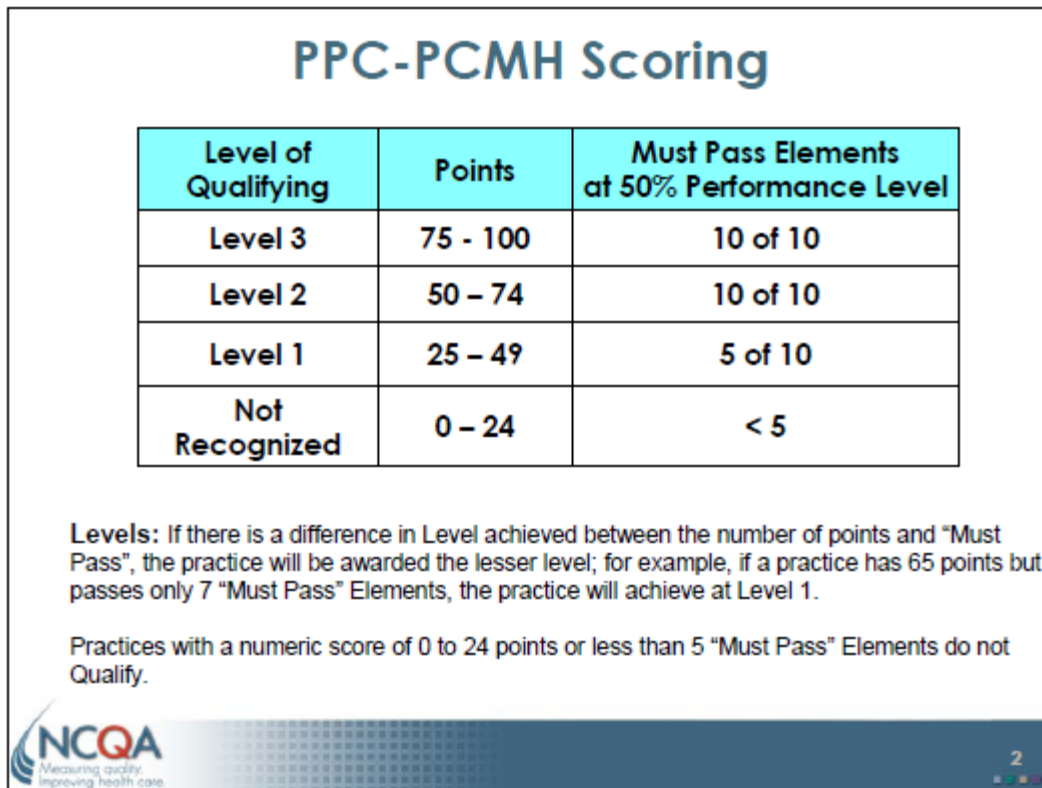
Figure 1: Overview of PPC-PCMH Standards, Element, and Points

PPC-PCMH Content and Scoring			
Standard 1: Access & Communication	Pts	Standard 5: Electronic Prescribing	Pts
A. Has written standards for patient access and patient communication**	4	A. Uses electronic system to write prescriptions	3
B. Uses data to show it meets its standards for patient access and communication**	5	B. Has electronic prescription writer with safety checks	3
	9	C. Has electronic prescription writer with cost checks	2
Standard 2: Patient Tracking & Registry Functions	Pts		8
A. Uses data systems for basic patient information (mostly non-clinical data)	2	Standard 6: Test Tracking	Pts
B. Has clinical data system with clinical data in searchable data fields	3	A. Tracks tests and identifies abnormal results systematically**	7
C. Uses the clinical data system	3	B. Uses electronic system to order and retrieve tests and flag duplicate tests	6
D. Uses paper or electronic-based charting tools to organize clinical information**	6		13
E. Uses data to identify important diagnoses and conditions in practice**	4	Standard 7: Referral Tracking	
F. Generates lists of patients and reminds patients and clinicians of services needed (population management)	3	A. Tracks referrals using paper-based or electronic system**	4
	21		4
Standard 3: Care Management	Pts	Standard 8: Performance Reporting & Improvement	Pts
A. Adopts and implements evidence-based guidelines for three conditions**	3	A. Measures clinical and/or service performance by physician or across the practice**	3
B. Generates reminders about preventive services for clinicians	4	B. Survey of patients' care experience	3
C. Uses non-physician staff to manage patient care	3	C. Reports performance across the practice or by physician**	3
D. Conducts care management, including care plans, assessing progress, addressing barriers	5	D. Sets goals and takes action to improve performance	3
E. Coordinates care/follow-up for patients who receive care in inpatient and outpatient facilities	5	E. Produces reports using standardized measures	2
	20	F. Transmits reports with standardized measures electronically to external entities	1
Standard 4: Patient Self-Management Support	Pts		15
A. Assesses language preference and other communication barriers	2	Standard 9: Advanced Electronic Communications	Pts
B. Actively supports patient self-management**	6	A. Availability of Interactive Website	1
	4	B. Electronic Patient Identification	2
	6	C. Electronic Care Management Support	1
			4

****Must Pass Elements**

Of the three levels of recognition that NCQA offers, the level granted to your organization will depend on two factors: 1) the total number of points that you receive (out of 100) and 2) the number of “must-pass” elements you fulfill at the 50% level. Figure 2 describes the requirements for each of the three recognition levels.

Figure 2: Overview of PPC-PCMH Scoring Requirements by Level



Note that your organization must fulfill both a minimum level of points and a minimum number of "must-pass" elements. That is, if your organization achieves 70 points but only passes seven "must-pass" elements at the 50% level, you will be recognized as a Level 1 PCMH. By contrast, if you attain 50 points **and** pass all 10 "must-pass" elements at the 50% level, you will be recognized as a Level 2 PCMH.

Each element contains a series of factors that contribute to the percent of points you may receive for a given element. For a list of these factors, consult the free copy of NCQA PPC-PCMH Standards & Guidelines accessed at <http://www.ncqa.org/tabid/629/Default.aspx#pcmh>.

Your organization may receive 25%, 50%, 75% or 100% of the total points assigned to each element, depending on how many factors within the element (and documentation to support them) exist within your practice.

The **total** number of points granted for any given element will be the **percent** of points fulfilled for all factors within that element, **multiplied by the total number of possible points** for the element.

For example, take a look at Element PPC1A on the NCQA PPC-PCMH Standards & Guidelines. Element PPC1A has 4 total possible points, spread across 12 individual factors. If your

organization fulfills 2-3 of the 12 total factors, then you will receive 25% of the points for PPC1A. Now multiply that percentage by the 4 possible points available for Element PPC1A, and you will see that your practice will receive 1 point for PPC1A overall (25% of points fulfilled x 4 possible points overall = 1 point).

For more detailed information about NCQA PPC-PCMH scoring, refer to the NCQA PPC-PCMH Standards & Guidelines.

At the outset of your survey process, one of the tasks for your project team will be to decide which level of recognition you hope to achieve. **Box 2** below provides a high-level overview of what the three levels of recognition entail. Additionally, **Section 6** contains more detailed information to help you assess where your organization falls on NCQA's PCMH spectrum, so that you can manage expectations realistically.

Box 2: NCQA's Levels of PCMH Recognition – A Brief Overview

- | | |
|-----------------|--|
| LEVEL 1: | Describes a basic PCMH and requires practices to use paper-based systems and electronic administrative systems [e.g., practice management system (PMS)]. CHCs can achieve Level 1 recognition level simply by carefully documenting all of the services that they are federally chartered to provide. Learning to document processes comprehensively and systematically may be a challenge, but the tips offered in this manual are designed to help you through this process. |
| LEVEL 2: | Requires CHCs to use some electronic systems (e.g., registries or an EMR) to plan, manage, and coordinate care, and to document services. |
| LEVEL 3: | Indicates a technologically- and administratively-advanced health care system with the ability to communicate electronically to other entities (patients, hospitals, labs, other social service and healthcare organizations). While Level 3 sites are not required to have fully implemented e-prescribing and bi-directional lab interfaces, Level 3 sites use EMRs as standard technology for care planning and practice management, and benefit from the allocation of ongoing resources (including permanent staff positions) to quality improvement. |

How long will the survey process take to complete?

The NCQA PPC-PCMH application is a labor- and time-intensive process. NCQA estimates that it may take you about 100 hours to complete the survey process, including compiling required documentation. You should expect to invest **at least six months** to complete the entire process.

The exact number of hours required to complete the survey process varies among organizations, and will depend upon documentation that your organization already has

available, the systems you already have in place and the team you assemble to help you with the survey. It will also depend on your starting point and end goal, and the level of transformation it will take you to get there. This manual should help you to streamline the process and reduce the number of hours you devote to completing the NCQA survey.

How much will it cost?

In budgeting for this project, think beyond the NCQA survey fees, and be prepared to invest in the NCQA survey process as part of a long-term investment in your organization's future.

Some of the costs that your organization may incur are detailed below:

- **Payment of NCQA Survey Fees.** The cost of the survey depends upon the number of providers (MDs and DOs) at your organization. A more complete explanation of NCQA's pricing structure is detailed in **Section 8** of the manual and NCQA's fee schedule is available at <http://www.ncqa.org/tabid/631/Default.aspx>.
- **Development of new processes, and training of staff to fulfill new duties.** In order to successfully complete your survey process, it is likely that you will need to develop new policies, procedures and processes, and to train relevant staff to implement them. During the initial implementation period, providers may need to reduce their clinical hours, resulting in decreased revenue from fewer patients seen.
- **Acquisition of new electronic systems.** If your organization hopes to achieve recognition at Level 2 or 3, and you currently don't have electronic systems in place, you will likely need to purchase new technology (e.g., registry, e-Prescribing, EMR).
- **Hiring of Consultants/Coaches.** You may decide that you would benefit from the help of a consultant specializing in the NCQA PPC-PCMH survey process; or you may realize that you need a coach to help redesign operations or implement new systems.

How can I quickly familiarize myself with NCQA's system?

Upon first glance, you may find NCQA's system confusing. While all the elements that NCQA codifies represent important elements of a medical home, the organization of those elements – and the scoring system attached to them – is not intuitive, and may not resonate with your way of thinking and operating.

Don't let this trouble you. As a CHC, you likely have been delivering services within the framework of the Chronic Care Model (CCM); and we encourage you to think about NCQA's system within that more familiar CCM structure. The CCM provides a broader approach to patient-centered care, while NCQA emphasizes the specific systems, technological requirements and functional elements of effective care coordination that underlie and link the 6 CCM areas: health system, delivery system design, decision support, clinical information systems, self-management support, and community.

Keep in mind that NCQA's elements and standards are meant to support your organization's progress toward achieving the PCMH principles, listed earlier. Refer to these principles regularly to assess whether fulfilling any given NCQA element will assist your organization's progress toward achieving them.

Managing expectations

Seeking NCQA recognition can be long-term process. Moreover, should your organization choose to pursue a re-imagining of your care process, and transformation toward true "medical homeness," NCQA recognition will be only one step in that even larger process. Whatever your ultimate goal in seeking NCQA recognition, managing the expectations of your senior leaders and your staff will be key to your success.

The American College of Physicians (ACP) developed two brief PowerPoint presentations with voice-overs that may be helpful to use in introducing the PCMH and the NCQA recognition process to various members of your organization (refer to links below). You may also want to use the information presented in this manual and elsewhere to develop your own brief PowerPoint presentations to address specific questions that your board and staff may have, related to both the PCMH generally and to their roles in the NCQA recognition process.

Turn to **Section 3** for guidance on communicating with the staff and board. We also provide sample slides, questions and topics for you to address with the staff and board at the outset of your project in **Appendices 2 and 3**, respectively.



ADDITIONAL RESOURCES:

- **"The Patient-Centered Medical Home - Three Part Series of Presentations"** can be viewed and download at: http://www.acponline.org/running_practice/pcmh/. It will be available on the right hand column. Specifically, look at "What is the PCMH?" and "Common Questions About the PCMH."
- Emmi Solutions developed a short video to explain the PCMH concept for patients and is available at <http://www.emmisolutions.com/medicalhome/transformed/>.

SECTION 3: Communicating with Staff & Board

Audience: Senior Leaders

Communicating with your colleagues and with your organization’s board of directors is an important component in ensuring a successful project, particularly one of this scope. We recommend that you schedule meetings with the staff and board early in, and often during, the project lifespan to convey key ideas and answer any questions that may arise.

While we use the word “project” in this manual, it is important not to think of this work as “just another project.” It needs to be appropriately resourced, prioritized, and paid attention to in order to be successful. Thus, it will be critical to communicate how obtaining PCMH recognition fits in with your organization’s overall strategic vision to key stakeholders.

Additionally, it is important to communicate how clarifying project goals and requirements and managing expectations will contribute to building organizational commitment to the project. Doing so may also uncover enthusiasm and support for the project among staff or board members that you can use to your advantage as you work through the project tasks.

Developing your presentations

To communicate effectively with these two different groups, you will need to develop two different presentations – one for staff, and one for board members. However, for both presentations, begin with a general introduction to the PCMH and the NCQA survey process. We have provided PowerPoint presentation templates – one for staff, and one for board members – in **Appendices 2 and 3**, respectively to help you get started.

A. PART I: THE BASICS

1. **Describe a PCMH.** Assume that your audience is unfamiliar with the PCMH concept, history, and components. Use information presented in **Section 1** of this manual to explain what a PCMH is, and the importance of prioritizing patient-centered care. We recommend that you connect the PCMH framework with other quality improvement initiatives (e.g., HRSA’s Health Disparity Collaboratives) in which your organization may have participated in the past. Make sure to emphasize that the PCMH is an important next step in your organization’s ongoing commitment and vision to improving the quality of care, for the benefit of all of your patients.
2. **Explain the NCQA recognition process.** Be sure to differentiate between becoming a true medical home and being recognized for your work via NCQA. Some issues to address include the following:
 - a. The survey process is time- and labor-intensive and is likely to require an investment of resources (e.g., staff, equipment, technology).

Section 3: Communicating with Staff & Board

- b. It requires designated team members to work collaboratively. Team members may require the assistance of various other staff members and senior leaders from time to time.
- c. Supporting documentation must be produced to provide evidence for functioning systems in place at your organization.
- d. The scoring system offers three levels of recognition. Your organization's current status may determine which level you strive for.

B. PART II: THE SPECIFICS

1. **Staff Members.** When addressing the staff, consider that they will likely have a number of questions for you. Decide what might be the best format or approach to address the following questions, and others that may arise during your meeting:
 - a. *Why is obtaining recognition important and what will it take?*
 - i. Describe why obtaining recognition is important for the organization and how functioning as a medical home is likely to result in improved outcomes, equity, patient experience, and provider/staff satisfaction. Also, briefly discuss how recognized PCMH providers are likely to receive increased reimbursements from a variety of payors in the near future. Providing a compelling reason for obtaining recognition will go a long way to increasing staff understanding and minimizing resistance.
 - ii. Briefly describe the resources you will dedicate to and investments you will make for the project (e.g., ensuring protected time for the project team, hiring external assistance, upgrading or purchasing new technology systems, etc.).
 - b. *What is my role in this project?*
 - i. Describe PCMH team members' roles and expected time commitment. Refer to **Section 5** for more information on selecting a PCMH project team.
 - ii. Describe other staff members' roles. Explain that contributions from clinical, administrative and IT staff may be required at various points in the process of completing the survey.
 - c. *How will my job be affected by this project, both in the short term and the long term?*
 - i. During the survey process, various staff members may be asked to contribute to the required tasks of putting together the organization's submission. Occasionally, service "above and beyond" the job description may be required.

- b. *How can we justify the investment of so much time and energy into a single project?*
- i. The PCMH project is a true quality improvement initiative with far-reaching implications. It will have long-term benefits for patients and staff, and will facilitate other quality projects that the organization may want to implement in the future.
 - ii. By investing time and energy now to be recognized as a PCMH, the organization will be ahead of the curve in terms of its quality status and its patient care, and will be ready for changes in health care financing on the horizon.
 - iii. The PCMH model has been associated with improved quality and equity of care, as well as increased professional satisfaction among providers and staff working in PCMH settings.
- c. *What resources will we need to dedicate to this project?*
- i. A strong project leader
 - ii. Key staff members
 - iii. Protected time for the team to meet and complete the survey process
 - iv. Consider the need for external coaching or other support
 - v. Technology, including enhancements to existing systems and/or the purchasing of new systems



TIPS

- **Keep it Brief.** Try not to overwhelm your colleagues and the board with too much information. Limit yourself to about 15 slides, and to about 20 minutes of talking time. In developing your slide deck, devote half of the slides to Part I (describing the basics of the PCMH and NCQA process), and half to Part 2 (specific questions that the audience members may have about their roles in the project).
- **Communicate regularly and often.** You'll want to keep your staff and board apprised of progress, changes and successes during the entire project lifespan. To ensure this communication happens, use existing channels to deliver information as much as possible. Does your organization have a regular staff meeting? Standing monthly conference calls for the board? Use these existing mechanisms as the forums for delivering your presentation. Plan for meetings well in advance by speaking with colleagues in charge of the agendas. Develop other methods of communication as necessary (e.g., bulletin boards, e-newsletters, etc.).
- **Tailor your approach.** The questions and topics included above should be tailored to the needs of your organization. If any suggested topics do not seem relevant to your group,

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modify them to accommodate your group's interests. Make sure to leave time for questions from the group.

- **Provide additional resources.** Some members of the audience may be interested in learning more about the PCMH and the NCQA survey process. Be prepared to provide additional resources or references to participants by selecting a few articles or other resources that the group may find interesting.

SECTION 4: What Are You Trying to Accomplish?

Audience: Senior Leaders

An important step in managing this project is assessing your organization's motivation in seeking NCQA recognition as a PCMH. By articulating and establishing your goals, you will be able to identify the appropriate level of recognition as a goal for your organization.

Defining your expectations will help you to assess the timeframe for this project in a realistic manner and will help you manage this project more effectively overall. It will also help you tie together the broader goals of your work with the necessary components to complete the NCQA survey. By placing the survey process within a broader framework of working toward becoming a true PCMH, success in your initial submission to NCQA at any level (1, 2, or 3) will help build momentum among your colleagues to keep moving the transformation process forward.

Senior leaders who hold decision-making authority (e.g., CEO/Executive Director, CMO/Medical Director, COO) should take the first step in articulating project goals. Project goals will influence which staff members should be recruited for the project team, and a clear statement of the project goals during the recruitment process will ensure that potential team members understand, and are on board with, the aims of the project.

Below are some questions that will help to facilitate a discussion of your organization's goals in seeking NCQA recognition. We recommend that you first consider these questions yourself, and then pose them to the senior leaders of your organization.

- Make a list of the improvement projects your organization has implemented during the past five years.
 - What were the outcomes of each project?
 - How adept has your organization been at identifying and dedicating staff and other resources to support these projects?
 - Overall, how would providers and staff members judge the organization's experience in implementing these projects?
- How easy or difficult do you think it will be to get providers and staff on board with this project?
- How fluent are you – and your organization – in the language of health information technology? Would you like to improve that fluency?
- Where do you hope to see the organization next year?
- What is your vision for the organization in five years?
- List the benefits that you hope that NCQA recognition will bring to the following groups:

Section 4: What Are You Trying to Accomplish

- Health center/practice/organization
- Providers
- Staff
- Patients
- Community

Your answers to these questions should guide your articulation of expectations in this project. Once you have discussed these questions with senior leaders in your organization, you will be able to identify exactly what your organization is trying to accomplish by seeking PCMH recognition.

This statement of goals will include identifying the level of recognition you hope to attain, and the timeframe within which you hope to attain it. Thinking about the recognition level you hope to achieve will allow you to identify and manage your workload realistically. **Box 3** contains some examples of goals and the associated level of recognition that an organization would likely pursue based on those goals.

Box 3: Examples of Goals

- Level 1:** You are the CEO of a large CHC. Eventually, you plan to focus more resources on the transformation of your organization’s technology and processes, but right now, your fiscal situation is tight and your staff is stretched. Still, you view NCQA recognition as an important step for your agency – and you know that many of your sister organizations are pursuing recognition. You would like your center to be recognized for the great patient-centered care it is currently delivering, and you will aim for Level 1 recognition.
- Level 2:** You are the Medical Director at a small urban CHC. You see opportunities for reimbursement on the horizon for NCQA-recognized medical homes, but you don’t want to push your team too hard toward comprehensive transformation, due to the many competing organizational priorities. Nonetheless, you want to ensure that your center is ready for future changes in reimbursement. Accordingly, you are prepared to commit resources to upgrading your electronic capabilities so that you achieve Level 2 recognition, even if you cannot fully transform your practice into a PCMH Level 3 just yet.
- Level 3:** In your multi-site CHC, the leadership team views the NCQA process as an opportunity to engage the entire staff in a full transformation of your practice over the course of the next two years. You have been assigned the role of completing the survey process, and you have been granted protected time for the management of this project. You also have two colleagues to work with you on this process, and you can leverage the assistance of the IT team and others, as needed. With everyone in agreement that your organization should pursue full transformation into a medical home, your expectation is recognition as a Level 3 PCMH.

Section 4: What Are You Trying to Accomplish

As you develop your goals, you may also find the SMART rubric³ useful:

Specific – Define what you want to achieve in a way that is clear and understandable to your entire staff, not just to the project leadership and project team members.

Measurable – Set a goal with a numerical or intrinsic value attached to it so that you can measure your progress toward it.

Attainable – Set a goal that is challenging and motivating for the team members, but not so difficult to achieve that it is discouraging to them.

Realistic – Can you realistically achieve the goal, given your current resources?

Time-bound – Set a deadline by which to finish or attain the goal

Thinking comprehensively about your organization’s motivation in seeking recognition, and defining goals concretely, will help to make this PCMH project part of your organizational plan – at whatever stage of transformation you may currently be.

Caveat: If your organization is participating in a demonstration project or other initiative, an external agency might be setting expectations and goals for you, and defining what level of recognition you need to obtain by when. Even in this situation, we recommend that you carry out a conversation with senior leaders and with staff regarding project goals and expectations. Opening the dialogue will ensure everyone is on the same page, and will launch your project on a strong footing.

³ Peter Drucker, *The Practice of Management*, 1954.

SECTION 5: Identify Your Project Team

Audience: Senior Leaders, Project Manager & Team

In seeking NCQA recognition as a PCMH, your organization has decided to commit a significant amount of administrative and staff time to a quality improvement project that will require input from many different parts of your organization. Identifying the right members for your project team will be the key to your success.

What is a team, and why should I use one?

A team is “small number of people with complementary skills who are committed to a common purpose, set of performance goals, and approach for which they hold themselves mutually accountable.” (Katzenbach & Smith, *Wisdom of Teams*)

Well-chosen teams with specific charters from leadership (including a clearly articulated goal, support, and timeframe) can be a powerful resource that can be quickly assembled, deployed, refocused and disbanded. With the right people, organizational support, and dedicated time, teams can achieve better results, are more effective problem solvers, are more flexible and responsive to changing events, and can assist with relationship-building and motivation. Plus, when established and supported to succeed, working as a team can be rewarding and productive.

What should my team look like?

First, the basics:

- **Team Size:** Make sure you have enough people on the team to complete the work. The larger the site/organization, the larger the team (and vice versa). Some organizations benefit from a single central team with a strong leader, and others will work better in several smaller, topic- or activity-driven teams that are led by a central project manager or steering committee.
- **Number of sites:** If you are part of a multi-site organization, include representation for each site on your central project team. In order to keep the team a manageable size, consider including individuals who are familiar with the culture and operations of multiple sites in your organization.
- **Project goals:** The scope of the project goals will impact the size and composition of your project team. A multi-site organization with the goal of achieving Level 3 recognition will require representation from key departments and all sites. A single practice that has the goal of achieving Level 1 recognition may need only a few team members to accomplish the work.

- **Organizational Culture & Management Style:** Design a team structure that suits your organization’s culture. Hierarchical organizations will need decision-makers on the team in order for work to move ahead in a timely manner. Flatter organizations may not need key decision-makers on the team, and may benefit from more autonomy that allows team members the freedom to work independently (within an organizational framework and charter).

What kinds of people would make the best team members?

Each organization has different needs which will impact team composition. However, some general recommendations for team composition are listed below.

- Recruit 4-6 people (5-member teams are ideal).
- Include representation from clinical, administrative/operational, and IT/Clinical Informatics⁴ departments.
- Ensure that at least one member is computer-proficient and can use basic programs like MS Word and Excel (two members with computer proficiency is ideal).
- As best you can, avoid including members with supervisor/subordinate relationships on the same team.
- Team members should have complementary sets of skills. Below are key characteristics to look for:
 - ☑ **Innovator:** This person is creative, visionary, open to new ideas and interested in improvement.
 - ☑ **Risk taker:** This person likes change and isn’t afraid to try new things.
 - ☑ **Team player:** This person is committed to the team and organization, and is supportive of, respected by and accountable to colleagues.
 - ☑ **Communicator/Listener:** This person is a great facilitator, able to effectively articulate ideas and listen to others.
 - ☑ **Problem solver:** This person is analytical, solutions-oriented and comfortable making decisions.
 - ☑ **Detail-oriented:** This person pays close attention to detail and helps ensure things don’t fall through the cracks.

Note: It is not necessary to include one person on the team with each individual characteristic. Just be sure that these characteristics are all represented among team members. For instance, you may have multiple innovators on the team, and two of them may be great problem solvers, as well. A third may be a risk taker.

⁴ It is important that this individual(s) is familiar with how electronic systems are used in the clinical setting.

How should members be selected and recruited to participate on the team?

The highest-ranking members of the organization should select and recruit team members. We recommend that a small, key group of senior leaders carry out this exercise together (e.g., CEO/Executive Director, CMO/Medical Director, COO).

Now, to facilitate this process, turn to **Appendix 4** and complete the Team Selection Grid.

Once you have identified the individuals that you want to include on the team, personally recruit each of these candidates. Meet face-to-face with potential team members to discuss goals for the PCMH recognition initiative in specific, concrete terms. Additionally, discuss expectations for participation with each potential team member to ensure that each person is committed to and interested in the initiative and its goals.

In order to succeed, each team member will need adequate and protected time dedicated to the project to complete the work. Time commitments will depend on your goals (identified in **Section 4**) as well as your timeline for achieving them. Ensuring each team member has sufficient protected time can often be one of the biggest challenges for leaders. However, without it, it is unlikely that the team can successfully carry out its charge and achieve the project goals.

One team or many?

Empowering a single, central project team may prove the best way to keep the project moving. A single team offers the advantages of having only a small number of people involved in making decisions and in accomplishing the work, which often translates to greater accountability. A single team also offers a second advantage: simple and clear lines of communication among team members.

However, some organizations will succeed more quickly by using multiple small teams, with each team oriented around a single PPC standard. This structure may work better for multi-site organizations that have a large number of staff scattered across many sites, or by a single large practice.

If you choose to establish multiple small teams, make sure that a strong project leader or steering committee is placed in charge of the entire process, and that a central structure is established to ensure regular, open communication among all of the teams.

Tips for creating a high-performance team

Leaders and team members each have roles to play in developing a high-performing team.

- Team & Leaders:**
- ✓ Have mutual accountability
 - ✓ Have common commitment and purpose
 - ✓ Have an open line of communication
 - ✓ Have clear roles and responsibilities

Section 5: Identify Your Project Team

- ✓ Celebrate achievements, even the small victories!
- Leaders:**
- ✓ Have a clear presence and are available to the team
 - ✓ Set a clear vision and performance goals for the team, which they constantly reinforce
 - ✓ Give the team flexibility to develop strategies for achieving project goals
- Team:**
- ✓ Has adequate resources (i.e., equipment, staffing) & protected time
 - ✓ Sets ground rules for how members will work together (go to **Appendix 5** for a sample team charter)
 - ✓ Maintains open lines of communication with each other

Box 4: Team Building Activities

Teams function best when they have a clear charge and compelling goal that no single team member could accomplish alone. However, even with these elements in place, it takes time for a group of individuals to become a team.

As your team begins to work together, use activities to build the team's collaborative spirit. Choose activities that help accomplish the work objectives: teams are built through the work they accomplish toward the achievement their goals.

- **As a team, come up with a team name** that reflects your team's aspirations and becomes your collective identity. Consider deciding on a team name in a less-formal environment, such as during lunch.
- **As a team, complete a team charter** to help the team set ground rules and ensure everyone is on the same page. Turn to **Appendix 5** to view a sample team charter.
- **Invite quick check-ins** at the start of each meeting, so that members may share personal reflections and experiences related to the work.

Keep in mind that all activities should be oriented around the team's goals and workplan, and should confer a feeling of comradeship among team members. Avoid scheduling superfluous activities that do not tie in directly to a required piece of the project work.

Many of these ideas came from *The Team Handbook* (see below for more details), which contains excellent guidance for building effective teams to accomplish any project.



ADDITIONAL RESOURCES:

- Scholtes PR, Joiner BL, and Streibel BJ. *Team Handbook, 3rd Edition*. Madison: Oriel, 2003. Available at www.amazon.com and www.barnesandnoble.com; costs approximately \$30 for new copies. For a sneak peek of the Table of Contents, [click here](#).
- Lencioni PM. *Five Dysfunctions of a Team: A Leadership Fable*. Wiley, John & Sons, Incorporated, 2002. Available at www.amazon.com and www.barnesandnoble.com; costs approximately \$25 for new copies.

SECTION 6: Assess Your Internal Resources

Audience: Project Manager & Team

It's time now for an organizational diagnostic. The purpose of this activity is to ensure that your internal organizational resources are in harmony with your goals in seeking NCQA recognition.

The diagnostic is like a needs assessment. It will help you to identify areas that may need more attention prior to beginning the NCQA survey. It may also give you some things to think about as you are working through the survey process and planning for the next stage of PCMH development.

In either case, this assessment of your organization's capacity and strengths will provide another essential piece of the foundation upon which your successful NCQA submission – and your overall organizational transformation into a medical home – will be built.

Review the NCQA guidelines

Prior to the first meeting of your project team, instruct each team member to review the NCQA guidelines and note **terms** and **requests for documentation** that are unclear. Spend the first meeting of your team reading through the NCQA guidelines as a group, and address team members' questions.

Consult **Section 8** of this manual to clarify key pieces of information about the application and the PPC standards and elements detailed within it. If you still have questions about NCQA's terms or instructions, contact NCQA directly with your questions. Inquiries about the survey process or guidelines should be sent to ppc-pcmh@ncqa.org.

Generally, NCQA will respond to inquiries by email within 2-3 business days. However, for more complex questions, a response may take up to two weeks. Identify questions early in the application process so that you avoid delays later.

Assess your baseline score

Once you and your team have reviewed the guidelines, get a feel for your organization's current medical home status. To facilitate this process, we have developed an easy-to-use MS Excel tool (**Appendix 6**) to help you assess where you stand with respect to the NCQA PPC-PCMH requirements. ***Please note, however, that the score you obtain using this tool does not guarantee your receipt of that same score from NCQA. The score you obtain from NCQA is based on the quality of documentation you provide to show evidence of the processes and policies you have in place.***

Now turn to **Appendix 6**, and review the Baseline PCMH Self-Assessment Tool. You will notice that we have built formulas into the worksheet that will help you determine where your practice currently stands vis à vis NCQA’s scoring system. The tool will automatically calculate the total points you will receive, the number of “must-pass” elements that your organization will achieve at the 50% level, and, finally, the level of recognition that NCQA is likely to grant your organization, based on your responses.

Please note that you can also use the \$80 PPC-PCMH survey you purchase from NCQA (available at <http://www.ncqa.org/tabid/629/Default.aspx#pcmh>) to assess your baseline status. However, ***this too will be a self-assessment and the score you obtain does not necessarily guarantee the score you will obtain when you formally submit your survey to NCQA.***

To use either tool most effectively, we recommend that each team member be assigned to fill out the form individually. The team can then review answers as a group.

Assess two key issues on an element-by-element basis:

- 1) Is the element in place at your site?**
- 2) Can you easily provide documentation of its existence**, including identification of its source?

To help you stay organized, the Baseline PCMH Self-Assessment tool (in **Appendix 6**) provides a column for each of these responses.

The completion of this “pre-work” prior to reviewing the tool as a group will help each member of the team to reflect individually on the questions posed. Then, as a group, you will be able to discuss different impressions and responses, and resolve any unknowns related to the elements and the documentation that your organization already produces.

If you have a computer available during your group meeting when you review your scores, you may want to enter your final answers directly into the tool to save some time during the group meeting.

Consider your technology

Each element of the NCQA scoring system links to technology. In some cases, technology is *necessary* to the fulfillment of the requirements of a discrete element; in other cases, technology will be *beneficial*, but not necessary, to your team.

In order to help you assess your organization’s ability to complete each discrete element of the NCQA scoring system based on the technology you have available, the Reference Grid in **Appendix 12** details the technology required to fulfill each NCQA PPC-PCMH element. A brief definition of each technological element is included below, in **Table 1**.

If your organization does not yet have an EMR in place, we encourage you to consider whether the purchase and installation of an EMR might be an important precursor to pursuing recognition as a PCMH. Please refer to **Box 5** for more details.

Table 1: Description of Relevant Health Information Technology (HIT) for PCMH Recognition

<p>Practice Management System</p>	<p>Software that facilitates the day-to-day scheduling and billing operations of a health care practice. Such software allows users to capture patient demographics, schedule appointments, maintain lists of insurance payers, perform billing tasks, and generate reports.</p>
<p>e-Prescribing</p>	<p>An electronic system that allows a prescriber to electronically send an accurate, error-free and understandable prescription directly to a pharmacy from the point-of-care. The principal aim of electronic prescribing systems is to reduce medication errors and adverse drug events (ADEs), and consequently, to improve standards in patient safety.⁵</p>
<p>Registry</p>	<p>Database that collects clinical data on patients with a specific disease (e.g., diabetes, asthma, CHF, hypertension, etc) and/or tracks specific medical tests (e.g., pap smear, mammogram). Registries allow PCPs (or, in some cases, patients) to review tests and care processes, and to conduct care planning, in order to reach certain quality goals. They can also provide trend and public health compliance data.</p>
<p>Electronic Medical Record</p>	<p>Software that comprises the legal record of individual patient care between a physician and a patient that is created in the specific environment of a single care delivery organization. It is the foundation technology that electronically collects, stores and organizes health information about individual patients, manages orders and results, facilitates communication between clinicians about patient issues, and supports improved clinical decision-making.</p>
<p>Health Information Exchange</p>	<p>Technology that provides the capability to electronically move clinical information among disparate health care information systems while maintaining the meaning of the information being exchanged. The goal of HIE is to facilitate access to and retrieval of clinical data to provide safer, more timely, efficient, effective, equitable, patient-centered care across all providers in the continuum of care.</p>

⁵ Definition obtained from *CMS, Open Clinical*

Box 5: EMRs and the PCMH

If your practice does not have an electronic medical record (EMR), or if your EMR does not have a registry function that allows you to search for quantitative data by health condition, stop for a moment and look again at your motivation in seeking NCQA recognition as a PCMH.

If your organization is aiming for Level 1 recognition as a PCMH, an EMR is not required. However, for Level 3, a functioning EMR is essential. NCQA's requirement of this electronic capability is a signal to your organization of the importance of an EHR to efficient, effective care coordination – and that having a fully functional EMR is a foundational element in any PCMH.

EMRs are fast becoming standard technology in today's health care system. It is likely that in the next two years, EMRs will be a requirement for all health care practices – particularly those seeking PCMH recognition. Under the American Recovery and Reinvestment Act of 2009, CMS is considering levels at which to provide reimbursement incentives for providers successful in becoming “meaningful users” of certified EHRs. These incentive payments begin in 2011 and gradually decrease. By 2015, failure to comply with the “meaningful use” requirements may result in financial penalties by CMS. [Click here](#) for more information on the “meaningful use” requirements.

If your organization does not yet have an EMR, you may want to consider delaying the PCMH recognition process. Integrating a new EMR is a challenging process; but at the same time, without supportive technology, pursuing NCQA recognition will be extremely difficult for your organization. Pursuing both quality initiatives at once will be difficult for even the most advanced health care practice; therefore, it is important for your senior leaders to consider this choice now, before your PCMH project is off the ground.

With this context in mind, we recommend using the NCQA PPC-PCMH framework to guide the selection and implementation of an EMR. Review the NCQA PPC-PCMH Standards & Requirements document available at <http://www.ncqa.org/tabid/629/Default.aspx#pcmh> to develop a list of the functionalities your new EMR should have (e.g., registry, bi-directional lab interfaces, etc.). Consider asking candidate vendors about their familiarity with the PCMH framework. Do they have any customers who have received Level 3 PPC-PCMH recognition from NCQA? Have they modified their systems to take into account the PCMH elements outlined by NCQA? Also, as you begin to implement the EMR, refer to NCQA's standards and requirements to ensure that you are developing appropriate reports and workflows to support the PCMH model of care.

Remember that although the implementation of an EMR and the pursuit of NCQA PPC-PCMH recognition are complementary projects, the logistics of carrying out both projects simultaneously will likely prove extremely disruptive to your practice. Before launching both processes at the same time, be sure to think about the practical challenges to implementing these new initiatives while continuing to provide high-quality, coordinated care to your patients.

Reconsider your organizational goal

After this brief organizational diagnostic, meet with the project team to discuss your organization's goal in seeking NCQA recognition. Do you want to modify the goal that was originally defined by the project leadership at the outset of the project? This is a good time to seek input from your colleagues on the project team to refine goals and expectations.

You may realize that your expectation of Level 3 recognition was unrealistic, and you would like to modify that goal to Level 2. Or perhaps the opposite has occurred, i.e., your team has come to realize how far along the path to becoming a PCMH you really are, and you'd like to change your expectation of Level 2 recognition to Level 3.

Give it a little more thought. A realistic plan will lead to success in this project and in the long-term transformation of your organization.

SECTION 7: Make a Plan

Audience: Project Manager & Team

Now your project is gathering speed.

You have completed the following:

- Spent time understanding the NCQA system and the importance of delivering coordinated, patient-centered care. You now know what NCQA recognition as a PCMH can *and can't* do for your organization.
- Assessed your organizational motivation in seeking NCQA recognition, and determined whether your immediate concern is to secure recognition of the patient-centered care that your agency is already providing, or whether you view this process as a first step in making fundamental changes to your practice over the long term.
- Identified appropriate team members (clinical, administrative, IT, support staff) to dedicate time and energy to helping you successfully complete and submit the NCQA survey.
- Examined the NCQA scoring system in light of your organization's internal resources, and established an appropriate goal for your practice in seeking NCQA recognition (Level 1, 2 or 3).

Your next task is to develop a project plan that will guide you and your team through the survey process over the next 6 months to 1 year.

Spend time on this step. A feasible and well-considered project management approach includes a timeline and logistical plan for the completion of the project. Without that plan firmly in place, your efforts over the next months will not be as successful as you may wish them to be. Even the most talented administrative staff cannot function effectively without a clear game plan.



ADDITIONAL RESOURCES:

- Scholtes PR, Joiner BL, and Streibel BJ. Team Handbook, 3rd Edition. Madison: Oriol, 2003. Available at www.amazon.com and www.barnesandnoble.com; costs approximately \$30 for new copies. For a sneak peek of the Table of Contents, [click here](#). Specific information on developing action plans is available in Chapter 3, Section A.

Conduct a gap analysis

To inform the development of your project plan and timeline, we recommend that your team conduct an assessment of where you are today (current status) as compared to where you would like to go (goal). This assessment is called a “gap analysis.”

Use the Baseline PCMH Self-Assessment Tool (**Appendix 6**) that you completed in **Section 6** as the basis from which to conduct your gap analysis, and consider the following questions:

- What is your current NCQA PPC-PCMH level? What level is your goal?
- How many more points will you need to obtain in order to move from your current to goal level? How many additional “must-pass” elements you need to pass at the 50% level?
- Of the NCQA elements that you feel you already have in place, which ones do you feel you can easily show evidence of? What is the source of documentation?

Think about the “gaps” you just identified, and use them as the basis for constructing your timeline and project plan. If you identified large gaps between your current status and your goal, make sure to allow your team the time and resources it will need to complete each activity as it moves toward your goal.

Define your timeframe for submitting the survey.

A timeline will help you keep you and your team members on track. In developing your timelines, use project calendars to help you plan key events and activities. Use them often and as a way to hold yourselves accountable. **Appendix 7** contains calendar templates for you to fill in. Or, consider developing a web-based calendar using Google calendars. This free application allows you to create calendars which can be shared among the team members and can be accessed via the internet. [Click here](#) for more information regarding on Google calendar’s functionality as well as to create your own account.

Your timeline should include the following elements:

- **Regular weekly, bi-weekly or monthly meetings for your PCMH project team.** The meeting schedule should be based on your organizational goal and expectations of this project. Work with your team members to decide on a schedule collaboratively.
- **Deadlines for completion of project management tasks.**
- **Deadlines for completion of PCMH survey elements.**
- **Communication strategies/deadlines related to your wider circle of colleagues and senior leaders.** You may want to schedule periodic meetings of the full staff to update them on your progress, or request time in your organization’s regular staff meetings for these updates.

The timeline you develop now may change over the next few months due to logistical realities. Still, drafting a timeline will help you get things moving in an efficient, effective manner.

Determine your needs

Based on the answers to the questions above, you now know **where** you need to go and **when** you need to get there. The next step is to plan **what** you need to get there. Below are some key areas to consider:

- **Identify documentation needs by element.** The trick here is to be comprehensive, yet smart. Don't go overboard: provide only necessary and sufficient information. Refer to **Section 8** as you assess your documentation needs, and be sure to consult **Appendices 12 & 13**, which describe NCQA's expectations in detail. In **Appendix 8**, you will find a tool to facilitate this exercise.
- **Identify additional elements to implement at your health center to support this project.** Turn to **Appendix 9** for a tool to facilitate this exercise, and consider the following factors:
 - What impact will the implementation of the project have on your patient population?
 - How easy or difficult do you anticipate the implementation of the project to be? Think about time, money and other resources the project requires.
 - How can you align the project and its goals with the organizational culture at your practice/network?
 - How can you align the project with the mission, vision and strategic goals of your organization?



If your team is implementing new procedures or policies to meet the requirements of an element, NCQA requires that they be in place for at least three months prior to submission, and will expect to see evidence of such in the documentation you provide. Make sure to factor this 3-month period into your timeline.

- **Identify additional HIT needs.** Do you need to make modifications to existing systems in order to carry out the processes or produce the documentation demanded by NCQA? Do you need to purchase new systems? Such activities may significantly impact your action plan and timeline. Turn to **Appendix 10** and use the tool presented there to facilitate this exercise. For each HIT enhancement, consider the following:
 - What needs to be modified and for which system?
 - Who is responsible for making the modification - HIT staff, product vendor, other?
 - How much will the modification cost?

- How long will it take?
- **Consider whether you need to acquire external assistance.** After assessing your needs, you may realize that you have more work ahead than you had initially anticipated, and you may wish to consider acquiring external assistance (e.g., consultants) to help with completing the survey process and/or implementing any associated operations or clinical redesign. It is important to understand that consultants and other external resources cannot replace the project team. Rather, this external resource facilitates and coaches the team as well as provides technical assistance on specific components of the PCMH. Acquiring external assistance requires additional investment by your organization, but if your CHC is looking toward long-term transformation to become a true medical home, the investment will be worthwhile.

Develop Your Action Plan

Now you know **where** you need to go and **when** and **what** you need to get there. The next step is to plan **how you** will get there. Key factors to consider when developing your action plan include:

- **Identify resources available for this project.** Do you have access to special funding or staff? Can you carve out protected time for regular staff to participate on the project team?
- **Refine the timeframe within which you plan to submit your survey** (6 months, 8 months, 12 months or other).
 - **Consider other projects and due dates** that you may face along the way, which may impact your project timeframe.
 - **Identify potential obstacles/challenges** that may arise along the way. What can you do to eliminate or, at least, minimize their impact on the project? You cannot predict the future, but thinking about potential obstacles now can help you prepare your team for bumps in the road. By doing so, you will have a better chance of staying on track with your project timeline.
- **Identify roles and tasks for each of your team members.** Will you need to pull in additional staff members, on an as-needed basis, such as HIT staff or other administrators? Will you need approvals from superiors along the way?
 - Make sure to allow for extra time in between project activities to allow for these needs and any others that may arise along the way.
- **Include key activities to facilitate the process including:**
 - **Develop a system for organizing documents as you prepare your submission.** This activity is particularly important if submitting surveys for multiple sites at the same time. Make sure to develop a standard nomenclature for the identification of each practice.

- **Attend NCQA training courses.**

- Consider the following webinars offered free of charge:

- **Intro Workshop on Standards:** NCQA staff will discuss the basic content of the standards for the PPC-PCMH recognition program.
- **How to Use the Survey Tool:** During this live, on-line demo, NCQA staff will describe how to complete the set-up and use the Interactive Survey Tool, which is the tool you'll be using to complete your survey.

For information on the dates and times of these webinars, go to <http://ncqa.org/tabid/109/Default.aspx>.

- Periodically, NCQA also provides a workshop entitled "How to Facilitate PCMH Recognition: A Hands-On Approach and Analysis Through NCQA's Eyes." During this interactive workshop (held in Washington, DC), expert NCQA faculty guide you through how you can demonstrate that you meet the PPC-PCMH requirements and discuss sample submissions for PPC-PCMH recognition. For more information on this workshop and future dates, go to <http://www.ncqa.org/tabid/79/Default.aspx>.

- **If a multi-site network, determine if it will be more advantageous to complete the multi-site or regular survey.** Refer to **Section 8** for additional information on survey costs.

- If you choose to utilize the multi-site survey process, determine your approach to pulling together the pieces necessary to its completion:

Option 1: First complete and submit the multi-site survey. After obtaining multi-site points from NCQA, complete and submit site-specific surveys for each practice in your network.

Option 2: Complete and submit both the multi-site and the site-specific surveys simultaneously.

The approach you choose depends on your organizational culture and your timeframe for completing the NCQA survey process in its entirety. Option 1 will require a longer timeframe, but offers a more streamlined approach to completing all the necessary pieces of the survey. Option 2 will require less time, but will demand an intense level of commitment from your organization and a heavier workload from each of your team members.

- **Develop a schedule with your team for completing your submission using NCQA's Interactive Survey System.** Determine which team member(s) will be responsible for inputting practice information into NCQA's standard Interactive Survey Tool and for

uploading supporting documentation. This individual does not need to be from the IT department but should have basic computer proficiency since you need to use a web-based tool to complete the survey. For tips on filling out the Tool and completing your survey, see **Section 8**.

- **Be as specific as possible.** Make sure to assign ownership to ensure accountability, and set due dates to keep things moving forward. Go to **Appendix 11** for an action plan template with key items to include. When writing your action plan:
 - Identify key deliverables and set completion deadlines that are ambitious yet attainable
 - Use active verbs to describe tasks/activities. Examples of action verbs include *identify, develop, review, draft, complete, convene, and finalize*.



ADDITIONAL RESOURCES:

Below is a list of additional resources to facilitate attainment of NCQA PPC-PCMH recognition:

- **TransforMED's Delta-Exchange** (<http://www.transformed.com/Delta-Exchange/index.cfm>)
Cost: \$30/month, billed on a monthly basis
Description: Recently launched online social networking platform containing articles, resources and tools, online seminars and discussions.
- **TransforMED Medical Home Facilitation**
(<http://www.transformed.com/MedicalHomeFacilitation/index.cfm>)
Cost: Starts at \$300/per provider per month
Description: TransforMED's Practice Enhancement Facilitators (PEFs) help minimize the risks and mitigate the unknowns of practice transformation by sharing practical knowledge of what works and what doesn't work through facilitation services.
- **ACP Medical Home Builder** (http://www.acponline.org/running_practice/pcmh/help.htm)
Cost: License Fees: ≤10 practices: \$750 plus an \$85/practice; 11-20: \$1050 plus an \$85/practice; 21-50: \$1350 plus an \$85/practice; Private practices: starts at \$85 for ACP members and \$115 for non members.
Description: Provides affordable, accessible on-line guidance for practices involved in transformation of their practices. This self-paced program will guide practices through a thorough, yet simple, process for evaluating their practice in seven different important areas and providing links to relevant resources.
- **AAP & National Center for Medical Home Implementation: Building your Medical Home Toolkit** (<http://www.pediatricmedhome.org/>)
Cost: Free; registration required
Description: Online toolkit specifically aimed for pediatric medical homes. However, several tools and tips can be adapted to other environments.

SECTION 8: Understanding the NCQA PPC-PCMH Survey Process

Audience: Project Manager & Team

This section contains practical tips for completing the NCQA PPC-PCMH survey process. Before reading this section of the manual, make sure that you have read through the NCQA PPC-PCMH guidelines. This section will be most useful to you if you are already familiar with the guidelines, and you can relate the helpful hints offered here to the specific section of the survey to which they refer.

Also, be aware that this section contains a great deal of information – all of which may not be applicable to your organization’s needs. We suggest that you browse through the information first, and then hone in on the discrete facts that you need.

For detailed questions about the survey process or guidelines that are not answered here, contact NCQA directly by email at ppc-pcmh@ncqa.org. Also, NCQA PPC-PCMH’s Commonly Asked Questions regarding the application process and specific elements are available at <http://www.ncqa.org/tabid/1016/Default.aspx>.

Purchasing the PPC-PCMH survey from NCQA

Before purchasing the NCQA PPC-PCMH survey, make sure your organization is eligible and you’ve identified the type of survey process (standard vs. multi-site) that is most appropriate for you. [Click here](#) to purchase the PPC-PCMH survey. When purchasing the survey via the NCQA website, make sure that you correctly identify which staff member in your organization will be the key contact for NCQA going forward. Following purchase, NCQA will send three emails to the identified individual. Below is a brief description of the information each email will contain:

Email 1: Acknowledges purchase of PPC-PCMH survey tool and temporary user ID & password.

Email 2: Provides access to Download Center for survey materials, including the NCQA Agreement, Attestation, and Business Associate Addendum. Take a look at these documents early in the process in case you need amendments to the language. NCQA lawyers will work with you/your lawyers to amend document language, as necessary but this process can take a minimum of several weeks to complete.

Email 3: Provides permanent user ID and password.

Survey costs

There are several pricing schedules for the NCQA PPC-PCMH survey: standard, discounted, multi-site group, and add-on. Below is a brief description of NCQA's fee schedule. NCQA's PPC-PCMH fee schedule with more detailed information is available at <http://www.ncqa.org/tabid/631/Default.aspx>.

- **Standard Fee Schedule:** The fee includes both a fee for a practice to obtain a survey license tool as well as application fees. The survey license tool is \$80, irrespective of practice size. The survey fees, however, are based on the number of providers.
- **Discounted Fee Schedule:** NCQA offers a 20% discount on the Standard Fee Schedule to applicants sponsored by health plans, employers and other programs. Your participating sponsor will inform you if you are eligible for this discount.
- **Multi-Site Fee Schedule:** The fee includes a fee for a multi-site survey as well as a fee for a survey for each site. The multi-site survey fee is dependent on the number of sites in your network and the number of providers at each site.
- **Add-On Survey:** The purpose of the add-on survey is for you to increase your level of recognition. Essentially, you will only need to complete the sections for which you did not receive 100% of the points and thus, the fees are significantly reduced. However, your initial three-year recognition period will not be extended. For instance, if you initially obtained Level 1 recognition in January 2009 and then obtained Level 2 recognition in September 2009 by completing the add-on survey, your recognition will still expire by January 2012, not September 2012.

Types of documentation you will need to provide

Wherever evidence is requested in the survey, you must submit the data, reports or other documents indicated. NCQA will not accept blank templates, forms or logs. Types of documentation that NCQA requests fall into 4 categories:

- **Process Documentation:** written statements describing your practice's procedures, protocols and processes; workflow forms
- **Reports:** aggregate data demonstrating clinical or administrative action; report summaries are also acceptable
- **Records or Files:** actual (de-identified) patient files or registry entries documenting clinical or administrative actions
- **Materials:** clinical guidelines and other provider materials; educational resources and other patient materials

Appendices 12 & 13 contain information to help you better understand what NCQA is requesting in terms of documentation. Go to **Appendix 12** for a reference grid by element, and **Appendix 13** for NCQA PPC-PCMH Companion Guides which provides examples of the kind of documentation NCQA requires.



TIPS

- **Spend time early on to identify your practice’s three clinically important conditions** (Element PPC2E). Many other elements of the survey will be linked to these three conditions.
- **Unless otherwise specified, all data should be reported from the past 12 months.**
- **Ensure that all supporting documentation is legible.** Legibility impacts NCQA’s review. Do not write notes on documents by hand to explain data, and then scan them into your computer. When necessary, consider using text boxes or the “notes” box provided in the electronic survey tool.
- **Keep documentation to a reasonable volume.** NCQA recommends submitting no more than three documents in support of each element.
 - Combine “like” documents whenever possible. For instance, if you have multiple policies written in MS Word, combine them into 1 document when you submit them; and simply reference page numbers in your submission for individual elements.
 - Combining documentation will not work for all elements (such as PPC1A & B) but should be considered whenever feasible.
- **Do not submit any protected health information.** All files should be de-identified before uploading. Keep a master list of patient files submitted in case of an NCQA audit.
 - Physician names/information can remain on the files.
- When using textboxes to hide information in non-PDF documents, save the documents as “read-only,” or convert to PDF. Otherwise, boxes can be seen and moved.

Using patient experience surveys

NCQA accepts summary results from patient experience surveys as adequate documentation for the following elements:

- PPC 1: Access & Communication
 - Element B: Access & Communication Results
- PPC8: Performance Reporting & Improvement
 - Element A: Measures of Performance
 - Element B: Patient Experience Data

Examples of patient experience survey templates include the following:

- **Consumer Assessment of Healthcare Providers and Systems (CAHPS) Clinician & Group Survey.** This survey is available free of charge, and asks patients about their recent experiences with physicians and their staff. Questionnaires are available for

adults receiving primary or specialty care, as well as for children receiving primary care. The CAHPS survey is lengthy, but is considered the survey of choice for many quality improvement initiatives. [Click here](#) to access the free survey instrument and instructions for its use.

- **Health Resource & Service Administration (HRSA) Health Center Patient Satisfaction Survey.** The Patient Satisfaction Survey is a short, easily administered questionnaire that provides health centers with information and insight on their patients' view of the services they provide. Health centers can use survey results to design and track quality improvement over time, as well as to compare themselves to other health centers. The survey form is available in English and Spanish. [Click here](#) to access the free survey instrument and instructions.

Submitting a multi-site survey

As noted in several places throughout this manual, the multi-site survey is a time- and cost-saving option for larger networks. With a multi-site survey, each practice will still need to submit an individual survey to receive recognition; however, using a multi-site survey can streamline your survey process by allowing you to complete approximately 1/3 of the PPC elements at the network level.

If this option sounds like something that would work to your organization's advantage, follow the steps listed below.

- Step 1:** Contact NCQA at ppc-pcmh@ncqa.org or (888) 275-7585 to ascertain eligibility and obtain approval. **Make sure to contact NCQA prior to purchasing a survey tool.**
- Step 2:** Complete and submit eligibility questionnaire to NCQA which will be sent to you by NCQA.
- Step 3:** Complete and submit qualification questionnaire (more detailed) to NCQA which will be provided if NCQA deems you eligible.
- Step 4:** NCQA will then inform you of which elements can be completed at the network level and which need to be completed at the site-level. As a general rule of thumb, those elements focused on capability typically only need to be completed once (at the network level). Elements focused on use, however, will likely need to be completed for each site in your network. Go to **Appendix 12** for a reference grid which provides some guidance about which elements are likely to fall into each category (network vs. site-level). However, this is only meant to be a guide. NCQA makes these decisions on a case-by-case basis so make sure to obtain official guidance from them.



TIPS

- **In a multi-site survey, each physician can only be listed as staff for 1 site.** If a physician works at more than 1 site in your network, attribute that physician to the site at which s/he spends most of his/her time.
 - **Note:** NCQA requires that all physicians seeking recognition have **unrestricted licenses**. If physicians with restricted licenses are practicing at your site, contact NCQA to determine your site’s eligibility for recognition.
- **Develop a standard nomenclature that you will use for each practice, throughout each piece of your submission.** Make sure to include the organization **and** site name in an easy-to-understand format on each document that you submit to NCQA for review. (e.g., PPC1A_Org Name_Site Name.doc)

Developing policies & procedures

Reviewing your practice’s current policies and procedures, and writing and instituting new ones where necessary, should be among the first activities that your project team carries out.

NCQA requires that your practice have all specified policies and procedures in place for three months prior to submitting an application for PCMH recognition. If your team needs to write new policies and procedures to fulfill NCQA’s requirements, make sure to factor this 3-month period into your survey process timeframe.



TIPS

- Policies and procedures should be written for the benefit of staff and/or patients at your practice/organization. Policies and procedures should **not** be written for NCQA.
- Make your policies and procedures specific and measurable. For example, when describing timeframes for response to requests from patients, “immediately” is **not** a specified timeframe. Replace vague terms with exact numbers of minutes, hours or days.
 - A good way to assess the specificity of your policies and procedures is to imagine that a temporary worker has joined your staff for the day. Would that person understand what is expected of him/her?
- NCQA will assess two aspects of policies and procedures: 1) whether or not your practice has instituted an indicated policy, and 2) whether or not your staff adhere to its specifications. Reviewers will **not** judge the content of the policy itself.
 - For example, NCQA will not judge whether or not a specified 30-minute turnaround period is appropriate for the task being addressed; instead, the

reviewers will evaluate whether or not that policy meets the requirements of the element, and whether or not your practice demonstrates/documents adherence to that policy.

- To be approved by NCQA, policies and procedures must be signed by the practice/organizational leadership, and implemented. Staff should also have been trained on the policies and procedures.
- If you provide any internal documents as part of your submission, make sure to indicate the site name and date.

Using NCQA's interactive survey tool

The Interactive Survey Tool is part of NCQA's Interactive Survey System, and is located on NCQA's secure website. Once you have purchased your survey, you will gain access to the Tool through your log-in and password.



TIPS

- The Interactive Survey Tool can be accessed by 4 unique users, each of whom can be given different levels of access and individual passwords.
- Users can access the Tool simultaneously, as long as they are not working in the same section of the Tool.
- Use Internet Explorer to complete the Interactive Survey Tool. Users of other browsers, such as Safari and Firefox, have reported difficulties in accessing and completing the Tool.
- When completing any section of the Tool, make sure to save information before moving to the next screen.
- NCQA recommends adding and linking required documents on a rolling basis instead of waiting to add and link everything at once. Once all documents have been added and linked and you are ready to make your submission to NCQA, upload the documents.
- All documents submitted will be primary sources. Within your submission, when referring to documents, consider indicating the page(s) of the document that responds to the specific element you are showing evidence of if it is a large document.
- Note NCQA's on-line maintenance schedule. It will be particularly important to be aware of scheduled maintenance activities when you are working against deadlines.

Conducting chart reviews

NCQA recognition hinges on the provision of documentation that provides the evidence that your practice has established a wide range of care processes, and has integrated them into a system of care management and coordination for your patients.

If your practice does not have an EMR that can produce reports easily on a selected sample of patients, you will need to conduct manual chart reviews to produce this evidence and documentation for several elements. (Refer to the reference grid in **Appendix 12** for more information.) As you consider whether this option is appropriate for your practice, note that because EMR reports can be labor- and time-intensive to design and run, **most applicants to the PPC-PCMH program conduct manual chart reviews.**

NCQA gives applicants a specific methodology to follow in conducting chart reviews, specifying a sample size of 36 patients, to be comprised of individuals who have one or more of the three “clinically important conditions” that you identify for your practice in the survey. Please note, if you are completing a multi-site survey, you will need to do 36 chart reviews for each site. Consult the instructions in the Record Review Workbook to ensure that your chart review conforms to the required methodology.



TIPS

- Involve a clinician in the chart review process.
- Ensure that the sample of patients you have selected follows the prescribed instructions provided by NCQA.
- The information that you submit for each patient can be pulled from anywhere in the patient’s chart. For some elements, it does not have to come from the patient’s last visit. However, consult the instructions contained in the Record Review Workbook for specific requirements
- NCQA recommends reviewing charts a single time, during which you will respond to all four identified requests for information (PC2C, PPC2D, PPC3D and PPC4B.). Doing so will streamline and shorten your review process.

Using the Record Review Workbook

The Record Review Workbook is provided by NCQA upon purchase of the survey to help with the chart review process. The Workbook is an Excel tool with formulas built in by NCQA to produce automatic calculations of the percentages/numbers requested for elements PPC2C, PPC2D, PPC3D and PPC4B.



TIPS

- To fulfill the requirements of elements PPC2C, PPC2D, PPC3D and PPC4B, the Record Review Workbook is the only documentation you need to provide. Do not submit additional pieces of documentation for these elements.
- Do not work online. Download a copy of the Workbook to your computer.
- Do not leave blanks. If there are factors that you cannot complete due to your data limitations, indicate “not used.” This will produce a gray space in the column for all patients in the review.

SECTION 9: Hints to Enhance Your Success

Audience: Senior Leaders, Project Manager & Team

Throughout this manual, we have provided you with tips to enhance your general project management skills as well as specific guidance to help you complete the NCQA survey process in a timely and successful manner. Below are some final tips, intended for both project managers and senior leaders, to guide you in your work on this project.

Become a learning organization

You are launching a long-term shift in organizational culture. The NCQA survey process is most useful to primary care practices that view it as a building block in a long-term process of transformation. As noted by Dr. Paul Nutting, who has been on the forefront of national medical home-related work:

“There is no expert who knows what a PCMH actually looks like. We are all learning together as thoughtful practices around the country transform in their own way and at their own pace.”⁶

No one can tell you exactly what to do to transform the care at your practice. Embrace this opportunity for your organization to learn how to construct a long-term improvement plan, using the NCQA survey process as an intermediate objective that will help move you toward that ultimate goal.

Develop leadership and communication skills

You already conducted an organizational diagnostic; but in doing so, did you remember to assess your own skills and strengths?

There may be areas in which it would serve you well to enhance skills, particularly skills related to leadership and communication. Strong, thoughtful leadership combined with clear communication will help to ensure the success of your project. Building these types of skills will also help you to develop and manage successful projects in the future. Often these basic elements are overlooked due to competing priorities, but nothing could be more damaging to your project than not having the right skills to serve your project.

⁶ Nutting PA, Miller WL, Crabtree BF, et al. Initial Lessons from the First National Demonstration Project on Practice Transformation to a Patient-Centered Medical Home. *Annals of Family Medicine*. 2009; 7(3): 254-260 pg 258.

Resources dedicated to the development of these skills will not be wasted, and may be a prerequisite for the success of your NCQA submission. Seek out training courses, webinars and other skill-building activities whenever possible.

Monitor “change fatigue”

Change is difficult. As you roll out this project, be aware of the drain it may have on the project team, and on the entire staff. Strategize so that your organization can maintain its day-to-day operations. Modify your timeline, if you find it to be too ambitious, and check in with team members to ensure they are not overwhelmed by the tasks expected of them.

Initial lessons from a PCMH demonstration project suggest that “whereas the traditional quality improvement model works for clearly bounded clinical process changes . . . transformation to a PCMH requires a continuous, unrelenting process of change”⁷ which can lead to a sense of overwhelm and exhaustion for the organization’s staff.

Becoming a PCMH may very well be an arduous process with little, if any, immediate gratification. Until your NCQA survey has been submitted and approved, staff may not see results that help them keep the momentum going in support of “change”. Plan for this now by scheduling retreats, periodic meetings and/or an internal recognition mechanism that will update everyone on the good work and progress they are doing month by month.



ADDITIONAL RESOURCES:

- Kotter JP. Leading Change. Harvard Business Press, 1996. Available at www.amazon.com and www.barnesandnoble.com; costs approximately \$15 for new copies.
- Kotter JP & Schlesinger LA. Choosing Strategies for Change. Harvard Business Review, July 2008. This is a reprint of an article which first appeared in Harvard Business Review in 1979. [Click here](#) for the abstract and to purchase the article.
- Lawrence PR. How to Deal with Resistance to Change. Harvard Business Review, January 1969. First published in Harvard Business Review in 1954. [Click here](#) for the abstract and to purchase the article.

Be practical

Don’t overreach. Be realistic about your availability and about expectations of the project team. Remember that enthusiasm for the project may be high at the beginning of the work, but may wane over time – and prepare in advance for this eventuality. Perhaps you would like to finish this project in 6 months, but 8 months would allow the team a little more breathing room.

⁷ Nutting PA, Miller WL, Crabtree BF, et al. Initial Lessons from the First National Demonstration Project on Practice Transformation to a Patient-Centered Medical Home. *Annals of Family Medicine*. 2009; 7(3): 254-260, pg 255.

Maybe team meetings should be held bi-weekly instead of weekly to allow team members to work on other projects concurrently with this one. Ask team members for their input to establish a realistic meeting structure and project timeframe.

Recognize staff and resource limitations

Investing time in the NCQA recognition process will mean that the project leader and team members may not be available for other special projects that might be under consideration. Spend some time to clearly articulate goals and needs, and ensure that a clear communication channel remains open between the senior leaders and the project team.

Keep the organization's entire staff in the loop

The project team is part of a larger organizational staff that includes diverse professionals with different skills, interests and perspectives. To truly become a PCMH, your organization will need the support and engagement of all of these people. Make sure that colleagues who are not on the project team understand that NCQA recognition is a demanding process, and that it is just the first step in a long-term process of transformation toward “medical homeness.”

You may find it helpful to identify ways in which your colleagues can make small changes on a weekly basis to move the entire CHC toward success. Define clear roles for different people based upon their staff titles as well as their personalities and skill sets.

Keep your colleagues informed about the NCQA project. Use communication methods that are already established in your practice for sharing information with your colleagues. Some examples include email notifications, huddles, staff meetings and postings on bulletin boards.

Work with your peer organizations

Often the best advice about the NCQA survey process may come from your peer providers/CHCs that have already initiated and/or completed the process. Find out which organizations in your area have pursued NCQA recognition and contact them for guidance. You may discover that these organizations have gone through this process, but we encourage you to seek guidance from experienced applicants, even cold-calling staff members. You will find that most of your peers will be happy to help.

Take a step back

Continually reassess your process, expectations and timeframe for completion of the NCQA survey. Modify plans as necessary to keep planning realistic, and remember to communicate changes to team members, senior leaders and the full staff in a formal manner via report, meeting or memo.



Founded in 1993, the Primary Care Development Corporation (PCDC) is a nonprofit organization dedicated to ensuring that every community has timely and effective access to primary care.

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