

Patient-Centered Access and Continuity (AC Competency A)



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Patient-Centered Access and Continuity (AC)

The PCMH model expects continuity of care. Patients/families/caregivers have 24/7 access to clinical advice and appropriate care facilitated by their designated clinician/care team and supported by access to their medical record. The practice considers the needs and preferences of the patient population when establishing and updating standards for access.

AC Competency A



AC – Competency A

The practice seeks to enhance access by providing appointments and clinical advice based on patients' needs.

Criteria	Criteria Description	Required Evidence	Crosswalk to 2014
AC 01* (Core)	Access Needs and Preferences: Assesses the access needs and preferences of the patient population.	<i>Documented process AND Evidence of implementation</i>	<i>No equivalent *New</i>
AC 02 (Core)	Same-Day Appointments: Provides same-day appointments for routine and urgent care to meet identified patient needs.	<i>Documented process AND Evidence of implementation</i>	1A1
AC 03 (Core)	Appointments Outside Business Hours: Provides routine and urgent appointments outside regular business hours to meet identified patient needs.	<i>Documented process AND Evidence of implementation</i>	1A2
AC 04 (Core)	Timely Clinical Advice by Telephone: Provides timely clinical advice by telephone.	<i>Documented process AND Report</i>	1B2

AC – Competency A

(continued)

The practice seeks to enhance access by providing appointments and clinical advice based on patients' needs.

Criteria	Criteria Description	Required Evidence	Crosswalk to 2014
AC 05 (Core)	Clinical Advice Documentation: Documents clinical advice in patient records and confirms clinical advice and care provided after-hours does not conflict with patient medical record.	<i>Documented process AND Evidence of implementation</i>	<i>1B4</i>
AC 06 (1 Credit)	Alternative Appointments: Provides scheduled routine or urgent appointments by telephone or other technology-supported mechanisms.	<i>Documented process AND Report</i>	<i>1A3</i>
AC 07 (1 Credit)	Electronic Patient Requests: Has a secure electronic system for patient to request appointments, prescription refills, referrals and test results.	<i>Evidence of implementation</i>	<i>1C6</i>

AC – Competency A

(continued)

The practice seeks to enhance access by providing appointments and clinical advice based on patients' needs.

Criteria	Criteria Description	Required Evidence	Crosswalk to 2014
AC 08 (1 Credit)	Two-Way Electronic Communication: Has a secure electronic system for two-way communication to provide timely clinical advice.	<i>Documented process AND Report</i>	<i>1C5, 1B1,3</i>
AC 09 * (1 Credit)	Equity of Access: Uses information about the population served by the practice to assess equity of access that considers health disparities.	<i>Evidence of implementation</i>	<i>No equivalent *New</i>

AC 01 (Core) Access Needs and Preferences:



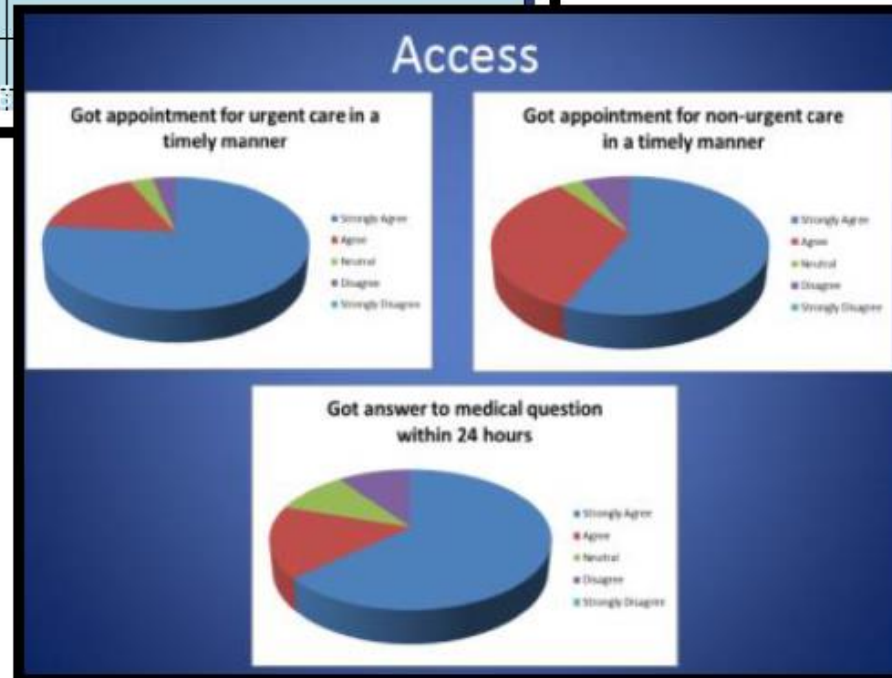
Assesses the access needs and preferences of the patient population. *New

- The practice evaluates patient access from collected data (i.e., survey, patient interviews, comment box) to determine if existing access methods are sufficient for its population. Alternative methods for access may include evening/weekend hours, types of appointments or telephone advice.

Patient-Centered Access and Continuity

AC 01 : Example

Question	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Got appointment for urgent care in a timely manner	76.7%	16.7%	3.3%	3.3%	0.0%
Got appointment for non-urgent care in a timely manner	56.7%	33.3%	3.3%	6.7%	0.0%
Got answer to medical question within 24 hours	63.3%	16.7%	10.0%	10.0%	0.0%
Got answer to medical question when office was closed	56.7%	20.0%	10.0%	13.3%	0.0%
Received courteous and respectful answers from office staff	70.0%	30.0%	0.0%	0.0%	0.0%
Felt the provider addressed issues involving family, or alcohol, smoking, mental health, nutrition, exercise					
Felt the provider addressed personal health goals (i.e. weight loss, smoking cessation, etc)					
Felt the provider has given clear explanations regarding medication					



AC 02 (Core) Same-Day Appointments:



Provides same-day appointments for routine and urgent care to meet identified patient needs.

- The practice reserves time on the daily appointment schedule to accommodate patient requests for a same-day appointment for routine and for urgent care needs. The time frames allocated for these appointment types are determined by the practice and based on the needs of the patient population, as defined in AC 01.
- The evidence may include a 5-day schedule to demonstrate that appointments are available or a report demonstrating which same-day appointments were used. The evidence may be significant patient-reported satisfaction with access, based on AC 01 data.

Patient-Centered Access and Continuity






AC 02 : Example

Jones Medical Center

Explanation: The practice reserves time for same-day appointments. This report shows the number of days to the *third next available* appointment for each day from 10/14/20XX through 10/18/20XX as measured first thing each morning as the clinic day began.

<u>Provider</u>	<u>Monitoring Date</u>	<u>Days</u>
Jones, MD	10/14/20XX	1
Jones, MD	10/15/20XX	0
Jones, MD	10/16/20XX	0
Jones, MD	10/17/20XX	1
Jones, MD	10/18/20XX	2
Average # of days		0.8

AC02
5 day schedule o
report showing
routine and
urgent

Clinic Date	Available	Filled	% Filled
5/15/2017	10	8	80%
routine		5	50%
urgent		3	30%
5/16/2017	9	3	33%
routine		2	22%
urgent		1	11%
5/17/2017	9	8	89%
routine		7	78%
urgent		1	11%
5/18/2017	6	1	17%
routine		0	0%
urgent		1	17%
5/19/2017	8	5	63%
routine		4	50%
urgent		1	13%

Office Scheduling Policy

Personal Clinicians:

For all routine office visits (check-ups, follow-ups) and physicals, patients are to be scheduled with their personal clinician (which-ever provider they see on a regular basis) to keep continuity of care.

Same-Day Appointments:

practices as an “Advanced Access” practice. Any patient that needs to be seen on a day the office is open (Monday – Saturday) will be able to be seen that day with the available clinician. Not all clinicians will have opening everyday due to their community schedules, but there will a clinician available to see a patient when they call.

Need to specify “routine and urgent needs”

Procedures and Exams:

When scheduling a patient for an annual physical, please make sure that they have the lab work done one week prior to visit. This will ensure that the results are in-house for the doctor to review at time of service.

When a patient is scheduling an office visit, please make sure to note and procedures or exams that need to be done (i.e. hearing test, EKG, skin tag removal...).

Need to further define appointment types

AC 03 (Core) Appointments Outside Business Hours:



Provides routine and urgent appointments outside regular business hours to meet identified patient needs.

- The practice recognizes that patients' care needs are not confined to normal operating hours, and therefore offers routine and urgent care appointments outside typical business hours. For example, a practice may open for appointments at 7 a.m. or remain open until 8 p.m. on certain days or open on alternating Saturdays. A documented process is not required if extended hours are provided at the practice site.
- A practice that cannot provide care outside regular business hours (e.g., a small practice with limited staffing) may arrange for patients to schedule appointments with other facilities or clinicians. The practice may use an urgent care center in the same health system for urgent and routine appointments outside regular business hours, or an urgent care center in the community that has access to patient records.

AC 03 (Core) *continued*

- Providing extended access does not include:
 - Offering appointments when the practice would otherwise be closed for lunch.
 - Offering daytime appointments when the practice would otherwise close early (e.g., a Friday afternoon or holiday).
 - Utilizing an ER or urgent care facility that is unaffiliated with the practice.

Patient-Centered Access and Continuity

AC 03 : Example

Contact Us

Our location

Suburban Family Healthcare

Get in touch

Phone: (Also for After Hours)

Fax:

Email:

(office manager – only for non-medical issues)

Our hours

Monday 8:30a.m. – 12:00p.m., 1:00p.m. – 5:30p.m.

Tuesday 10:00 a.m. – 7:00p.m

Wednesday 8:30a.m. -12:00p.m., 1:00p.m. – 5:00p.m.

Thursday 8:30a.m. – 12:00p.m.

Friday 7:30a.m. – 12:00p.m., 1:00p.m. – 3:00p.m.

Walk in hours 8:30-9:30 am Monday and Fridays (existing patients only) and 1st and 3rd Saturdays of the month from 9-12 by appointment only.

AC 04 (Core) Timely Clinical Advice by Telephone:



Provides timely clinical advice by telephone.

- Patients can telephone the practice any time of the day or night and receive interactive (i.e., from a person, rather than a recorded message) clinical advice. **Clinical advice** refers to a response to an inquiry regarding symptoms, health status or an acute/chronic condition. Providing advice outside of appointments helps reduce unnecessary emergency room and other utilization. A recorded message referring patients to 911 when the office is closed is not sufficient.
- Clinicians return calls in a time frame determined by the practice. Clinical advice must be provided by qualified clinical staff, but may be communicated by any member of the care team, as permitted under state licensing laws. NCQA reviews a report summarizing the practice's expected response times and how it monitors its performance against standards for timely response. The practice must present data on at least **7- days** of such calls.

AC 04 Documented Process

Procedures During Routine Business Hours Phone Communication:

1. Phone messages managed by the clinical team must be documented in the appropriate patient's/client's medical record by the end of the business day.
2. Phone messages for providers taken by nursing or clerical staff are put on the provider's or shared nurse desktop in the form of a phone note.
3. The employee uses the Summary Call data field to capture information from the phone call
4. Use the Clinical Advice Field to document clinical advice for the patient and the checkbox "clinical advice given".
5. The provider or nurse must respond to the client's question/request by the end of the business day for acute patient issues, clarification regarding medications, or questions regarding test results that require an immediate response. The provider or nurse then documents the time of the return call to the patient.
6. Routine patient issues such as refills receive a response within 3 business days.
7. Provider to Provider communication request timeline goal is to connect the provider to provider within 30 minutes of the call.
8. PCMH phone reports can be run to document call return times for the practice.
9. End of Day Manager's checklists are utilized to insure timelines are being met (see End of Day Manager's Checklist).

Procedure After Routine Business Hours

10. Calls received by clients outside of regular business hours are first received by the call service.
11. The call service notifies the appropriate on call provider with the message.
12. The on-call provider must respond to the client's request/question within 30 minutes of original call.

Patient-Centered Access and Continuity

AC 04 : Example


<u>Clinical Advice telephonic response 7 days' log</u>						
Patient	Doctor	Date Called	Time Called	Urgent Y/N	Date Responded	Time Responded
		04/11/2016	2:48 PM	Y	04/11/2016	3:04 PM
		04/13/2016	10:55 AM	N	04/13/2016	11:25 AM
		04/14/2016	10:55 AM	N	04/14/2016	11:25 AM
		04/15/2016	2:26 PM	N	04/15/2016	2:37 PM
		04/18/2016	7:26 PM	N	04/18/2016	7:36 PM
		04/21/2016	8:23 PM	N	04/21/2016	8:50 PM

AC 04 – Timely Clinical Advice by Telephone Call Log example

9							
10	Acct #	Date of telephone request	Time of telephone request	Date of telephone response	Time of telephone response	Elapsed time	Response time meets policy
11	3046	8/19/10	8:16 AM	8/19/10	8:38 AM	22 min	yes
12	31736	8/20/10	8:25 AM	8/20/10	8:40 AM	15 min	yes
13	66994	8/21/10	8:56 AM	8/21/10	10:25 AM	1hr 29 min	yes
14	11748	8/22/10	9:23 AM	8/22/10	9:05 PM	11 hrs 42 min	yes
15	14460	8/23/10	9:47 AM	8/23/10	10:31 AM	44 min	yes
16	5125	8/24/10	10:01 AM	8/24/10	10:32 AM	31 min	yes
17	14401	8/25/10	10:22 AM	8/25/10	12:31 PM	2 hrs 9 min	yes
18	31875	8/26/10	10:11 AM	8/26/10	13:31 PM	2 hrs 20 min	yes
19	23498	8/27/10	10:35 AM	8/27/10	2:06 PM	3 hrs 31 min	yes
20	431	8/28/10	2:07 PM	8/28/10	9:06 PM	6 hrs 59 min	yes
21	1742	8/29/10	11:39 AM	8/29/10	2:10 PM	2 hrs 31 min	yes
22	11773	8/30/10	2:02 PM	8/30/10	9:05 PM	7 hrs 3 min	yes
23	526022	8/31/10	2:48 PM	8/31/10	3:04 PM	16 min	yes
24	49436	9/1/10	3:23 PM	9/1/10	9:06 PM	5 hrs 43 min	yes
25	65926	9/2/10	8:11 AM	9/2/10	8:20 AM	9 min	yes
26	9357	9/3/10	8:19 AM	9/3/10	11:27 AM	3 hrs 8 min	yes
27	31464	9/4/10	8:32 AM	9/4/10	10:11 AM	1 hr 39 min	yes
28	23764	9/5/10	9:01 AM	9/5/10	11:33 AM	2 hrs 32 min	yes

Sheet1 Sheet2 Sheet3

Ready

 HealthTeamWorks

Building Systems. Empowering Excellence.

AC 04 – Timely Clinical Advice by Telephone Call Logs example

Date	Person Calling	Call Time	Who responds to patient	Time Response entered in Oxbow	Time to Respond
9/23/2012	Name of pt	7:13 pm	Barbara	7:24 pm	2 min
9/24/2012	Name of pt	8:44 am	Barbara	8:46 am	2 min
9/24/2012	Name of pt	8:59 am	Barbara	9:03 am	4 min
9/24/2012	Name of pt	9:52 am	Barbara	9:59 am	7 min
9/25/2012	Name of pt	3:03 pm	Barbara	3:10 pm	7 min
9/25/2012	Name of pt	7:45 am	Barbara	7:55 am	10 min
9/25/2012	Name of pt	10:00 pm	Barbara	10:10 pm	10 min
9/26/2012	Name of pt	1:00 am	Barbara	1:03 pm	3 min
9/26/2012	Name of pt	4:30 am	Barbara	4:45 am	15 min
9/26/2012	Name of pt	2:14 am	Barbara	2:20 am	6 min
9/27/2012	Name of pt	8:00 pm	Barbara	8:02 pm	2 min

AC 05 (Core) Clinical Advice Documentation:



Documents clinical advice in patient records and confirms clinical advice and care provided after-hours does not conflict with patient medical record.

- The practice documents all clinical advice in the patient record, whether it is provided by phone or by secure electronic message during office hours and when the office is closed. If a practice uses a system of documentation outside the medical record for after-hours clinical advice, or provides for after-hours care without access to the patient's record, it reconciles this information with the medical record on the next business day. The evidence includes two examples of documenting the clinical advice (1 during office hours and 1 after normal business hours as defined in AC 03).
- The reconciliation evaluates if clinical advice or care provided after-hours conflicts with advice and care needs previously documented in the medical record and addresses any identified conflicts.

AC 05 – Clinical Advice

Documentation: Example of response to call documented in patient record

Report Viewer

Report History | View Pane 1 | View Pane 2 | Split Up/Down | Split Left/Right | Detach Window

Telephone

Description: 55 year old female
Provider: [Redacted]
Department: [Redacted]

Incoming Call

Date & Time	Provider	Department	Encounter #
11/8/2010 9:55 AM	[Redacted] MD	[Redacted]	54588434

Contacts

Date & Time	Type	Contact	Phone
11/8/2010 9:55 AM	Phone (Incoming)	[Redacted] (Self)	7222222222 (W)

Reason for Call

Question: since 11/8/2010

Call Documentation

11/8/2010 9:58 AM Signed
She is having right leg excruciating leg muscle pain "double over", laying on the floor" she is concerned she has a blood clot. She had surface clots in past and labeled von willebrand's. She had bubbling in veins and then after it felt like ice in veins. Inside calf to other side calf, behind knee and knee cap. She is having functional pain now but the prior pain was worse than labor pain. She drank 2 L of pedia lite. Episodes lasted 15 min and then moved and started again. OV made

Historical Meds Added to List
[Hyperlink Historical Meds Added](#)

Meds Removed To Update List
[Hyperlink Meds Removed](#)

Patient Instruction
[Hyperlink Patient Instruction](#)

Policy Template

AC 05, AC12 – Example of Call/Email Policies for Documentation and Availability

Policy: Telephone and Email Response

Purpose: To establish response time frames for telephone and email contacts.

A. The designated physician, nurse or other clinician will provide telephone advice on clinical issues during office hours within the specified time frame.

1. Clinical staff will return calls to patients for clinical advice and other requests within ____ hour(s) of receiving the call.
2. Calls received after ____ PM will be answered by ____ AM the next day.
3. Spot checks will be performed on a **(monthly, quarterly or semi-annual...select one)** basis to assess the practice's ability to meet this requirement (80, 85, 90%...designate a number the members of the practice agree upon) of the time.

B. Urgent phone responses will be returned within a specified time, with clinician support available 24 hours a day, 7 days a week. (Practice will need to define urgent and emergent criteria and provide to patients.)

1. During office hours urgent calls are returned by a clinician within ____ minutes, and urgent after-hour calls are returned within ____ minutes.
2. After hours calls will be responded to by the designated provider on call.
3. Spot checks will be performed on a **(monthly, quarterly or semi-annual...select one)** basis to assess the practice's ability to meet this requirement (80, 85, 90%...designate a number the members of the practice agree upon) of the time.

C. Providing secure e-mail consultations with the physician or other clinician on clinical issues, answering within a specified time

1. Appropriate staff will respond to secure e-mails within ____ hours for clinical messages and ____ days for non-clinical messages.

AC 06 (1 Credit) Alternative Appointments:



Provides scheduled routine or urgent appointments by telephone or other technology-supported mechanisms.

- The practice uses a mode of real-time communication (e.g., a combination of telephone, video chat, secure instant messaging) in place of a traditional in-person office visit with a clinician or care manager. The practice provides **a report of the number and types of visits** in a specified time period.
- **Unscheduled** alternative clinical encounters, including clinical advice by telephone and secure electronic communication (e.g., electronic message, website) during office hours do not meet the requirement. An appointment with an alternative type of clinician (e.g., diabetic counselor) does not meet the requirement.

AC 07 (1 Credit) Electronic Patient Requests:



Has a secure electronic system for patient to request appointments, prescription refills, referrals and test results.

- Patients can use a secure electronic system (e.g., website, patient portal, email) to request appointments, prescription refills, referrals and test results. The practice must demonstrate at least two functionalities or provide patients with guidelines for at least two types of these requests that can be made electronically.
- Electronic patient requests provide another means to provide access for services

AC 07 – Multifunctional Secured Interactive Patient Portal

Proxy
Proxy Access
My Health Record
Health Summary
Recent Visits
Test Results
Results Summary
Tests Ordered
Disease Management
Home Monitoring
Diabetes Report
Prescriptions
Renew
Appointments
Request
Upcoming/Cancel
Message Center
Inbox
Messages Sent
Archive
Renew Messaging
Send Msg to MD/RN
Questions
Billing
Non-medical

- ✓ Health Record
- ✓ Disease Management
- ✓ Prescription Renewal
- ✓ Appointments
- ✓ Message Center

Announcements

DID YOU KNOW.....

High levels of cholesterol in the blood is a major risk factor for coronary artery disease. [Coronary artery disease](#) is the leading cause of deaths in the United States. For more information, check out The [Cholesterol](#) Low Down on the [American Heart Association website](#).

National Eating Disorder Week starts February 26th.

Running on empty

Despite what you may read or see in magazines, you can be too thin. Dieting to the extreme and overexercising are just two of the symptoms of a very serious illness known as anorexia nervosa. Size it up for yourself and click [here](#) to learn more.

What's eating you?

If you think purging after a fattening meal is a quick fix, think again. The cycle of overeating and purging puts your life at [risk](#) and can quickly become the eating disorder known as bulimia nervosa. What causes [bulimia nervosa](#)?

Keep your e-mail address current/Adjust SPAM Filters

Please take a moment to ensure your e-mail address is up to date. We do not want you to miss out on any new communications from _____ such as your test results, appointment reminders, etc. You can view your e-mail

AC 08 (1 Credit) Two-Way Electronic Communication:



Has a secure electronic system for two-way communication to provide timely clinical advice.

- The practice has a secure, interactive electronic system (e.g., website, patient portal, secure email system) that allows two-way communication between the practice and patients/families/ caregivers, as applicable for the patient. The practice can send and receive messages to and from patients.
- NCQA reviews a report summarizing the practice's expected response times and how it monitors its performance against standards for timely response. The practice must present data on at least 7- days of such activity. The report may be system generated. The practice defines the time frame for a response and monitors the timeliness of responses against the practice's time frame.

AC 09 (1 Credit) Equity of Access:



Uses information about the population served by the practice to assess equity of access that considers health disparities.

- Knowing whether groups of patients experience differences in access to health care can help practices focus efforts to address the inequity. **The practice evaluates** whether identified health disparities demonstrate differences in access to care. An example of how a practice may demonstrate this is through a report of how an identified group of patients has lower rates of access to same day appointments, higher no show rates, greater ER use, or lower satisfaction with access than the general patient population.
- Healthy People 2020 defines health disparity as “a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.”

Things that Could Trip You Up

- AC 01 (Core)
 - Same day appointments versus open access
 - Evidence of appointment availability and use
- AC 06 (1 Credit)
 - NCQA clarification on acceptable alternative clinical encounters

FAQ's Patient Centered Access



Are same-day appointment supposed to be available for each provider? What if the practice has one provider (but not all) who covers same-day appointments at that site? (AC 02)?

- There is no requirement that all providers have same-day appointments. Many sites do exactly what you are suggesting and have a dedicated provider at specific times for same-day or walk-in appointments and that meets the intent of the criteria.
- Make sure to highlight in documentation that the same day appointments are for both ACUTE/URGENT and ROUTINE.
- Report must show both availability and use of the same-day appointments.

We have a walk-in clinic. Does this meet the intent of same day access? AC 02

- A clinic may provide walk-in hours in addition to same day appointments; however, providing walk-in hours alone does not meet the requirement for same day appointments.

Do we have to show the difference between urgent and routine same day appointments? (AC 02)

- **Yes.** Centers need a documented process for making appointments available for both urgent and routine issues. The policy states time requirements and defines 'routine' and 'urgent'.
- For example, the practice has a policy that urgent issues are seen immediately and routine visits (e.g. new patient physicals, return visit exams for minor acute and chronic conditions) are scheduled within seven days. The practice describes how it triages patients to determine the urgency of the request and how triage considers patient care need and preference.

Can clinics give 'first priority' for same-day scheduling for 'urgent appointments'? Or do they have to treat routine and urgent the same? (AC 02)

- Yes, it is ok to give priority for same day scheduling for urgent appointments.
- What NCQA is looking for is for your practice to reserve slots for same day appointments. These slots are to be used for routine and urgent care. An example of this is that your policy holds 5 same day appointment slots each day that are used for routine and urgent care. If you have this, then this would meet the intent of the criteria.

How do you define “routine” visits? (AC 02)

- NCQA provides examples but does not ‘define’ appointment types. They leave it to the clinic to ‘define’ process and ‘define’ appointment types for scheduling routine and urgent same day appointments. If you have defined ‘urgent’, you can define routine as everything else - with a list of exceptions that you can define. This example comes from NCQA:
 - Urgent Care (Acute Illness) - Patients will be seen same day of request with physician, PA or NP if call is before 2. If nothing available, patient will be directed to triage nurse for recommendation.
 - Routine Care (Chronic Conditions) Patient is scheduled within 24 hours with physician, NP or PA. Patients will be seen same day of request with physician, PA or NP if call is before 2. No more than 3 day time lapse unless requested by the patient.
 - Wellness Care (Physical/WWE) Patient is scheduled within 8 weeks of request with physician, PA or NP. With exception of those patients seen prior to one calendar year from that time.
- Note: Routine same day does not need to include physicals or new patients. Those can be included in another category of appointment types.

How many same day appointments do you have to have? (AC 02)

- The intent of this criteria is that clinics provide same day appointments for both routine and urgent care to meet the needs of identified patients. Visits do not have to be reserved every day or with every provider.
- **Note:** 'walk-in' hours do not meet the intent.
- **Note:** Routine same day does not need to include physicals or new patients. Those can be included in another category of appointment types.

What is the definition of "timely"? (AC 04, 08)

- "Timely" is defined by the applying organization. NCQA stipulates that the practice must define their version of "timely," and measure performance against that standard.
- NCQA leaves the definition of "timely" for the practice to decide, based on the needs of its population, but the practice must have a written policy for defining timely response to calls (AC04) and e-mails (AC08), which may categorize the types of requests and appropriate response times.
- The practice must also monitor and demonstrate the policy's implementation (e.g., a written policy on 24–48 hours for response to a nonurgent message, along with a report that shows a summary of response times.)

AAP Resources: Managing Telephone Calls in Pediatric Practice (AAP Practice Management Online [PMO] resource):

Our medical director calls patients and offers advice, especially during the set aside admin hours. Would that suffice for AC 06?

- Unscheduled alternative clinical encounters, including clinical advice by telephone and secure electronic communication (e.g., electronic message, Web site) during office hours do not meet the requirement.
- To get credit for alternative clinical encounters, the medical director would need to have made a pre-scheduled telephone, or video chat appointment with the patient. For documentation, you need a documented process and review of a 30-day calendar period showing the alternative clinical encounters on the schedule. (AC06 requires telephone or technology supported visit)

Does a Telemedicine Visit count as an alternative clinical encounter for AC 06? (AC06 requires telephone or technology supported visit)

- The practice must provide a scheduled, clinical encounter that takes place of a traditional, one-on-one in person office visit with a primary care clinician. This may include a combination of a scheduled telephonic clinical visit, a scheduled clinical video chat visit, and electronic instant messaging.
- These examples are not exhaustive of what could be considered an appropriate alternative clinical encounter. A telemedicine visit with a clinician where the patient comes to the practice and communicates via video conferencing/telemedicine equipment could be considered an alternative visit if they see a clinician who meets NCQA requirements.

(Continued on next slide)

Does a Telemedicine Visit count as an alternative clinical encounter for AC 06? (AC06 requires telephone or technology supported visit)

- NCQA defines clinicians as those who hold a current, unrestricted license as a doctor of medicine (MD), doctor of osteopathy (DO), advanced practice registered nurse (APRN), or physician assistant (PA). APRNs (including nurse practitioners, clinical nurse specialists) and PAs who do not have/share a panel of patients would not qualify as a clinician.
- NOTE: NCQA recently updated their policy regarding Telepsychiatry. *“We will accept a tele-psychiatry visit as an alternative visit type if the behavioral health provider conducting the visit is at least partially integrated with the practice site (i.e., they share at least partial access to the same systems and patient records). Because integration of behavioral health is such a critical part of patient care, we want to be sure to accommodate practices when they present such innovative solutions to access.”*

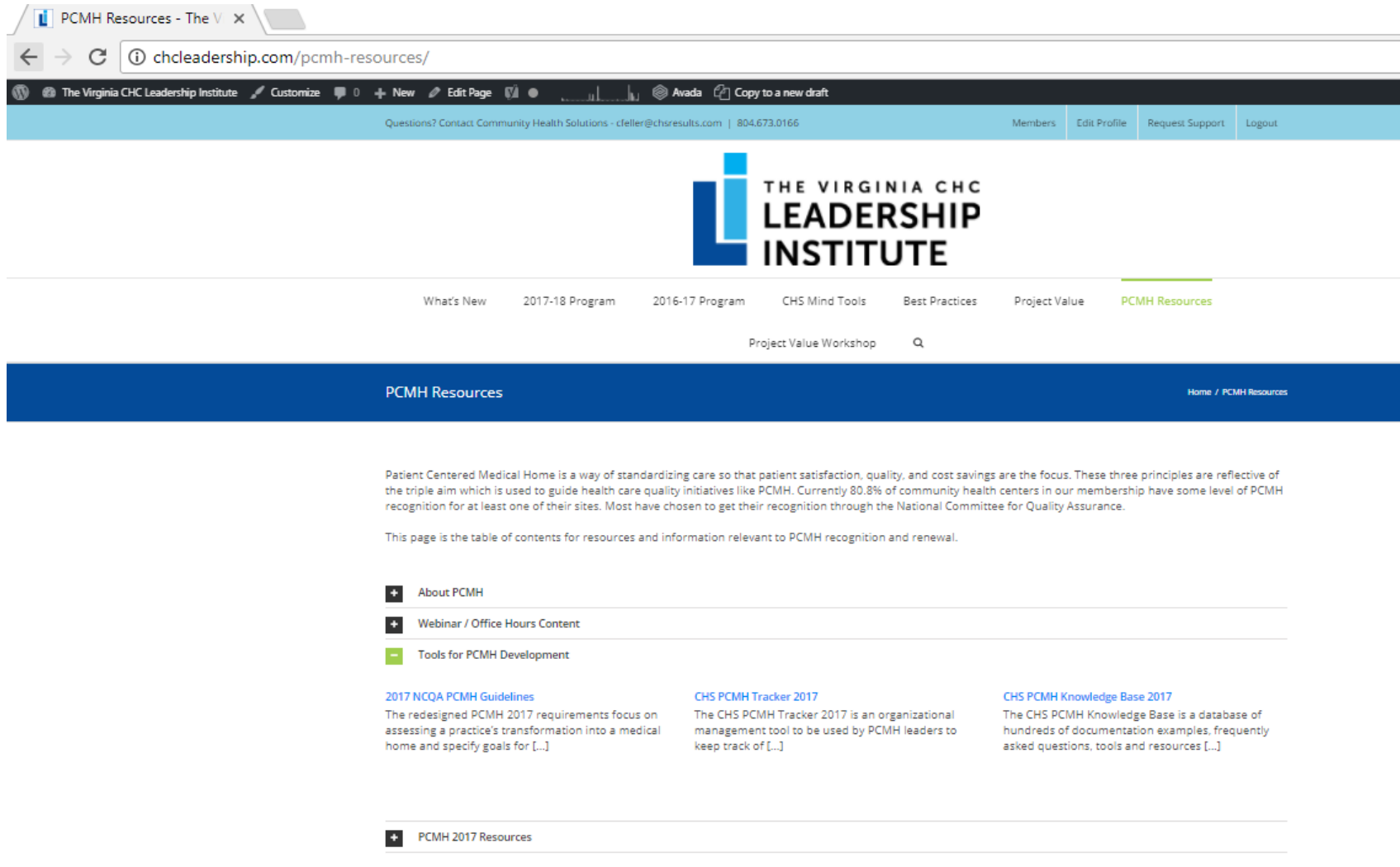


Questions?

Announcements

- ***PCMH Development webinar schedule:***
 - **February 13th - AC Competency B and TC Competency C**
 - March 13th - CM Competency A and B
 - April 10th - CC Competency A and B
 - May 8th - CC Competency C
 - June 12th - QI Competency A, B and C

<http://chcleadership.com/pcmh-resources/>



PCMH Resources - The V x

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Questions? Contact Community Health Solutions - c.feller@chsresults.com | 804.673.0166

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THE VIRGINIA CHC
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INSTITUTE

What's New 2017-18 Program 2016-17 Program CHS Mind Tools Best Practices Project Value **PCMH Resources**

Project Value Workshop

PCMH Resources Home / PCMH Resources

Patient Centered Medical Home is a way of standardizing care so that patient satisfaction, quality, and cost savings are the focus. These three principles are reflective of the triple aim which is used to guide health care quality initiatives like PCMH. Currently 80.8% of community health centers in our membership have some level of PCMH recognition for at least one of their sites. Most have chosen to get their recognition through the National Committee for Quality Assurance.

This page is the table of contents for resources and information relevant to PCMH recognition and renewal.

- + About PCMH
- + Webinar / Office Hours Content
- Tools for PCMH Development

2017 NCQA PCMH Guidelines
The redesigned PCMH 2017 requirements focus on assessing a practice's transformation into a medical home and specify goals for [...]

CHS PCMH Tracker 2017
The CHS PCMH Tracker 2017 is an organizational management tool to be used by PCMH leaders to keep track of [...]

CHS PCMH Knowledge Base 2017
The CHS PCMH Knowledge Base is a database of hundreds of documentation examples, frequently asked questions, tools and resources [...]

+ PCMH 2017 Resources

Request Support

Your PCMH Support Team:

Caitlin Feller, Terry Laine, Sherrina Gibson

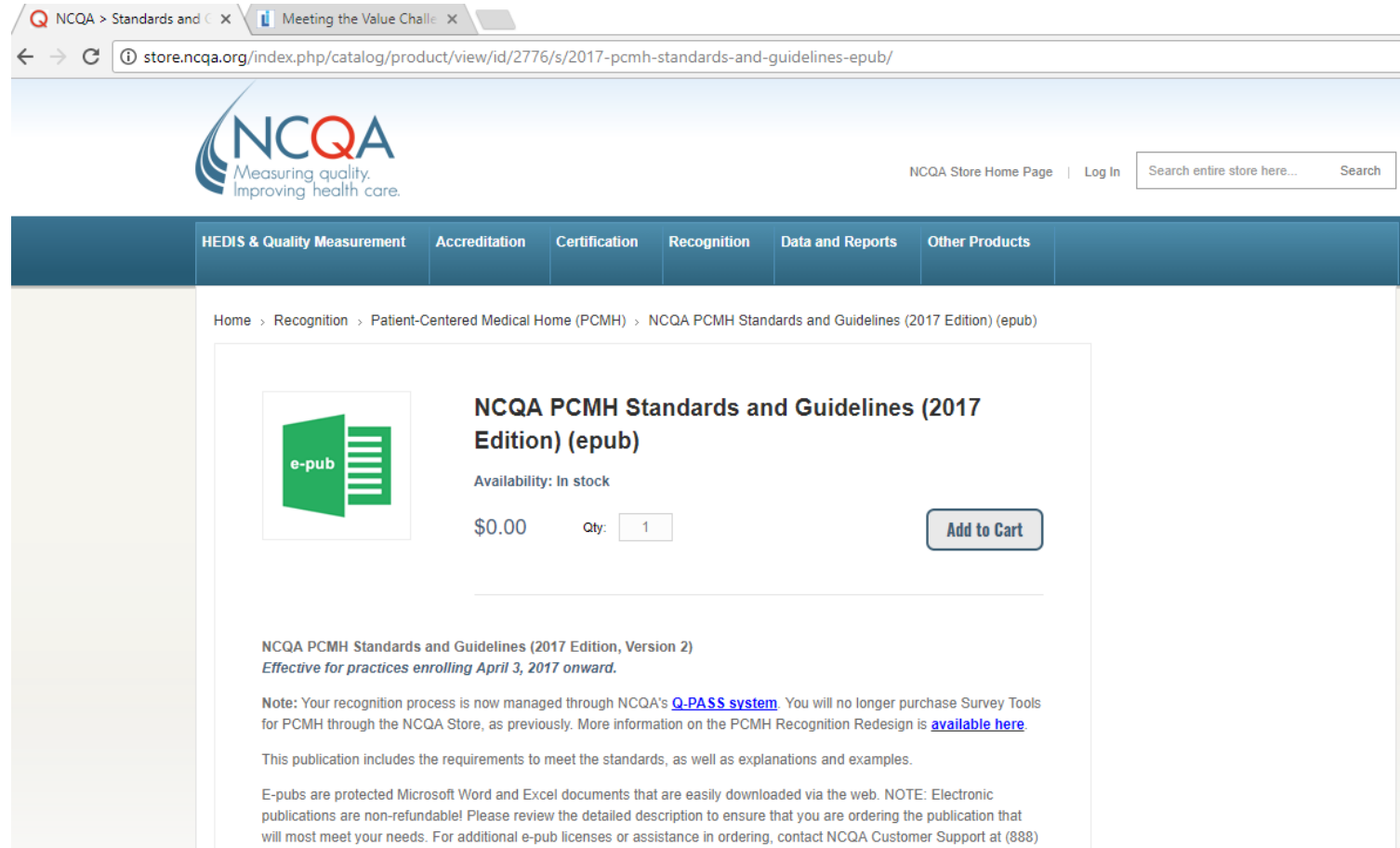
Online:

<http://chcleadership.com/support/>

Phone:

804-673-0166

<http://store.ncqa.org/index.php/catalog/product/view/id/2776/s/2017-pcmh-standards-and-guidelines-epub/>



The screenshot shows a web browser window with the URL <http://store.ncqa.org/index.php/catalog/product/view/id/2776/s/2017-pcmh-standards-and-guidelines-epub/>. The page features the NCQA logo with the tagline "Measuring quality. Improving health care." and a navigation menu with categories: HEDIS & Quality Measurement, Accreditation, Certification, Recognition, Data and Reports, and Other Products. The breadcrumb trail indicates the path: Home > Recognition > Patient-Centered Medical Home (PCMH) > NCQA PCMH Standards and Guidelines (2017 Edition) (epub). The product is displayed with a green "e-pub" icon, the title "NCQA PCMH Standards and Guidelines (2017 Edition) (epub)", and the availability "In stock". The price is listed as "\$0.00" and the quantity is set to "1". An "Add to Cart" button is present. Below the product information, a note states: "NCQA PCMH Standards and Guidelines (2017 Edition, Version 2) Effective for practices enrolling April 3, 2017 onward." Another note mentions that the recognition process is now managed through NCQA's Q-PASS system. A final note explains that the publication includes requirements, explanations, and examples, and that e-pubs are protected Microsoft Word and Excel documents.

NCQA PCMH Standards and Guidelines (2017 Edition) (epub)

Availability: In stock

\$0.00 Qty: 1 Add to Cart

NCQA PCMH Standards and Guidelines (2017 Edition, Version 2)
Effective for practices enrolling April 3, 2017 onward.

Note: Your recognition process is now managed through NCQA's [Q-PASS system](#). You will no longer purchase Survey Tools for PCMH through the NCQA Store, as previously. More information on the PCMH Recognition Redesign is [available here](#).

This publication includes the requirements to meet the standards, as well as explanations and examples.

E-pubs are protected Microsoft Word and Excel documents that are easily downloaded via the web. NOTE: Electronic publications are non-refundable! Please review the detailed description to ensure that you are ordering the publication that will most meet your needs. For additional e-pub licenses or assistance in ordering, contact NCQA Customer Support at (888) 888-8888.