Care Coordination and Care Transitions
(CC- Competency A and B)

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Community Health Solutions

Community Health Solutions

Care Coordination and Care Transitions (CC)

The practice systematically tracks tests, referrals and care transitions to achieve high quality care coordination, lower costs, improve patient safety and ensure effective communication with specialists and other providers in the medical neighborhood.

CC – Competency A

The practice effectively tracks and manages laboratory and imaging tests important for patient care and informs patients of the result.

Criteria	Criteria Description	Required Evidence	Crosswalk to 2014
CC 01 (Core)	**Lab and Imaging Test Management**:: The practice systematically manages lab and imaging tests by: A. Tracking lab tests until results are available, flagging and following up on overdue results B. Tracking imaging tests until results are available, flagging and following up on overdue results C. Flagging abnormal lab results, bringing them to the attention of the clinician D. Flagging abnormal imaging results, bringing them to the attention of the clinician E. Notifying patients/families/caregivers of normal lab and imaging test results F. Notifying patients/families/caregivers of abnormal lab and imaging test results	*Documented process **AND** Evidence of Implementation*	*5A1-2*
CC 02 (1 Credit)	**Newborn Screening**: Follows up with the inpatient facility about newborn hearing and blood-spot screening.	*Documented process **AND** Evidence of implementation*	*5A6*

CC – Competency A

The practice effectively tracks and manages laboratory and imaging tests important for patient care and informs patients of the result.

Criteria	Criteria Description	Required Evidence	Crosswalk to 2014
CC 03* (2 Credits)	**Appropriate Use for Labs and Imaging**: Uses clinical protocols to determine when imaging and lab tests are necessary.	*Evidence of implementation*	*No equivalent*

CC 01 (Core) Lab and Imaging Test Management

The practice systematically manages lab and imaging tests by:

A. **Tracking lab tests until results are available, flagging and following up on overdue results.**
B. **Tracking imaging tests until results are available, flagging and following up on overdue results.**
C. **Flagging abnormal lab results, bringing them to the attention of the clinician.**
D. **Flagging abnormal imaging results, bringing them to the attention of the clinician.**
E. **Notifying patients/families/caregivers of normal lab and imaging test results.**
F. **Notifying patients/families/caregivers of abnormal lab and imaging test results.**

CC 01 (Core) Continued

- Ineffective management of laboratory and imaging test result in less than optimal care, excess costs and may compromise patient safety. Systematic monitoring helps ensure that needed tests are performed and that results are acted on, when necessary. This is demonstrated by showing how the process is met across patients for each part of the criterion (a report, log, examples or electronic tracking system.)

  A,B. The practice tracks lab and imaging tests from the time they are ordered until results are available, and flags test results that have not been made available. The flag may be an icon that automatically appears in the electronic system or a manual tracking system with a timely surveillance process. The practice follows up with the lab or diagnostic center (and the patient, if necessary) to determine why results are overdue, and documents follow-up efforts until reports are received.

  C,D. Abnormal results of lab or imaging tests are flagged and brought to the attention of the clinician, to ensure timely follow-up with the patient/family/caregiver.

  E,F. The practice provides timely notification to patients about test results (normal and abnormal). Filling the report in the medical record for discussion during a scheduled office visit does not meet the requirement.

- If frequent lab tests are ordered for a patient, the practice provides the patient/family/caregiver (as appropriate) with all initial results, clear expectations for follow-up results and a plan for handling abnormal findings.

CC 02 (1 Credit)

Follows up with the inpatient facility about newborn hearing and blood-spot screening.

- The practice follows up with the hospital or state health department if it does not receive screening results.
- Most states mandate that birthing facilities perform a blood-spot test to screen for congenital conditions (based on recommendations by the American Academy of Pediatrics and the American College of Medical Genetics) and a hearing screening on all newborns. Early detection and treatment of congenital disorders can enhance health outcomes for newborns with positive (abnormal) screening results.
- Practices that do not see newborn patients are not eligible for this elective criterion.

CC 03 (2 Credits)

Uses clinical protocols to determine when imaging and lab tests are necessary.

- Redundant or inappropriate use of imaging or lab tests leads to unnecessary costs and risks and does not enhance patient outcomes.
- The practice has established clinical protocols, based on evidence-based guidelines, to determine when imaging and lab tests are necessary.
- The practice may implement clinical decision supports to ensure that protocols are used (e.g., embedded in order entry system).

Care Coordination & Care Transitions

CC 01: Example

EFFECTIVE DATE: November 1, 2014 SUPERSEDES: ISSUE DATE: 8/15/14

Procedure:

1. The provider orders the lab and/or diagnostic in the patient EMR along with diagnosis, diagnosis code and timeframe the test is due.
2. The LPN/MA will generate and print the requisition for labs/diagnostics. The requisition will be given to the patient for those offices that cannot receive the orders via fax.
3. Each LPN/MA will track lab and diagnostic orders using the **OSIS Crystal Report**. Obtain the report from EMR, File, System/Practice Template, Practice, All, OSIS Crystal Report.
4. The LPN/MA will follow up monthly by running the OSIS Crystal Report.
5. At the end of each month, the LPN/MA will confirm the tests have been done by checking the patient records or the Fairfield Medical Center (FMC) portal for results.
6. If the test has NOT been completed, the patient is called by the LPN/MA to find out the reason for the missed lab or diagnostic test. If the patient agrees to reschedule the test, an appointment is rescheduled while patient is on the phone.
7. If LPN/MA is unable to reach the patient on the first call, then a second will be placed no more than seven days later; if no response, a letter will be sent to the patient asking the patient to contact the office. At this time the LPN/MA will inform the provider and request a verbal order to cancel the lab or diagnostic test. The provider may reorder the lab and or diagnostic test again at the patient next appointment.
8. The LPN/MA will document in the patient chart using the **order management** template all attempts to contact the patient by phone and the date the letter has been sent.
9. Providers will receive the test results in their Provider Approval Queue once tests are completed and will require provider signature after reviewing.
10. Provider will order additional tests, medication or follow up in the patients chart and task those orders to either the LPN/MA to carry out and inform patient.
11. LPN/MA will select in Order Management "results received" and the result of the lab value will be entered in the action/comment box.
12. LPN/MA will perform orders written by provider based upon results being normal or abnormal and document in the telephone template in patient chart once patient has been notified.
13. Paper reports received by mail will be reviewed by the triage nurse. Normal results will be scanned into the patients chart within 3 days for the provider to review and sign. Abnormal results or critical results will be given to the provider immediately to address. Once the provider

Care Coordination & Care Transitions

CC 01 A-B: Example

Lab & Diagnostics Tracking Report : February 1-15,			
Order	Action/Comment	Status	rder
SPINE, LUMBAR		result receive	
ELECTROCARDIOGRAM, COMPLETE	due in 3mos. Left msg for pt to call back.	ordered	
X-RAY EXAM OF KNEES Bilateral		completed	
Chlamydia/GC, DNA Probe		completed	
Fasting Glucose, Serum		completed	
HEMOGLOBIN A1C		completed	
HPV, high+low-risk		completed	
PAP, thin prep		completed	
urine for gonorrhea and chlamydia		completed	
CMP		completed	
LIPID PANEL		completed	
ELECTROCARDIOGRAM, COMPLETE		result receive	
CBC		completed	
CBC WITHOUT DIFF		completed	
CMP		completed	
LIPID PANEL		completed	
TSH		completed	
CT LUMBAR SPINE W/O DYE		cancelled	
US liver and gallbladder		scheduled	
ECHO TRANSTHORACIC		result receive	
ELECTROCARDIOGRAM, COMPLETE	letter mailed	ordered	
MRI ABDOMEN W/O & W/DYE liver		completed	

Care Coordination & Care Transitions

CC 01 E: Example

Normal Lab Results of lab work left as message

Telephone Encounter

Telephone Encounter Info

Author	Note Status	Last Update User	Last Update Date/Time
Phillip Andrew, MD	Signed	Phillip Andrew, MD	3/15/ 2:04 PM

Telephone Encounter

Left VM informing him testosterone levels were normal. Also wanted to check in on how the adderall taper is going but didn't get ahold of him; will f/u in 2 weeks at our next appointment

Provider called patient with results of radiology exam

Telephone Encounter

Telephone Encounter Info

Author	Note Status	Last Update User	Last Update Date/Time
MD	Signed	MD	1/27/ 1:59 PM

Telephone Encounter

I spoke to patient on the phone. X-ray is not consistent with severe OA. Symptoms are now more intermittent. Advised him to cancel appointment in Ortho clinic and we will evaluate further at his upcoming appointment

Care Coordination & Care Transitions

CC 01 F: Example

Lab:HEMOGLOBIN A1c
Result Date:
Session Id: JK673000
Ordering Physician:

Order Date:
Time: 11:46:00

Name	Value	Reference Range
HEMOGLOBIN A1c	13.4 H	<5.7 %

Hemoglobin A1c	Degree of Glucose Control
<5.7	Decreased risk of diabetes
5.7 - 6.4	Increased risk of diabetes
>6.4	Consistent with diagnosis of diabetes

*Notes:
STAT
Fasting: No
All tests are performed at Sunrise Medical Laboratories unless otherwise indicated

Notes: Timestamp Browse...

10:06:07 AM > briefly discussed results with patient, became upset with negative results. has appointment next

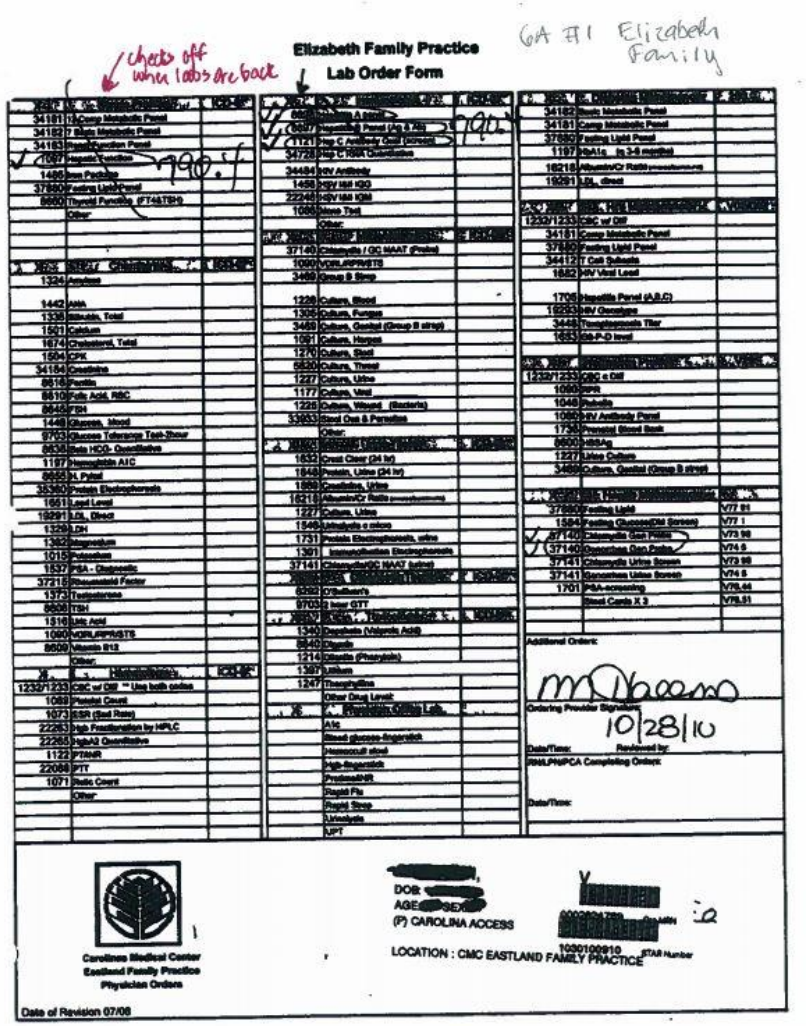
Assigned to:

Result:

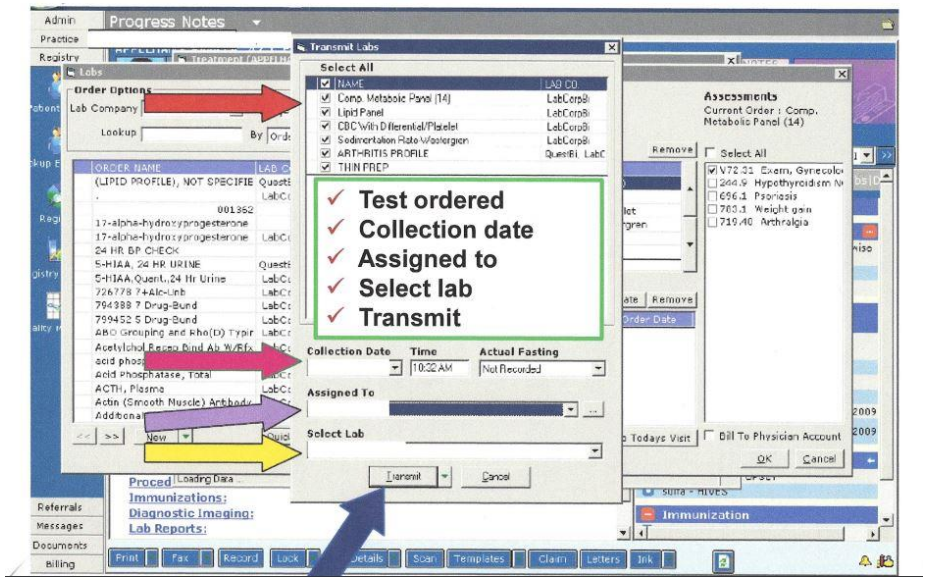
Status:
Open Reviewed

High Priority
Don't publish to Web Portal

CC 01 – Sample Lab Order Screens and Documentation

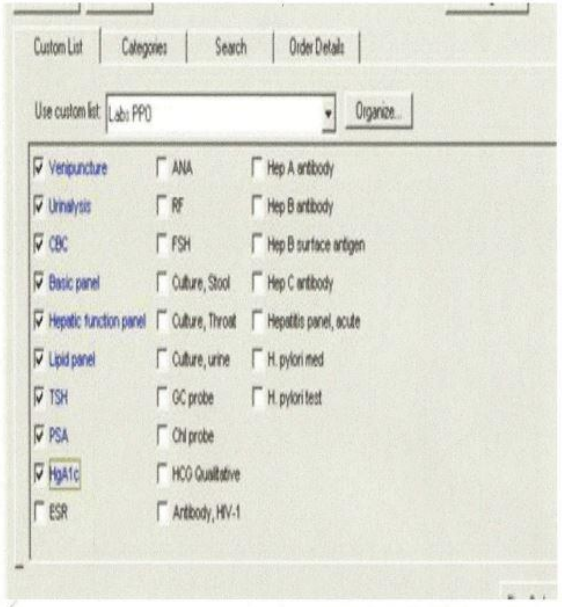


PCMH5A: Example Ordering Lab Tests

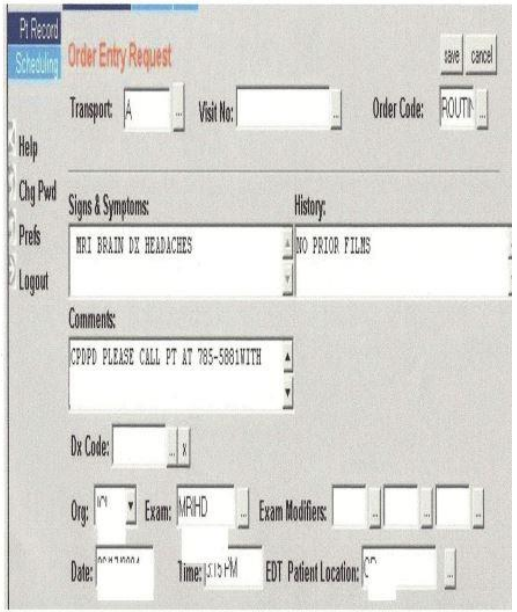


PCMH 5A: Example EHR Order Screens

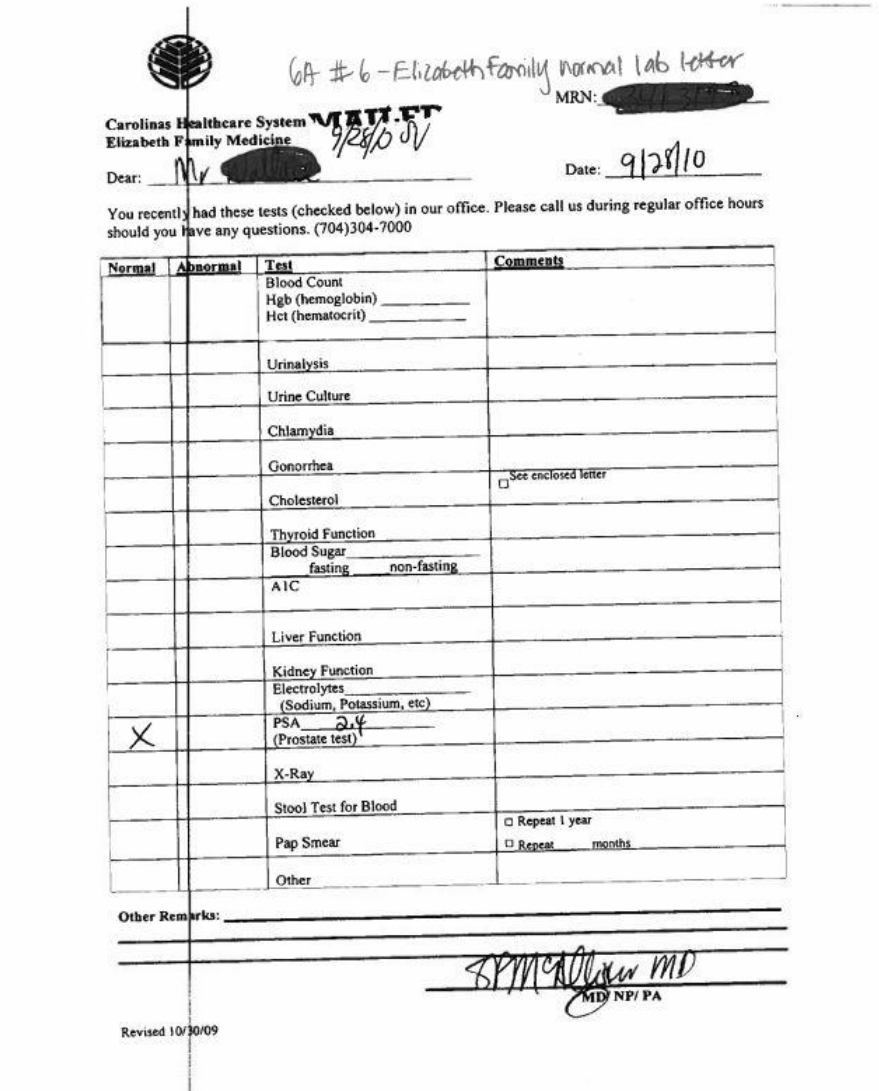
Laboratory Test Order Screen



Radiology Test Order Screen



CC 01 – Sample Imaging and Test Result Documentation



6A #6 – Elizabeth Family normal lab letter

Carolinas Healthcare System
Elizabeth Family Medicine

MRN: [redacted]

9/28/10 SV

Dear: Mr [redacted]

Date: 9/28/10

You recently had these tests (checked below) in our office. Please call us during regular office hours should you have any questions. (704)304-7000

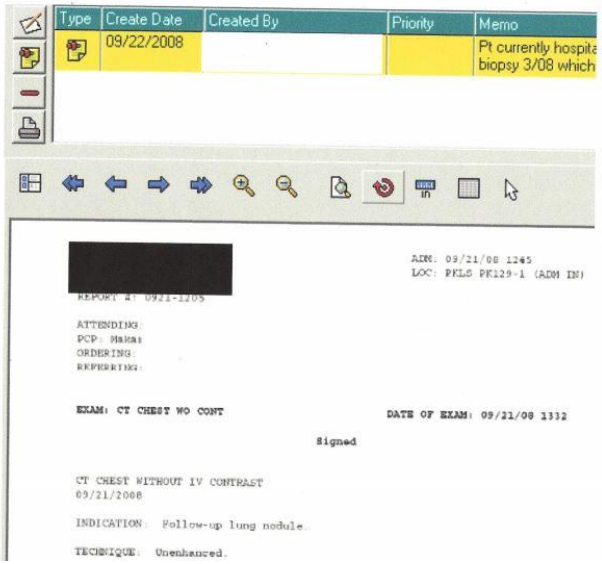
Normal	Abnormal	Test	Comments
		Blood Count Hgb (hemoglobin) _____ Hct (hematocrit) _____	
		Urinalysis	
		Urine Culture	
		Chlamydia	
		Gonorrhea	
		Cholesterol	☐ See enclosed letter
		Thyroid Function	
		Blood Sugar fasting non-fasting	
		A1C	
		Liver Function	
		Kidney Function	
		Electrolytes (Sodium, Potassium, etc)	
X		PSA 2.4 (Prostate test)	
		X-Ray	
		Stool Test for Blood	
		Pap Smear	☐ Repeat 1 year ☐ Repeat months
		Other	

Other Remarks:

[redacted] MD
MD/ NP/ PA

Revised 10/30/09

PCMH5A: Example Imaging Results



Type	Create Date	Created By	Priority	Memo
	09/22/2008			Pt currently hospita biopsy 3/08 which

[redacted]

ADM: 09/21/08 1245
LOC: PKLS PK129-1 (ADM IN)

ATTENDING:
PCP: Malan
ORDERING:
REFERRING:

EXAM: CT CHEST WO CONT

DATE OF EXAM: 09/21/08 1332

Signed

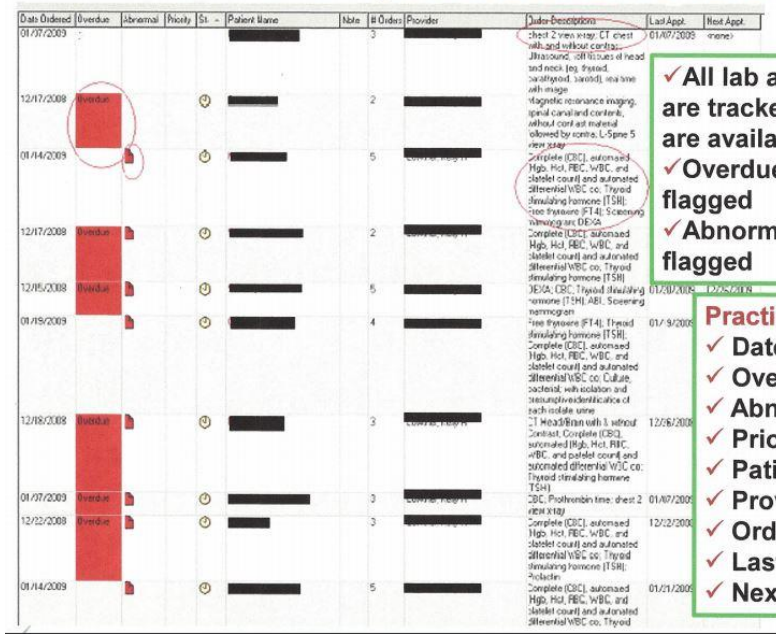
CT CHEST WITHOUT IV CONTRAST
09/21/2008

INDICATION: Follow-up lung nodule

TECHNIQUE: Unenhanced.

Imaging results are automatically sent to office from imaging center via electronic fax

PCMH5A: Example Electronic Test Tracking



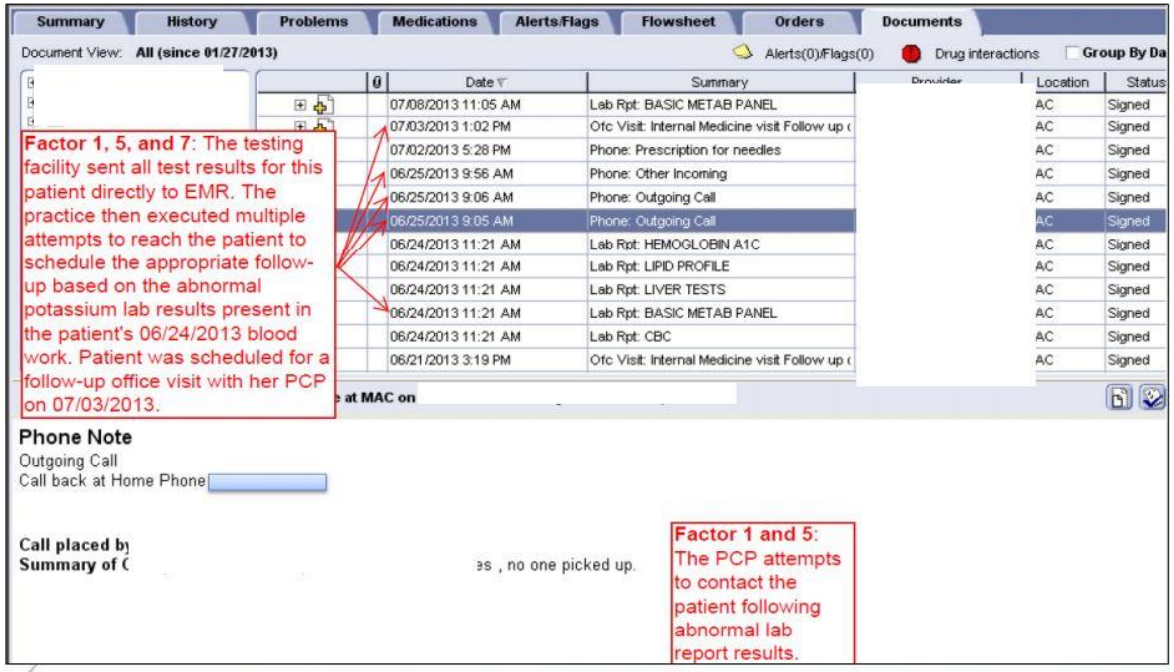
Date Ordered	Overdue	Abnormal	Priority	St.	Patient Name	Note	# Orders	Provider	Order Description	Last Appt.	Next Appt.
01/07/2009					[redacted]		3		chest 2 view xray; CT chest with and without contrast	01/07/2009	<none>
12/17/2008	Overdue				[redacted]		2		Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, carotid), real-time with image		
01/14/2009					[redacted]		5		Magnetic resonance imaging, spinal canal and contents, without contrast material followed by contrast, L-Spine 5 view xray		
12/17/2008	Overdue				[redacted]		2		Complete (CBC), automated (Hgb, Hct, RBC, WBC, and platelet count) and automated differential WBC count; Thyroid stimulating hormone (TSH); free thyroxine (FT4); Screening		
12/05/2008	Overdue				[redacted]		5		mammography; DEXA; CBC, Thyroid stimulating hormone (TSH); ABI; Screening mammogram		
01/19/2009					[redacted]		4		Free thyroxine (FT4); Thyroid stimulating hormone (TSH); Complete (CBC), automated (Hgb, Hct, RBC, WBC, and platelet count) and automated differential WBC count; Culture, bacterial; with isolation and presumptive identification of each isolate; urine	01/9/2009	
12/08/2008	Overdue				[redacted]		3		CT Head/Brain with & without Contrast; Complete (CBC), automated (Hgb, Hct, RBC, WBC, and platelet count) and automated differential WBC count; Thyroid stimulating hormone (TSH)	12/05/2008	
01/07/2009	Overdue				[redacted]		3		CBC; Prothrombin time; chest 2 view xray	01/07/2009	
12/22/2008	Overdue				[redacted]		3		Complete (CBC), automated (Hgb, Hct, RBC, WBC, and platelet count) and automated differential WBC count; Thyroid stimulating hormone (TSH); Prolactin	12/22/2008	
01/14/2009					[redacted]		5		Complete (CBC), automated (Hgb, Hct, RBC, WBC, and platelet count) and automated differential WBC count; Thyroid	01/21/2009	

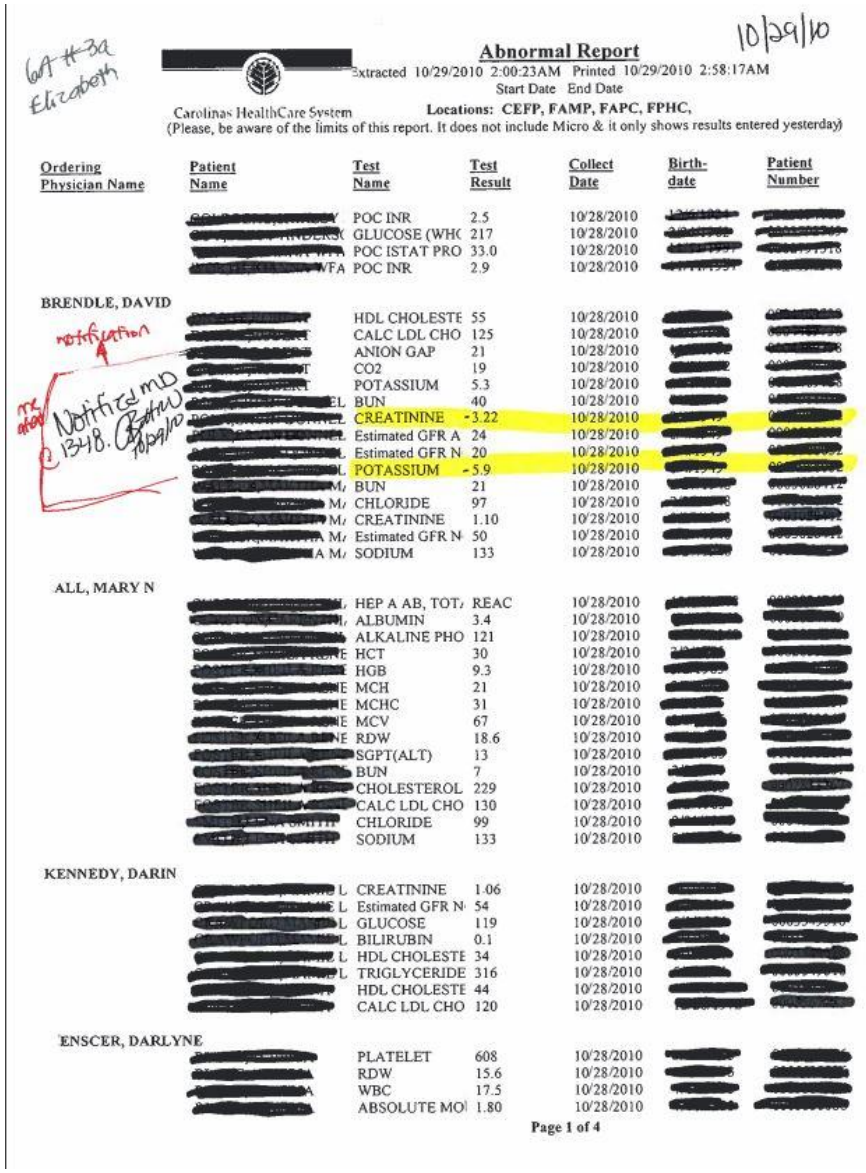
✓All lab and imaging tests are tracked until results are available
✓Overdue results are flagged
✓Abnormal results are flagged

Practice tracks:
- ✓ Date ordered
- ✓ Overdue
- ✓ Abnormal
- ✓ Priority
- ✓ Patient name
- ✓ Provider
- ✓ Order description
- ✓ Last appointment
- ✓ Next appointment

CC 01 – Sample Abnormal Test Result Documentation and Notification

PCMH 5A, Factor 5: Abnormal Lab Notification





Abnormal Report 10/29/10

Extracted 10/29/2010 2:00:23AM Printed 10/29/2010 2:58:17AM
Start Date End Date
Carolinas HealthCare System Locations: CEFP, FAMP, FAPC, FPHC,
(Please, be aware of the limits of this report. It does not include Micro & it only shows results entered yesterday)

Ordering Physician Name	Patient Name	Test Name	Test Result	Collect Date	Birth-date	Patient Number
		POC INR	2.5	10/28/2010		
		GLUCOSE (WHC	217	10/28/2010		
		POC ISTAT PRO	33.0	10/28/2010		
		POC INR	2.9	10/28/2010		
BRENDLE, DAVID						
		HDL CHOLESTE	55	10/28/2010		
		CALC LDL CHO	125	10/28/2010		
		ANION GAP	21	10/28/2010		
		CO2	19	10/28/2010		
		POTASSIUM	5.3	10/28/2010		
		BUN	40	10/28/2010		
		CREATININE	3.22	10/28/2010		
		Estimated GFR A	24	10/28/2010		
		Estimated GFR N	20	10/28/2010		
		POTASSIUM	5.9	10/28/2010		
		BUN	21	10/28/2010		
		CHLORIDE	97	10/28/2010		
		CREATININE	1.10	10/28/2010		
		Estimated GFR N	50	10/28/2010		
		SODIUM	133	10/28/2010		
ALL, MARY N						
		HEP A AB, TOT	REAC	10/28/2010		
		ALBUMIN	3.4	10/28/2010		
		ALKALINE PHO	121	10/28/2010		
		HCT	30	10/28/2010		
		HGB	9.3	10/28/2010		
		MCH	21	10/28/2010		
		MCHC	31	10/28/2010		
		MCV	67	10/28/2010		
		RDW	18.6	10/28/2010		
		SGPT(ALT)	13	10/28/2010		
		BUN	7	10/28/2010		
		CHOLESTEROL	229	10/28/2010		
		CALC LDL CHO	130	10/28/2010		
		CHLORIDE	99	10/28/2010		
		SODIUM	133	10/28/2010		
KENNEDY, DARIN						
		CREATININE	1.06	10/28/2010		
		Estimated GFR N	54	10/28/2010		
		GLUCOSE	119	10/28/2010		
		BILIRUBIN	0.1	10/28/2010		
		HDL CHOLESTE	34	10/28/2010		
		TRIGLYCERIDE	316	10/28/2010		
		HDL CHOLESTE	44	10/28/2010		
		CALC LDL CHO	120	10/28/2010		
ENSCER, DARLYNE						
		PLATELET	608	10/28/2010		
		RDW	15.6	10/28/2010		
		WBC	17.5	10/28/2010		
		ABSOLUTE MO	1.80	10/28/2010		

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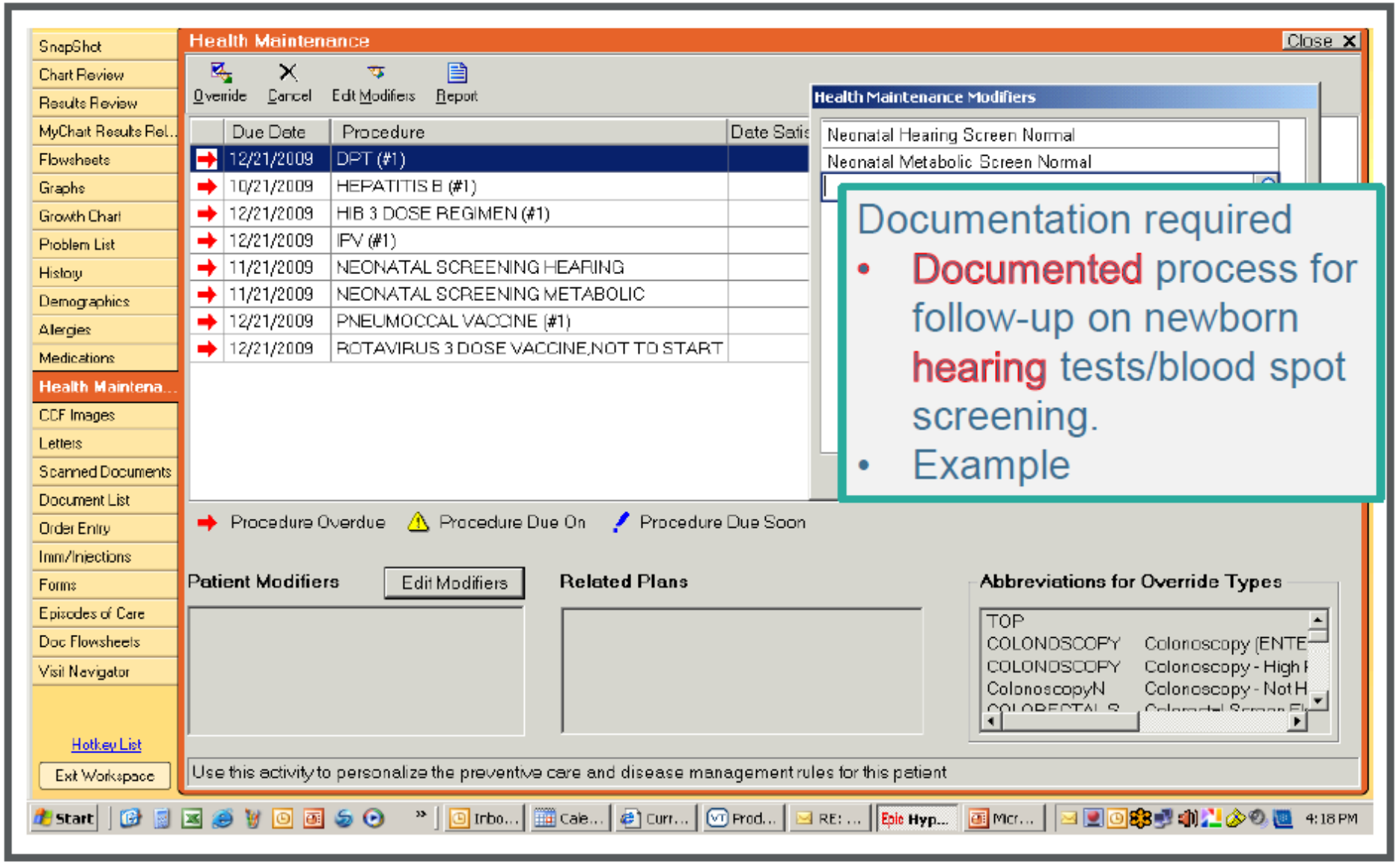
Care Coordination & Care Transitions

CC 02: Example



Frequently Asked Questions (CC-A)

Is patient portal a required Core Component for PCMH 2017, like it is for Meaningful Use Stage 2? (CC 01)

A patient portal is not required for PCMH 2017 recognition, but NCQA PCMH 2017 lists certain criteria that can be fulfilled using a patient portal. In other words, you can use a patient portal to satisfy certain criteria – some of which are core – but a patient portal is not the only way to achieve those credits.

If you do have a patient portal you could use it in satisfying the following:

- AC 07- appointments (1 Credit)
- AC 08 – two-way communication clinical advice (1 Credit)
- If you notify patients of normal and abnormal lab/imaging results via the patient portal, you could also use your portal as part of demonstrating CC 01 E & F (Core).

Questions?

CC – Competency B

The practice provides important information in referrals to specialists and tracks referrals until the report is received.

Criteria	Criteria Description	Required Evidence	Crosswalk to 2014
CC 04 (Core)	**Referral Management:** The practice systematically manages referrals by: A. Giving the consultant or specialist the clinical question, the required timing and the type of referral B. Giving the consultant or specialist pertinent demographic and clinical data, including test results and the current care plan C. Tracking referrals until the consultant or specialist's report is available, flagging and following up on overdue reports	*Documented process* ***AND*** *Evidence of implementation*	*5B5,6,8*

CC – Competency B

The practice provides important information in referrals to specialists and tracks referrals until the report is received.

Criteria	Criteria Description	Required Evidence	Crosswalk to 2014
CC 05* (2 Credits)	**Appropriate Referrals:** Uses clinical protocols to determine when a referral to a specialist is necessary.	*Evidence of implementation*	*No equivalent*
CC 06 * (1 Credit)	**Commonly Used Specialists Identification:** Identifies the specialists/specialty types most commonly used by the practice	*Evidence of implementation*	*No equivalent*
CC 07 (2 Credit)	**Performance Information for Specialist Referrals**: Considers available performance information on consultants/specialists when making referrals.	*Data source **AND** Examples*	*5B1*

CC – Competency B
(continued)

The practice provides important information in referrals to specialists and tracks referrals until the report is received.

Criteria	Criteria Description	Required Evidence	Crosswalk to 2014
CC 08 (1 Credit)	**Specialist Referral Expectations:** Works with nonbehavioral healthcare specialists to whom the practice frequently refers to set expectations for information sharing and patient care.	*Documented process **OR** Agreement*	*5B2*
CC 09 (2 Credits)	**Behavioral Health Referral Expectations:** Works with behavioral healthcare providers to whom the practice frequently refers to set expectations for information sharing and patient care.	*Agreement **OR** Documented process **AND** Evidence of implementation*	*5B3*
CC 10 (2 Credits)	**Behavioral Health Integration:** Integrates behavioral healthcare providers into the care delivery system of the practice site.	*Documented process **AND** Evidence of implementation*	*5B4*

CC – Competency B
(continued)

The practice provides important information in referrals to specialists and tracks referrals until the report is received.

Criteria	Criteria Description	Required Evidence	Crosswalk to 2014
CC 11 * (1 Credit)	**Referral Monitoring**: Monitors the timeliness and quality of the referral response.	*Documented process **AND** Report*	*No equivalent*
CC 12 (1 Credit)	**Co-Management Arrangements**: Documents co-management arrangements in the patient's medical record.	*Evidence of Implementation*	*5B9*
CC 13 * (2 Credits)	**Treatment Options and Costs**: Engages with patients regarding cost implications of treatment options.	*Documented process **AND** Evidence of implementation*	*No equivalent*

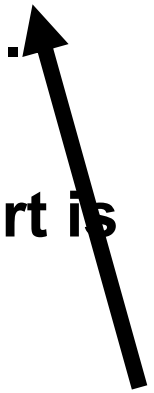
CC 04 (Core) Referral Monitoring

The practice systematically manages referrals by:

A. Giving the consultant or specialist the clinical question, the required timing and the type of referral.

B. Giving the consultant or specialist pertinent demographic and clinical data, including test results and the current care plan.

C. Tracking referrals until the consultant or specialist's report is available, flagging and following up on overdue reports.



NCQA changed their guidance on "pertinent demographic" information in September 2017. The list is no longer prescriptive.

CC 04 (Core) Continued

- It is important that the practice track patient referrals and communicate patient information to specialists.
- Tracking and following up on referrals is a way to support patients who obtain services outside the practice.
- Poor referral communication and lack of follow-up (e.g., to see if a patient kept an appointment with a specialist, to learn about recommendations or test results) can lead to uncoordinated and fragmented care, which is unsafe for the patient and can cause duplication of care and services, as well as frustration for providers.

CC 04 (Core) Continued

A. The referring clinician provides a reason for the referral, which may be stated as the **clinical question** to be answered by the specialist.

The referring clinician indicates the type of referral, which may be a consultation or single visit; a request for shared- or co-management of the patient for a specific condition; or a request for temporary or long-tern indefinite or a limited time, such as for treatment of a m principal care (a transfer).

The referring clinician clarifies the urgency of the referral and specifies the reasons for an urgent visit.

CC 04 (Core) Continued

B. Referrals include relevant clinical information, such as:

- Current medications.
- Diagnoses, including mental health, allergies, medical and family history, substance abuse and behaviors affecting health.
- Clinical findings and current treatment.
- Follow-up communication or information.

Including the referring primary care clinician's care and treatment plan in the referral, in addition to test results/procedures, can reduce conflicts and duplication of services, tests or treatment. If the practice sends the primary care plan with the referral, the specialist can develop a corresponding specialty plan of care. Ideally, the primary care plan, developed in collaboration with the patient/family/caregiver, is coordinated with the specialty plan of care, created in collaboration with the patient/family/caregiver and primary care.

CC 04 (Core) Continued

C. A tracking report includes the date when a referral was initiated **and** the timing indicated for receiving the report.

If the specialist does not send a report, the practice contacts the specialist's office and documents its effort to retrieve the report in a log or an electronic system.

CC 05 (2 Credits) Appropriate Referrals

Uses clinical protocols to determine when a referral to a specialist is necessary.

- The practice uses clinical protocols or decision support tools to determine if a patient needs to be seen by a specialist or if care can be addressed or managed by the primary care clinician. Unnecessary referrals can lead to overuse of tests and services, increase patient dissatisfaction and reduce accessibility to specialists when needed.

CC 06 (1 Credit) Commonly Used Specialists Identification:

Identifies the specialists/specialty types frequently used by the practice.

- The practice monitors patient referrals to gain information about the referral specialists and specialty types it uses frequently. This information may help identify areas where the practice can adopt guidelines or protocols to manage patient care in the primary care practice, identify trends in the patient population, and can help identify opportunities for improved coordination and patient experience when specialty care is needed.

CC 07 (2 Credits) Performance Information for Specialist Referrals:

Considers available performance information on consultants/specialists when making referrals.

- It is important for the practice to make informed referrals to clinicians or practices that will provide timely, high-quality care. The practice consults available information about the performance of clinicians or practices to which it refers patients. The practice provides information or examples of the available performance data on the consultant/specialist with the practice team. Information gathered in CC 11 may be useful in this assessment of consultants/specialists.

CC 08 (1 Credit) Specialist Referral Expectations

Works with nonbehavioral healthcare specialists to whom the practice frequently refers to set expectations for information sharing and patient care.

- Relationships between primary care practitioners and specialists support a coordinated, safe, high-quality care experience for patients. The practice has established relationships with nonbehavioral healthcare specialists through formal or informal agreements that establish expectations for exchange of information (e.g., frequency, timeliness, content).

CC 09 (2 Credits) Behavioral Health Referral Expectations:

Works with behavioral healthcare providers to whom the practice frequently refers to set expectations for information sharing and patient care.

- Relationships between primary care practitioners and specialists support consistency of information shared across practices. The practice has established relationships with behavioral healthcare providers through formal or informal agreements that establish expectations for exchange of information (e.g., frequency, timeliness, content).
- A practice needs an agreement if it shares the same facility or campus as behavioral health professionals, but has separate systems (basic onsite collaboration). A practice may present existing internal processes as its agreement if there is partial or full integration of behavioral healthcare services.
- To receive credit for the criterion, the practice must show evidence across patients. This may be demonstrated with a report, log or electronic tracking system. A notification demonstrating legal inability to receive a report or confirmation that a behavioral health visit occurred is sufficient.

CC 10 (2 Credits) Behavioral Health Integration

Integrates behavioral healthcare providers into the care delivery system of the practice site.

- Behavioral health integration includes care settings that have merged to provide behavioral health services and care coordination at a single practice setting. This is more involved than co-location of practices, because all providers work together to integrate patients' primary care and behavioral health needs, have shared accountability and collaborative treatment and workflow strategies.

CC 11 (1 Credit) Referral Monitoring

Monitors the timeliness and quality of the referral response.

- The practice assesses the response received from the consulting/specialty provider and evaluates whether the response was timely and provided appropriate information about the patient's diagnosis and treatment plan. The practice bases its definition of "timely" on patient need. On-going assessment and referral monitoring may be helpful in CC 07.

CC 12 (1 Credit) Co-Management Arrangements

Documents co-management arrangements in the patient's medical record.

- When a particular specialist regularly treats a patient, the primary care clinician and the specialist enter into an agreement that enables safe and efficient co-management of the patient's care. Under the agreement, the primary care clinician and specialist share changes in the treatment plan and patient health status, in addition to entering information in the medical record within an agreed-on time frame. The practice must provide three examples of such arrangements to meet the criterion.

CC 13 (2 Credits) Treatment Options and Costs

Engages with patients regarding cost implications of treatment options.

- Cost can play a major role in a patient's drug and treatment adherence; the practice understands this and talks to patients about treatment costs (e.g., adds a financial question to the clinical intake screening [do you have trouble affording the care or prescriptions prescribed? Y/N], directs patients to resources such as copay and prescription assistance programs; the clinician asks about prescription drug coverage, tells patients which services are critical and should not be skipped, recommends less expensive options, if appropriate).

Tips and Tricks

- **CC 04-06, CC 11:** Process and examples need to encompass all content areas
- **CC 07:** ***Performance Information for Specialist Referrals:*** Documentation must provide insight on performance, consider use of patient surveys post specialist visit
- **CC 08:** ***Specialist Referral Expectations:*** Agreements should define **both** PCP and specialist role
- **CC 08-09: Specialists Agreements and Expectations:** Agreements can be formal (care compact) or informal (referral form), but we caution against being too informal
- **CC 12:** Report from the specialist that describes ongoing oversight is acceptable

CC 07 Example

Age	Clinic	ReferringProvider	Referral Type	Referral Date	Appt Date	Wait Time Days	Status
67.3	Urology (Peds): Montefiore: Hutchinson C		Urology	01/05/2015	04/23/2015	108	Consult
28.0	Headache: Montefiore: Hutchinson Camp		Neurology	01/06/2015	04/01/2015	85	Canceled by clinic
23.0	Cardiology: Montefiore-Einstein Heart Cer		Cardiology	01/09/2015	04/11/2015	61	Patient no-show
69.0	Urology (Peds): Montefiore: Hutchinson C		Urology	01/09/2015	05/05/2015	116	Created
37.0	Plastic Surgery: Montefiore: Hutchinson C		Plastic Surgery	01/13/2015	02/24/2015	42	Patient no-show
36.6	Urology (Peds): Montefiore: Hutchinson C		Urology	01/15/2015	04/02/2015	77	Patient no-show
58.3	Cardiology: Montefiore-Einstein Heart Cer		Cardiology	01/20/2015	02/17/2015	28	Canceled by clinic
23.8	Plastic Surgery: Montefiore: Hutchinson C		Plastic Surgery	01/20/2015	02/02/2015	13	Created
50.6	Allergy: Montefiore - Hutchinson Campus,		Allergy	01/21/2015	03/27/2015	65	Patient no-show
24.8	Endocrine (Peds): Montefiore - Hutchinso		Endocrine	01/22/2015	06/12/2015	141	Consult notes received
58.6	Infectious Disease: Montefiore: Hutchinso		Infectious Diseases	01/22/2015	02/19/2015	28	Consult notes received
74.7	Dermatology: Montefiore: Hutchinson Can		Dermatology	01/24/2015	02/18/2015	25	Canceled by patient
40.6	Dermatology: Montefiore: Hutchinson Can		Dermatology	01/26/2015	05/04/2015	98	Created
36.5	Urology (Peds): Montefiore: Hutchinson C		Urology	01/28/2015	06/09/2015	132	Created
53.3	Urology (Peds): Montefiore: Hutchinson C		Urology	01/28/2015	03/11/2015	42	Created
32.2	Family Planning: Montefiore - AECOM, 16		Family Planning	01/13/2015	03/05/2015	51	Canceled by patient
32.2	Family Planning: Montefiore - AECOM, 16		Family Planning	01/13/2015	04/06/2015	83	Consult notes received
29.0	Family Planning: Montefiore - AECOM, 16		Family Planning	01/14/2015	03/02/2015	47	Patient no-show
28.2	Family Planning: Montefiore - AECOM, 16		Family Planning	01/28/2015	03/12/2015	43	Patient no-show
28.2	Family Planning: Montefiore - AECOM, 16		Family Planning	01/28/2015	05/28/2015	120	Kept Not Seen
35.9	Family Planning: Montefiore - AECOM, 16		Family Planning	01/29/2015	02/09/2015	11	Patient no-show
35.9	Family Planning: Montefiore - AECOM, 16		Family Planning	01/29/2015	02/19/2015	21	Canceled by clinic
38.8	Family Planning: Montefiore - AECOM, 16		Family Planning	01/29/2015	02/02/2015	4	Consult notes received
31.9	URO-GYN: AECOM		URO-GYN	01/08/2015	03/06/2015	57	Canceled by patient
31.9	URO-GYN: AECOM		URO-GYN	01/08/2015	05/07/2015	119	Patient no-show
32.7	URO-GYN: AECOM		URO-GYN	01/08/2015	03/02/2015	53	Patient no-show
33.8	Genetics - AECOM		Genetics	01/13/2015	02/10/2015	28	Canceled by patient
27.2	Ultrasound: AECOM		Ultrasound	01/15/2015	02/09/2015	25	Consult notes received
25.8	Fetal Echo: AECOM		ECHO	01/20/2015	02/23/2015	34	Consult notes received
63.1	Hematology: Albert Einstein College of M		Hematology	01/20/2015	03/25/2015	64	Created
24.9	Ultrasound: AECOM		Ultrasound	01/22/2015	03/05/2015	42	Consult notes received
37.1	Genetics - AECOM		Genetics	01/23/2015	03/03/2015	39	Consult notes received
33.1	OB/GYN: MFAC - AECOM		OB/GYN	01/29/2015	02/10/2015	12	Canceled by patient
33.1	OB/GYN: MFAC - AECOM		OB/GYN	01/29/2015	02/12/2015	14	Consult notes received
34.9	Neurology: Montefiore North - Medical Vil		Neurology	01/07/2015	05/13/2015	126	Created

This report is periodically generated from TRMS, a web-based tracking database used by the practice for subspecialty referrals. It shows the total number of referrals to subspecialties for adult patients generated (electronically) in January 2015, appointments scheduled and the location (mostly within), the number of days/waiting period, and the status of those appointments.

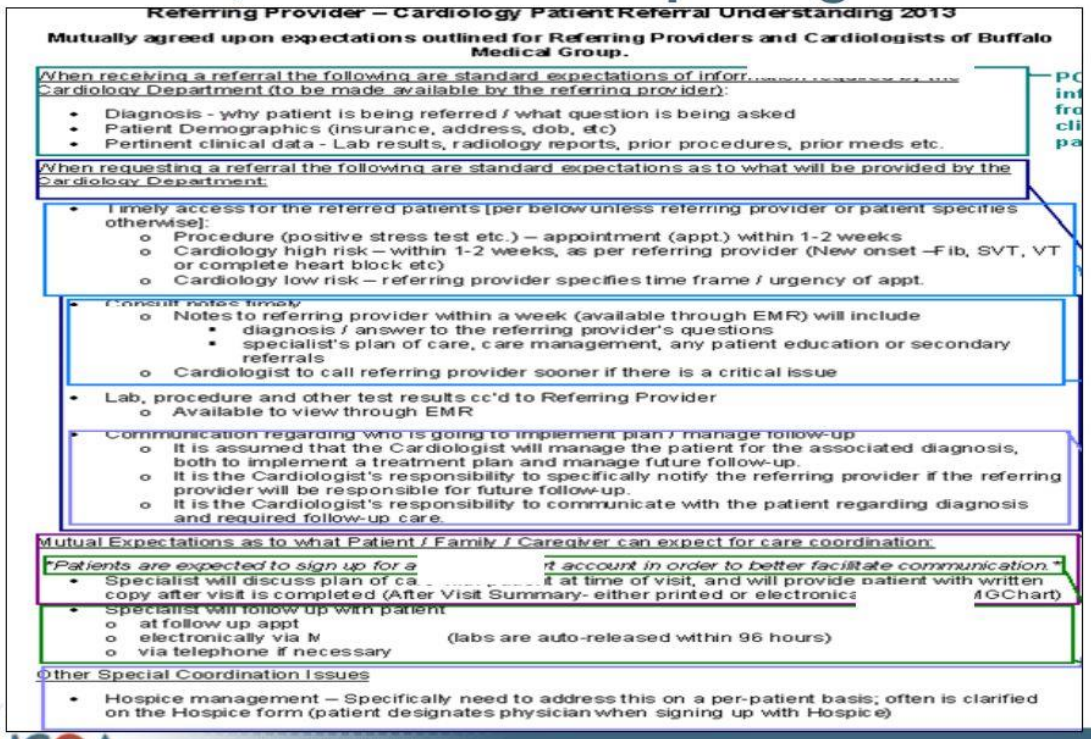
Out of a total of 319 referrals, 76 of them were not scheduled within Medical Center, 76% were.

Performance Information for Specialist Referrals

CC 07: Example

CC 08 – Sample Practice Agreements and Referral Forms

PCMH 5B, Factor 2 Example Agreement



Referring Provider – Cardiology Patient Referral Understanding 2013

Mutually agreed upon expectations outlined for Referring Providers and Cardiologists of Buffalo Medical Group.

When receiving a referral the following are standard expectations of inform... Cardiology Department (to be made available by the referring provider):

- Diagnosis - why patient is being referred / what question is being asked
- Patient Demographics (insurance, address, dob, etc)
- Pertinent clinical data - Lab results, radiology reports, prior procedures, prior meds etc.

When requesting a referral the following are standard expectations as to what will be provided by the Cardiology Department:

- Timely access for the referred patients [per below unless referring provider or patient specifies otherwise]:
  - Procedure (positive stress test etc.) – appointment (appt.) within 1-2 weeks
  - Cardiology high risk – within 1-2 weeks, as per referring provider (New onset –Fib, SVT, VT or complete heart block etc)
  - Cardiology low risk – referring provider specifies time frame / urgency of appt.
- Consult notes timely
  - Notes to referring provider within a week (available through EMR) will include
    - diagnosis / answer to the referring provider's questions
    - specialist's plan of care, care management, any patient education or secondary referrals
  - Cardiologist to call referring provider sooner if there is a critical issue
- Lab, procedure and other test results cc'd to Referring Provider
  - Available to view through EMR
- Communication regarding who is going to implement plan / manage follow-up
  - It is assumed that the Cardiologist will manage the patient for the associated diagnosis, both to implement a treatment plan and manage future follow-up.
  - It is the Cardiologist's responsibility to specifically notify the referring provider if the referring provider will be responsible for future follow-up.
  - It is the Cardiologist's responsibility to communicate with the patient regarding diagnosis and required follow-up care.

Mutual Expectations as to what Patient / Family / Caregiver can expect for care coordination:

Patients are expected to sign up for a ... t account in order to better facilitate communication.

- Specialist will discuss plan of ca... it at time of visit, and will provide patient with written copy after visit is completed (After Visit Summary- either printed or electronica... MGChart)
- Specialist will follow up with patient
  - at follow up appt
  - electronically via M... (labs are auto-released within 96 hours)
  - via telephone if necessary

Other Special Coordination Issues

- Hospice management – Specifically need to address this on a per-patient basis; often is clarified on the Hospice form (patient designates physician when signing up with Hospice)

INSERT: Practice Name

Dear

We are referring our patient _____ to you for a consultation visit. It is our plan (the family and our medical home team) to obtain your expert opinion on the following aspects of their health and gain your guidance helping our community-based support of this child and family.

- ☐ Child's Condition
- ☐ Particular Questions/Concerns
- ☐ Needed Recommendations
- ☐ Other Tests or Referrals (note person responsible for communicating with family)
- ☐ Recommended Specialty Visit Intervals
- ☐ Needed Chronic Condition Management Parameters for Primary Care

Would it be possible for you to address the above checked concerns or issues and/or provide answers to the questions below (by phone, fax, email or other means) within one week?

1)

2)

Our care team is available to you for communication, transfer of information and sharing of care responsibilities. Our lead clinician and/or care coordinator can be reached at INSERT: phone number

INSERT: additional contact info

We appreciate your working with us to strengthen the care of children and families.

Sincerely,

INSERT: Your name and title

Behavioral Health Referral Expectations

CC 09: Example

Behavioral Health Care Compact
between

Referral Process	STEP 1 (at initial office visit) ☐ At the office visit, PCP will discuss reason for referral to Behavioral Health Specialist with patient/family ☐ If visit is urgent, PCP office will call The Center office intake line to notify of need for a more expedited appointment and outreach to the patient ☐ The Center contact information is provided to patient in printed care plan and follow-up plan STEP 2 (within 24-48 hours of visit) ☐ Referrals will be sent via fax or through the electronic health record (EHR) to The Center intake department. The referral will include the patient's face sheet, most recent progress note, and the signed 'authorization to release PHI' form. ☐ Referral/Care Coordinator verifies insurance coverage referral requirements ☐ Pertinent records and information will be included with referral	STEP 1 (within 24 - 48 hours of visit) ☐ The Center intake office receives fax and intake office will contact patient to schedule visit and complete intake assessment ☐ Insurance eligibility/benefits are reviewed when appointment is scheduled ☐ The patient will be placed with a therapist/counselor that is deemed a 'good fit' for the patient based on psychological assessed needs and insurance coverage. STEP 2 (within 7-10 days of initial visit) ☐ The specialist office communicates with the PCP regarding the patient's plan of care, up-dated diagnosis, and medication recommendations. ☐ This report will be sent to the PCP office within 7-10 business days of appointment (f/u recommendations and other pertinent medical information)

Frequently Asked Questions (CC-B)

Our health system has network of 600+ specialists. Specialists are HS employees and use shared EHR with Clinics. The majority patients are seen by HS specialists. We have a process that describes our shared EHR - but how do we 'show' an example of this? (CC 04)

The practice must provide a documented process and evidence demonstrating the process of sharing patient information with specialists. If the practice refers mostly to specialists within the network, there should be some type of written policy describing how the primary care provider conducts the referral process and how the specialist is able to access the patient's information. With regard to demonstrating how the information is shared internally, the practice could provide screenshots demonstrating that a specialist in the system viewed the patient record.

How do practices document providing pertinent demographic and clinical information to a specialist if they use the same EHR? (CC 04)

Practices must provide a documented process for staff to follow to ensure that demographic and clinical data are available for the specialist, and either a report/log or an example showing that the process is followed (e.g., a screen shot of available information and how the information is made available to the specialist). If external referrals are made, the practice must specify the process for sharing information with those providers, as well.

Frequently Asked Questions (CC-B)

Pediatric FAQ*:*

Does every referral to a specialist require sharing test results and a current care plan? Pediatric patients may be referred to a specialist for an acute condition that does not require a care plan*.* ***CC 04***

- If the condition is acute care management, the plan may be simpler than for a patient with a complex, chronic condition. The plan of care would include current medications, tests, treatment, patient/family self-care and important information about the family. While not every referral would have the same level of detail, be prepared to show a referral example for a patient that does have a care plan with the expected details.

Frequently Asked Questions (CC-B)

Are practices required to only refer to specialists with whom they have agreements, or is the requirement that an agreement be in place? Give an example of an agreement. (CC04, CC09, CC08)

Practices are not restricted to referring patients only to practices with whom they have established agreements. NCQA reviews at least one example of a formal or informal agreement with a subset of specialists, but does not expect practices to have agreements with all specialists to whom they refer patients. The goal is that expectations are outlined in the agreement, in addition to expectations of timeliness/content of response from specialists.

Frequently Asked Questions (CC-B)

Our practice has agreements with and shares patient records with behavioral healthcare providers, but we do not share the same EHR or physical location. Do we meet the requirement for integrating behavioral healthcare in our practice? (CC 10)

No. Although there is no requirement for a behavioral healthcare provider to be in the practice's office, the behavioral healthcare provider must have at least partial access to the practice's systems. Although the arrangements mentioned meet the intent of **CC 09** (maintaining agreements with behavioral healthcare providers), they do not meet the requirements for CC 10.

If a practice site in an organization has integrated behavioral healthcare, the other sites in the organization may receive credit for this criteria if there is also a process for their patients to access those behavioral healthcare services.

Frequently Asked Questions (CC-B)

How do practices document co-management arrangements? (CC 12)

This criteria refers to arrangements between the primary care provider and specialists regarding co-management of a patient and timely exchange of patient information. Documentation requires review of **three examples** demonstrating co-management arrangements, such as de-identified referral forms that include the arrangements or sections of the medical record specifying the clinician responsible for each component of care. For example, for a diabetic patient who is referred to a medical oncologist, the arrangement would identify which provider manages the diabetes and which provider manages the side-effects of the oncology treatment.

Frequently Asked Questions (CC-B)

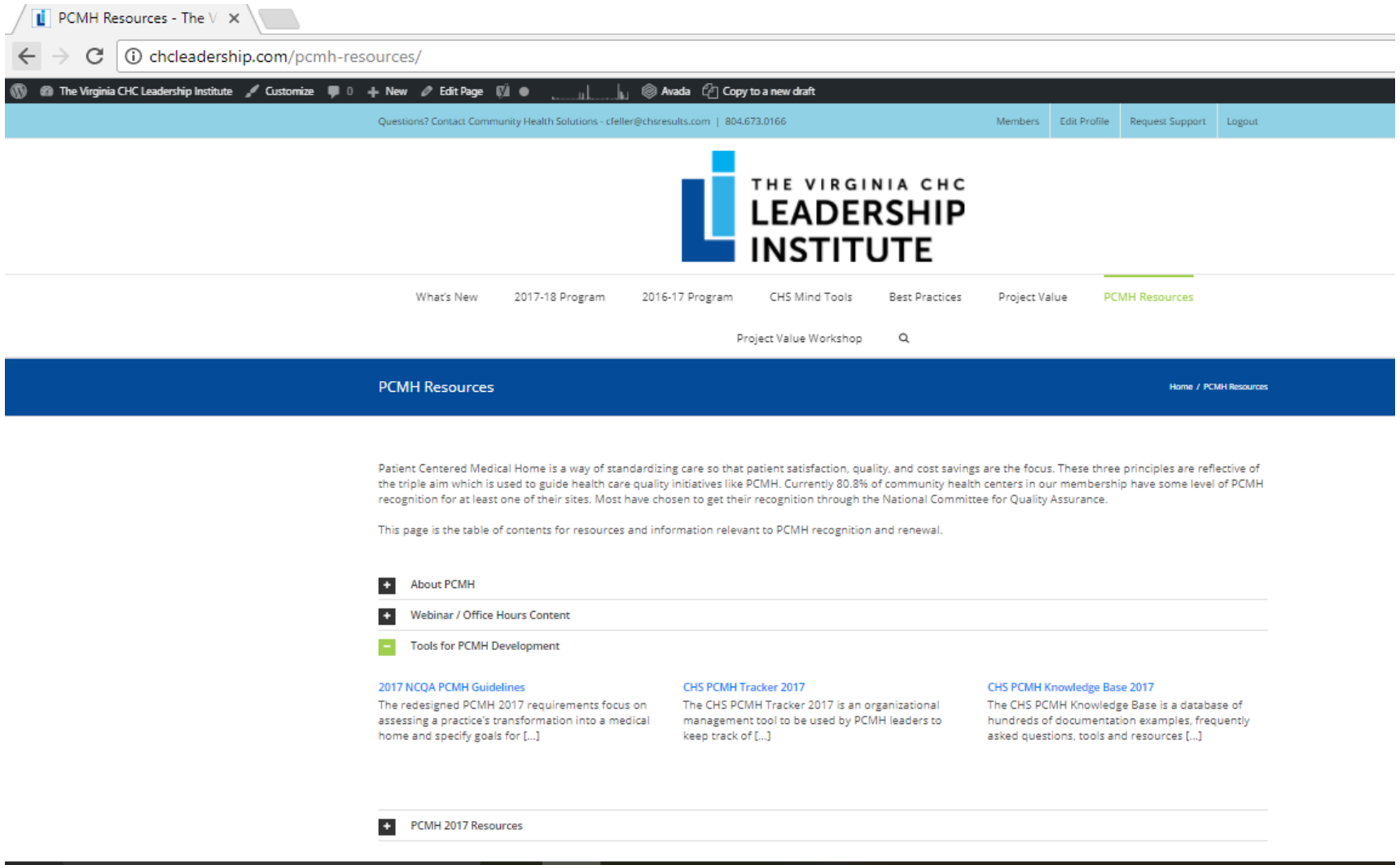
Pediatric FAQ:

- **CC10: Behavioral Health Integration: AAP resource**: *Strategies for System Change in Children's Mental Health: A Chapter Action Kit developed by the American Academy of Pediatrics (AAP) Task Force on Mental Health assists AAP chapters in addressing and improving children's mental health in primary care in their state.* *https://www.aap.org/*

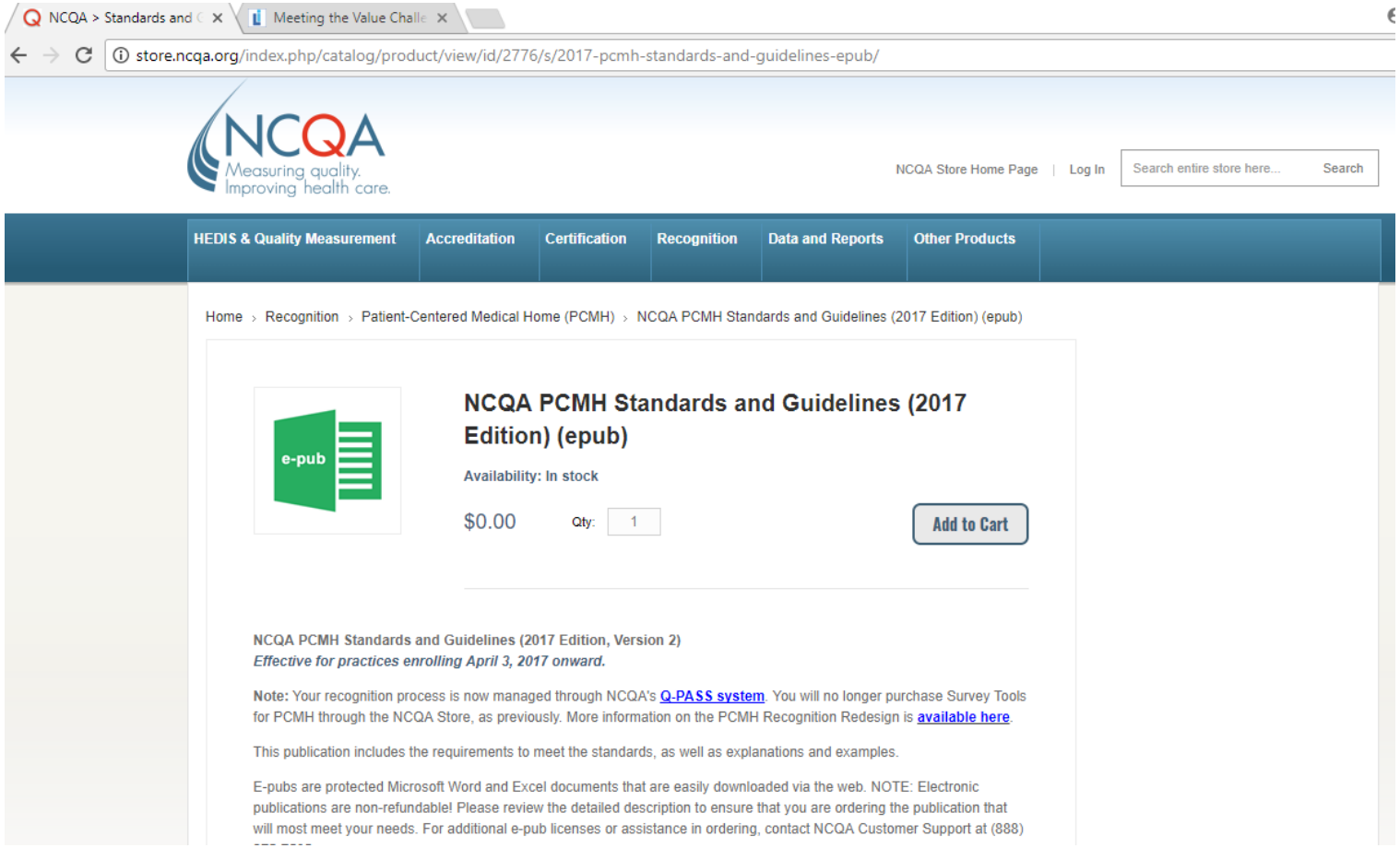
- **CC12: Co-Management Arrangements: AAP resource:** *National Center for Medical Home Implementation Resources on Co-managing Care*: *https://medicalhomes.aap.org/Pages/Coordinated-Care.aspx*

Questions?

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

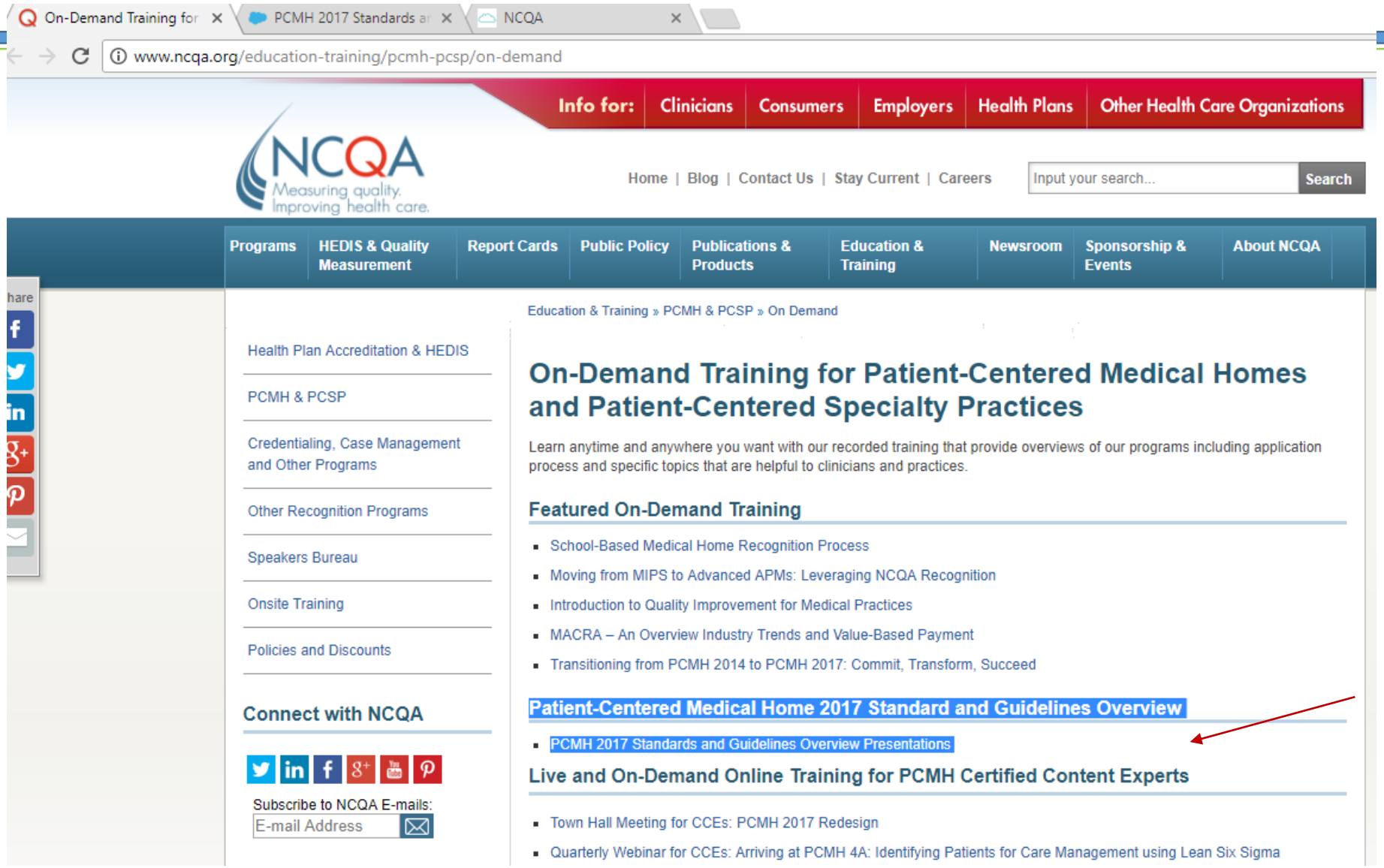


http://store.ncqa.org/index.php/catalog/product/view/id/2776/s/2017-pcmh-standards-and-guidelines-epub/



http://www.ncqa.org/programs/recognition/practices/patient-centered-medical-home-pcmh

http://www.ncqa.org/education-training/pcmh-pcsp/on-demand



New resource from NCQA

Request Support

Your PCMH Support Team:

Caitlin Feller, Terry Laine, Sherrina Gibson

Online:

http://chcleadership.com/support/

Phone:

804-673-0166