

Promising Practices for Developing & Reviewing PCMH Documentation



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Topics covered in this webinar include:

- Documentation and PCMH Recognition
- Types of Evidence
- Developing your Policies and Procedures
- Description of Evidence of Implementation
- Steps for Documentation Review
- Resources for Documentation

Documentation and PCMH Recognition

- NCQA requires submission of ‘evidence’ that criteria are in place.
- The list of evidence in each criterion is not prescriptive, and does not exclude other potential types of evidence.
- There may be acceptable alternatives that demonstrate performance, either in document form or through the virtual review.

Review of Standard Structure

Concept



Team-Based Care and Practice Organization (TC)

The practice provides continuity of care, communicates roles and responsibilities of the medical home to patients/families/caregivers, and organizes and trains staff to work to the top of their license and provide effective team-based care.

Competency



Competency A: The practice is committed to transforming the practice into a sustainable medical home. Members of the care team serve specific roles as defined by the practice's organizational structure and are equipped with the knowledge and training necessary to perform those functions.

Criteria



TC 01 (Core) PCMH Transformation Leads: Designates a clinician lead of the medical home and a staff person to manage the PCMH transformation and medical home activities.

GUIDANCE

The practice identifies the clinician lead *and* the transformation manager (the person leading the PCMH transformation). This may be the same person. The practice provides details including the person's name, credentials and roles/responsibilities.

PCMH transformation is successful when there is support from a clinician lead. Their support sets the tone for how the practice will function as a medical home. The intent is to ensure that the practice has clinician and leadership support to implement the PCMH model and to acknowledge the role of staff in the practice's everyday operations.

EVIDENCE

- **Details about the clinician lead**
- AND**
- **Details about the PCMH manager**



Types of Evidence

1. Documented process: *Written statements describing the practice's policies and procedures.*
2. *Evidence of implementation: A means of demonstrating systematic uptake and effective demonstration of required practices.*

1. Documented Process

Policies, procedures, and processes

Documented Process

- Written statements describing the practice's policies and procedures (e.g., protocols, practice guidelines, agreements or other documents describing actual processes or forms [e.g., referral forms, checklists, flow sheets]).
- The documented process must include a date of implementation and provide practice staff with instructions for following the practice's policies and procedures.

Documented Process

Note from NCQA:

- *Practices are encouraged to implement and document process-based criteria early in their transformation, so the process is implemented at least 3 months prior to demonstrating implementation and completing recognition.*
- *Generally, reported data should be no more than 12 months old.*

Developing your policies and procedures

- Each policy and procedure should follow a prescribed pathway.
 - An outline of the policy is followed by a procedure that stems directly from and is guided by that policy.
 - Each policy should also contain a quality control section that identifies measures you will monitor to ensure the policy and its accompanying procedures are implemented successfully.

Developing your policies and procedures

P&P's should include: Why, What, How, Who, When?

- **Why?** Identify the purpose and content of the policy.
- **What?** Identify what you expect to happen in the implementation of this process.
- **How?** Identify the method you will use to complete this process.
- **Who?** Identify the positions/roles of people involved in this process
- **When?** Identify expectations

Promising Practices

- Use a consistent format so that readers are not confused.
- Write in simple language.
- Use action verbs.
- Make statements concise.
- Number each policy and procedure for ease of reference and modification.
- Date each policy when developed, as well as each revision.
- Save the document using a consistent file-naming convention

Promising Practice (continued)

- State the purpose of each policy.
- Define in detail the procedure(s) to implement each policy.
- Use position titles rather than employee names.
- Review and update the policies and procedures at least annually to ensure they comply with changing regulations, needs, and medical home expectations.

Promising Practices (continued)

- Appoint one individual who will be responsible to keep the P&P's current, distribute updates, and ensure an appropriate line of communication with all employees and providers.
- Require appropriate director, managers, supervisors and other lead employees to acknowledge in writing their understanding of all new and revised policies and procedures.
- (Optional) Label the policy with appropriate references to PCMH criteria

MGMA Policies and Procedures Guidebook

- A comprehensive document containing a policy/procedure for every criteria in the NCQA PCMH 2017 guidelines (updated this year)
- Intended as a starting point – customize to fit your processes at your site
- One copy per organization. Contact us to request a copy.

EXAMPLE POLICY/PROCESS/PROCEDURE TEMPLATE

[INSERT LOGO HERE]

Title:	[insert title of policy here]
Applies to:	Your Community Health Center
PCMH Elements:	AC2, AC4, AC5

Insert description/definition of Competency/Criteria.... For example,

2017 AC, Competency A: The practice seeks to enhance access by providing appointments and clinical advice based on patients' needs.

I. Background

- This section could be used to briefly describe the history/background of this process at your practice.

II. Policy (or Procedure)

- Your Community Health Center provides ...
- It is the policy of the Practice to accommodate same-day appointment requests for routine and urgent care whenever possible. Explain further...
- Explain goal for "timely" access...
- Explain schedule of same day appointments for practice

PCMH AC2

II. Policy (or Procedure)

- Your Community Health Center provides ...
- It is the policy of the Practice to accommodate same-day appointment requests for routine and urgent care whenever possible. Explain further... **PCMH AC2**
- Explain goal for "timely" access...
- Explain schedule of same day appointments for practice...
- It is the policy of the Practice to provide timely clinical advice by telephone during and after hours. Explain who responds to the calls and how they document advice in the medical record.... **PCMH AC4**
- It is the policy of the Practice to provide timely clinical advice by electronic message during and after hours. Explain who responds to the calls and who they document advice in the medical record... **PCMH AC5**

III. Qualified Personnel

- Explain who (what staff roles) are assigned to the information in this policy.

IV. Quality Control

The Practice monitors the policy and procedure in the following manner:

- Explain how the Practice monitors the procedure...

Submitted by:
Approved by:
Effective Date: January 1, 2015
Revised Date: April 1, 2017

2. Evidence of Implementation

Reports, patient records, examples, materials

Evidence of Implementation

- a. Reports.** Aggregated data with a numerator, denominator and rate; showing evidence of action, including manual and computerized reports the practice produces to measure its performance or data to manage its operations (i.e., list of patients who are due for a visit or test).
- b. Patient records.** Actual patient records or registry entries that document action. A record review is measured using the sample selection process provided by NCQA—instructions for choosing a sample and a log for reviewing records are in the Record Review Workbook.

Evidence of Implementation

- c. Materials.** Information typically prepared for and made available to patients or clinicians (e.g., clinical guidelines, self-management and educational resources such as brochures, websites, videos, pamphlets).
- d. Examples.** Representative models submitted by the practice to demonstrate performance.
- e. Screenshot.** An image of a computer display showing required criteria to demonstrate performance. *NOTE: NCQA no longer accepts screenshots of patient identifying information (even if they have been de-identified). This information can be shown in a virtual check-in.*

Evidence of Implementation

- f. **Virtual demonstration.** A live display of evidence using screen sharing technology during an NCQA check-in session with an evaluator.
- g. **Attestation.** A declaration acknowledging and/or validating the implementation of certain criteria through methods such as a previous NCQA recognition, corporate credit or initiatives like CPC+.
- h. **Electronic Clinical Quality Measures (eCQM).** Measurement data submitted through electronic health records (EHR) to NCQA in support of a practice's recognition process. eCQMs may be submitted through and EHR, health information exchanges, qualified clinical data registries (QCDRs) and data analytics companies if they can use the electronic specifications as defined by CMS for ambulatory quality reporting programs.

Evidence of Implementation

- i. **Transfer Credit.** The application of credit towards criteria or facets of a criterion, received for use of a pre-validated HIT vendors.
- j. **Surveys.** Systematically collecting or sampling data on opinions taken and used for the analysis of some aspect of a population group. For example, a patient satisfaction survey conducted on a continuous basis measures performance from the patient's perspective to evaluate delivery of care and services.

Steps for Documentation Review

Steps for Documentation Review

1. Assemble your materials

- Documentation to be reviewed
- NCQA PCMH 2017 Guidelines
- The CHS PCMH Tracker (2017)

Resource: [NCQA PCMH Standards and Guidelines \(2017 Edition\) \(epub\)](#)

Resource: [CHS PCMH Tracker 2017](#)

2. Review the documentation example and the criteria to which it applies

- a) Use the CHS PCMH Tracker to quickly see what/how many pieces of evidence are required for that criterion
- b) Review the *Guidance and Evidence* sections in the NCQA Standards and Guidelines

3. Discuss the evidence/processes with your team

- a) Is the right type of documentation provided (i.e. selection of the wrong type of documentation, such as an example when a report is specified, would not meet the requirement)?
- b) Does the documentation address the entire criterion?
- c) Look out for key components that should be shown in the documentation (e.g. effective date, no PHI). See the following slides for a full list.

The CHS PCMH Tracker

#2-b

Use the [CHS PCMH Tracker 2017](#) to quickly see what/how many pieces of evidence are required

Resource: [CHS PCMH Tracker 2017](#)

NCQA PCMH 2017 Concepts, Competencies, and Criteria as of 9.30.17

To achieve recognition under PCMH 2017, practices must meet all core criteria and earn 25 credits in elective criteria across 5 of 6 concepts.

INSTRUCTIONS: Use the checkboxes to mark criteria and documentation as they are put in place at your organization. All core criteria are highlighted in red until marked. The "documents incomplete" message will appear once you mark a criterion as in place but the documentation is not yet marked. The summary boxes below reflect the overall progress toward required criteria/credits, based on what has been marked in this *CHS PCMH Tracker*. The ● symbol indicates where the documentation can be shared across practice sites (e.g. for multi-site applications).

	Core Criteria Met (out of 40)	0	
Summary:	Elective Criteria Met (25 Credits required)	0	Must Choose Elective Criteria from 5 of 6 Concepts

Use Policy. The CHS PCMH Tracker 2017 is produced and copyrighted by Community Health Solutions for exclusive use by our authorized clients. Utilization of the tool without authorization by Community Health Solutions is strictly prohibited. We ask that authorized users do not share this tool with other organizations. For additional information contact Community Health Solutions at 804.673.0166 or chs@chsresults.com.

Team-Based Care and Practice Organization (TC)


The practice provides continuity of care, communicates roles and responsibilities of the medical home to patients/families/caregivers, and organizes and trains staff to work to the top of their license and provide effective team-based care.

Competency A: The practice is committed to transforming the practice into a sustainable medical home. Members of the care team serve specific roles as demanded by the practice's organizational structure and are equipped with the knowledge and training necessary to perform those functions.

TC 01	Core	Designates a clinician lead of the medical home and a staff person to manage the PCMH transformation and medical home activities.	<input type="checkbox"/>	
TC 02	Core	Defines practice organizational structure and staff	<input type="checkbox"/>	

Details about the clinician lead	● <input type="checkbox"/>	AND	Details about the PCMH Manager	● <input type="checkbox"/>
Staff structure	● <input type="checkbox"/>	AND	Description of staff roles, skills and	● <input type="checkbox"/>

KM 22 (1 Credit) Access to Educational Resources: Provides access to educational resources, such as materials, peer-support sessions, group classes, online self-management tools or programs.

GUIDANCE	EVIDENCE
<p>Giving patients access to educational materials, peer support sessions, group classes and other resources can engage them in their care and teach them better ways to manage it, and help them stay healthy. The practice provides three examples of how it implements these tools for its patients.</p> <ul style="list-style-type: none">• Educational programs and resources may include information about a medical condition or about the patient’s role in managing the condition. Resources include brochures, handout materials, videos, website links and pamphlets, as well as community resources (e.g., programs, support groups).• Self-management tools enable patients to collect health information at home that can be discussed with the clinician. Patients can track their progress and adjust the treatment or their behavior, if necessary. Such as a practice gives its hypertensive patients a method of documenting daily blood pressure readings. <p>The practice provides or shares available health education classes, which may include alternative approaches such as peer-led discussion groups or shared medical appointments (i.e., multiple patients meet in a group setting for follow-up or routine care). These types of appointments may offer access to a multidisciplinary care team and facilitate patients to interact with and learn from each other.</p>	<ul style="list-style-type: none">• Evidence of implementation 

Here the evidence section specifies “Evidence of Implementation” – this is standard NCQA language.

Evidence of Implementation may mean a number of different things. Here, the Guidance section specifies “three examples”

We take note of these details in the CHS PCMH Tracker, but when doing a “mock review” of documentation, we recommend consulting the full guidelines.

Documented Process: Written procedures, protocols, processes, workflow forms (not explanations)

Does the Documented Process include the following?

- Health Center and/or Site Name
- Date of implementation (at least 3 months prior to review)
- Date of revisions (if applicable)
- Depicts all aspects of the criteria

Report: Aggregated data showing evidence

Does the Report include the following?

- Health Center and/or Site Name
- No PHI in uploaded documents. Utilize virtual review for evidence that includes PHI
- Reporting period current within the last 12 months
- Correct time frame (5 days, 1 month, 3 months, or 12 months)
- Report is not future dated
- Displays numerator, denominator, and percent
- Aligns with documented process

Records or Files: Patient files or registry entries documenting action taken; data from medical records

Do the Records or Files include the following?

- Health Center and/or Site Name
- No PHI in uploaded documents. Utilize virtual review for evidence that includes PHI.
- Current within the last 12 months
- Aligns with documented process

Lists: (e.g. *KM12 Lists or reports to manage proactive outreach*, *KM21 List of key patient needs and concerns*)

Do the Materials include the following?

- Health Center and/or Site Name
- Visible URL, if submitting a screen shot from a website
- No PHI in uploaded documents. Utilize virtual review for evidence that includes PHI
- Current within the last 12 months
- Aligns with documented process

Materials: Information for patients or clinicians (e.g. clinical guidelines, self-management and educational resources)

Do the Materials include the following?

- Health Center and/or Site Name
- Visible URL, if submitting a screen shot from a website
- No PHI in uploaded documents. Utilize virtual review for evidence that includes PHI
- Current within the last 12 months
- Aligns with documented process

Questions?



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

The screenshot shows a web browser window displaying the PCMH Resources page. The browser's address bar shows the URL <http://chcleadership.com/pcmh-resources/>. The website header includes the logo for The Virginia CHC Leadership Institute and a navigation menu with items like 'What's New', '2017-18 Program', '2016-17 Program', 'CHS Mind Tools', 'Best Practices', 'Project Value', and 'PCMH Resources' (which is highlighted). Below the navigation is a search bar and a blue banner with the text 'PCMH Resources' and a breadcrumb trail 'Home / PCMH Resources'. The main content area features a paragraph about Patient Centered Medical Home, a table of contents with expandable sections for 'About PCMH', 'Webinar / Office Hours Content', and 'Tools for PCMH Development', and three columns of resource links: '2017 NCQA PCMH Guidelines', 'CHS PCMH Tracker 2017', and 'CHS PCMH Knowledge Base 2017'. At the bottom, there is a section for 'PCMH 2017 Resources'.

PCMH Resources - The Virginia CHC Leadership Institute

chcleadership.com/pcmh-resources/

The Virginia CHC Leadership Institute | Customize | 0 | New | Edit Page | Avada | Copy to a new draft

Questions? Contact Community Health Solutions - cfeller@chsresults.com | 804.673.0166 | Members | Edit Profile | Request Support | Logout

THE VIRGINIA CHC LEADERSHIP INSTITUTE

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

Project Value Workshop | Q

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

Resources

- NCQA PCMH Policies and Procedures (2017 Edition Version 3), Section 2: Transform—The Evaluation Process, pp16-18.
<http://store.ncqa.org/index.php/catalog/product/view/id/2776/s/2017-pcmh-standards-and-guidelines-epub/>
- MGMA PCMH Policies & Procedures Guidebook - e-book
<https://www.mgma.com/resources/resources/products/pcmh-policies-procedures-guidebook,-3rd-edition>
- Patient-Centered Medical Home 2014 (PCMH) and Patient-Centered Specialty Practice (PCSP) Document Preparation Tips
<https://www.ncqa.org/Portals/0/Programs/Recognition/PCMH/Documentation%20Tips%20-%20PCMH%20-%20PCSP.pdf> *accessed 8.20.2018*
- Achieving NCQA PCMH Recognition: A toolkit for practices seeking to apply
<https://www.healthmanagement.com/what-we-do/government-programs-uninsured/chip/chipra-library/pcmh-toolkit/> *accessed 08.20.2018*

