Advancing to Pediatric NCQA Patient-Centered Medical Home 2014 Level 2 Recognition

Purpose: The purpose of this quality improvement initiative was to assist a pediatric practice advance from 2011 level 1 to 2014 level 2 National Committee for Quality Assurance (NCQA) patient-centered medical home (PCMH) recognition.

Question:
- How can pediatric nurse practitioners assist in expanding Patient-Centered Medical (PCMH) implementation?

Background and Significance: The U.S. health care system is currently undergoing seismic shifts; patients and payors increasingly demand efficiency and effectiveness, with a heightened emphasis on outcomes. Reimbursement is increasingly moving away from the traditional fee-for-service model and is, instead, being tied to clinical outcome measures and patient satisfaction. Evidence supporting the ability of the patient-centered medical home (PCMH) model to improve clinical outcomes, decrease health care expenditures, and increase patient and family satisfaction is increasing.

Method: NCQA PCMH recognition is based on a scoring system of six standards. Collectively, the standards contain 27 elements, with each element scored based on receipt of points for factors which are met. Level 1 recognition requires a score of 35-59, level 2 a score of 60-84, and level 3 a score of 85-100.

Implementation: The 2014 NCQA standards changed significantly from the 2011 standards; therefore, the first step was to create a 2011/2014 standards crosswalk/gap analysis. The crosswalk identified which 2011 standards align with 2014 standards. The gap analysis determined which previously met standards remained applicable, as well as identified factors not previously met that were candidates for inclusion in advancement to 2014 level 2 recognition. This was done by creating an interactive tool utilizing an Excel spreadsheet. This tool automatically tallies points for chosen elements, so as to easily ascertain how many points have been met at each step of the process. The ARNPs then worked with the lead physician to identify factors not previously met which he desired to target. A standard operating procedure (SOP) was developed for each factor requiring a written process. In addition, needed forms and brochures to support processes were created and branded with the practice’s logo.

Discussion: Barriers to PCMH implementation and recognition attainment include required time, increased costs, and lack of reimbursement. With the goal of continuing to increase implementation of the PCMH model, it will be necessary for savings realized by payors and patients to be shared with clinicians such that the increased costs associated with providing care under a PCMH model are feasible.

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Implement a quality improvement initiative to improve care delivery and meet the requirements of the PCMH model.

**Background**

- Health care expenditures for pediatric patients in the United States totaled $117.6 billion in 2011.
- Despite spending more per capita on health care, the United States falls behind 10 other industrialized countries on many significant outcome measures.
- Several of these measures are specifically addressed by the PCMH model, including improved access to primary care, care coordination to improve effectiveness and efficiency, and consideration of patient preferences.
- The term medical home first appeared in the literature in 1967. It has evolved to become a philosophy regarding the way in which care is delivered.
- The Patient Protection and Affordable Care Act (PPACA), signed into law by President Obama in 2010, places a strong emphasis on strengthening the nation’s primary care system, with adoption of the PCMH being an essential component.
- A substantial body of research indicates the PCMH model is associated with improved clinical outcomes, decreased health care expenditures, and increased patient and family satisfaction.

**Setting**

Comprehensive Childcare Associates (CCA)

- Four physician primary care pediatric practice located in Sarasota, FL.
- Patient panel of 19,000, ages birth to 21 years, in Sarasota and Manatee county area.
- Obtained level 1 NCQA PCMH recognition April 2015 under 2011 standards.

**Problem Statement**

- NCQA standards changed significantly from 2011 to 2014, complicating advancement to a higher level of recognition.
- The 2011 level 1 recognition score decreased under the new standards, resulting in a steeper climb to level 2.

**Framework**

Donabedian model

- The structure is a pediatric practice.
- The process is the way care is delivered within the structure.
- Outcome is strongly linked to quality of delivered care, as well as to the structure facilitating its delivery.

- Outcome measures are clinical outcomes, health care expenditures, and patient and family satisfaction.

**Solution**

- Design a Microsoft Excel tool to simplify the planning process and facilitate completion of the 2011/2014 crosswalk/gap analysis.
- Capture each PCMH standard on a separate worksheet, along with its associated elements and factors.
- Automatically compute a planning score for each standard as elements and factors are selected for inclusion.
- Utilize a real time planning summary score to facilitate the planning process.
- Develop a planning matrix to facilitate and track the completion of tasks required to advance to level 2.

**Method**

NCQA Model

- Consists of six standards.
- Collectively, the standards contain 27 elements.
- Each element is scored based on points for factors which are met.

**Implementation**

- Comprehensive Childcare Associates is postured to obtain NCQA PCMH level 2 recognition.
- Planning score of 73/100 achieved.

**Discussion**

Barriers to PCMH Implementation and Recognition Obtaining

- Required time, increased costs, and lack of reimbursement.

Planning Team

- Donated 428.5 hours towards implementation of this initiative.
- Without this assistance, additional staff salaries would have been required.

CCA Costs

- $2,280 in application fees to NCQA.
- Salary for 1.5 full time equivalent (FTE) registered nurse (RN) care coordinators to support the additional care provided under the PCMH model.

CCA Benefits

- Increased reimbursement rate for NCQA recognition from only one insurance company.
- Savings
- Savings realized under the PCMH model accrue to payors and patients.

The Future

- With the goal of continuing to increase implementation of the PCMH model, it will be necessary for savings to be shared with clinicians such that the increased costs associated with providing care under a PCMH model are feasible.

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**References**

- See available handout for references.