Where is PCMH in future strategies? Where is it going? MACRA? MIPS?
PCMH is at a Crossroads
Current Evaluation Process

Clinician/Practice

• Self-assess, collect data using Web-based tool
• Submit documentation to NCQA when ready
• May be asked to submit more data if needed

NCQA

• Evaluates and scores all applications
• Checks clinician licensure
• Audits a sample of applications
• Reports those that pass
• Distributes list of recognized clinicians monthly
NCQA’s Review Methodologies

Interactive Survey System

- Web-based process
- The Recognition Survey is a desk-top review
- Organizations and physicians can assess readiness, upload documents online

Audit

- Validates practice documentation and policies and procedures
PCMH Critiques

**Too easy**
- Can achieve recognition without transforming

**Too hard**
- Small practices, rural practices, urban practices

**Too focused on process**
- Needs more performance-based evaluation

**Too much**
- Burdensome review process
We’ve been listening. Here’s what we’ve heard.
Key Components of Redesign

• Engage practices through a combination of live support and a new, interactive Web-based platform

• Receive and assess clinical data from practices to support recognition, quality measurement and benchmarking
Three Core Strategies

1. Increase practice engagement while reducing non-value-added work
2. Strengthen link between recognition and performance
3. Be responsive to federal, state and regional needs/priorities
Current Process

- Every 3 years, practice must submit all materials for a full review, with little guidance from NCQA

Future Process

- NCQA interacts with practice from the start
- Practice submits information at agreed-upon intervals until recognized
- Focused annual review and ongoing data submission to sustain recognition (no Renewal Survey at 3 years)
Redesigned Recognition Process

Assess
- Guided, online readiness assessment
- Identify health IT connections
- Develop Recognition schedule with NCQA Representative
- Identify support and resources for transformation

Transform
- Gather evidence of transformation over time
- Combine virtual (live) and offline document reviews
- Clinical data received
- Periodic reviews help practice know status
- Success on final review leads to recognition

Sustain
- Annual check-in
- Demographic and practice updates
- Verification of continued compliance
- Subset of existing standards with options
- Documentation of relevant activities
- Ongoing data submission
<table>
<thead>
<tr>
<th>Engagement (New to PCMH)</th>
<th>Sustaining (Previously Level 2/3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>32 Organizations</td>
<td>44 Organizations</td>
</tr>
<tr>
<td>~45 Practice Sites</td>
<td>87 Practice Sites</td>
</tr>
<tr>
<td>15 States</td>
<td>18 States</td>
</tr>
<tr>
<td>Internal Medicine, Pediatrics, Family Medicine, FQHCs</td>
<td>Internal Medicine, Pediatrics, Family Medicine, FQHCs, Residencies (4)</td>
</tr>
</tbody>
</table>
Engage practices in an annual check-in providing confirmation of continuing commitment and performance

Practices will be required to demonstrate that changes made during the initial recognition effort have been anchored in their day-to-day culture, continuing to enhance their patient-centered approach to care
Annual Reporting Requirements

- Practices will demonstrate they continue to align with recognition requirements by submitting some data and documentation on an annual basis.
- Sustained recognition will be based on a practice’s overall performance across six categories.
  1. Patient-centered access.
  2. Team-based care.
  4. Care management.
  5. Care coordination and care transitions.
  6. Performance measurement and quality improvement.
Annual Reporting Requirements

• Practices can submit data and documentation on special topics, such as behavioral health.

• Practices must meet the minimum number of requirements for each category.

• Practices will use a new online platform for submission of documentation that supports reporting requirements at their annual check-in.

• Practices that do not submit by their reporting date or fail to meet requirements may have their recognition status suspended.
Testing Data Connections for Quality Measures

Practices
Health Systems

Data Aggregator
HIE, health system, registry, cloud-based EHR
Quality measures for PCMH benchmarking

List of 30+ quality performance measures

Includes measures across 7 domains

- Acute Care
- Behavioral Health
- Care Coordination
- Chronic Care
- Cost Related
- Immunizations
- Preventive Care
22 NCQA-Only Measures

9 AHIP-Only Core Set for PCMH/ACO

13 Measures In Both

<table>
<thead>
<tr>
<th>NCQA Only (22)</th>
<th>CMS/AHIP Only (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 prevention measures</td>
<td>6 measures not e-specified</td>
</tr>
<tr>
<td>5 mental/behavioral health</td>
<td>2 measures are plan level</td>
</tr>
<tr>
<td>4 CVD/heart failure</td>
<td>1 measure is a survey (CAHPS)</td>
</tr>
<tr>
<td>4 Geriatrics</td>
<td></td>
</tr>
<tr>
<td>1 each in DM, Resp, Care Coord.</td>
<td></td>
</tr>
</tbody>
</table>
MIPS and APMs Are Not Snacks!
New 2-track ‘Quality Payment Program’

- **Merit-Based Payment Incentive System**
  - MIPS: FFS + performance bonuses/penalties based on Quality, Resource Use, Clinical Practice Improvement & Advancing Care Information

- **Advanced Alternative Payment Models**
  - APMs: Automatic 5% bonus for either
    - 2-sided risk, performance-based pay, use of Certified EHRs & revenue/patient thresholds
    - OR expanded CMMI demonstrations
Merit-Based Incentive Payment System (MIPS)

FFS pay adjusted up or down based on:

- **Clinical Quality**
  - *Weight: 50% in 2019; 45% in 2020; 30% 2021+

- **Resource Use**
  - *Weight: 10% in 2019; 15% in 2020; 30% in 2021+

- **Clinical Practice Improvement Activities (CPIAs)**
  - *Weight: 15% - PCMH & PCSP get full credit

- **Advancing Care Information ( Meaningful Use)**
  - *Weight: 25%

2017 performance determines 2019 pay

- Feedback reports July 2018
Clinical Practice Improvement Activities

• NCQA PCMH/PCSPs get full CPIA credit
  – Also other ‘national, widely used’ programs (AAAHC, Joint Commission, URAC, Medicaid, CMMI demos)
  – Commercial payer programs not included
  – For PCSP, only NCQA’s program qualifies
  – Half CPIA credit for APM participation

• Non-PCMH/PCSP must report on individual CPIA activities ‘likely to improve outcomes’
  – Cannot attest to being PCMH/PCSP
  – Points based on “medium vs. high” CPIA importance
Year 1 Performance Category Weights for MIPS

- Resource Use: 10%
- Clinical Practice Improvement Activities: 15%
- Advancing Care Information: 25%
- Quality: 50%

Slide from CMS Quality Payment Program Training Deck
How much can MIPS adjust payments?

Based on a MIPS Composite Performance Score, clinicians will receive +/- or neutral adjustments up to the percentages below.

The potential maximum adjustment % will increase each year from 2019 to 2022

Adjusted Medicare Part B payment to clinician
Top MIPS performers could out-earn APM participants for years

Source: Data compiled based on fee update and performance-based bonuses and penalties under the two incentive programs outlined in the Medicare Access and CHIP Reauthorization Act of 2015.

Note: Advanced APM line excludes contract performance and MIPS excludes the use of a conversion factor that can magnify a MIPS bonus or penalty by as much as three times to ensure budget neutrality.

https://www.brookings.edu/research/how-the-money-flows-under-macra/
Recognition Redesign Timeline

2015
- Pilots July - Nov
- Design platform
- Quality measure data collection model

2016
- Update PCMH standards
- Build/test new platform
- Test CQM collection

2017
- Launch PCMH 2017 with new process and platform

2018
- Transition additional recognition programs
- Expand measure collection
Recognition Redesign Timeline and...

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2017
- Launch PCMH 2017 with new process and platform

2019
- MACRA MIPS & APMs
Learn more

Read about our PCMH redesign initiative
blog.ncqa.org/PCMH

Send us your thoughts
Ideas4PCMH@ncqa.org

Read about MACRA
ncqa.org/MACRA

Watch QualityTalks
QualityTalks2015.com
Introduction to PCMH: Foundational Concepts of the Medical Home
November 15-16 | Memphis, TN

Advanced PCMH: Mastering the Medical Home Transformation
November 17 | Memphis, TN

See details and to register:  http://www.ncqa.org/education-events
Questions