SOCIAL INNOVATIONS Journal
Vol. 20 (2023): Population Health Equity for People with Intellectual Disability, Autism, and Mental Health Challenges and Other Special Populations

Achieving Patient-Centered Medical Home (PCMH) Recognition from the National Committee for Quality Assurance (NCQA)

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Keywords: Quality, Patient-Centered, Medical Home, Primary Care

Abstract

The National Committee on Quality Assurance (NCQA) Patient-Centered Medical Home (PCMH) model, shown to reduce cost, mitigate health disparities, and improve patient outcomes, was chosen for a uniquely placed primary care practice within a residential facility for intellectually and developmentally disabled children and adults. NCQA PCMH recognition was received in April 2023. The model affords providers, staff, and administration a mechanism to recognize and celebrate success and pinpoint areas for continual quality improvement.

Background

People with Intellectual and Developmental Disabilities (IDD) experience significant health disparities, often have complex medical needs, and may require more time for office visits than the general population. Woods Services uniquely located RL Health, a primary care practice within their Medical Center, and has developed a population health management model, incorporating integrated primary care, behavioral health, and specialty care, using the National Committee for Quality Assurance (NCQA) Patient-Centered Medical Home approach. There were 547 in the IDD residential population (6 to 92 years old), two physicians, and three nurse practitioner primary care providers when recognition was achieved in April of 2023.

Purpose

The National Committee for Quality Assurance (NCQA) Patient-Centered Medical Home (PCMH) model was chosen for a uniquely placed primary care practice within a residential facility for intellectually and developmentally disabled children and adults. "A growing body of scientific evidence shows PCMHs saving money by reducing hospital and emergency department visits, mitigating health disparities, and improving patient outcomes (NCQA, *Benefits of Patient-Centered Medical Home Recognition*, June 2019, p.1). NCQA PCMH recognition was received in April 2023.

NCQA Patient-Centered Medical Home Standards assess a primary care practice meeting 40 core criteria and 25 elective criteria across six concepts: 1) Team-Based Care, 2) Knowing and Managing Your Patients, 3) Patient-Centered Access and Continuity, 4) Care Management and Support, 5) Care Coordination and Care Transitions, 6) Performance Measurement and Quality Improvement.

Intervention

A Continuous Quality Improvement (COI) Plan was written for RL Health d/b/a The Medical Center at Woods by the newly formed CQI Committee that included the representation of all providers and involved administrators, with approval of the Woods Services Board of Directors. The CQI Committee approved all processes and policies written to meet the 40 core criteria and 25 elective criteria across the six NCQA concepts. Responsibility for meeting the NCQA PCMH Standards were shared by the Utilization Review/Quality Assurance Coordinator, Medical Director and a consultant. Work was initiated in October of 2018 but slowed due to COVID-19 pandemic. Recognition was received on April 16, 2023.

Within the CQI Plan, rapid cycle changes (Plan, Do, Study, Act) developed by the Institute for Healthcare Improvement (IHI) and Associates in Process Improvement (API) was selected as the methodology for improvement. “The PDSA cycle is shorthand for testing a change by developing a plan to test the change (Plan), carrying out the test (Do), observing and learning from the consequences (Study), and determining what modifications should be made to the test (Act) (IHI, n.d.).”

The dashboard below identifies the quality metrics, how that metric is measured, the practice goal, and monthly outcome measures. Green highlighting indicates a goal that is met. Yellow indicates a goal within 5% of the goal. Red indicates a goal greater than 5% of the goal. Goals greater than 5% of the goal are addressed with rapid cycle PDSAs written at the Provider Meeting or by a subcommittee of the CQI Committee made up of members with the closest knowledge of the issue, whichever is deemed most appropriate, and monitored by the CQI Committee.

METRIC	MEASURE	GOAL	JAN	FEB	MAR	APR	MAY	JUNE
Diabetes	HbA1c <or= 8	70%	75%	-	-	82%	-	-
Hypertension	BP <or= 130/80	70%	90%	86%	72%	72%	68%	80%
Flu vaccine	Yearly in Jan.	85%	83%	-	-	-	-	-
Mammogram	Yearly with consent	90%	100%	99%	90%	91%	100%	100%
Behavioral health	Adolescents on antipsychotic drugs with lipids & HbA1c	90%	71%	-	-	100%	-	-
Depression screen	PHQ or Glasglow	65%	100%	62%	97%	98%	99%	94%
Visit with selected Provider	Annual & Follow-up appointments	90%	86%	94%	100%	96%	99%	94%
Resource stewardship	ER when clinic open	25%	30%	40%	21%	21%	43%	*
Patient Experience Qualitative	Satisfaction with Access, Communication &Coordination	+	-	-	-	+	-	-
Patient Experience Quantitative	Good/Very Good/Excellent	75%	-	-	-	94-100%	-	-

*Subcommittee assigned to draft a rapid improvement cycle PDSA

One example is a PDSA written to address and ensure that measures needing to be met are addressed when patients come into The Medical Center. The Plan – review on prior day of patient schedule and place patient names and measures required on a white board to be addressed at a brief Provider huddle. This can be credited for both achieving and maintaining high levels of performance.

Another example is a PDSA written to find a Depression tool that could be used for patients unable to complete the PHQ (Patient Health Questionnaire) 2 or 9. A Behavioral Health Provider found the Glasglow Depression Carer Supplement version, which can be completed by their residential caregivers.

For both PDSAs above, the Do-Study phases resulted in putting the plans in place and goals to be reached.

Conclusion

The model has afforded RL Health d/b/a The Medical Center at Woods providers, staff, and administration a mechanism to recognize and celebrate success and pinpoint areas for continual quality improvement. The NCQA required Annual Reporting requires maintaining quality performance to continue to be recognized as a Patient-Centered Medical Home.

References

Institute for Health Care Improvement (IHI) (n.d.) Plan-Do-Study-Act (PDSA) Worksheet retrieved August 17, 2023, https://ihi.org.

NCQA, *Benefits of Patient-Centered Medical Home Recognition*, June 2019, p.1