Bob McLellan, MD, MPH, FACOEM: Dartmouth Hitchcock Medical Center

- NCQA Specialty Practice Recognition Program (PCSP)
  - [http://www.ncqa.org/Programs/Recognition/PatientCenteredSpecialtyPracticePCSP.aspx](http://www.ncqa.org/Programs/Recognition/PatientCenteredSpecialtyPracticePCSP.aspx)
- Dartmouth-Hitchcock Occupational and Environmental Medicine
  - [http://patients.dartmouth-hitchcock.org/occmed.html](http://patients.dartmouth-hitchcock.org/occmed.html)
  - 603-653-3850
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Disclosures

- A man without conflicts

The Context

- Patient Centered Medical Home (PCMH) has achieved prominence as the preferred method of organizing and delivering primary care
- PCMH accredited by NCQA
- American College of Physicians (ACP) promotes concept of specialty practices as critical “neighborhood”s with which PCMHs must relate
- NCQA establishes Patient Centered Specialty Practice Recognition to promote care coordination

Why NCQA Focus on Specialty Practices?

- Address PCP Disconnect and Improve Communication
  - PCPs report sending information 70% of time; specialists report receiving the information 35% of the time
  - Specialists report sending a report 81% of the time; PCPs report receiving it 62% of the time
  - 25%-50% of referring physicians did not know if patients had seen a specialist


The Context

- ACOEM publishes the ACO/PCMH paper
  - Optimizing Health Care Delivery by Integrating Workplaces, Homes and Communities
  - “How Occupational and Environmental Medicine Can Serve as a Vital Connecting Link Between Accountable Care Organizations and the Patient-Centered Medical Home”
  
McLellan et al. JOEM 2012

OEM: A Critical Specialty to Clinical and Population Health Management

- ACOEM promotes occupational medicine as a critical population health and clinical specialty to synergize and coordinate efforts in the workplace, community and home
Mainstreaming Occupational Medicine

- Recognition by NCQA: Opportunity to increase the visibility of OEM
- ACOEM input to NCQA to assure relevance of recognition survey tool to occupational medicine

Focus of the PCSP

- Occ Med services based on referral from PCP or work or environmentally related exposures, injuries and illnesses seen in occ med
- Accommodate range of patient relationships:
  1. Consultation
  2. Patient evaluation and treatment
  3. Co-management
  4. Temporary/permanent care management

Specialty Practice Evaluation Criteria

1. Patient access (timely appointments and advice)
2. Agreements with PCP to coordinate care
3. Timely information exchange with PCP
4. Timely referral summary to referring clinician
5. Care plan coordination with PCP
6. Communication with patient and PCP
7. Reduced duplication of tests
8. Measure performance
9. Alignment with Meaningful Use Requirements

What is the NCQA Patient-Centered Specialty Practice Recognition program?

- **Purpose**
  - Improve quality
  - Reduce waste
  - Improve patient experiences
- **Primary Emphasis**
  - Information and care coordination between PCPs and Specialists

PCSP: (6 standards/22 elements)

1. Track and Coordinate Referrals (22)
   - A. *Referral Process and Agreements
   - B. Referral Content
   - C. *Referral Response
   - D. Provide Access and Communication (18)
     - A. Access
     - B. Electronic Access
     - C. Specialty Practice Responsibilities
     - D. Culturally and Linguistically Appropriate Services (CLAS)
     - E. *The Practice Team
   - F. Identify and Coordinate Patient Populations (10)
     - A. Patient Information
     - B. Clinical Data
     - C. Coordinate Patient Populations

2. Plan and Manage Care (18)
   - A. Care Planning and Support Self-Care
   - B. *Medication Management
   - C. Use Electronic Prescribing

3. Track and Coordinate Care (16)
   - A. Test Tracking and Follow-Up
   - B. Referral Tracking and Follow-Up
   - C. Coordinate Care Transitions

4. Measure and Improve Performance (16)
   - A. Measure Performance
   - B. Measure Patient/Family Experience
   - C. *Implement and Demonstrate Continuous Quality Improvement
   - D. Report Performance
   - E. Use Certified EHR Technology

- **PCSP Excludes**
  - Employer or Agency mandated services such as pre-placement exams, medical surveillance, fitness for duty, and drug testing.

- **PCSP: (6 standards/22 elements)**

- **Must Pass**
- Recognition starts with 25 points

Slide thanks to NCQA
Three Recognition Levels

- Level 1: 25-49 points
- Level 2: 50 – 74 points
- Level 3: 75-100 points

Must pass elements at 50% for any level

- PCSP 1A: Written referral agreements
- PCSP 1C: Written referral response time protocols
- PCSP 2E: Team-based care
- PCSP 4B: Medication management
- PCSP 6C: Patient experience and clinical quality improvement program

Example of Demonstration of Compliance

PCSP 1, ELEMENT A, FACTOR 1 – FORMAL AND INFORMAL AGREEMENTS OF SERVICES PROVIDED

Specialty Practice Recognition

Value to OEM Practices and the Field of OEM

- Increase visibility of OEM in health care system
- Be seen as a specialty leader
- Provide efficient care cost containment
- Improve patient satisfaction
- Position with payers
- Improve outcomes

Value to:

- Public and private payers
  - Cost containment; use in tiered network
- Businesses
  - Reduced cost of health care; efficient use of specialists
- Primary care practices
  - Timely referral responses, coordination of care, communication with primary care and patients
- Patients
  - Understand which practice is responsible for care; coordination with primary care

D-H Experience

- D-H has worked hard to establish PCMH practices including one dedicated to its own workforce which is tightly integrated with its Employee Health program
- D-H Applies for Recognition as an “Early Adopter”
Thanks to the D-H OEM NCQA Team

- Edie Haggard
  - Practice Manager and Project Leader
- Paul Boyle
- Jill Brooker
- Lisa Brown
- Karen Gollegly
- Lisa Hegel
- Shannon Sargent