

HRSA Information Session: Many Paths to the Patient Centered Medical Home – Which One is Right for my Organization?

Moderator: Mark Yanick

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12:00 pm CT

Coordinator: Welcome everyone, thank you for standing by. All parties will be on listen-only lines until the question-and-answer portion of today's call. At that time please make sure your phone lines are not muted, press star 1 and record your name to be placed into the question queue.

This call is being recorded. If you do have any objections, please disconnect at this time and now I'd like to turn the meeting over to Mr. Mark Yanick. Please begin.

Mark Yanick: Yes, thank you so much. Good morning and good afternoon to those folks in different time zones. My name is Mark Yanick and I'm with the Bureau of Primary Health Care's Office of Training and Technical Assistance Coordination. Welcome to today's grantee session, HRSA's Quality Initiatives: Many Paths to a Patient-Centered Medical Home.

And at this point I want to let everyone know that we will have a Q&A at the end of this call and I will turn this session now over to Nina Brown.

Nina Brown: All right, thank you so much, Mark. I'd like to officially take the time to thank everyone again for taking some time out of your very busy schedules to join us for today's session.

We hope that it will be helpful and provide a lot of information and clarification around the different patient-centered medical home options available to our grantees and possibly help you choose between which one is right for your organization.

On today's call we will have representatives from the three HRSA contractors present on their specific PCMH products, (Allison Robey) from AAAHC, Lon Berkeley from the Joint Commission, and Bill Tulloch from NCQA.

Again my name is Nina Brown and I am the Program Manager for the HRSA NCQA initiative here within the Bureau and I also have with me my colleague Harriet McCombs and she is a Program Manager for the accreditation initiative within the bureau as well.

So just going to Slide 2, the learning objectives for today's call are to help you identify the difference between the accreditation and the patient-centered medical health home initiative, identify the difference between the PCMH recognition conducted by the three different recognizing organizations, identify the various resources available to you on the HRSA Webpage to help you select which recognition organization will best meet your health center's needs, and finally to help you understand the process for how to enroll in an initiative and the timelines involved with medical home recognition.

Slide 3 is just a brief outline of our session, just to note this call is being recorded and a transcription and MP3 audio will be placed on the technical assistance Website that was in the announcement about a week following the call so you can reference back if you want to share or hear it again.

We'll do about a five-minute introduction which I'm halfway through, briefly go over the purpose of PCMH recognition then the bulk of the presentation will consist of our contractor presentations, a brief summary and then we'll leave lots of time for questions and answers to give you an opportunity to ask questions of us folks here at HRSA.

And you have front-row access to our three contractors for any specific information you may have about their products. Moving to Slide 4 so I'm sure that you all have heard this before on different TA calls but what is the patient-centered medical home?

As we know it is an approach to providing comprehensive patient-centered and coordinated primary care for health center patients and it's a healthcare service delivery model that really came into the forefront with the passage of the Affordable Care Act.

As you may or may not know, this is actually a health and human services departmental priority goal so HRSA's goal is that we have 25% of our grantees receiving PCMH recognition by the end of Fiscal Year 2013 and within BPHC we have a goal of 13% of our grantees being recognized by the end of this calendar year.

So if you don't know the BPHC definition of PCMH recognition is the grantee is considered to have achieved PCMH recognition if they have at least one site recognized so you only need one.

Also HRSA has made multiple investments in quality in the patient-centered medical home model through the patient-centered medical health home

NCQA initiative which covers the survey costs and fees of the surveys for grantees.

The accreditation initiative which also cover the survey costs and fees in addition to some additional technical assistance, the PCMH supplemental funds, this was the \$35,000 that just went out and I'm sure you are all well-versed in this as we just received those interim reports and last but not least is HRSA's partnership with CMS on the advanced primary care demonstration project. Moving on to Slide 5, why PCMH?

Well really, we look at PCMH not necessarily as a quality improvement although it is a tool to help you do that but really PCMH is a demonstration of the quality of care that you are already providing in your health centers to our patients every day. Really PCMH positions the health centers at an advantage for the changing healthcare landscape. We know that health reform is about to take effect.

We have the introduction of the ACOs into the market and really focusing on PCMH and putting the effort in on the front end to help health centers with this transition really prepares you for when all of these things kick-off to put you in an ideal place to compete in the market and be the provider of choice as well as the employer of choice.

And last but not least after patient-centered medical home has been implemented, the ultimate goal is that it will transform patient care at health centers achieve the three-part aim of better care, healthy people in communities and affordable care which ties roughly into BPHC's quality

strategy and with that I will turn it over to my colleague Dr. Harriet McCombs to tell you about the many paths to the patient-centered medical home.

Harriet McCombs: Thank you Nina and welcome to all who are on the line. My name is Harriet McCombs. I'm the Program Manager for the accreditation initiative but today we're focusing on the many paths to PCMH again just to reiterate that we have made significant investments in PCMH here in BPHC but there are many other entities across the country that are embracing PCMH.

So we'd like to encourage you to check with your private payers such as Blue Cross Blue Shield or United Healthcare and check with your own state to see if they also have some initiatives that they're providing TA for you and they are taking the lead with third-party recognition by NCQA or AAAHC or the Joint Commission.

But what I'd really like to highlight is that HRSA supports two initiatives and as Nina has already mentioned, by support we mean we cover the survey cost and fees to assist you in becoming a patient-centered medical home.

And those two organizations or those two initiatives are the accreditation initiative and the accrediting organizations are the Accreditation Association for Ambulatory Health Care better known as AAAHC and as the Joint Commission and secondly the patient-centered medical health home initiative through the National Committee for Quality Assurance which is NCQA.

And we are fortunate today because we have representatives from each of the organizations to outline for you as seen on Slide 7 a brief history of their

organization, their surveyors. They will mention for you their handbook of standards, standards for PCMH as well as the educational opportunities and pre-survey activities.

They'll provide you with an overview of the survey process and the results of the process and their scoring so that you get certification and recognition and they'll also cover post-survey activities and resources that will be available for you.

And finally they will provide you with organizational contacts so that if you have any questions about their particular product, you can contact them or you can feel free to contact Nina or I.

Now let me introduce to you and that's on Slide 8 the contractors who are participating this afternoon and they'll give presentations in the following order. First we have Dr. (Allison Robey) and she is a surveyor with the Accreditation Association for Ambulatory Health Care and as such conducts site visits and is familiar with health organizations.

Secondly we have Lon Berkeley who will be presenting the Joint Commission and he's a former director of a PCA so you will find his comments most interesting and finally we have William "Bill" Tulloch from AAAHC who's the Director for the government initiatives for AAAHC so our first presenter is Dr. (Allison Robey) and (Allison), are you there?

(Allison Robey): I am.

Harriet McCombs: Well, great. Welcome aboard and we look forward to your presentation.

(Allison Robey): All right, thank you everybody. Good morning all, good afternoon, so we're on Slide 9 now. That's me and I think a number of you already know me. I've spent a number of years now being a clinical consultant with HRSA coming around and evaluating the 19 program requirements.

And of course I've been a family practice doc for even longer, thus wearing the hat as a AAAHC surveyor is relatively new for me but I like it. It's comfortable and so I'm going to share with you some of that experience and what you can expect.

I have been on the receiving end of various accreditation surveys and different kind of evaluations like (P-cers) and so I'm pretty comfortable comparing and contrasting. In general I'm going to avoid reading slides. I'm under the impression that everybody has them in front of them.

Let me just remind you what AAAHC stands for because we always use that acronym. It's the Accreditation Association for Ambulatory Health Care. On Slide 10 you see their mission statement. I'll give you a moment to read that.

Keywords to me here are quality, ambulatory and peer-based. Now as you go to the next slide, it's a brief history of AAAHC. The takeaway point here is that AAAHC is not new at this. They began with primary healthcare, outpatient care. They understand it in a multitude of settings and they're very provider-driven.

Just to say the standards are created by our patient care providers for ambulatory care providers and already AAAHC accredits more than 5,000 organizations are just accreditor of ambulatory settings.

On Slide 12 you see who they accredit so community health centers of course, that's our focus today but also school-based health centers, walk-in clinics. They are the accreditor of choice for the U.S. Air Force and U.S. Coast Guard ambulatory clinics. We go to ambulatory surgical centers, pain management chiropractic clinics, podiatry.

I want to highlight that I find them to be a perfect fit with community health centers especially if we move out of the sort of free clinic mentality that maybe we had in the past and can really step into an era of pride in the high quality of care we give.

On Slide 13 talks about why to AAAHC. Well, first I guess I want to just say why should we even bother with accreditation at all? Because it is extra work but I think it's not as much extra work as sometimes we might fear because it's so in alignment with all of the quality initiatives we undertake anyways and in pursuing the 19 program requirements, voila, there you are.

But it's a very formal and publicly-recognized way to pronounce that on a regular and ongoing basis you are committed to high quality care and patient safety. With AAAHC the surveyors are fellow healthcare providers and professionals, physicians, mid-levels, dentists, nurses, pharmacists and administrators.

They come from an organization that typically is AAAHC-accredited or have familiarity on a personal basis of going through accreditation but in addition we undergo training and regular updates and the surveyors that go to FQHCs have been hand-selected and trained and additionally privileged to conduct those surveys.

I think AAAHC is especially good at recognizing the uniqueness of each organization. You know how we always proudly say if you've seen one community health center, you've seen one community health center and AAAHC gets that.

They don't mandate the way standards have to be met. They really want the standards to be meaningful to each organization and each year there's a public comment period so that accredited organizations, providers and anybody else can provide input into the standards now before they're finalized again.

On Slide 14 it talks about how standards are assessed on-site and this is nice to hear I think because the measures or the grades shall we say are substantial compliance, partial compliance or non-compliance or not applicable.

But this is in sharp contrast to what we do with HRSA where you can have 95% of a program requirement met but that last little bit that's not met makes the whole think not met and ouch, that always hurts so this is a little more friendly, a little more gentle and really with the collaborative focus of working together to get complete improvements and get as high quality as you can.

The handbook chapters are in a very much checklist format. It's an open book test so on the next Slide 15 you see the core chapters as they're listed. These are the chapters that every organization will be assessed on and that makes sense. Every organization has these issues.

And on the next slide, you see the adjunct chapters so these are things if you provide dental services, if you have behavioral health services on site, these chapters would be included and on the top here you see medical home. That's an option.

On the next Slide 17, we're going to talk a little bit more about medical home with that idea that it's an adjunct chapter, I think it's important to understand that if your organization chooses to pursue medical home this way, it doesn't threaten your AAAHC accreditation if you're not quite up to snuff yet on the medical home piece of it.

I think medical home though is so in alignment with everything else that we community health centers do that it just makes sense to go there formally anyways and that's what this whole conference call is about. It's kind of exciting. We are now getting some real hard data that shows improved patient care, higher patient satisfaction and higher staff satisfaction.

So the standards around medical home that AAAHC used are drawn directly from those principles that were documented by representatives from AAFP and AAP so the American Academy of Family Physicians and the American Academy of Pediatrics.

There are the five foundations listed on the bottom half of the slide. The patient and provider relationship, that's the patient relationship to the team, not just to one necessarily physician but the physician-led team, mid-levels nursing staff, front desk, and we're looking at good communication and full patient care, not just the physical problems, the psychosocial element.

Continuity of care has to do with what percentage of visits actually are with the primary care team and the tracking of referrals and testing. Sound familiar if you are pursuing FTCA, if you're following the program requirements, this should be right there with it.

Comprehensiveness of care, this is collaborating with other community resources to make sure your patients can get everything they need.

Accessibility, how easily can they get appointments and/or phone advice during hours of operation and after hours of operation.

And of course quality, appropriate evidence-based care, really working to reduce unnecessary testing and ongoing self-assessment of your systems and the way we do this on-site is by assessing, reviewing charts, talking to staff. An electronic medical record is not required to achieve medical home status nor is e-prescribing. They are obviously extremely helpful but not required.

One thing I wanted to mention here is that there's a very legitimate reason to pursue NCQA PCMH certification as well because of increased reimbursement so remember it's not one or the other.

And whatever QI studies you're doing in terms of showing that you have a good QI program implemented for general accreditation, those often serve

double duty for the medical home recognition so you're not doubling your work.

Slide 18 just tries to show you some of the resources before and after accreditation that AAAHC makes available to you, helpful tools for self-assessment, mock surveys, phone calls with surveyors to help you talk through.

And I wanted to mention that we always talk about PDSA cycles, those four steps Plan-Do-Study-Act. AAAHC has sort of expanded that and enriched it into a 10-element process that at first glance might seem like more work but actually helps clarify thinking and I've been very impressed with how well that works.

Slide 19. In order to get HRSA to pay for this, you do need to submit a notice of intent form and you get that or maybe there's several places but one place I've found is the Program Assistance Letter the PAL 2009-12. There's a downloadable form from there and after you've submitted that and been approved, AAAHC contacts you and gets the ball rolling.

Slide 20, what's the survey like? Well, it's sort of like many other surveys is it's so the length of it very much varies based on the size of your organization, the services you provide, the number of satellite sites but typically it's two to two-and-a-half days, one to two surveyors.

Real peers, they come and talk to you, look at your systems, not just your numbers. Opening conference with leadership team and then talking to staff, reviewing charts, looking at credentialing files.

The surveyors are the eyes and ears of an accreditation committee that makes the actual final decision but after the summation conference, you pretty much know how you've done and you get your formal decision letter in 10 days and the final report comes in less than 30 days. Accreditation is valid for 3 years.

Slide 21 just sort of summarizes again why would you bother? Well, because this is both gives you your confidence in your own program's comprehensiveness and tools for public recognition so you get marketing tools. Patients are pleased to know what quality care they're giving. That feels good.

Slide 22 are as part of the package, you can participate in complementary further QI studies. It's a real opportunity to get further support and to share best practices. AAAHC really partners with you on a long-term basis. Slide 23, survey preparation. How long does it take? Well, it depends.

It depends where you are now so I really hesitate to say how many months but the handbook has a great self-assessment feature. The Website has great tools to help you assess. It does take time to shift to patient-centered medical home because that's a paradigm shift but it's not as huge for community health centers as it is for many places.

The most successful surveys not surprisingly are at organizations that really have top-down involvement and commitment to it so from the board and CEO down and the most common areas needing improvement are the QI systems, doing the studies and then diligent attention to credentialing.

So Slide 24 sort of wraps that up. AAAHC is about discovery more than inspection, consultation much more than prescription and collaboration rather than being dictatorial. Slide 25 again summarizing that it's trying to help you focus on quality of care and achieve your goals of high, high quality.

Slide 26 gives you the Website address, aaahc.org. You can find videos there that talk you through the whole system further and also summarize medical home accreditation and there's one nice one of an organization sharing their experience with that.

The last slide shows you (Mishon) and (Gina). These are both lovely women. I know these people. They are warm and respond promptly if you have any further questions and I will say at the end on Q&A there are a couple other AAAHC staff members available to help me field any questions. Thank you very much.

Harriet McCombs: Well, thank you. That was most interesting and enlightening and I hope you were paying attention because this is an important resource that the Bureau is making available to you and so now we'll hear from the Joint Commission accreditation and I'll Lon to direct you and noting the specific wording for PCMH on Slide 28 and so now we have Lon Berkeley who's our project lead at the Joint Commission.

Lon Berkeley: Hi, Harriet, thank you very much. Can you hear me okay?

Harriet McCombs: Very well, thank you.

Lon Berkeley: Okay, great. Let's stay on the Slide 28 for a moment. Appreciate very much the opportunity that the Bureau of Primary Health Care and that HRSA has moved forward in terms of not only this type of information session which I think is important in helping all the grantees understand their options but in general HRSA should be complimented for their commitments to quality.

As Harriet has pointed out, my background includes being the Executive Director of the Illinois Primary Health Care Association for 12 years prior to coming over to the Joint Commission here or 15 years ago so for those of you who are looking at that little picture of me, I actually at one point had a lot of hair on my head that got lost somewhere along the lines of working with all the community health centers in an active way.

But in that role I'm very familiar with the leaderships that community health centers play in this country, a real emphasis to quality and access and the support of the Bureau of Primary Health Care for the accreditation issue of MLV medical home initiative I think is key to that.

The other aspect I just want to highlight just in terms of this particular slide has to do with the name of those of you who know the Joint Commission in our old name, JCAHO, used to stand for Joint Commission on the Accreditation of Healthcare Organizations or as similar to AAAHC having another acronym.

JCAHO actually really used to stand for Just Coming Around to Help Out. I hope you're all aware of that but the other comment to make on this particular slide is the terminology.

You'll see that our use of the medical home concept, we're calling it a primary care medical home - primary care medical home - we do recognize that the PCMH acronym will be used throughout this as a way of describing the Joint Commission certification option but important to know that there's commonality and similarity even though the names and terms are slightly different.

Moving on though to Slide 29, just in case you're not aware of the Joint Commission or JCAHO, we've been around since 1952, accredit over 19,000 organizations and of course are possibly most well-known for a lot of people in our hospital program.

But important to know that we have a full scope or range of accreditation certification options including laboratories, behavioral health home care as well as ambulatory care that we've been doing since 1975.

Just went over our 2,000th organization and as part of that as a scope of the wide range of things in ambulatory care, we've had the contract with the Bureau of Primary Health Care since 1997 which is what brought be over to the Joint Commission from the Illinois Primary Health Care Association.

And as part of the accreditation mission of that point, the Bureau was encouraging all community health centers to become accredited along with the push for fellow tort claims act and the collaborative.

We have continued to have as part of our experience not only going on-site for the ambulatory care accreditation but also the Bureau of Primary Health Care statutory requirements as we have looked at the range of organizations

that we have accredited, we have the smallest health centers in the country as well as the largest.

And we have hopefully in that regard as part of our approach to both our surveyors and our standards made it responsive to the needs of the health centers.

Slide 30 really recaps some of the things we feature specifically for patient-centered medical home certification option and as I mentioned on a couple of times, we do apply this to an accredited ambulatory care organization or one that is seeking accreditation. You can do both at the same time.

It is an approach that has an on-site survey that evaluates compliance with both the existing ambulatory care standards as well as the primary care medical home requirements so it is a two-for-one opportunity.

And although we have not included slides specific to those who may be listening to the types of areas that the accreditation standards cover, similar to what you've heard from (Allison), the range of aspects of the Joint Commission's ambulatory care standards includes emergency management, environment of care, infection control, credentialing and privileging.

And a focus on a quality and safety that does go beyond the important elements that the medical home does bring so by bringing them both together, we do see this as a two-for-one opportunity.

Having the on-site survey though also enables us to avoid any special application requirement and also as I'll be talking about in a moment, the fact that we blended this into our existing survey process.

So there's no extra time added for the extra patient-centered medical home requirement - certification requirement - and we also have a mechanism in place so that there is not - it does not jeopardize - accreditation should you be in the unlikely situation of being the client with all the accreditation requirements but not those specific to really medical home.

Also important is the fact that we do have an organization-wide certification that's good for three years that is based on the fact that as the medical home concept focuses on the patients as a whole and deals with them not just a body part or a disease, deals with patients as a whole.

We're dealing with organizations as a whole and recognizing that there are systems in place that go across all components of your organization whether it's different sites or different programs and then lastly we do have also available the certification available on the Website.

So Slide 31 just reiterates the fact that the certification option is in addition to our ambulatory care program and that it could be in addition to as well our laboratory and dental and behavioral health program.

Although we're here talking about ambulatory care, just so you know the Joint Commission has in the works a plan to do our primary care medical home applicable to hospitals as well as behavioral health in the upcoming

months. Slide 32 is just an overview of the scope of those extra characteristics.

When we first looked at the various concepts that were out there from different parties that have initially looked at the concepts, we ended-up using the Agency for Health Care Research and Quality's model and they focused on these five operational characteristics. We have I will describe a few of those as I talk about the on-site survey process.

But essentially when the Joint Commission looked at our existing set of standards in the ambulatory care program and compared them already to the (number of) the concepts, we discovered that in fact although we never called them the medical home that we looked at comparability to the NCQA that it's roughly comparable to Level 1 of National Committee for Quality Assurance and you'll hear from them in just a moment.

We decided to add 52 additional requirements and that is it constitutes our certification option, primary care medical home certification option and that in comparison is roughly comparable to NCQA's Level 3 so for those of you who are looking at some comparison.

Let me then get into the on-site survey process which starts Slide 33 and first note that because I know there's a lot of folks on the call who are already accredited, those who are not just to make the statement that about 80% of the surveys that we do have two surveyors for on-site for two or three days.

We always have an administrator and a clinical surveyor as part of the team and of the 20%, that means they're smaller based on size and the number of

visits and so we have our smallest health centers only have one surveyor for two days. Our largest centers have three surveyors for four days so it does depend on the size that dictates but generally it's two surveyors for two or three days.

We have been able to successfully incorporate the new primary care medical home requirements as part of our existing on-site survey process so Slide 33 and 34 really recap those aspects so we have what we call a tracer methodology where we evaluate compliance with standards based on the care that's actually delivered on-site by reviewing the medical chart, this clinical record.

Could be a dental record. Could be a mental health record. Could be a medical record and by observing the care that's provided, by talking to patients, talking to staff we are able to assess compliance with those standards.

So for example when we conduct our patient interviews, we will find out whether or not they were given the choice of their primary care clinician because that is one of our requirements.

We're going to ask whether they've been offered information about how to access the center after hours, whether there's been consideration of language and cultural needs.

Those are some of the additional 52 primary care medical home requirements that are included as part of those patient interviews. We also of course meet with the organization leaders and staff as part of this tracer

methodology and we discover what the scope of services are which in this case are broad and include behavioral health and oral health, chronic care.

We also find out whether or not they've determined the composition of the interdisciplinary teams because along with the primary care clinician, we expect all of our organizations to have interdisciplinary teams.

The Joint Commission is not however dictating who or how many people need to be part of the teams, understanding that for your pediatric patients, for your HIV patients, for your homeless patients, for your seniors you may have different interdisciplinary teams that you put together so we will assess compliance as part of those discussions.

We also look at various infrastructure elements as we do our tours and review records and talk to staff, also whether or not the clinical decision support tools are being used although with electronic prescribing, we do require electronic prescribing. The Joint Commission does not require electronic health records however.

When we look at the clinical records which is again our routine part of our accreditation on-site visit, we're now looking more specifically, are there patient self-management goals? Has health literacy been assessed for? Where's the evidence that the follow-up care has been documented?

So along with that clinical record, we also look at the competency assessment to the HR standards while we're looking at credentialing and privileging, we add the specific requirements about the qualification of the

primary care clinician so by and large we have taken each of our steps and we've integrated and blended-in the actual additional standard.

As part of the exit conference just to emphasize that we do leave an on-site report for the organization and the final report is usually available within 72 hours after and then as you'll start to see in Slide 35, once we identify any findings and it's important to say that you don't have to be perfect when the Joint Commission surveyors come on-site.

The goal here is to help you help your patients by identifying as you've invited us in because this is all of course that's still voluntary, you've invited us in to help you do that and as we identify areas for improvement, we will also make the surveyors - we'll provide - suggestions, ideas, tools, techniques in order to help address those.

You put them into the form of an evidence of standards and compliance and we give you 60 to 90 days depending upon the nature of the standards to then tell us what you've done to come into compliance so that we're going to be confident when we award you with a certificate for accreditation and primary care medical home certification.

That we can represent to the public that you are in fact have the level of quality that the Joint Commission has set as part of our standards. Lastly is the last point on 35 talks about our (peer rec) performance review.

This underscores the fact that although we'll be on-site once every three years, in the intervening years we work with you on a self-assessment requirement that we have that we call this periodic performance review that

enables you to monitor yourself and for us to then have a phone call with you to help determine whether or not you're on the right track to coming into compliance.

Thirty-six, Slide 36 notes that in the unlikely event that you never come into compliance with any of the medical home requirements, that will not jeopardize your accreditation status.

We do have a mechanism for keeping those separate and also as part of our scoring process for coming into compliance with the medical home requirements, it is a little different because there is no track record initially required.

So as long as you have implemented in at least one location for at least one population, have supporting policies and procedures in writing for that implementation and have a plan to implement organization-wide implementation prior to the next time we come out which could be between 18 to 36 months because the Joint Commission's follow-up visits are all unannounced.

You know, the initial visit is a scheduled plan visit but after that, they are unannounced. We do expect that you'll have that ready to go by within 18 months so for example if you don't have electronic prescribing setup at all of your sites, as long as you have it done in at least one location and you have policies and procedures to support that and then you have a plan to implement that, that will be minimally compliant for when we come on-site.

Going to move on then, you know, from the survey process the (statutory) process just to note that for those of you who are already accredited and want to opt as part of your requirements to submit in that notice of interest if you haven't already - if you've done this already, you don't need to worry about this - is that you do take advantage of our self-assessment tool that's on our Website.

If you are not yet accredited, you have an option through our contract with the Bureau of Primary Health Care for some mock tracers but we work with you if you are not yet or required in picking the first state and if you are already accredited, we are including that as part of your next scheduled survey.

If you would like to have us come out before your next - excuse me - you're next unannounced survey, your next triennial survey. If you would like us to come out prior to that, we do have an option we call an extension survey.

As Slide 39 emphasizes the amount of time it takes to get ready does depend on where you start so that's just some estimates there. Our application process is all Web-based and helps to facilitate the process.

You see a couple of the resources. (Rick Sordan) is our dedicated account executive hopefully and if you've already talked with him and Slide 41 talks specifically - it references - our Website. We do have already a Bureau of Primary Health Care Website that talks about all the things that we were doing in the last 15 years on behalf of the Bureau of Primary Health Care.

In terms of the way we modify the agenda, the fact that the surveyors are a subset of all of our ambulatory care surveyors that have either worked in or are currently working in or with the community health centers or with special populations so we're not sending out our anesthesiologists and our radiologists.

It is those folks who are familiar with the community health centers that are going out as part of that process and those are all articulated and explained on the BPHC section of our Website.

The primary care medical home section allows you to access the self-assessment tool including a trial version of our standards but perhaps the most useful to the folks that are maybe utilizing this call for is we do have some comparisons to other evaluative models including NCQA.

As we have noted, Slide 42 simply identifies some of the other resources that are available in terms of educational programs and publications. We also have a list - we also have a technical assistance component - Joint Commission resources that you can come on-site for the mock surveys so as sort of a recap, just want to talk about a few things on Slide 43.

We have well actually I think I've covered everything in 43 so I'm going to go on to Slide 44. The fact that the Joint Commission will for those health centers that have both moderately complex labs, behavioral health requirements from their state, that those are all included in their Bureau of Primary Health Care is paying for the accreditation visit so you may be able to save some funding, some money for those other resources.

The Joint Commission also has other aspects (for your leading) practice library that may be helpful as well and important to mention that obviously along with meeting your primary healthcare expectations, you would like to get paid additional funding in those demonstration projects.

And so the Joint Commission has worked with many of the payers. We've got several Medicaid programs, several Blue Cross Blue Shield programs that have already accepted the Joint Commission primary care medical home certification as an option so expect more of those as well. Lastly then on Slide 45 this is just a recap.

If you are interested in going beyond just the medical home, you can do that with a single on-site combined survey with surveyors who are familiar with community health centers based on our 15 years of experience, provide ideas and suggestions on how to meet those non-compliance using a tracer-based evaluative approach that doesn't require any application time or resources.

It is a three-year accreditation and we also provide assistance for you in that regard as well. There is an opportunity for those who are part of the CMS demonstration project if you will need to use for at least one site, any site as far as the option of using the NCQA's recognition program but it is possible if you'd like you can do both that as well as the Joint Commission.

All right, I hopefully covered all of the essentials. We'll look forward to hearing from you with the questions and answers and the last Slide 46 really is my contact information and (my role as) the Executive Director of

Ambulatory Care Accreditation Program so with that I'll turn it back to you Harriet.

Harriet McCombs: And I'll turn it over to Nina.

Nina Brown: All right, thank you so much Lon. Now it's my pleasure to introduce William better known as Bill Tulloch who is the Director of the Government Recognition Initiative at NCQA and he is going to take a moment and tell you a little bit about an additional path available to you for medical home recognition NCQA so Bill, go ahead and take it away.

Bill Tulloch: Thank you Nina. It's great to be on the call with you all today and we're starting on Slide 47 with my information about NCQA's patient-centered medical home or PCMH program.

Slide 49 just shows a little bit of background about our organization. We are a non-profit healthcare quality oversight organization that was founded back in 1990 and we have as you can see from the bottom a whole host of programs.

We're best known for our health center accreditation program of course but also the (heatus) measure set as well as recognition and certification and the accreditation programs across many different areas of the healthcare system.

As you'll see if you look at our mission which is all about improving the quality of healthcare, it's a mission that we can't conduct ourselves because

we don't actually do the direct healthcare delivery at NCQA but rather we do that through our vision of measurement, transparency and accountability.

So we truly believe you cannot improve what you don't measure, that measures and methods should be transparent and the right level of the healthcare system should be held accountable and so that's why we have this spread of programs. Slide 49 just goes into the actual clinical recognition program.

We've had clinical programs that reward physicians and other clinicians that can demonstrate that they provide high-quality clinical care for patients with diabetes, various heart stroke conditions and lower back pain. We've had those since 1997 and as of the end of last year we had over 30,000 almost 31,000 clinicians recognized across all of our programs.

But back in '06 we actually started adding-in our process and structural measure areas including physician practice connection recognition program that well truly it system use in the office and the use of systems and that includes specialty practices.

The original medical home program which was launched in 2007 under our 2008 banner and then we just updated those standards for the 2011 version which is what we're using now at NCQA.

So we've had these programs around for awhile and we have a lot of experience and a lot of folks that are recognized under one or more of those programs. Now on Slide 50 we go into the actual standards themselves and we've divided our program up into six standards.

With the help of an advisory panel that we've put together, whenever NCQA does a new program or goes into a new area of evaluation, we always put together an advisory panel that includes experts from the consumer world, in this case from the primary care world, from health plans, from medical groups, experts in the medical home area as well as state and federal government representation.

So that they can really provide all those perspectives to us as we're putting the standards together and what we did in 2011 I think the standards really make sense as they flow through, we start with Standard 1 which is all about access and continuity and making sure that your patients can get into the clinics to see practitioners both during regular office hours then also after hours.

Can they get advice? Can they get a question answered? Do they want electronic access? Are services culturally and linguistically appropriate and then how's your practice team setup so Standard 1 is all about operations and how it works.

Standard 2 is all about gathering and using data in a proactive fashion so gathering data on demographics, on clinical conditions, on risk factors and things like that.

So using all those data together to determine, you know, populations that may need additional services and reaching out to those populations so you're not waiting for them to come up with symptoms but rather making sure

they're getting their chronic care delivery with the product preventive care that they need on a proactive basis.

Standard 3 is all about planning and managing and in this area we actually delved down into the medical records for - or we have you delve down actually - for patients you're seeing a lot.

So those with the chronic conditions, those that are high-risk because they may have multiple comorbidities, things like that to see if you're really doing care management as well as medication reconciliation, medication management and then also the use of electronic prescriber.

Standard 4 is all about self care support, community resources, helping the patients to take ownership of their disease and manage what aspects of care they can.

Then Standard 5 is all about tracking and coordinating care from the primary care setting when that care goes out to other providers, the lab, to imaging facilities, to specialty practitioners or physicians, clinicians, that sort of thing as well as to facilities then to hospitals, home health, that sort of thing.

And then finally we have a standard that's all about quality improvement about measuring, analyzing those measures, taking steps to improve in some cases demonstrating improvement as well as reporting those data to the practice, to their patients, to the public and also to external bodies so that sort is a very, very high level walk-through of the six standards.

Each of the standards is divided as you can see into several elements. The elements are really scorable chunks of the standards. They're a specific aspect of the standard we want to look at and there's minimum performance requirements for six of these standards. Each of the ones you see that is bold with a double asterisk is in fact our must-pass element for that standard.

Every practice that comes through our medical home program must get at least 50% of the possible points for each of those must-pass elements and you can get anywhere from zero to 100% of the points on any element but on those six you have to get that 50% minimum score or you will not be recognized at all.

The rest of the elements, you can actually miss an element entirely and still be able to go on and be recognized but with those six you actually have to get a minimum level of performance to make sure that you actually are doing some key aspects of the medical home area.

So going on to Slide 52 I believe which is sort of the recognition process for us, the way that we expect most practices to go through our process is that the first step is to obtain the standards and guidelines which are available free actually from the NCQA publications department.

If you go to our Website <http://www.ncqa.org/>, go to our publications area and look at the recognition programs, you can in fact get a free PDF copy of just the standards and guidelines, just the book of standards that can really help you get more detail on what we're looking for. Then also we participate in training.

The survey tool and the online application account are the actual software tools that we use to actually conduct the survey and understand the kind of organization that's coming through. Those are actually provided to you once we get notice of intent from HRSA that you are ready to come through the program.

Each practice then self-assesses their own performance. On the survey they actually use the same survey tool that our reviewers use. You submit your online application first. The application is really an account setup that lets us know who you are, how many clinicians you've got, that sort of thing.

Once that application comes in, we send you an e-mail saying okay, you're ready. You can submit your survey tool and then the practice decides when they're ready to submit the survey tool with the understanding that of course HRSA has that 12-month expectation after the NOI comes to us that you're going to be able to submit your survey tool by the end of that 12 months.

On Slide 53 we have the survey process continued but we actually will review the submitted survey tool itself and actually what we do is we look at your self-assessment so the practice itself has gone through and said yes or no, we do these various aspects of the medical home and then supply documentation on electronic format, policies, procedures, patient materials.

There are some workbooks where we have you extrapolate data from medical records so that you're not sending PHI to us. We actually don't need PHI but we actually look at all those data as part of our review to see if we agree with your self assessment.

We also do a basic credentialing for your clinicians that you are listing at the site so we'll check to make sure they have unobstructed licenses and then we have a trained surveyor who goes through and looks at all the responses, the documentations and the explanations and we'll see where they don't agree with your self-assessment.

If we agree with your self-assessment then we go on to the next item but if we disagree, sometimes we actually think you deserve more credit. Often we think that the practice deserves less so the reviewer will actually go through, make note of that the disagreement is, why they've changed the score and then we'll give clear feedback back to the organization when they get their final report.

If we do need to do an audit, that is we'll be wanting additional information or to dive a little bit more into how you developed the documentation you did, those are typically done by e-mail or teleconference.

We do about 5% of the sites that get audited. On a very rare occasion where we have to look at the patient data that it's been extrapolated from, we will actually go on-site and that's not a - we will arrange a visit with you ahead of time but this is while we're still reviewing your survey.

Whatever happens - also if the reviewer looks at the information and doesn't agree with the organization's self-assessment - and that is going to have an impact either on the level of recognition that they're going to get or whether they're going to be recognized at all.

So if there's a problem with one of those six must-pass areas, we will go back to the organization as well and look to see if there's additional documentation that they can provide. This is all followed-up by an executive reviewer, typically someone like myself. I'm a Director in the organization.

There's a second area review to see what changes were made by the reviewer and to see if we agree as well and then it goes to our review oversight committee which is a trained group of physicians all of whom are external to NCQA and act as a peer review group for us and they look at the report and they have final decision-making for all statuses.

This whole process takes between 30 and 60 days after you submit. We're at 31 days for the team that I'm heading right now and we do report results on our NCQA Website. We also list all primary care clinicians that were included on your application.

If you don't pass the survey, that doesn't get reported to the public but HRSA will know because they actually did pay for the survey itself and then if you get recognized, you get a nice certification and a recognition packet.

Now if you go to Slide 54, you can see the actual scoring here. There are a total of 100 points possible. You have to get at least that 50% score for those six must-pass elements for each of those and then you also have to get at least 35 points to be recognized at Level 1.

(And this rate) is not round so if you get to 34.9 points, you will not actually be recognized the 35. You will assuming you get that must-pass requirement

then if you hit at least 60 points you're at Level 2 and at least 85 you're a Level 3.

And the distinction among these levels is really even level, you know, if we're on a Level 1, 2, or 3 is all medical, they're all medical homes, they're all doing that minimum performance on the must-pass elements but as they get more sophisticated, as the practice gets more comprehensive particularly if there's more electronic systems, that will gain more points.

If you can do meaningful use, that gets you more points to get up to Levels 2 and 3. I should point out that EMR is not required but basic electronic systems including e-prescriber are to be able to pass the program.

So going on to the personnel slide which I have as Slide 56, there's a dedicated government recognition initiatives team that I lead here. I've been with NCQA since 1997. I've been in a lot of different areas of the organization. In my team I have three managers and the analysts and the coordinator are all working together.

We support government-related projects in the medical home area including the HRSA patient-centered medical/health home initiative and the CMS advanced primary care demonstration project. There's obviously a lot of overlap between site in those and then we also are doing some work with the military.

We have trained surveyors. In fact we're having our annual training in just a couple of weeks up in Baltimore as well as some of our staff members, the

managers that work for me will also survey on occasion and the executive reviewers are all NCQA staff, typically at a higher level.

They have extensive training and understanding of the PCMH program and then of course the review oversight committee are physicians that are (particularly) voluntary (and practice) but we do a lot of training with them as well.

In terms of Slide 57, in terms of sort of the process with the patient-centered medical health home initiative, centers of course have to file a notice of intent with HRSA. Each geographic practice location, each site as we call it is considered a separate site for all recognition.

We do believe that even with the same systems, policies, procedures but different personnel, you can get different outcomes and so when you file the notice of intent, you'll be telling us how many sites you're actually going to bring through.

HRSA will do the review and approval of that and then send it on to us and then before you're actually going to submit there are monthly trainings both conference calls like this about the standards as well as Webinars where we actually go through the survey tool and the other software that we use to make sure that you're clear on all that.

We also have a process of mock surveys that are available for organizations that want to get sort of a pre-review of how they're going to do. They actually fill-out a survey tool the same way you would for a regular survey.

We send it out to a trend surveyor who then provides the feedback so that goes right back to the center and they get to have a conference call with the surveyor to go through areas where they may not have been up to snuff and where they can improve.

We also have a process for multi-site surveys where if an organization has multiple sites, all which have the same EMR and policies and procedures, we can do what we call a group survey first or a corporate survey. We do one survey which is not (the documented) decision but basically allows us to look at those areas where everything's the same across sites.

Each site will then once that's done each site will then get that score for each of the elements we look at and then the elements - the remaining elements - each of the individual sites will have to answer in their own tools but that usually involves site-level reporting which they would have access to at that point.

In terms of survey preparation this is Slide 58, it's impossible to (tell how long it depend) it will take a practice to transform into medical home, really depends on how far along you are in that pathway already.

We require at least three months experience with your policies, your procedures, your protocols and your electronic systems. You have to have at least three months of data to be able to get full credit on all of our elements.

And most sites I would say take 10 to 18 - I'm sorry, 12 to 18 - months to really prepare for a survey and really make sure they've got all their ducks in a row and that's actually following some transformation activities already.

In terms of the actual survey completion, the survey tool itself we estimate takes about two full weeks of staff time to complete but most sites spend about three to four months actually doing that and finalizing their survey tool, attaching their documentation, reviewing it, that sort of thing.

And when you are recognized, that recognition period is for 36 months and then when you at the end of the 36 months, you can renew your recognition and we have just streamlined our renewal process for those sites that reach Level 2 or Level 3 recognition, they will be able to come through with a reduced documentation burden their next time.

Slide 59 just shows where the contact information is for NCQA. We have our customers support line. Any questions about any kind of technical issues there, they can also pass you off to our team if you've got questions about standards, things like that.

We also have our frequently-asked questions and our training schedule up on our Website which is I realize we neglected to put the actual address on the site but again it is www.ncqa.org.

You can also look at our training schedule there and we also have a dedicated inbox that my team monitors throughout the day and that's [pcmh-grip](mailto:pcmh-grip@ncqa.org) - for government recognition initiatives and projects - @ncqa.org.

And if you have standards or interpretation questions, any kind of process questions or want to register for one of our WebExes, the actual survey tool, you would do that through the mailbox so I think that wraps up my section.

Nina Brown: All right, great, thank you so much Bill so moving on to the summary of today's presentation, Slide 60, really what we want you to know, this is a lot of information presented. We realize that. We hope that it was helpful to you and will help you as you make your decision in terms of what is best for your organization.

And as you can see there are many paths to PCMH whether that be through HRSA's initiative, whether that be through a state product such as Oregon or Minnesota, whether that be through a private payer sponsoring an initiative, there's multiple options.

So make sure that you check for your state and payer initiative locally and real quick, I wanted to go over some important timelines. We've received a lot of feedback from grantees that there is some confusion about the timelines so hopefully this slide and the next slide will help clear-up some of that information.

So once you submit an NOI to either of HRSA's initiatives either accreditation or NCQA, we do an internal checking. We receive your NOI. We respond and say that we receive it. It takes about four to five weeks for us to process that NOI internally.

Once it's processed and it is approved, we send it forward to the corresponding recognition organization. Once it is sent forward to that organization, you are expected to complete your final survey within 12 months of it being moved forward.

For NCQA we expect that you get at least Level 1 for all of the sites that were sent forward within that 12-month period. Now with the PCMH supplemental funding that went out as you know you have three requirements attached to that funding opportunity.

That was the submission of the in-term and final report as well as the submission of an NOI and that could be to any PCMH initiative, the ones that we mentioned above by September 18th, 2012 which is the end of the 1-year period of performance.

Now if you're a new organization, you don't have any recognition, any accreditation, you will just fill-out that NOI. You can find it on the respective TA pages and send it to the appropriate e-mail box.

If you are already accredited and you are interested in the accreditation PCMH project, all you will need to do is send an e-mail either to one of the contacts on the slides or the accreditation initiative mailbox and let them know that you are interested in that PCMH option but you must submit that NOI by September to meet that funding requirement.

Now just a point of clarification. We're not requesting that you become a patient-centered medical home by September, just that you have submitted your NOI to begin your process of transformation.

Looking at it timeline-wise, if we have a lot - sorry, excuse me, timeline-wise - if we have a lot of NOIs submitted in September, we probably due to the influx will not get them all processed until end of October, beginning of November which at that time we would send them forward to NCQA.

So if you fall in that September submission date we would expect that you receive your final recognition by November of 2013 the same for accreditation and last but not least is the CMS advance primary care demonstration which has its own requirement that you must achieve Level 3 recognition through NCQA by October 31st of 2014.

Now the key here is that the HRSA PCMH initiative, the PCMH supplemental funding and the CMS demo are all separate projects, separate funding opportunities with their own timelines and their own requirements.

We realize that there are people dually enrolled in CMS who also receive the supplemental funding. You are still required to submit that NOI by September to meet the terms and conditions on your notice of award for the supplemental funding.

Okay, and moving on to Slide Number 61, this is just a visual of the recognition process and Dr. McCombs is going to go over this with you.

Harriet McCombs: Thank you, Nina. I think Nina's done a marvelous job in just outlining in the summary the process but I'm going to provide you with some additional details. As you see there in the graphic, it begins with the NOIs. The notice of interest or the notice of intent are on each of the HRSA initiatives.

So if you go to the HRSA accreditation initiative, there's an NOI. If you go to the HRSA PCMH initiative, there's an NOI. You would go to the Website, complete the NOI and send it to the appropriate mailbox.

Once we receive it here at HRSA, we will forward that - we will review it - and then forward it to your project officer who will give us some guidance as to whether or not this is the appropriate time for you to undertake the survey.

So that we can just schedule and make sure that you are not in the middle of other opportunities or that you don't have major challenges with the organization and that the survey is at this time is good for you.

So after your NOI is approved and you have identified what organization you want to conduct the recognition, that is either through the accreditation initiative with AAAHC or the Joint Commission or through the patient-centered medical home initiative through NCQA, we would go ahead and submit that NOI to the organization and again you have 12 months to complete the survey after the organization has received your NOI.

Now if you're in the CMS demonstration, please note there that you have to achieve Level 3. Now what we will encourage you to do is to submit your NOI and keep in mind you have to have at least one site recognized.

And so you may want to go ahead and begin with Level 1 and Level 2 but keep in mind that in the CMS demo at the end of three years, you must complete Level 3 and as Nina has mentioned, you want to begin that process early because you want to make sure you reach Level 3 by the end of the three years.

So make sure you keep your project officer informed especially when it comes to letting them know about state or local payers or third-party payers

from whom you're seeking recognition so Nina I think that covers it but you may have some other points you want to highlight.

Nina Brown: Okay, so just in closing before we open up for Q&A, we just want to reiterate again like Harriet mentioned please keep your PO up-to-date on your progress, successes and barriers, let them know if you need assistance.

Also we really want to drive home the fact that PCMH transformation is a process that takes time. This isn't something that's going to be accomplished in three weeks. It takes time to prepare. It takes time to establish the team within your organization. It takes time to implement the processes and systems in place to really function as a medical home.

So make sure you give yourselves some flak and some credit when you're going through this process. Every day is a learning moment and last but not least, technical assistance is available through a number of organizations and if you go to Slide 63, these are just some resources.

The TA resources in the third bullet and we were notified yesterday that this link actually is no longer active but PCDC, if you just search for PCMH it brings up a multitude of resources on PCMH implementation and evaluation.

Also TransforMED is another great organization that provides resources for PCMH transformation and then the PCMH portal with AHRQ, the Agency Healthcare Research for Quality and last but not least which isn't listed on this slide but if you Google the safety net medical home initiative, they actually have curriculum for each of the core change concepts for PCMH that go step by step.

This is how you empanel your patients. These are some of, you know, how you could calculate your patient loads, really great information there available to you as well. In addition on this resource page, we have the accreditation and recognition comparison chart.

This is a link for the comparison chart that you can find on our HRSA Website and it provides a side-by-side comparison of the difference between the medical home option available through the accrediting bodies and the PCMH NCQA medical home option.

And last but not least also is a link to the quality improvement initiative fact sheet and really like I mentioned earlier, the initiatives, the supplemental funding, the CMS demo, these are four very distinct separate projects and this walks you through the specific details of each and the expectations associated with each.

So all of these are posted on the accreditation TA Webpage as well as the PCMH HI Webpage on the right-hand side under related resources so with that, I would like to go ahead operator, you may open up the call for questions and answers.

Coordinator: Thank you, and again if anyone does have a question, please make sure that your line is not muted and press star 1 and record your name to be placed into the queue and we'll give it just a moment and if your question or comment does get answered and you'd like to be removed from the queue, you can press star 2 so again that's star 1 to ask a question.

Nina Brown: And while the questions queue I just want to point out one piece of information. The presentation materials today and the following transcript and recording of the call actually are posted on the second link on the announcement so the HRSA NCQA PCMH HI technical assistance page.

Inadvertently they were not posted on the accreditation initiative TA page so we just wanted to make that note as well.

Coordinator: Okay, and (Misty Drake), your line is open.

(Misty Drake): Hi, yes. This is (Misty Drake) and I actually have a question about dual enrollment so if you are enrolled in the CMS grant and the supplemental grant, like which deadline do you adhere to in terms of achieving recognition? Is it a 3-year timeline or is it the 1-year timeline?

Nina Brown: Well and that is a question that most people have so you have to adhere to that September NOI submission date so you have to submit your NOI by September.

(Misty Drake): Right.

Nina Brown: As part of our internal processing before we approve your NOI and on the NOI there's actually a place for you to indicate the number of months it's going to take you to submit your final survey, we take that into consideration before we move your NOI forward to NCQA.

So if you are not able to meet that 12-month window when your NOI is approved and moved forward, you would be placed on hold. The only issue

with that is we through the contracts we allot a certain number of survey spots every year.

And the only potential issue with getting put on hold is that when you are ready to come through, there may not be any spots available for that year so you may have to wait until the next fiscal year.

The CMS deadline still stands but like Harriet mentioned, we really encourage you not to wait until Year 3. If you submitted your NOI in September and it got moved forward to NCQA in November, that would put you at the end of Year 2 of the CMS demo when you would be submitting your final survey which would give you enough time to gauge where you are.

And if you do come out in at a Level 1 or a Level 2, give you enough time to take those corrective actions to get to a Level 2 or a Level 3. Does that clarify your question?

(Misty Drake): Somewhat.

Nina Brown: Let me know what's not clear and I'm happy to...

(Misty Drake): So when we submit our notice of intent, we can actually put the date to correspond with the CMS timeline?

Nina Brown: There is not a place for you to check a date. There is a checkbox where there's month ranges in terms of the number of months it will take your organization, what you feel it will take your organization to actually submit the final survey. It's like zero to three, three to six, six to...

(Misty Drake): Right, but that can correspond with the timeline for CMS and then, okay.

Nina Brown: No, there's only those options of 12 to eight. Now where this comes into play like I said when we do that internal approval and processing, one of the things we look at is that 12 to 18 months so if your NOI is approved and I see you've indicated 12 to 18 months, you'll receive an e-mail from me that says I see you indicated 12 to 18 months.

Are you thinking more in the 12-month timeframe or are you thinking it's going to take you longer than that year? If it's going to take you longer than a year, I'm going to put you on hold and that sends you forward, yes.

Harriet McCombs: But I - this is Harriet - is your question that if you put 18 months and you're in the CMS demo?

(Misty Drake): Yes, we're in the CMS demo and so, I mean, most of the work we've been doing has been on that timeline, on that CMS timeline so even if we put 12 to 18 months, I mean, I think that still puts us into Year 2 or, you know, Year Two-and-a-half of the CMS demonstration project.

So I mean, I guess we're just trying to make sure that it's kind of synchronized while and that we have enough time to prepare to achieve to Level 3 status.

Nina Brown: Right, so thanks and I hear what you're saying so really, you know, the requirement after you submit the NOI is that you receive that Level 1 - at

least the Level 1 - within a year which will put you online and in target to achieve your Level 3 by October of 20 - is it 2013 - or 2014 for CMS.

Harriet McCombs: Yes, so when you submit your NOI, the Bureau's expectation is that it is 12 months.

(Misty Drake): Right.

Harriet McCombs: And so because you're in the CMS demo, there is the expectation that you'll get Level 3 within 3 years.

(Misty Drake): Okay, and it's just 12 months for one health center?

Harriet McCombs: One site.

(Misty Drake): One site.

Harriet McCombs: Yes.

(Misty Drake): Okay.

Harriet McCombs: So it might be...

Nina Brown: Okay, thank you. Next question?

Coordinator: Ed Geraty, your line is open.

Ed Geraty: Hi, this is Ed Geraty from Healthcare for the Homeless in Baltimore. I guess this message is primarily for Lon from his presentation but it might apply to the other agencies.

You said that initially you would need to have the PCMH implemented for at least one population. I'm trying to define what we're talking about with population. Do we mean a particular medical chronic illness or individual populations? What are we talking about there?

Lon Berkeley: Okay for me to respond? This is Lon.

Nina Brown: Yes, go ahead. For any other contractors, if the question is directed at you, feel free to go ahead and respond and other contractors feel free to chime-in if it's applicable as well.

Lon Berkeley: Yes, hi, Lon Berkeley from the Joint Commission. Hi, Ed. The intent there is a population group as you have defined it, we have certain health centers have had their focus on their HIV population, some have focused on their chronic pediatric population.

Some obviously in your case may be focusing on your homeless population so it is not a disease-specific approach but a subset of your pool or cadre or roster of all your patients.

(Elise): So hi, Lon, it's (Elise) so it could be our HIV homeless patients for example.

Lon Berkeley: Correct.

(Elise): Okay. Thank you.

Ed Geraty: And the second question was does HRSA pay for dual certifications or designation for the process for like say two of the organizations?

Nina Brown: Yes. You can enroll in as many initiatives as you feel is fit for your health center. We do have grantees that are accredited through the Joint Commission as well as NCQA.

Ed Geraty: Great, thank you.

(Elise): Thank you.

Nina Brown: You're welcome.

Coordinator: (Linda Stone), your line is open.

(Linda Stone): Hi. I represent the North Port Health Center in Sarasota, Florida and we have a patient-centered medical home supplementary grant. My question is this as I read through the materials initially, it looked like the only certification we could go for or the only certification HRSA would pay for was NCQA. Now it appears that it's multiple options. Is that correct?

Nina Brown: That is correct. Actually HRSA has three PCMH options available through the agency that will cover the cost of your survey fees and that is NCQA as well as the Joint Commission and AAAHC.

(Linda Stone): Okay, and then my follow-up question is if we go to one of the other routes other than NCQA and we say we want to do medical home accreditation and we provide dental, do we have to do both of them at the same time or do we do one and then the other or how is that setup?

Harriet McCombs: Usually the ambulatory survey is conducted simultaneously with the other surveys so the surveyors on-site and all of the comprehensive services that your health center provides are surveyed at the same time. Of course the contractors are free to comment also.

Marsha Wallander: This is Marsha Wallander from AAAHC and yes, we will do all your services at one survey.

(Linda Stone): Okay. Well, thank you very much.

Marsha Wallander: You're welcome.

Coordinator: (Mary Beth Cox), your line is open.

(Mary Beth Cox): Yes, thank you. I am in Virginia with the Virginia Community Healthcare Association, a PCA and thank you for the clarification on the timeline but I had one more question about that.

Nina Brown: Okay.

(Mary Beth Cox): So a grantee or a health center would submit their letter of intent and you're saying it would take four or five weeks for HRSA to process that and if it's NCQA which is what most of ours are applying for, is the next step that the

grantee would hear from NCQA and how long does that take after it's processed by HRSA? Thank you.

Nina Brown: Okay, thank you, that's a great question so here's the timeline as far as the processing of the NOI goes. We monitor the PCMH HI mailbox daily. We try to get the NOIs that we receive new NOIs processed once the - sorry, actually let me go back - because that terminology could be confusing.

We try to respond to the receipt of your NOI within a week of receiving it. Once we receive it, we do an internal processing within the Bureau which takes about four to five weeks depending on the volume like with the in-term reports, we just got inundated with the number of NOIs from grantees which is great but it takes a little longer to process, so that's four to five weeks.

Once it's approved what happens is I send over a batch of NOIs to NCQA and I will send an e-mail to the grantee that says congratulations, your NOI was approved and it was sent forward to NCQA on this date. You are expected to achieve PCMH recognition within a year of this date.

Now if we're inundated that usually means NCQA is inundated as well so usually they try to get back after we send the NOIs within a week. Sometimes it takes a little longer depending on the volume.

Your one-year clock does not start ticking until they contact you and you receive that survey tool and they track timelines on their end as well. We meet every other week and I'm always in communication with them.

So I know that some people were a little worried about that because there was a delay due to the processing time but we don't count time when you haven't had the materials to actually start. Does that clarify a little bit of the process for you?

(Mary Beth Cox): Yes, it does because I've heard from several grantees that say they submitted their letter of intent quite awhile ago but haven't heard anything or haven't gotten the survey tool so I think that was their concern and that does help. Any additional timeframes that you can give for the other accrediting organizations today would be helpful just so I can, you know, communicate that too? Thanks.

Harriet McCombs: The timeframes are very similar. The processes are similar. Probably maybe a week or two shorter but the process is very similar. Once the NOI is submitted to the accrediting organization, you are contact by the representative and the representative will have you complete an application online and begin the scheduling for your survey.

Marsha Wallander: Harriet, this is Marsha Wallander from AAAHC. I would just like to add that I think AAAHC is fairly nimble in our scheduling ability. Once we are notified that the NOI has been approved, we'll work with an organization to select a mutually-agreeable timeframe for the survey.

Lon Berkeley: And this is Lon Berkeley from the Joint Commission. We would just add once we are notified from HRSA of the notice of interest, we've been able to turn that around within less than a week but frankly we'd certainly encourage you to do both simultaneously.

You can while you're preparing to submit your NOI, you can also contact the Joint Commission on any of those contact information and we can start to work with you even prior to NOI knowing that we won't move forward with the scheduling until we get that final approval.

Coordinator: And (Sandra May) your line is open.

(Sandra May): Yes, I'm very - can you hear me okay?

Nina Brown: Yes.

(Sandra May): Okay. I'm very new to this contents of PCMH. My question is to Mr. Tulloch. We have filed our notice of intent but it has been beyond a year now. I just came onboard this week and there was some issues of change of CEO and corporate compliance offices.

What is the process that I need to? Is there an extension that we can do? We're getting kind of not followed through with and so we need to get it going but we're not sure whether we need to file an extension or do we need to reapply, resubmit a notice of intent?

Bill Tulloch: At this point what we need you to do is send us an e-mail through the e-mail address that I gave in my slide, the pcmh-grip@ncqa.org explaining - give us - make sure you give us your information, what's going on and then we'll share that information with HRSA and then we can see what we can do to help your process along there.

(Sandra May): Great, thank you very much. I appreciate this Webinar. Thank you.

Bill Tulloch: Okay.

Coordinator: Dr. (Knight), your line is open.

Dr. (Knight): Good morning. I was wanting to get a clarification on when you were talking about the resources, this is Dr. (Knight) from Hampton Roads Community Health Center in Port Smith, Virginia. When you said safety net or safety net that Website that you were referring to, I just didn't understand what you said.

Nina Brown: All right. If you Google the safety net medical home initiative.

Dr. (Knight): Okay.

Nina Brown: Yes, it'll take you directly there and if you Dr. (Knight) if you shoot an e-mail on the announcement to the PCMHinitiative@hrsa.gov e-mail address, if you can't find it I will send you the link.

Dr. (Knight): Thank you so much.

Nina Brown: You're welcome.

Coordinator: (Jim Duffy), your line is open.

Jim Duffee: Good after, this is Jim Duffee. I'm the Chief Medical Officer at Rocking Horse Center in Springfield, Ohio. We have a - we're in our sixth year - of Joint

Commission accreditation in both ambulatory and behavioral and we intend to be surveyed next time with the PCMH criteria expectation of performance.

We have a state - I have two questions - number 1 is I hadn't in any extent thought about notice of intent to HRSA. There's no reason for that I don't think but if there is a reason, I'd like to know. Second, we do have a state initiative through our Ohio organization that is directed towards PCMH certification under NCQA.

We're sort of generally participating in that but, you know, without creating a huge argument among your contractors, I'd like to have a sort of a clear understanding of whether there's additional benefit of being NCQA certified if we're Joint Commission accredited under the criteria. Thanks for answering these.

Nina Brown: Thank you so much for your question. The first one regarding your NOI, no, there's no reason to submit a second NOI but we are requesting that you send an e-mail to the accrediting organization so that we can track the number of health centers that are participating in PCMH.

You also mentioned that it would come up the next time. I'm not sure where you are in your triennial survey but...

Jim Duffee: We'll be surveyed this year and we expect to be surveyed in somewhere between October and January. Last year last time around they were a little late and came in January and we expect in October, actively working towards the EPs for PCMH under the primary care home initiative and Joint Commission work. We're meeting weekly on those issues.

Harriet McCombs: Okay, great, because for those who are on the line that if you're already accredited and your survey - you're in the middle of your survey cycle or wherever you are - and you want the PCMH option, HRSA supports the accrediting organization coming back to you as an extension survey or an add-on so you can add-on this option if that's something you're interested in.

And so the second question regarding your state initiative through NCQA, the benefit we are encouraging each health center to weigh that out. If the state is offering some incentives that makes it attractive to you, we would ask that you just follow with your state.

Both organizations have good products but you have to decide what is most helpful and viable for you because at this point it's up to you to identify your needs and find the products that meet your needs and HRSA will make sure we cover the cost and fees for either of your choices.

Nina Brown: All right so at this time unfortunately we are at time. I'm sure there are more questions on the line so if you have a question that wasn't answered, please e-mail - I'll give you the e-mail address - so you can e-mail any of the contractors' contact information that was on their slides.

If you would like questions for Dr. Harriet McCombs who runs the accreditation initiative, you can e-mail it's accreditationinitiative@hrsa.gov or you can e-mail myself at PCMHHinitiative@hrsa.gov and these e-mail addresses are also on the respective TA pages on the HRSA Website.

So if you go to the HRSA Website and just search for accreditation, that'll take you to that TA page or search for PCMH, it will take you to the patient-centered medical health home initiative Webpages and you can find the contact information there as well.

So I know that I will be going back and checking that e-mail box so please if you have question, shoot them through and thank you so much for joining us on our call today. I think Harriet has a couple more words that she would like to say.

Harriet McCombs: I was just - operator - I was just wondering how many are queued for questions?

Coordinator: There were four but since you said you were closing, I closed it.

Harriet McCombs: Oh, okay, well thank you very much.

Coordinator: Sorry.

Nina Brown: Okay, well thank you everybody so much for taking the time to join us today. I hope that this was helpful. I hope it provided some clarification on the questions that we've been receiving. Please feel free to contact us.

Remember there are many paths to PCMH so choose the one that's right for your organization. Remember that this is a process that takes time. It's a demonstration of your quality and make sure that you keep the Bureau up-to-date and remember, recognition, you only need one site so at least one site and you are considered recognized. Thank you so much.

Coordinator: That concludes today's conference. Thank you for participating. Please connect your lines at this time.

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