

From: Alicia Anderson <aanderson@fenwayhealth.org>
Sent: Monday, March 31, 2014 2:35 PM
To: HPC-PCMH (HPC)
Subject: Comments for PCMH standards

Hello,

I am forwarding the following comments/questions regarding the proposed HPC-PCMH standards and the corresponding process.

Process Questions:

- 1) Will the program recognize practices that have already achieved national recognition through NCQA or the Joint Commission for PCMH? Or is the only way to obtain enhanced payment through the HPC-PCMH recognition program?
- 2) How long is the recognition good for (i.e. 3 years?)
- 3) Do we have any information available on participating payers? i.e. state sponsored plans only, or commercial as well
- 4) The program includes an on-site survey component—we would be interested to know more about that process (i.e. length and frequency of site visit, will there be chart reviews, staff, or patient interviews, will it be scheduled in advance or unannounced).

Standards Questions:

- 5) Under the basic standard for Implement Evidence based decision support – there are 6 types of decision support listed here to be included. For a basic level of recognition those might be too many types of decision support. It might be better to add additional levels of decision support at higher tiers of recognition.
- 6) NCQA standards allow for some elements to be applied only to clinically important conditions--- the Advance standard regarding “Self-care support” does not make a distinction regarding the population of patients. Does this mean it is applicable to all patients, or would this only apply to “clinically important conditions” as with the NCQA requirements?
- 7) The Advance standard for integrated care management with a focus on BH/SA could be more challenging to implement than the Optimal standards around BH/SA integration. Since referral tracking is captured in other standards, it doesn’t really feel like an “optimal” standard compared to adding more screening and assessment for BH/SA services within primary care described in the advanced standard.
- 8) We would like more clarification regarding the optimal standard for “Care Management Pathways appropriate to risk status” – CM pathways is not a term our teams are familiar with from implementing PCMH to-date.
- 9) The utilization related standards (i.e. tracking over- and under- utilization of services) could be a challenge to implement and capture data – we’d be interested to know more about these. For example, do sample audits or peer reviews suffice for meeting these standards? Or must the measures capture the entire population?

Thank you for the opportunity to provide comments,

Alicia Anderson

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