

Patient-Centered Specialty Practice (PCSP) Recognition Program



April 25, 2013



Key Points

- **Recognizes specialists who meet high standards for care coordination**
 - Builds on success of NCQA's PCMH program
- **Area of delivery system reform that promises to save money and improve quality**
- **Could be a component of an ACO, network or payment strategy**

An Opportunity to Improve Care

- **Poor communication leads to frustration and wasted time, and can lead to poor quality, safety and outcomes**
 - **PCPs report sending information 70% of time; specialists report receiving the information 35% of the time¹**
 - **Specialists report sending a report 81% of the time; PCPs report receiving it 62% of the time¹**
 - **25%-50% of referring physicians did not know if patients had seen a specialist²**

¹ O'Malley, A.S., Reschovsky, J.D. (2011) Referral and consultation communication between primary care and specialist physicians: finding common ground. *Arch Intern Med*, 171 (1), 56-65.

² Mehrotra, A., Forrest, C.B., Lin, C.Y. (2011). Dropping the Baton: Specialty Referrals in the United States. *The Milbank Quarterly*, 89 (1), 39-68.

The Importance of Coordinating Care

- **The typical PCP has 229 other physicians working in 117 practices with which care must be coordinated**

(Pham, H.H. (2010). Good neighbors: How will the Patient-Centered Medical Home relate to the rest of the health-care delivery system? *Journal of General Internal Medicine*, 25 (6), 630-4.)

- **In the Medicare population, the average beneficiary sees seven different physicians and fills upwards of 20 prescriptions per year** (Partnership for Solutions, Johns Hopkins Univ. 2002)
- **Among the elderly, on average two referrals are made per person per year** (Shea et al. *Health Service Research* , 1999)
- **In the nonelderly population, about one in three patients each year is referred to a specialist** (Forrest, Majeed, et al. *BMJ* 2002)
- **Visits to specialists constitute more than half of outpatient physician visits in the United States** (Machlin and Carper, *AHRQ*, 2007)

Value to Practices

- Shows purchasers (public, private, pilot program sponsors) that specialists are ready to participate in reforms
- Activates the American College of Physician's "PCMH neighborhood"
- Better referrals: improves appropriateness & efficiency

The PCSP Design

- **Goal: Enhance primary/specialist collaboration and coordination to benefit patients**
- **Accommodates the *range* of relationships between PCP and specialist:**
 - 1. Consulting on patients**
 - 2. Evaluating and treating patients**
 - 3. Comanaging patients**
 - 4. Providing temporary/permanent care management for some patients**
- **Practices are likely to have patients in each “category”**

The PCSP Standards *(6 standards/22 elements)*

1. Track & Coordinate Referrals (22)

- A. Referral Process and Agreements*
- B. Referral Content
- C. Referral Response*

4. Plan & Manage Care (18)

- A. Care Planning and Support Self-Care
- B. Medication Management*
- C. Use Electronic Prescribing

2. Provide Access & Communication (18)

- A. Access
- B. Electronic Access
- C. Specialty Practice Responsibilities
- D. Culturally and Linguistically Appropriate Services (CLAS)
- E. The Practice Team*

5. Track & Coordinate Care (16)

- A. Test Tracking and Follow-Up
- B. Referral Tracking and Follow-Up
- C. Coordinate Care Transitions

3. Identify & Coordinate Patient Populations (10)

- A. Patient Information
- B. Clinical Data
- C. Coordinate Patient Populations

6. Measure & 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

***Must-Pass**

Recognition starts with 25 points

Strategies for Using PCSP

- Encourage PCPs to refer patients to PCSP specialists
- Choose recognized specialty practices to participate in new delivery-system reform initiatives
- Recognition as a “gold card,” allowing clinicians to bypass requirements for prior authorization
- Recognition designation as a quality indicator in value-based purchasing initiatives; possibly “preferred tier” with lower co-pay
- Publish recognition status in clinician network directories and consumer/ member Web sites
- Make care coordination payments available to recognized specialists