

# NCQA Medical Home Designation in a Family Medicine Residency

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# Background

- The Memorial Family Medicine Residency Program is located in Houston.
- Fourteen residents graduated each year.
- Program has been in existence for 35+ years.
- Last year we invested significant time, effort, and money in applying for, and receiving, NCQA's designation as a Patient-Centered Medical Home.

# Getting There

- Opinion: Applying for NCQA recognition should be the natural outcome of a planned, long-term commitment to practicing and teaching quality care in an environment **where technology and workflows are designed to facilitate that goal.**

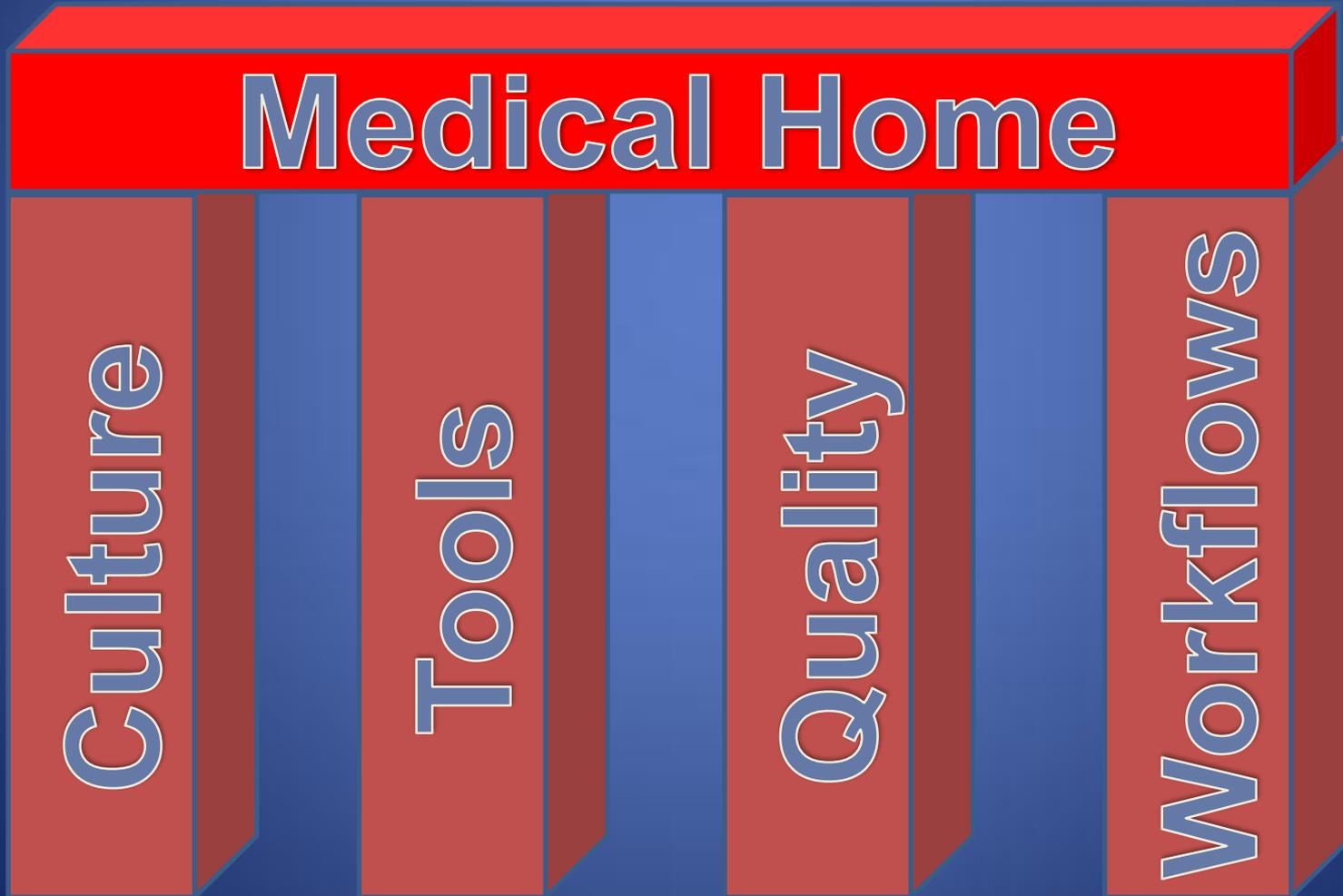
# Why Do It?

- It's the right thing for patient care.
- Our residents will need to know this.
- Financial benefit
  - Commercial insurance plans – pilot projects
  - CMS “Meaningful Use” – criteria for medical home have remarkable overlap with criteria to obtain funds for EHR.

# A New Concept?

- The family doctor of 40 years ago was a medical home.
- He or she provided for virtually all needs of a patient.
- Medicine and society are more complicated now, so the components of a medical home must be, too.
- Key components are ...

# The “Pillars” of a Medical Home



# Culture

- Before a practice can move toward seeking designation of a medical home, there must be:
  - High-level support of the endeavor
  - Understanding of the goals by every staff member and physician
  - Buy-in from everyone that this is a worthy goal
- Examples: We instituted open-access scheduling, secure messaging for patients, home visits, etc. years before applying to NCQA.

# Tools

- An EHR is not essential for a medical home, but it is hard to imagine a fully functioning one without it.
- In our case, we implemented our EHR in 1998, and have become progressively more sophisticated users over time:
  - E-prescribing, patient data entry, web portal, remote access, links to radiology and lab, etc.

# Do You Need an EHR?

- 60% of the NCQA requirements can be achieved without an EHR.
- 33% require advanced capabilities, such as EHR or e-prescribing.
- 7% require electronic interoperability.
- But...
- Without an EHR, the time and effort to initiate and document workflows may be prohibitive

# Quality

- A practice-wide focus on quality is essential.
- Start small and expand over time.
- In our case:
  - We began by simply encouraging use of evidence-based guidelines.
  - Next we integrated them into the EHR so they were available at the time and point of care.
  - Then we began tracking preventive and chronic disease measures.
  - Finally, we reported on these outcomes, and acted where needed to improve them.

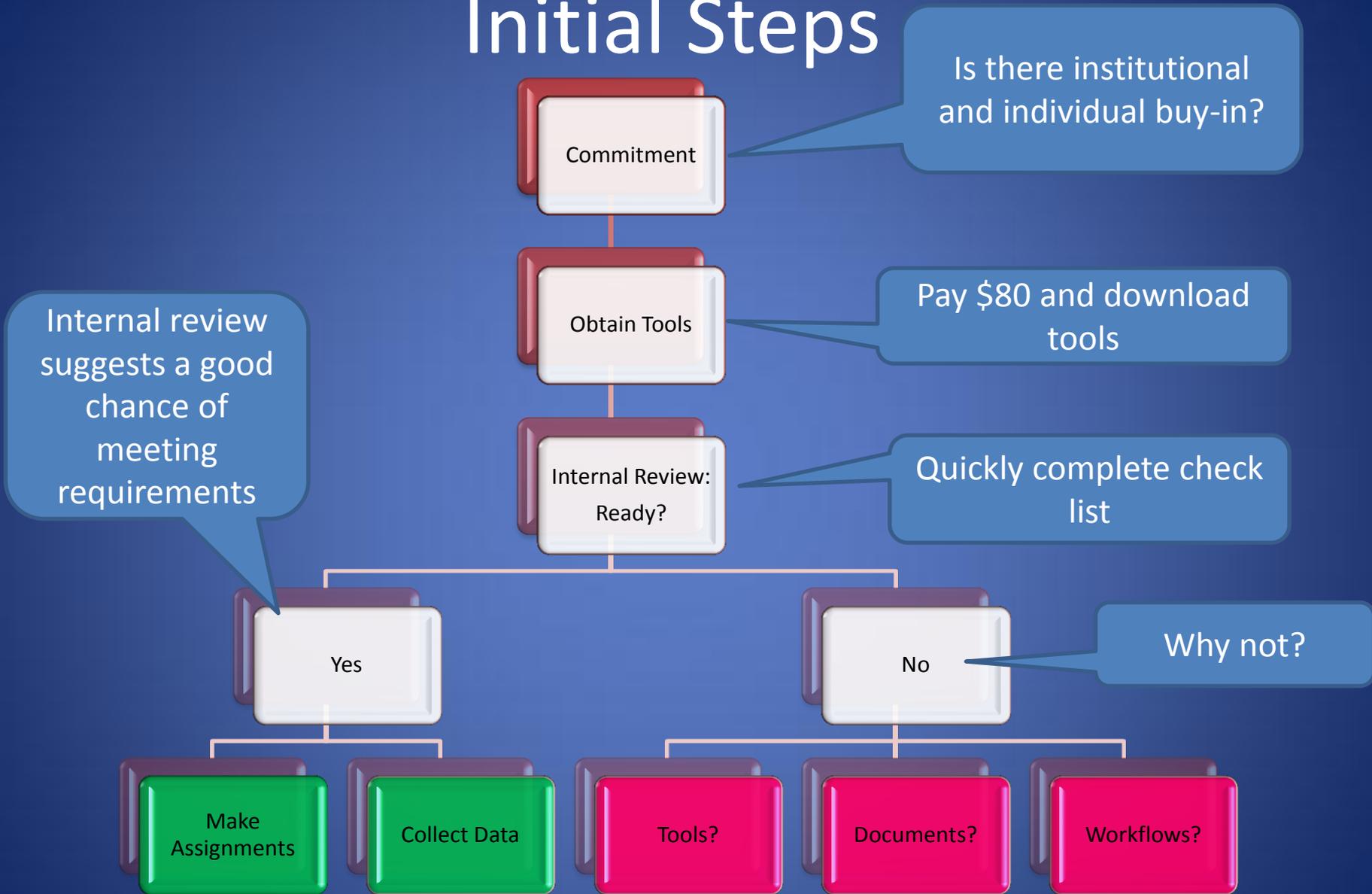
# Workflows

- Workflows trump everything else. The best EHR in the world is worthless if not used effectively.
- Be willing to revise workflows when the evidence points to the need.
- Example:
  - We weren't doing as well as we would have liked on documenting foot exams on patients with diabetes. We created a new workflow whereby nurses asked patients to remove their shoes as soon as they were in the exam room. We educated the nurses on why this was important. Our rates went way up.

# Our Medical Home

- Robust EHR.
- Connections to pharmacies, hospital, labs, radiology.
- Secure web portal where patients can review their record and add to it.
- Email communication between patient and provider.
- Office open 84 hours a week.
- 99% of patients would recommend us to others.
- On-site psychologist, therapist, dietician, PharmD, patient navigator.
- First NCQA-designated Patient-Centered Medical Home in Texas.

# Initial Steps



# If Not...

- Do you have the potential to meet a requirement with your existing tools?
- Are your workflows inadequate?
- Are your technology tools inadequate?
- Are you doing things you aren't documenting?
- Are you documenting things you aren't doing?
- Do you not have buy-in from all?
- Perform a critical path analysis – what processes do you need to put in place?

# Lessons Learned

1. Seeking NCQA Medical Home recognition should not be a first step.

– The practice should have:

- Instilled a culture supportive of the initiative
- Taken part in other, smaller, quality projects (METRIC, internal quality efforts, NCQA Diabetes recognition, etc.)
- If using an EHR, wait until that use has become mature.

# Lessons Learned

## 2. Eternal Vigilance

- It is easy to slip back into old habits, so the practice must constantly reassess and reemphasize culture and workflows.

# Lessons Learned

3. People enjoy being part of a team.
  - The satisfaction of our nurses and MAs went up by being brought more fully into the team. They enjoyed understanding why certain things happened during a visit, and their importance in helping to achieve that.

# Lessons Learned

## 4. We are a data silo.

- We do a fairly good job of managing data that are generated by us, but still struggle to integrate labs, medication changes, new diagnoses, etc. that come out of visits to specialists or hospitals.

# Final Thoughts

- Achieving NCQA recognition as a Patient Centered Medical Home is a nice way to formalize a set of beliefs, tools, and workflows that the practice lives and breathes each day.
- More importantly, it is a way to identify the areas where a practice currently falls short from the goals of a Medical Home, and thus provides a roadmap of next steps.