

Response to Draft Standards for Patient-Centered Medical Home (PCMH) 2011

2B: Searchable Clinical Data

- Practice has an electronic system(s) that captures the following clinical patient information in searchable data fields
1. Uses nationally standardized codes for patients, clinicians and clinical data, including medication and allergy data
 2. Documentation of age-appropriate preventive services [NCQA will specify based on USPSTF recommendations]
 3. Documentation of results of screenings and risk factor assessments, including those for mental health and substance use conditions.
 4. Allergies and adverse reactions
 5. Blood pressure with date of update
 6. BMI (N/A for pediatric practices)
 7. Length, weight, head circumference plotted on growth chart for ≤ 2 years of age (N/A for adult practices)
 8. BMI percentile plotted on growth chart for 2 – 17 years (N/A for adult practices)
 9. Lists of prescription medications with date of updates
 10. Lists of over-the-counter medications with date of updates
 11. Lists of supplements and alternative therapies with date of updates
 12. Laboratory test results
 13. Imaging results
 14. Care in other facilities and dates

Scoring: Based on number of factors met

Documentation: Reports from the electronic system showing % patients seen in a three month period for whom the information is populated

Deleted or moved to another element

- Pathology reports (deleted)
- Advance directives (moved)
- List of prescription medications, over-the-counter medications, supplements (moved)

National Council Recommendation

The National Council supports 2B with modifications. Registries are important for the management of mental health and substance use conditions. The National Council recommends 2B3 include the following language: including those for mental health and substance use conditions. In the past, primary care depression initiatives have struggled to populate registries for depression tracking, because of the lack of applicable searchable data fields. Screening results for mental health and substance use conditions are increasingly being incorporated into clinical practice and should be reflected in EHRs for improved patient care coordination.

In addition, please note that the Institute of Medicine has adopted the language Substance Use (SU) rather than substance abuse. We recommend that references to substance abuse be replaced with substance use. This change is

**2C:
Comprehensive
Health
Assessment
(new)**

Practice conducts and documents a comprehensive health assessment for all patients to understand their risks and needs of information that includes the following:

1. Family/social/cultural characteristics
2. Communication needs (vision/hearing)
3. Medical history of patient and family, including mental health and substance use conditions
4. Advance care planning (N/A for pediatric practices)
5. Depression screening for adults/adolescents using a standardized tool
6. Behaviors (smoking, nutrition, physical activity, dental care) and family risk factors (e.g. second hand smoke)
7. Substance use screening for adults/adolescents, using a standardized tool
8. Developmental/autism screening using a standardized tool (N/A for adult practices)
- 9.
10. Functional status

Scoring: Based on percent of patient s with a specified number of factors met.

Documentation: Report from electronic system or use the Record Review Workbook.

Record Review Workbook is an excel spreadsheet used to collect medical record information on a specified number of patients using NCQA’s sampling methodology.

recommended throughout.

National Council Recommendation

The National Council is pleased to see NCQA recognize and incorporate the importance of MH/SU in conducting a comprehensive patient health assessment and supports 2C with modifications. We recommend that the MH/SU components be consolidated and simplified. Rather than specifying population subsets (e.g., those with chronic disease, pregnant women), we encourage NCQA to establish standard depression and substance use screening for adults and adolescents. USPSTF recommends depression screening for all adults and adolescents. In addition, experience in learning collaboratives demonstrates that it is more effective to build a new procedure such as MH/SU screening into the basic workflow of a practice, rather than segmenting the population (e.g. is this a patient that needs to be screened?).

USPSTF recommends alcohol screening for all adults and the American Academy of Pediatrics encourages pediatricians to be able to recognize risk factors for alcohol and other substance abuse among youth, screen for use, provide appropriate brief interventions, and refer to treatment. Selection of an alcohol screening tool that includes other substance use and application to adolescents as well as adults seamlessly expands the information available to clinicians.

3B: Care Management

The care team uses the following components of care management support for patients:

1. Conducts pre-visit planning (e.g. reviews chart before visit, notifies patient of tests needed before the visit)
2. Develops an individualized care plan including treatment goals in collaboration with patient that addresses patient's comprehensive care needs
3. Reviews care plan and assesses progress toward treatment goals at each visit
4. Provides patient with clinical summary for each office visit
5. Assesses and supports patients in adopting healthy behaviors
6. Assesses and provides on-site treatment for mild to moderate mental health and substance use conditions and arranges off-site treatment for those requiring more intensive MH/SU specialty services
7. Follows up with patients when they have not kept important appointments
8. Follows up with patients between visits (check on self-care, medication fills, treatment plan, schedules visits, refers for tests/follow-up care)

Scoring: Based on percent of patients with a specified number of factors met.

Documentation: Report from electronic system or use the Record Review Workbook and written description of the process and materials. Record Review Workbook is an excel spreadsheet used to collect medical record information on a specified number of patients using NCQA's sampling methodology.

National Council Recommendation

The National Council support 3B with modifications. We encourage NCQA to clarify the role of PCMH's to provide on-site treatment for mild to moderate MH/SU conditions by making the following change to 3B6: Assesses and provides on-site treatment for mild to moderate mental health and substance use conditions and arranges off-site treatment for those requiring more intensive MH/SU specialty services.

USPSTF combines screening with an expectation of an intervention. On-site treatment for mild/moderate depression is consistent with the IMPACT model of stepped care, and has been well demonstrated in a range of practice sites through the DIAMOND (MN) initiative. In addition, screening, brief intervention, and referral to treatment (SBIRT) for substance use conditions has been shown to be effective in primary care settings. An additional feature should include documentation of referral relationships/protocols for MH/SU specialty services and existence of an emergency protocol for suicide and other high risk situations.