



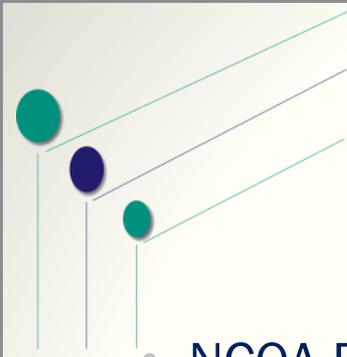
NCQA-PCMH Recognition: Challenges for Federally Qualified Health Centers (FQHCs)

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Introduction

- The Franklin Primary Health Center (FPHC) is a private, not-for-profit Community Health Center (CHC) and Federally Qualified Health Center (FQHC), which was founded in Mobile, Alabama in 1975 to serve the health needs of underserved patients in the community.
- Currently, the FPHC is working to achieve recognition and designation as a National Committee of Quality Assurance (NCQA)—Patient Centered Medical Home (PCMH). In order to achieve the NCQA-PCMH designation, clinics must organize care around patients, promote team-based care, measure quality and effectiveness, and coordinate and track patient care over time.



Background

- NCQA-PCMH Recognition is a voluntary evaluation process designed to be transparent. The NCQA provides a license to a web-based tool that guides practices through the evaluation process. Practices then complete a self-evaluation and provide supporting documentation to validate and verify their self-assessment.
- The NCQA's Physician Practice Connections (PPC) developed evaluation criteria for PCMH standardization. The NCQA-PPC PCMH standards cover 9 diverse areas of practice management including: Access and Communication, Use of Registry Data, Care Management, Patient Self-Management, Test Tracking, Referral Tracking, e-Prescribing, Performance Reporting and Improvement, and Advanced Electronic Information. There are 10 “Must-Pass” Criteria and 3 levels of recognition.

Methodology

- Identify components that require additional improvement for the NCQA-PCMH application, analyze FQHC performance data, design and test an intervention to improve variables (no-show rates, patient wait-times, patient satisfaction)
- De-identified patient appointment and encounter data was compiled for the 23 various FPHC clinical sites for the 2012-2013 period (Table 10). The data was then analyzed by site for total number of patient encounters, appointments kept, appointments cancelled, and appointment no-shows.
- Patient satisfaction survey results from 2012 were also collected and aggregated from the various FPHC clinical sites. The data was compiled and system-wide satisfaction results were produced.
- Finally, a Strengths, Weaknesses, Opportunities and Threats (SWOT) Analysis was performed of the FPHC NCQA-PCMH application. The SWOT analysis incorporates interview data from various FPHC administrators including the: Chief Executive Officer, Chief Operating Officer, Chief Quality Officer, Chief Privacy Officer, Chief Information Officer, Chief Medical Officer, Chief Nursing Officer among others.

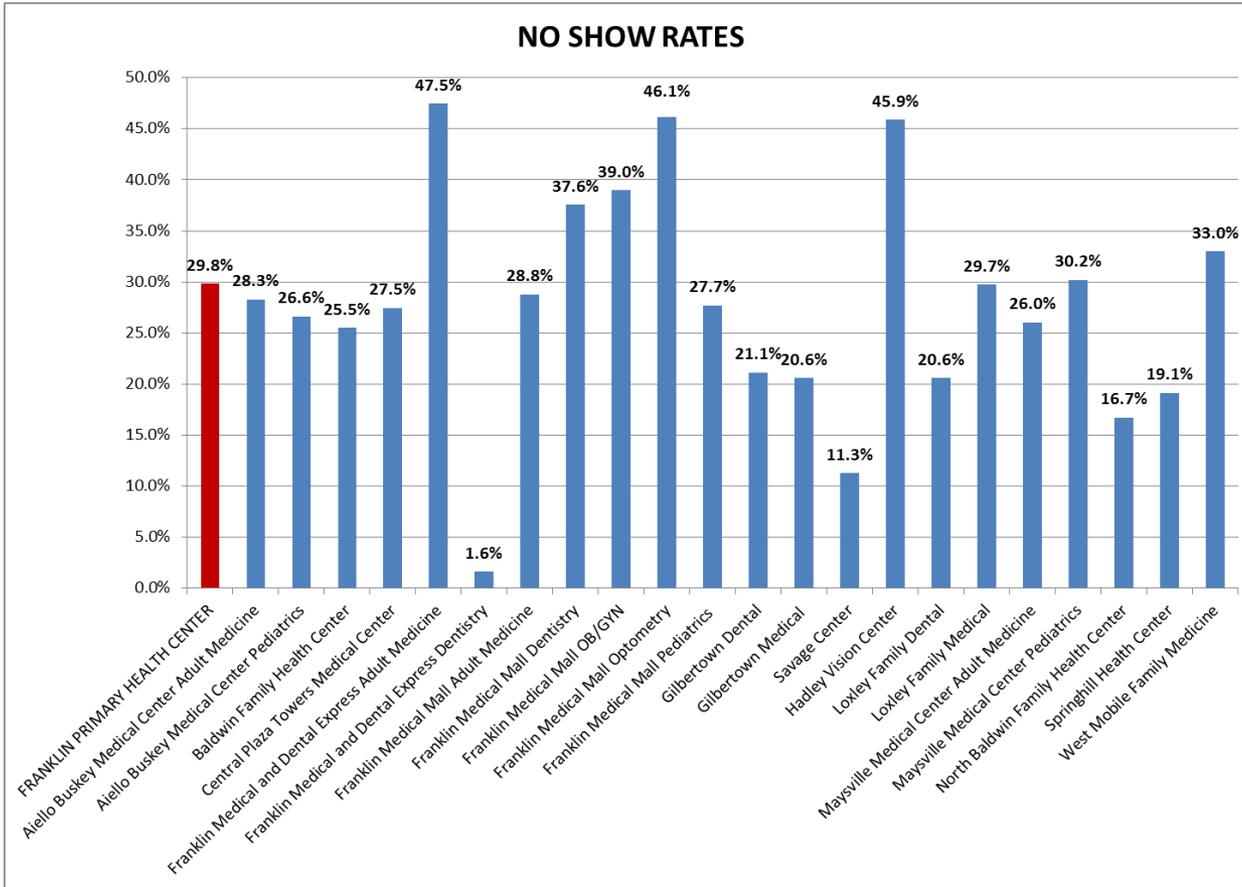


Results

- Areas for improvement identified: assessing patient management goals; improving utilization of EHR, health literacy, patient satisfaction, scheduling protocol and work flow patterns; reducing patient wait times, patient no-show rates; and increasing provider productivity.
- 60% PATIENT ATTENDANCE RATE. 10% CANCELLATIONS. 30% PATIENT ABSENTEEISM.
- 45% HIGHLY SATISFIED PATIENTS and only 4% POORLY SATISFIED PATIENTS.

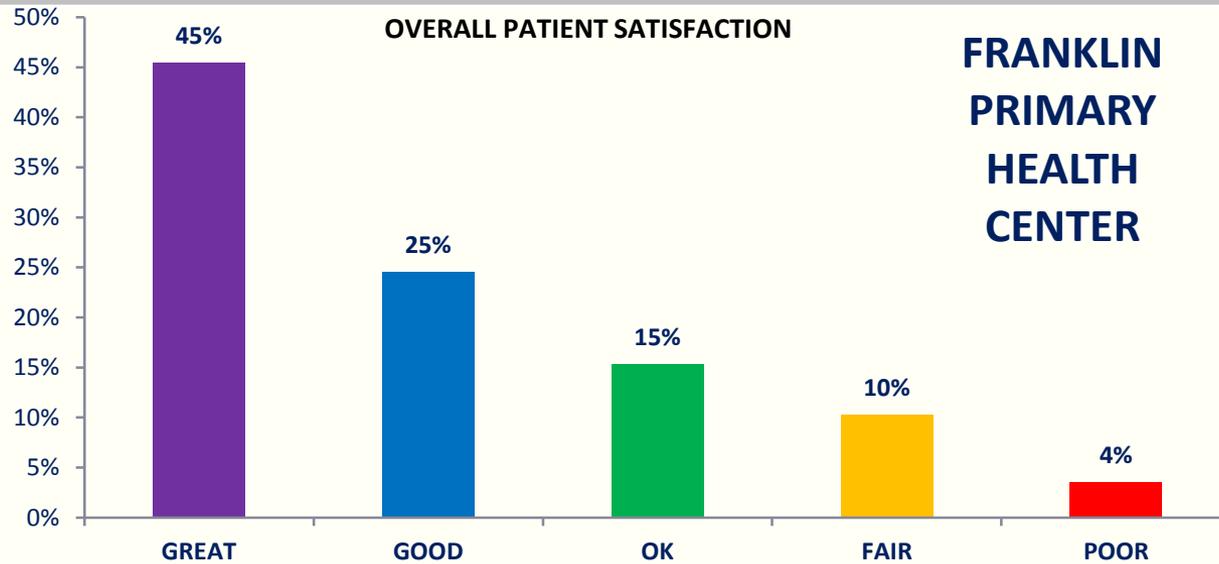
Results

FIGURE 2. NO SHOW RATES FOR THE FRANKLIN PRIMARY HEALTH CENTER



Results

FIGURE 4. OVERALL PATIENT SATISFACTION





Discussion

- There were unique differences between the various types of specialties, with Dental clinics and substance abuse clinics having higher than average attendance. The dental clinics and the substance abuse clinics offer services that patients are committed to receiving.
- This is in stark contrast to adult medicine and pediatrics where there are sufficiently high numbers of no-shows. For the pediatric population no-shows may be explained by challenges from child care, parent's work obligations and school attendance. Adult barriers resulting in patient absenteeism may include: transportation, mobility challenges, or high acuity of illness at the time of scheduled appointment.



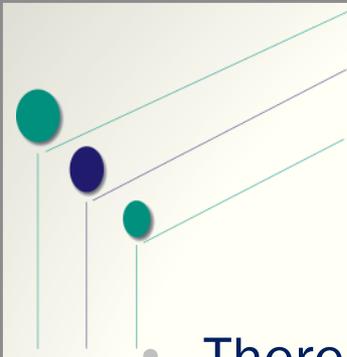
Discussion

- The patient satisfaction surveys were helpful in understanding the patient experience. It is clear from the results that patients value access to the doctor's office and a strong patient-physician relationship. Additionally, wait times continue to adversely affect patient satisfaction and may affect other variables including no-show rates as patients may weigh not showing up for an appointment when considering how inefficient office visits may be for patients. The patient satisfaction survey analysis can be greatly improved by disaggregating by clinic site to tease out specific issues patients feel most frustrated with. Additionally, biases exist as the survey is voluntarily completed by patients as they leave the doctor's office. Patients with exceptionally positive or negative experience may be more inclined to share their experience, skewing the survey results. A cross-sectional study should be conducted to assess patients attitudes toward the clinic and its various aspects.



Recommendations

- Personal telephone call reminders help to reduce patient absenteeism.
- Reducing patient wait times will most likely drastically improve patient satisfaction.
- Continued capital investments Health Information Technology will continue to be the best investment with greatest return for CHCs.
- Forging partnerships and affiliations with Academic Medical Centers and Hospital Systems, increasing the fluidity of the care continuum and the total number of providers which are the most significant predictor for NCQA-PCMH Recognition.



Conclusion

- There continues to exist a critical need for incentives and assistance for the vast majority of primary care practices that desire to transition to the PCMH model and those that continue to fail to gain NCQA-PCMH Recognition.
- An estimated, 75% of Federally Qualified Health Centers (FQHC) have achieved NCQA-PCMH Level III recognition. Therefore, it is imperative that the Franklin Primary Health Center continue to work diligently to obtain the same status in order to better compete for the various financial incentives available for CHCs. CHCs will continue to be challenged and taxed as new and emerging requirements for ambulatory healthcare delivery continue to be developed.



Acknowledgements

- GE-NMF PCLP and staff
- Franklin Primary Health Center
- Mr. Charles White, CEO
- Mr. Tommie Anderson, COO
- Dr. Prince Uzoije, CMO
- Ms. Judy Mitchell
- Ms. Rena McAuthor
- Ms. Tempie Singleton
- Ms. Kathy Perry
-
- Staff at Springhill Health Center: Ms. Nancy Burrow, Ms. Evelyn Green, Dr. Mark and Ms. Frida and Ms. Colleen.
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- Dr. Franklin Trimm, faculty advisor