

# LPCA HCCN Administrative Updates

# Things to Discuss

- 2016 – 2019 Work plan progress
- Azara Update
- Security Assessments – LCPA and Health Centers
- EHR Transitions
- PCMH Updates and changes
- 2019 – 2022 Grant Goals and Objectives

**2016 – 2019**

**Work Plan**

**Updates**

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## Health Centers that still need to submit

### survey:

Rapides  
CASSE  
NOELA

} Survey not started

See Brandi for more details

Iberia  
Catahoula  
Jefferson

} Survey started

## Health Centers that still need to submit

### missing data:

Crescent Care

# Focus Area A

## HIT Implementation and Meaningful Use

Focus Area		Objective	Baseline	Num/Dem	Current	Goal
A1	Certified EMR Adoption and Implementation	Increase the % of PHC's with an ONC-certified EMR	100%	33/33	<b>100%</b>	100%
A2*	Advance Meaningful Use	Increase the % of providers at PHC's receiving MU incentive payments from CMS	52%	141/347 135/254 <b>Only 26 of 33 PHCs reported</b>	<b>41%</b> <b>49%</b>	75%

\* 2019 HCCN Member Survey

# Focus Area B

## Data and Quality Reporting

Focus Area		Objective	Baseline	Num/Dem	Current	Goal
B1*	Data Quality	Increase % of PHCs that extract EMR data to report UDS CQMs for ALL patients	35%	19/31 22/26	61% 85%	100%
B2*	Health Center and Site Level Data Reporting	Increase % of PHCs generating QI reports at site and clinical team level	74%	25/31 24/26	81% 92%	100%
B3*	Health Data Integration	Increase % of PHCs that integrate data from different service types	58%	27/31 21/26	87% 81%	85%

\* 2019 HCCN Member Survey

# Focus Area C

## HIE and Population Health Management

Broader than just HIE, see below for examples

Focus Area		Objective	Baseline	Num/Dem	Current	Goal
C1*	Health Information Exchange	Increase % of PHCs with communicating to HIEs	45%	22/31 11/26	71% 42%	90%
C2*	Population Health Management	Increase % of PHCs using HIEs for pop health mgmt	26%	14/31 17/26	45% 65%	90%

Examples by health centers include: admit notifications, provider communication via the portal to external physicians, communication with LINKS via LAHIE, EHR secure faxes

\* 2019 HCCN Member Survey

# Focus Area D

## Quality Improvement and Patient Centered Medical Home

Focus Area		Objective	Baseline	Num/Dem	Current	Goal
D1**	Clinical Quality Improvement	Increase % of PHCs that meet or exceed HP2020 goals on 5/8 UDS CQMs	0%	1/33	3%	50%
D2**	Operational Quality Improvement	Increase % of PHCs that improved value, efficiency, and/or effectiveness of service	35%	26/31 32/33	84% 97%	90%
D3***	Advance PCMH Status	Increase % of PHC sites that have current PCMH recognition	56%	93/104 90/114	89% 80%	80%

Received at least (1) HRSA QIA

\*\* 2017 HRSA Quality Improvement Awards

\*\*\* LPCA PCHM tracking



# Azara Update

# Overview of Current State

## Azara DRVS in LA HCCN

### 28 Participating Health Centers in DRVS Implementation

20 Live or Adoption Phase

5 On Hold – Greenway

3 Standby

# Overview of Current State cont

## Azara DRVS in LA HCCN

### **Live Health Centers (20):**

Access Health Louisiana  
Caresouth  
Common Ground  
Daughters of Charity  
David Raines  
Delhi  
Excelth Inc  
Morehouse  
NOELA  
Open Health  
Out-Patient Medical Center  
Primary Health Services Center  
RKM  
Southeast Community  
SWLA  
Start  
Jefferson  
Trinity  
Tensas  
Iberia Comprehensive

### **Hold (GreenWay):**

Priority Health  
Innis Community Health Center  
St. Gabriel Health  
Southwest La. Primary Health  
Care Center, Inc

### **Other:**

Teche  
Casse  
Baton Rouge Primary Care

# DRVS Module Rollout

## Adding value to the Network

### Referral Management Module

LPCA has agreed to rollout Azara DRVS referral module for all participating Health Centers.

LPCA will cover module implementation fees for participating health centers. Health Centers implementing the referral module will be responsible for \$4,000 annual subscription which is in addition to current DRVS subscription fees\*

### Payer integration

LPCA will cover Payer integration fees **\$25,000/Payer**. Health Centers subscribing to payer data will be responsible for annual subscription which in addition to current DRVS subscription fees.\*

Annual Subscription Fees (per payer, per CHC) based on annual encounters

### Fit/FOBT

### Social Determinants of Health SDOH

LPCA evaluating association rollout of SDOH module at \$1,200 per center

- Referral Modules implemented prior to 7/31/19 may have Year 1 subscription fee support via HRSA HCCN grant dollars
- Payor Integrations implemented prior to 7/31/20: partial subscription fee support may be available via HRSA HCCN grant carry-over dollars

# LPCA Security Assessment

# Assessment Process

## LPCA & FQHCs



# Security Audit/Assessment

## Components

### **Password Audit and Review of Passwords**

### **Documentation**

- Information security policies
- Hardware / Software Inventory

### **User Access and Permissions**

- Active accounts in all practice systems
- Access rights / permissions of active users

### **Data Protection**

- Secure storage and transmission

### **Employee Awareness Training**

### **Secure Infrastructure**

- Malware defense
- Backups / Disaster Recovery
- Secure access to external services
- OS and application patch management

# Security Audit/Assessment

## Status

### **Completed Risk Assessments**

- Louisiana Primary Care Association

### **Current Risk Assessments**

- Care South
- St. Gabriel

### **Pending Risk Assessments**

- Iberia Comprehensive

### **Primary Health Services Center**

### **Declined Risk Assessments**

- Daughters of Charity



# Health Center Security Assessments

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# Strategic Recommendations

## LPCA Overview

- **Draft a Written Information Security Policy** - This is critical, as it will serve as a framework for all further security improvements to the organization.
- **Implement MultiFactor Authentication** - Cloud based systems contain the vast majority of data critical to the organization, and this data can be accessed by anyone around the world with the right username and password. Extra effort should be made to protect these world-facing systems.
- **Strengthen Password Policies** - Consider guidance from NIST in upgrading password policies to better deal with current threats to passwords.
- **Control Administrative Access** - Where feasible, remove user administrative access to workstations. Where necessary, provide this access on a limited basis and audit that access.
- **Depreciate Legacy Protocols** - Protocols such as SMBv1, LLMNR, and NetBIOS have numerous, proven methods of exploitation and should be depreciated in favor of newer, more secure protocols.
- **Implement a Security Awareness Program** - Your employees are your first line of defense, and they are also one of the most frequently targeted parts of your organization. Provide them with the tools and training needed to identify threats to the organization.

## Lack of Multifactor Authentication

Critical Impact

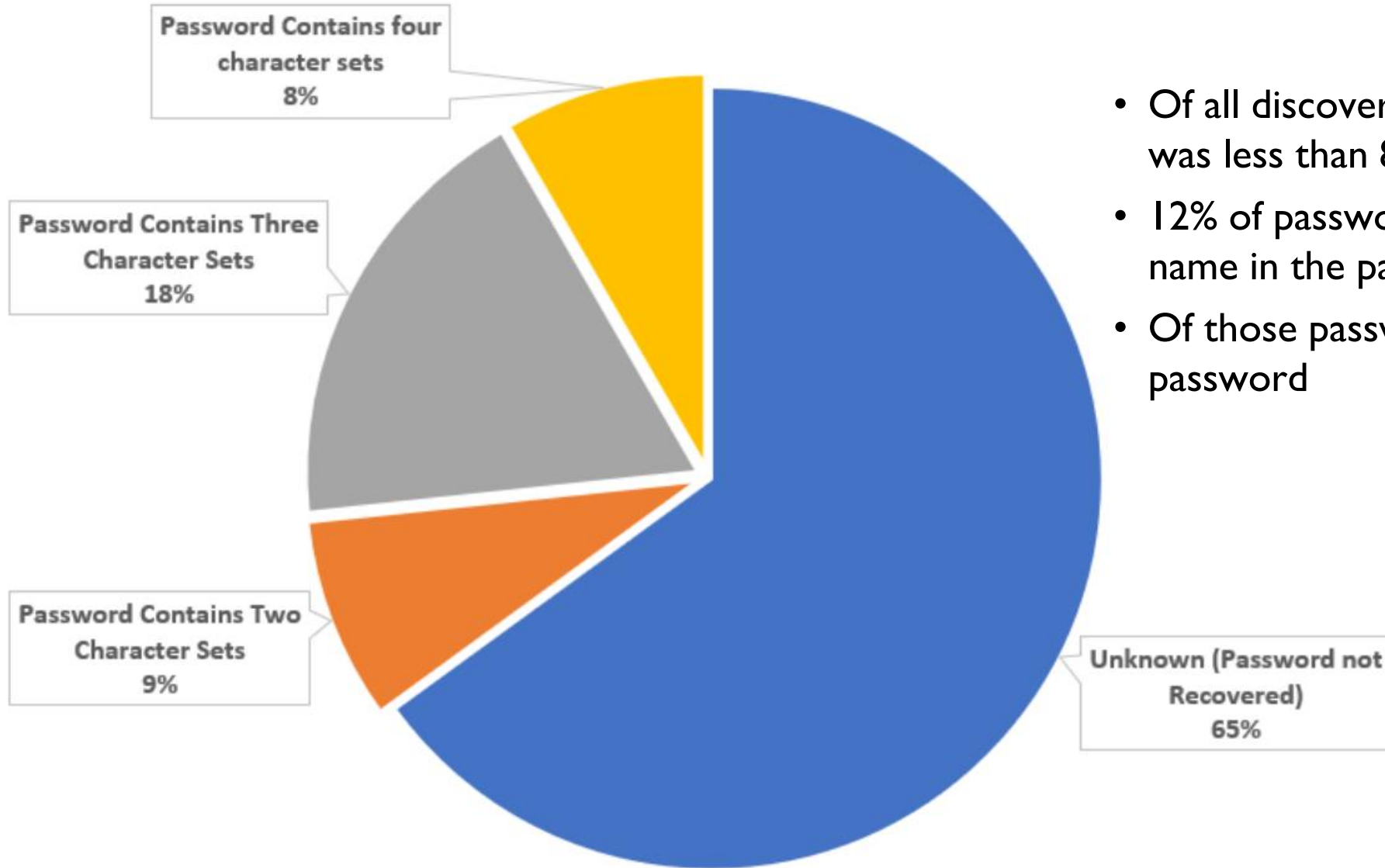
Authentication

- At a minimum, any external facing service logins (Email, cloud file sharing, HR) should be secured with a second layer of authentication.
- Serves as a great line of defense to phishing attacks that we are seeing today. If a password gets compromised, we still have a second layer of authentication keeping an attacker from internal data.
- Likely similar in use to what you have seen implemented by banks and financial institutions.
- Accomplished in different ways:
  - SMS Text Based (Less secure than other methods, but is better than no MFA at all)
  - Mobile Authentication App
  - Deny access to resources based on location

## Weak Password Policy

Critical Impact

Authentication



- Of all discovered passwords, only one was less than 8 characters
- 12% of passwords had the organizations name in the password
- Of those passwords, half had a year in the password

## Weak Password Policy

Critical Impact

Authentication

- Train users to switch from passwords to passphrases. A passphrase is longer than a password (ideally 12-15 characters) and is generally a phrase or short sentence that is unique or personal to you.
- Do not arbitrarily force password changes, however, passwords should be changed if there is evidence that the password has been compromised.
- Focus on length of passwords, rather than the amount of complex characters. A password with more characters that is easier to remember by the owner is ultimately more secure and beneficial than a shorter password with more character sets.
- In addition to improving on passwords themselves, look at other password technologies, such as MultiFactor Authentication and password managers, to help improve password use.

# EHR Transitions

# EHR Sunsets

## HCCN PHCs Effected

Health Center	Current EHR	New EHR	Go Live Date
Southeast	EHS	?	?
Healthcare Homeless	EHS	Epic	Dec 2019
Iberia	EHS	?	?
Excelth	EHS	?	Fall 2020
St Gabriel	EHS	Intergy	Live
Priority	EHS	Decision by June	?
St Thomas	EHS	Intergy	?
Innis	EHS	Athena or eCW	?
Daughters	EHS	?	?
Baton Rouge Collab	EHS	Athena, eCW, Intergy, Epic	?
Outpatient	EHS	eCW, Athena, NextGen	?
Rapides	EHS	?	?
Southwest Primary	eCW/EHS	Trying to move to ALL eCW	?
RKM	WinMed	WinMed 4.0	Live
Tensas	WinMed	?	?
Winn	WinMed	eCW, Athena	July 2019
Teche	CompUGroup	Epic?	?

# Open Discussion



# PCMH

# Updates and

# Changes

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# 2017 Standards Recognition

*Changes to Levels*



# 2017 Standards Format

**Concepts**: Over-arching components of PCMH



**Competencies**: Ways to think about and/or bucket criteria



**Criteria**: The individual things/tasks you do that make you a PCMH

# Recognition Process

## *3 Pathways*



*New  
Customer*

Full Transform  
Process



*Recognized  
PCMH 2011 Levels 1-3 &  
PCMH 2014 Levels 1-2*

Accelerated  
Renewal Process  
(Transform w/  
Attestation)



*Recognized PCMH  
2014 Level 3*

Bypass Transform  
Direct to Sustaining  
Process

# Three Part Recognition Process

## 3 Parts



### *Commit*

Practice completes an online guided assessment.



Practice works with an NCQA representative to develop an evaluation schedule.



Practice works with NCQA representative to identify support and education for transformation.



New NCQA PCMH online education resources support the transformation process.



### *Transform*

Practice submits initial documentation and checks in with its evaluator



Practice submits additional documentation and checks in with its Evaluator.



Practice submits final documentation to complete submission and begin NCQA evaluation process.



Practice earns NCQA Recognition.



### *Succeed*

Practice is prepared for new payment environment (value-based payment, MACRA MIPS/APMs).



Practice demonstrates continued readiness and high quality performance through annual reporting with NCQA.

# Succeed—Annual Reporting

## Succeed Annual Reporting Process

**Practice's recognized PCMH 2014 Level 3 or after Transform process must:**

Attest to previous performance

Confirm practice information and make any clinician changes

Provide evidence demonstrating continuing PCMH Activities

Annual fee payment or Approved Notice of Intent from HRSA

# Succeed—Annual Reporting

## Annual Reporting Date

- **30 days** before Anniversary Date
- Must complete all Succeed steps prior to anniversary date
- **Date set upon initial Recognition**
  - Or 2014 Level 3 expiration date
- **Flexibility** to meet practice needs



# Q-PASS system

Welcome to the Quality Performance Assessment Support System (Q-PASS)



Sign In and Enroll



Learn About Our Programs



Eligible?



Price Calculator



Contact Us



Educational Resources



# Check-In Process

## Transform “Check-in” process

*Checking in components*

**Did you check in enough components for your virtual check-in?  
Did you check in too many components?**

QPASS error message:

❗ A maximum of 70 components are allowed. There are currently 96 components marked as "Ready for check in".

Please remove some components to proceed.

QPASS is set up to accept the following for each check-in:

- Check-in 1 – minimum 30, maximum 70
- Check-in 2 – minimum 5, maximum 80
- Check-in 3 – minimum 1, no maximum



# 2017 Distinction Modules



*Distinction in  
Behavioral Health  
Integration*



*Distinction in  
Electronic Measure  
Reporting*

# Distinction Benefits

- Practice opportunity to show excellence to patients, payers and partners that your practice has the right resources, evidence-based protocols, standardized tools and quality measures to support patient needs
- **Improve outcomes.** Distinction results in an enhanced level of care and improved access, clinical outcomes and patient experience.
- **Deliver whole-person care.** Distinction helps practices provide comprehensive care that acknowledges patients' behavioral health needs beyond the core requirements of NCQA PCMH recognition

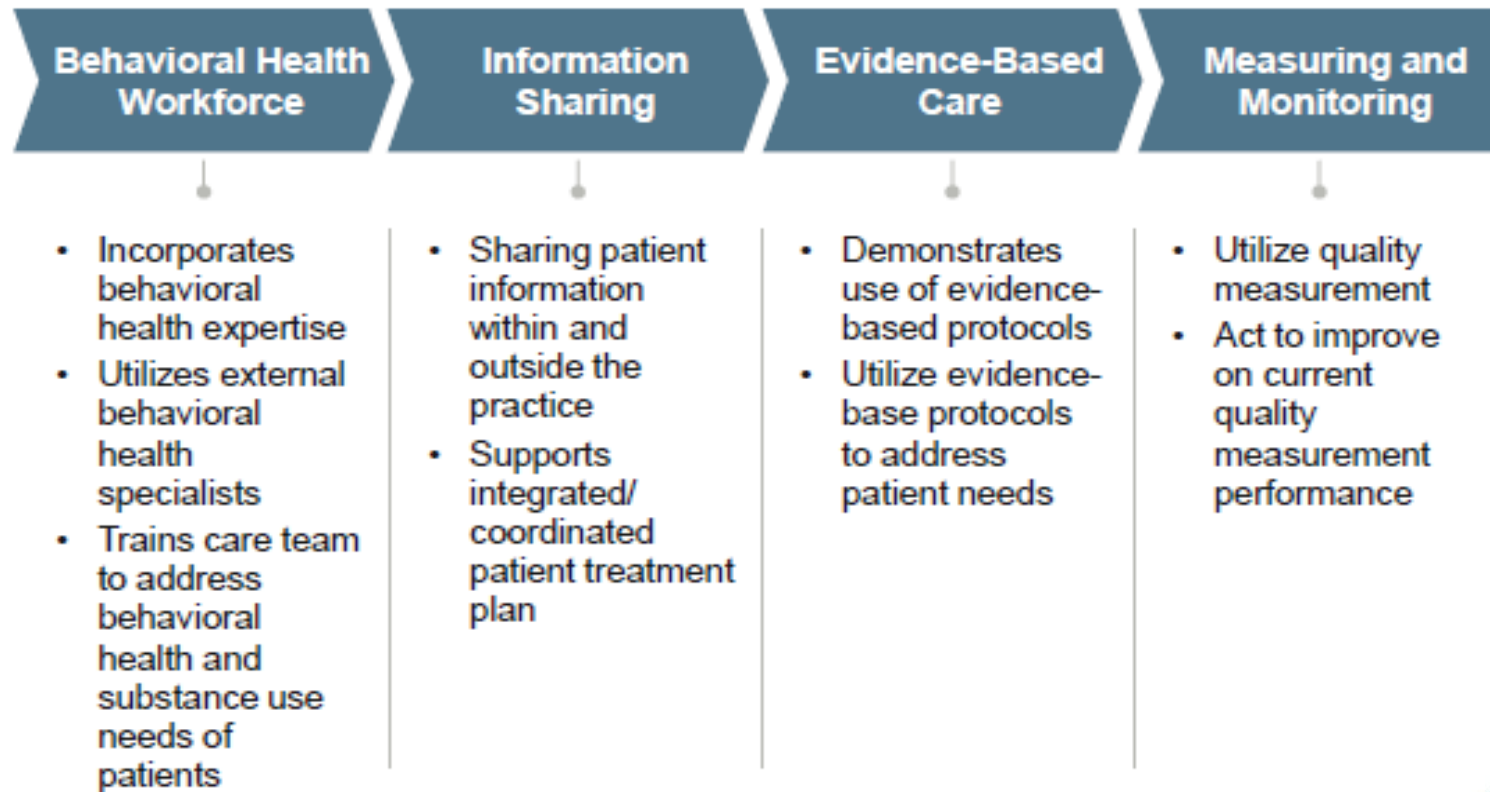


# Distinction Eligibility

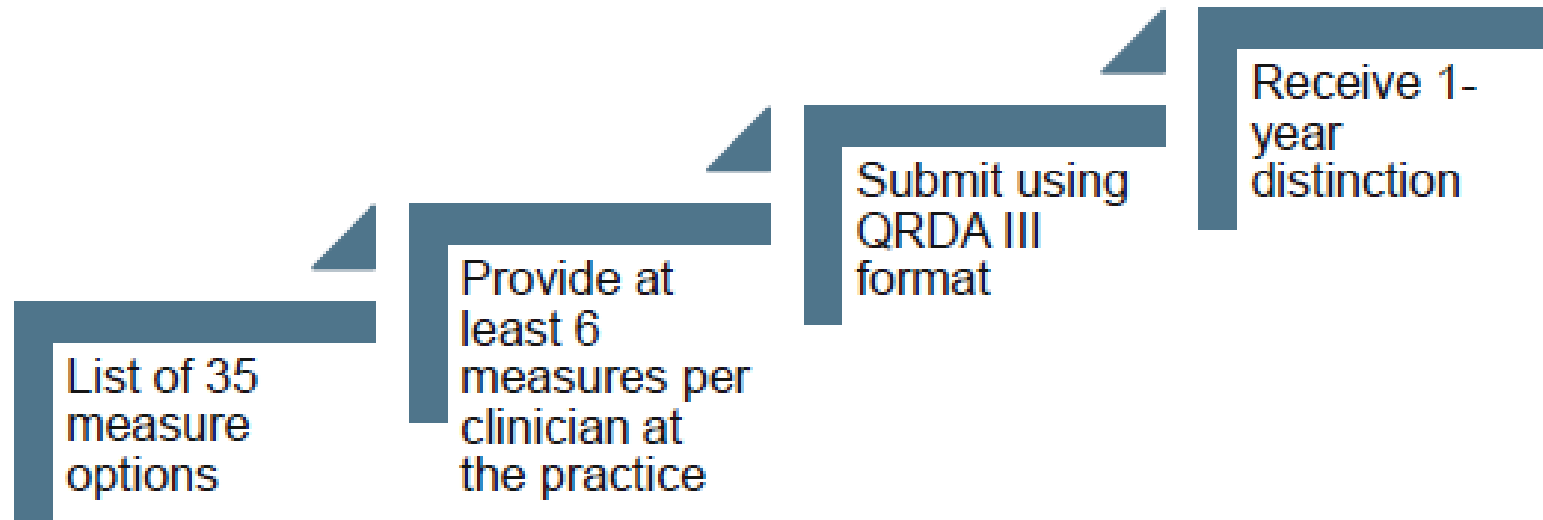
- Practices in the process of earning NCQA PCMH recognition
- Practices that have earned NCQA PCMH recognition and are seeking NCQA Distinction during Annual Reporting
  - ***Distinction can be completed during PCMH recognition process for no additional charge, or it can be added after a practice has earned PCMH recognition for a fee***
  - ***If completed other than during PCMH recognition: The pricing for Distinction is 50% of the initial per-clinician fee paid by the practice for recognition***

# Behavioral Health Integration Distinction Module

## *Module Competencies*



# eCQM Distinction Module



# Azara DRVS PCMH Pre-validation

## ~Credit Summary

Concept	Eligible Transfer Credits for Fully Meets		Eligible Transfer Credits for Partially Meets		Practice Support	
Team-Based Care and Practice Organization (TC)	0/5 Core Credits	0/7 Elective Credits	Core	Elective	Core	Elective
Competency A	0/2 core	0/5 credits	-	-	-	-
Competency B	0/2 core	0/2 credits	-	-	1	-
Competency C	0/1 core	No elective credits	-	-	-	-
Knowing and Managing Your Patients (KM)	3/10 Core Credits	1/22 Elective Credits	Core	Elective	Core	Elective
Competency A	1/3 core	1/6 credits	1	1	1	2
Competency B	2/2 core	0/1 credit	-	-	-	1
Competency C	0/1 core	0/2 credits	1	-	-	-
Competency D	0/2 core	0/5 credits	-	-	2	1
Competency E	0/1 core	No elective credits	1	-	1	-
Competency F	0/1 core	0/8 credits	-	-	-	-
Patient-Centered Access and Continuity (AC)	0/7 Core Credits	0/8 Elective Credits	Core	Elective	Core	Elective
Competency A	0/5 core	0/4 credits	-	-	1	1
Competency B	0/2 core	0/4 credits	-	1	1	2
Care Management and Support (CM)	2/4 Core Credits	0/6 Elective Credits	Core	Elective	Core	Elective
Competency A	2/2 core	0/2 credits	-	-	1	1
Competency B	0/2 core	0/4 credits	-	-	-	1
Care Coordination and Care Transitions (CC)	1/5 Core Credits	1/24 Elective Credits	Core	Elective	Core	Elective
Competency A	0/1 core	0/3 credits	-	1	1	-
Competency B	0/1 core	1/14 credits	1	-	-	1
Competency C	1/3 core	0/7 credits	-	-	1	1
Performance Measurement and Quality Improvement (QI)	2/9 Core Credits	0/16 Elective Credits	Core	Elective	Core	Elective
Competency A	2/4 core	0/4 credits	-	-	-	1
Competency B	0/4 core	0/5 credits	-	-	-	-
Competency C	0/1 core	0/7 credits	1	-	-	2

Credit Allocation			
Criteria Type	Eligible Transfer Credits for Fully Meets	Eligible Transfer Credits for Partially Meets	Practice Support
Core	8	5	10
Elective	2	3	14

# Azara DRVS PCMH Pre-validation

## ~Concept and Criteria Summary

Concept						
Criteria Type	TC	KM	AC	CM	CC	QI
CORE	Fully Meets	KM01 KM09 KM10		CM01 (Option 1) CM02	CC14	QI01 QI02
	Partially Meets	KM03 KM12 (A,B,C,D) KM20 (F)			CC04 (C)	QI15
	Practice Support	TC06	KM20 (C)	AC02 AC11	CM01 (Option 2)	CC01 (A,B) CC16
ELECTIVE	Fully Meets	KM06				
	Partially Meets	KM07				
	Practice Support	KM02 (A,B,C,F,G,H,I) KM14 KM15				QI05 Q16 QI18



# Azara DRVS PCMH Pre-validation

## ~Criteria Detail

	A	B	C	D	E	F	G	H	I	J	K	L
1	NCQA 2017 PCMH											
2	Criteria Designation and Where to Find it in DRVS											
	<p>- V indicates that an evidence component contributes to either full credit, partial credit, or practice support; it does not necessarily indicate the entire value of the credit is awarded. Please see the Credit Summary tab - for the total number of credits awarded for each criteria.</p> <p>- Use the <i>Where in DRVS</i> column to identify the tools used to demonstrate the criteria. Note that some of the dashboards and registries listed are custom. Functionality marked with an * indicates that additional modules outside the DRVS Core implementation may need to be mapped and in use a minimum of 3 months. These include Referrals, Social Determinants of Health, Payer Integration, and Controlled Substance.</p> <p>- For additional assistance please contact Azara Support</p>											
3	Concept	Competency	Criteria Number	Criteria Type	Criteria	Evidence Component	NCQA Designation per Preval Letter	Where in DRVS	Full Credit	Partial Credit	Practice Support	
4	TC	A	TC01	Core	Designates a clinician lead of the medical home and a staff person to manage the PCMH transformation and medical home activities.	Clinical Lead—Details	No Transfer Credit or Practice Support Awarded to Solution					
5	TC	A	TC01	Core	Designates a clinician lead of the medical home and a staff person to manage the PCMH transformation and medical home activities.	PCMH Manager—Details	No Transfer Credit or Practice Support Awarded to Solution					
6	TC	A	TC02	Core	Defines practice organizational structure and staff responsibility/ skills to support key PCMH functions.	Staff Roles, Skills and Responsibilities— Details	No Transfer Credit or Practice Support Awarded to Solution					
7	TC	A	TC02	Core	Defines practice organizational structure and staff responsibility/ skills to support key PCMH functions.	Staff Structure—Overview	No Transfer Credit or Practice Support Awarded to Solution					
	TC				The practice is involved in external PCMH-oriented	Involvement in External	No Transfer Credit or					
<div> <span>←</span> <span>→</span> <span>Credit Summary</span> <span>Concept-Criteria Summary</span> <span>Criteria Detail + DRVS</span> <span>Reference</span> <span>+</span> <span>⋮</span> <span>⏪</span> <span>⏩</span> </div>												

# Azara DRVS PCMH Pre-validation

## ~Reference

	A	B	C	D
1	Validation Status Definition			
2	Fully Meets Criteria	DRVS fully meets all required functionality and provides all required evidence specified by the criteria to receive this designation. Practices are fully excused from criteria met with “full credit” by a vendor solution and do not have to do any documentation for these requirements.		
3	Partially Meets Criteria	DRVS fully meets one or more evidence components of the criteria to receive this designation. Practices are excused from providing a specific piece of evidence for vendor criteria designated as “partial credit.” A vendor receives a “partial credit” designation when a Health IT solution demonstrate it provides some of the required evidence components specified by a criteria-level requirement.		
4	Practice Support	DRVS demonstrates aligned functionality that significantly supports a practice in meeting NCQA criteria-level requirements, it receives a “practice support” designation for these criteria. Examples of when this designation may be awarded include (but are not limited to) the following: The Health IT solution provides “pre-packaged” reports designed to meet the needs of a PCMH practice, the Health IT solution provides a tool the practice can use to implement certain activities outlined in the PCMH Standards, the Health IT solution provides the necessary structured data fields a practice needs in order to implement certain activities outlined in the PCMH Standards, etc		
5				
6	Concepts			
7	Team-Based Care and Practice Organization		TC	
8	Knowing and Managing Your Patients		KM	
<div><div><div>◀</div><div>▶</div></div><div><div>Credit Summary</div><div>Concept-Criteria Summary</div><div>Criteria Detail + DRVS</div></div><div>Referenc</div></div>				

# Azara DRVS PCMH Pre-validation



April 25, 2018

LuAnn K. Kimker  
Director of Clinical Innovation  
Azara Healthcare, LLC  
70 Blanchard Rd Suite 400  
Burlington, MA 01803

- Re: Prevalidation Approval of Azara Healthcare

Dear Ms. Kimker;

This letter serves as an acknowledgement of Azara Healthcare achievement of PCMH 2017 Prevalidation for the following solutions:

- Azara Healthcare DRVS – Data Reporting and Visualization System

As of the Prevalidation date: 4/25/2018, practices utilizing the solutions identified above may benefit from reduced documentation for criteria designated as “partially met criteria” and have criteria designated as “fully met criteria” marked as “met” in full by the vendor solution.

Prevalidated solutions are listed in the Prevalidation vendor directory at [www.ncqa.org/programs/recognition/prevalidation-program/vendor-list](http://www.ncqa.org/programs/recognition/prevalidation-program/vendor-list). As of the Prevalidation date, the below information will be listed for practices seeking product-related information. It is the vendor’s responsibility to provide NCQA with up-to-date contact information.

- **Vendor Website:** [www.azarahealthcare.com](http://www.azarahealthcare.com)
- **Vendor Email:** [info@azarahealthcare.com](mailto:info@azarahealthcare.com)

Included in this letter is a **Transfer Credit Summary**, which lists Fully Met Criteria, Partially Met Criteria and Practice Support Criteria awarded to the above listed solution(s). It is the vendor’s responsibility to provide client practices with a copy of this **Letter of Credit Approval** and a **Letter of Product Implementation**. Vendors should adhere to the guidelines outlined in the Prevalidation Policies and Procedures when drafting implementation letters for client practices.

To receive transfer credit from a prevalidated vendor, eligible practices must follow the instructions outlined in the **Prevalidation Step-by-Step Guide for Client Practices**. Practices interested in receiving a Letter of Credit Approval for any prevalidated solution must contact the vendor directly for this information.

  
Brett Kay

# Azara DRVS PCMH Pre-validation

## Prevalidation Step-by-Step Guide for Client Practices: Using Transfer Credit From a Vendor

### Step 1

Obtain a Letter of Product Implementation\* from your vendor, indicating which prevalidated tools/modules approved for transfer credit have been implemented at the practice.

Along with the implementation letter, you may should receive the vendor's *Prevalidation Letter of Credit Approval*\*\*.

### Step 2

Log in to QPASS and complete the following steps:

1. Click **My Evaluations**
2. Hover the cursor over **Action** and click **Organization Dashboard**.
3. Click the **Transfer Credits** button.
4. On the *Select Program* screen, click **Vendor**.
5. Click the applicable practice sites.
6. Using the evidence component, upload the *Letter of Product Implementation*.
7. Click the **Submit for Review** button.

### Step 3

Receive approval from your NCQA representative. Once your transfer credit is approved, all eligible criteria with transfer credit will be marked as "Met."

\*The *Letter of Product Implementation* is drafted by the vendor on their organization's company letterhead and will include dates of implementation. All tools/modules with indicated version must be in place a minimum of 3 months prior to submission of the Survey Tool to NCQA for review.

\*\*The *Prevalidation Letter of Credit Approval* is provided to a vendor by NCQA upon the vendor achieving Prevalidation for applicable solutions. This document shows a listing of Fully Met Criteria, Partially Met Criteria and Practice Support Criteria, along with the date when the solution was prevalidated.

# Azara DRVS PCMH Core Measures

★  
Favorites

Dashboards

Reports

Measures

Registries

Admin

PCMH - PCMH Core Measures ⓘ

☆

Period Type

Period

Centers

Providers

Trailing Year

TY June 2019

Centers

Providers

Update

		Measure	Result	Numerator	Denominator	Exclusions
ⓘ		Advance Care Plan Discussion	3.1%	6,208	199,680	0
ⓘ		Advance Care Plan Obtained	0.0%	10	199,680	0
ⓘ		Allergies Documented	57.6%	157,970	274,157	0
ⓘ		BMI Calculated	92.8%	254,372	274,141	0
ⓘ		BP measurement documented	91.7%	240,032	261,693	0
ⓘ		Clinical Summary	24.0%	215,592	899,367	0
ⓘ		Family History Documented	46.3%	126,929	274,141	0
ⓘ		Height Documented	92.9%	254,568	274,141	0
ⓘ		Medications - Up to Date	92.9%	254,628	274,157	0
ⓘ		Problem List - Up to Date	85.2%	233,484	274,157	0
ⓘ		Tobacco Use Status documented	90.6%	198,702	219,330	0
ⓘ		Weight documented	93.2%	255,571	274,141	0

# Azara DRVS PCMH Preventive Measures

★  
Favorites

Dashboard  
Dashboards

Report  
Reports

Bar Chart  
Measures

Table  
Registries

Gear  
Admin

PCMH - Adult Preventative ⓘ

☆ X PDF Mail

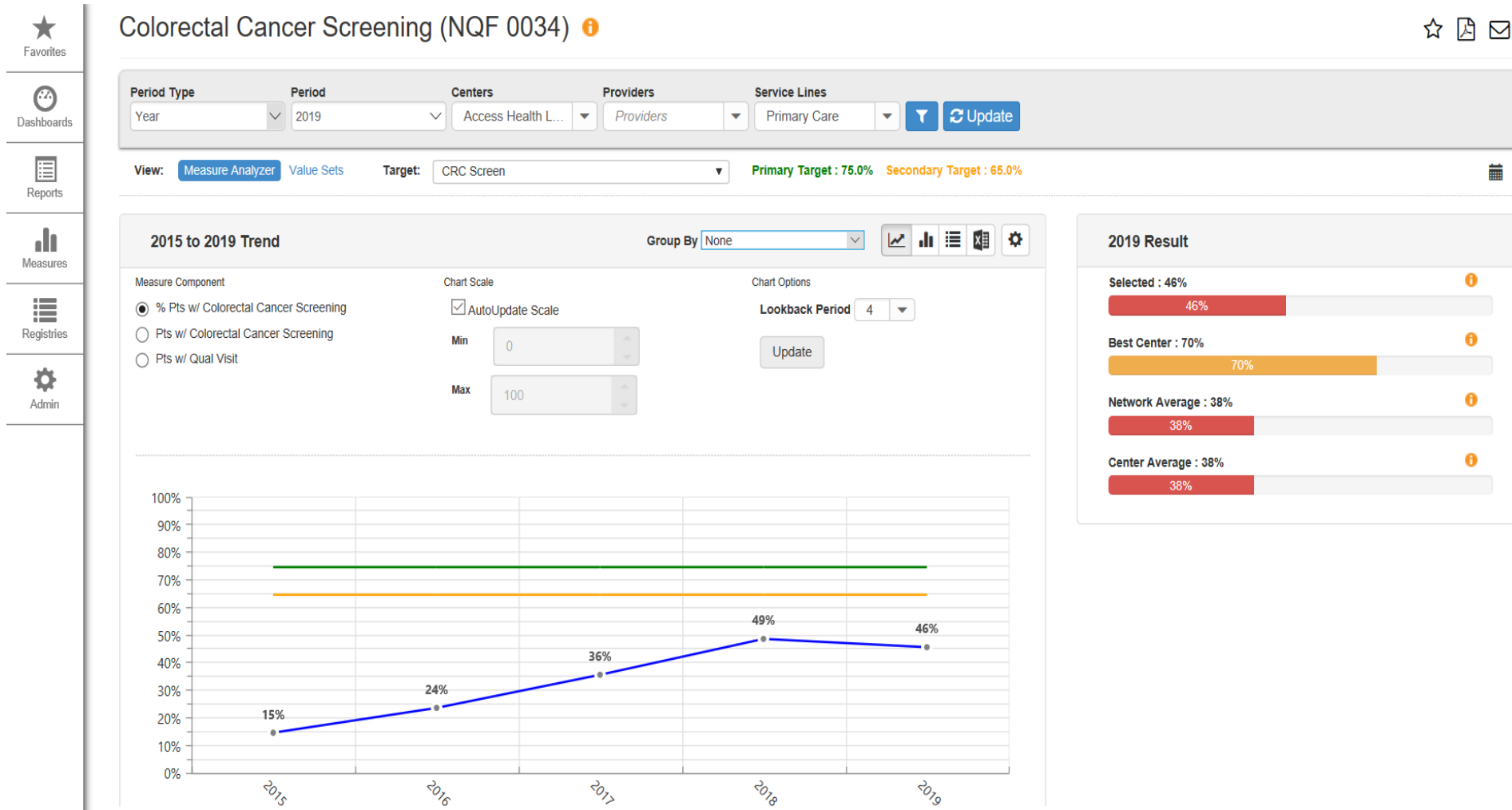
Period TypePeriodCentersProviders

Trailing YearTY June 2019CentersProviders

Filter Update

		Measure	Target	Result	Numerator	Denominator	Exclusions
ⓘ		STI w/HIV Testing		37.0%	16,779	45,307	1,242
ⓘ		Hepatitis C Screening for Baby Boomers		40.0%	21,485	53,688	2,537
ⓘ		Physicals - Adults		24.0%	53,481	222,854	0
ⓘ		Anxiety Screen		2.5%	10,123	410,587	0
ⓘ		Documentation of Current Medications in the Medical Record		33.8%	172,752	511,156	0
ⓘ		Depression Remission at Twelve Months		7.9%	489	6,194	915
ⓘ		High BP and Follow-Up Documented		67.1%	80,663	120,217	62,277
ⓘ		Hypertension Controlling High Blood Pressure (NQF 0018)		55.8%	31,511	56,485	597
ⓘ		Composite of Controlling High BP Measures (NQF 0018 modified)		58.5%	33,058	56,540	599
ⓘ		Hypertension BP >= 140/90 (NQF 0018 modified)		43.9%	24,788	56,485	597
ⓘ		Hypertension BP Recorded (NQF 0018 modified)		99.7%	56,299	56,485	597
ⓘ		Hypertension Controlling High Blood Pressure - No Blood Pressure Taken		0.0%	488	56,485	597

# Azara DRVS PCMH Preventive Measures



# Azara Depression Screening & Follow-Up Plan (NQF 0418)—Numerator Logic Changes

A PHQ-9 that is administered in response to a positive PHQ-2 and is also positive is no longer considered as meeting the measurement standard for follow-up. In prior years, a PHQ-9, even when positive, was considered as follow-up to a positive PHQ-2.

## What now constitutes numerator criteria and 'follow-up'?

<b>Numerator:</b>	
Patients screened for depression using an age appropriate standardized tool AND if positive, a follow-up plan is documented on the date of the positive screen.	
<ul style="list-style-type: none"><li>Negative Depression Screening Result (PHQ-2 &lt; 3 or PHQ-9 &lt; 10) in the last 12 months.</li></ul>	
OR	
<ul style="list-style-type: none"><li>Positive Depression Screening Result(PHQ-2 &gt;= 3 or PHQ-9 &gt;= 10) in the last 12 months</li></ul>	
AND	
<ul style="list-style-type: none"><li>Follow-up within 1 day must include one or more of the following:<ul style="list-style-type: none"><li>Suicide Risk Assessment</li><li>Referral to a practitioner who is qualified to diagnose and treat depression</li><li>Pharmacological interventions</li><li>Other interventions or follow-up for the diagnosis or treatment of depression</li></ul></li></ul>	

*Screening for Depression and Follow-Up Plan (NQF 0418) - Numerator info snippet*

For more detailed information on the follow up actions noted in the above info snippet, please refer to the 'Value Sets' tab on the measure analyzer.

Screening for Depression and Follow-Up Plan (NQF 0418) ⓘ

Period Type

Trailing Year

Period

Tr May 2018

Centers

Brookline Heights...

Providers

Providers

Update

View:

Measure Adoption

Detail List

Value Sets

Create Target

Item	Deemed	Excl	Category	Value Set	Code System	Code	Description
Y	N	N	Procedure	EP 0418 Follow-Up	CPT	90791	Psychiatric diagnostic evaluation
Y	N	N	Procedure	EP 0418 Follow-Up	CPT	90792	Psychiatric diagnostic evaluation with medical services
Y	N	N	Procedure	EP 0418 Follow-Up	CPT	90832	PSYCHOTHERAPY, 30 MINUTES WITH PATIENT
Y	N	N	Procedure	EP 0418 Follow-Up	CPT	90834	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT
Y	N	N	Procedure	EP 0418 Follow-Up	CPT	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT
Y	N	N	Procedure	EP 0418 Follow-Up	CPT	90845	Psychoanalysis

*'Value Sets' tab on measure analyzer showing numerator Screening for Depression and Follow-Up Plan criteria*



# 2019 PCMH Quality Awards

<https://bphc.hrsa.gov/program-opportunities/funding-opportunities/pcmh>

## 2019 Health Center Patient-Centered Medical Home (PCMH) Recognition Quality Awards



[View the 2019 PCMH Verification Table](#) (PDF – 306 KB) - Updated May 31, 2019

### Overview

The Patient-Centered Medical Home (PCMH) Recognition Quality Awards recognize health centers' commitment and investment in quality improvement activities.

Health centers that have PCMH recognition by July 1, 2019, are eligible to receive a 2019 Health Center PCMH Recognition Quality Award. The amount of the PCMH recognition award in fiscal year (FY) 2019 will be determined based upon the availability of federal funding.

Please review the [PCMH Verification table](#) (PDF – 306 KB), which lists the health centers with valid PCMH recognition status and the number of sites with PCMH recognition as of May 31, 2019.

- If the information is correct, you do not need to take any further action.
- If the information is incorrect, please submit an update to your PCMH recognition via HRSA's Electronic Handbooks (EHBs) using the instructions below. **Updates must be submitted by Friday, July 5, 2019.**

### Submitting an Update to your PCMH Recognition via EHBs

- Log in to your EHBs Grant Folder.
- Click the "HRSA Accreditation/PCMH Initiative" link.
- Choose the "Request PCMH Recognition Update" button and follow the instructions.
- You must include documentation of PCMH recognition (e.g. official certificate, copy of the email confirmation from the recognition body, or a screenshot of your information on the recognition body's website).

**NOTE: EHBs can only accept one site per PCMH recognition request.** If you need to update the PCMH status for multiple sites, you will need to submit an individual request for each site. For example, to update the status of three sites, you would submit three separate PCMH recognition requests, each with its own respective documentation. **Do NOT use the "Select All" button in EHBs** to update the status for multiple sites.

HRSA will review submitted updates and provide health centers with status updates through EHBs.

**2019 – 2022**

**HCCCN Grant**

**Goals/Objectives**

# HCCN 2019 – 2022 Goals and Objectives

## **Goal A: Enhance the patient and provider experience**

### **Objective A1: Patient Access – Baseline 3%; Goal 25%**

#### **Focus: Patient Portal Usage**

Increase the percentage of PHCs using health IT to facilitate patients' access to their personal health information (e.g., patient history, test results, shared electronic care plans, self-management tools).

### **Objective A2: Patient Engagement – Baseline 0%; Goal 25%**

#### **Focus: Patients using digital tools between appointments**

Increase the percentage of PHCs improving patient engagement with their health care team by advancing health IT and training

### **Objective A3: Provider Burden – Baseline 0%; Goal 50%**

#### **Focus: Improved Provider satisfaction via HIT-focused intervention**

Increase the percentage of PHCs that improve health IT usability to minimize provider burden training

# HCCN 2019 – 2022 Goals and Objectives

## Goal B: Advance Interoperability

### Objective B1: Data Protection – Baseline 42%; Goal 75%

#### Focus: Breach Mitigation and Risk

Increase the percentage of PHCs that have completed a security risk analysis and have a breach mitigation and response plan

### Objective B2: HIE – Baseline 45%; Goal 75%

#### Focus: Transmitting summary of care records externally

Increase the percentage of PHCs that leverage HIE to meet HL7 standards or ONC Interoperability Standards Advisory and shared information securely with other key providers and health systems

### Objective B3: Data Integration – Baseline 3%; Goal 50%

#### Focus: Integrating external data into internal structured EHR fields

Increase the percentage of PHCs that consolidate clinical data with data from multiple clinical and non-clinical sources across the health care continuum to optimize care coordination and workflows

# HCCN 2019 – 2022 Goals and Objectives

## Goal C: Use of Data to Enhance Value

### Objective C1: Data Analysis - Baseline 48%; Goal 75%

#### Focus: Using data to inform value-based care activities

Increase the percentage of PHCs that improve capacity for data standardization, management, and analysis to support value-based care activities

### Objective C2: Social Risk Factor Intervention – Baseline 6%; Goal 25%

#### Focus: SDOH Impact on Care Planning

Increase the percentage of PHCs that use both aggregate and patient-level data on social risk factors to support coordinated, effective interventions

### Objective C3: Telehealth Utilization – Baseline 29%; Goal 50%

#### Focus: Increasing Care Opportunities via Telehealth

Increase the percentage of PHCs that have increased the volume of patients utilizing telehealth

ANY  
QUESTIONS  
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