



## **Appendix 6**

# **Massachusetts Health Policy Commission PCMH PRIME Summary of Changes**





## APPENDIX 6

### SUMMARY OF CHANGES

| Location  | Details  | Date       |
|---|--|------------|
| <b>Survey Tool</b>  | Updated program name from <i>MA HPC PCMH PRIME</i> to <i>PCMH PRIME</i> .  | March 2016 |
|   | Changed the Product ID from <i>MA</i> to <i>PRIME</i> .  |            |
| <b>Standard 1</b>   | Added the following underlined text for Standard 1 to provide additional information on PCMH PRIME scoring:<br><i>Note: Practices must pass Element A and achieve a score of at least 7 points on Elements B through F to achieve PCMH PRIME Certification. NCQA will review documentation, but the Massachusetts Health Policy Commission (HPC) will determine the final score. Point values for Elements B through F are provided below (see Explanation).</i> | March 2016 |
| <b>Standard 1, Element A—Factors</b>                        | Modified the text for factor 1 to read:<br><i>Is currently recognized by NCQA as a <u>2011 Level 2 or Level 3 PCMH</u> or <u>2014 Level 1, 2 or 3 PCMH</u>.</i>  | March 2016 |
| <b>Standard 1, Element A— Documentation and Explanation</b> | Modified the explanation text for Element 1A to read:<br><i>The Health Policy Commission’s (HPC) PCMH PRIME program builds off of NCQA’s PCMH recognition program.</i>   | March 2016 |
|   | Modified the explanation text for factor 1 to read:<br><i>All practices must be recognized as a <u>Level 2 or Level 3 practice under the NCQA PCMH 2011 program</u> or as a <u>Level 1, 2 or 3 practice under the NCQA PCMH 2014 program</u> to meet the <u>HPC’s PCMH PRIME program pre-requisite requirement</u>.</i>  |            |
|   | Modified the documentation text for factor 1 to read:<br><i>By entering a “yes” response in the PCMH Survey Tool, the practice attests to being a <u>Level 2 or Level 3 NCQA recognized PCMH under the 2011 program</u> or a <u>Level 1, 2 or 3 NCQA recognized PCMH under the 2014 program</u>.</i>   |            |
|   | Modified the explanation text for factor 2 to read:<br><i>The practice answers yes to factor 2 if the practice is submitting their <u>NCQA PCMH 2014 Survey Tool</u> at the same time as their <u>HPC-PCMH PRIME Survey Tool</u>.</i>  |            |
| <b>Standard 1, Element B— Documentation and Explanation</b> | Modified the explanation text for factor 1 to read:<br><i>The practice maintains at least one agreement (e.g., <u>memorandum of understanding (MoU)</u>) with a behavioral health specialist or partially integrates (i.e., co-location with some systems in common) with behavioral healthcare.</i>   | March 2016 |
|   | Added the following text to the explanation for factor 1:<br><i><u>Satisfying factor 1 awards the practice one point towards meeting PCMH PRIME.</u></i>   |            |
|   | Modified the following text to the explanation for factor 2:<br><i><del>The practice will receive double credit if the practice integrates behavioral healthcare providers within the practice site.</del><br/><u>Satisfying factor 2 awards the practice one point and automatically also satisfies factor 1, for a total for two points towards meeting PCMH PRIME.</u></i>  |            |

| Location   | Details   | Date                               |
|--|---|------------------------------------|
|  | <p>Added the following text to the explanation for factor 3:<br/> <u>Satisfying factor 3 awards the practice one point towards meeting PCMH PRIME.</u></p>  |                                    |
| <p><b>Standard 1, Element C— Factors</b></p>                       | <p>Modified the text for factor 2 to read:<br/> <u>The practice has at least one PCP on staff licensed to prescribe buprenorphine. At least one clinician providing medication-assisted treatment, and providing behavioral therapy directly or via referral, for substance use disorder.</u></p>   | <p>March 2016</p>                  |
| <p><b>Standard 1, Element C— Documentation and Explanation</b></p> | <p>Added the following text to the explanation for factor 1:<br/> <u>Satisfying factor 1 awards the practice one point towards meeting PCMH PRIME.</u></p> <p>Modified the explanation text for factor 2 to read:<br/> <u>The practice has at least one clinician who is providing treatment for substance use disorder with both medication-assisted treatment (MAT) and behavioral therapy. Behavioral therapy may be provided either directly or via referral. MAT combines FDA-approved pharmacological interventions (naltrexone, buprenorphine and/or methadone) with evidence-based behavioral therapies and social support to treat substance use disorders, including alcohol and opioid use disorders. The practice has at least one DATA-waived primary care physician with a special DEA identification number (“X” number) to prescribe or dispense buprenorphine to patients for the treatment of opioid dependency under the provisions of the Drug Addiction Treatment Act of 2000 (DATA 2000).</u><br/> <u>Satisfying factor 2 awards the practice one point towards meeting PCMH PRIME.</u></p> <p>Modified the documentation text for factor 2 to read:<br/> <u>NCQA reviews an example (e.g., screen shot or other documentation) demonstrating active MAT and behavioral therapy for at least one (de-identified) patient. NCQA reviews a scan of the certification letter (waiver). The special DEA identification number (“X” number) on the certification letter must be de-identified.</u></p> | <p>March 2016</p>                  |
| <p><b>Standard 1, Element D— Documentation and Explanation</b></p> | <p>Added the following text to the explanation for factor 1:<br/> <u>The practice assesses whether the patient and the patient’s family has mental health/behavioral conditions or substance abuse issues (e.g., stress, alcohol, prescription drug abuse, illegal drug use, maternal depression).</u></p> <p>Added the following text to the explanation for factor 1:<br/> <u>Satisfying factor 1 awards the practice one point towards meeting PCMH PRIME.</u></p> <p>Added the following text to the explanation for factor 2:<br/> <u>Satisfying factor 2 awards the practice one point towards meeting PCMH PRIME.</u></p> <p>Added the following text to the explanation for factor 3:<br/> <u>Satisfying factor 3 awards the practice one point towards meeting PCMH PRIME.</u></p> <p>Added the following text to the explanation for factor 4:<br/> <u>Satisfying factor 4 awards the practice one point towards meeting PCMH PRIME.</u></p> <p>Modified the explanation text for factor 5 to read:</p>   | <p>July 2016</p> <p>March 2016</p> |

| Location  | Details   | Date              |
|---|---|-------------------|
|   | <p>Practices may use the Alcohol Use Disorders Identification Test (AUDIT), a screening for excessive drinking, the Drug Abuse Screening Test (DAST), CAGE or other validated screening tool.</p> <p>The American Academy of Pediatrics' (AAP) AAP's-Bright Futures recommends clinicians screen all adolescents for alcohol and drug use during all appropriate acute care visits using developmentally appropriate screening tools. (e.g., CRAFFT or Alcohol Screening and Brief Intervention for Youth).</p> <p>This factor is 'NA' if the practice sees no adolescent or adult patients. The practice must provide a written explanation for an NA response in the Support Text/Notes box in the Survey Tool.</p> <p>This factor is not met if the practice does not screen for substance use disorder or if screening is not performed with a standardized tool.</p> <p><u>Satisfying factor 5 awards the practice one point towards meeting PCMH PRIME.</u></p> <hr/> <p>Modified the explanation text for factor 6 to read:</p> <p><del>The USPSTF recommends screening of adults, including pregnant and postpartum women, for depression. Although definitive evidence of benefits is limited, the American College of Obstetricians and Gynecologists (ACOG) issued consensus guidelines for depression screening with a validated tool during the perinatal period and up to a year postpartum. While the ACOG suggests screening during the perinatal period, the HPC is specifically interested in how often postpartum screening is being done. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up. The USPSTF guidelines suggest screening during and after pregnancy.</del></p> <p>The AAP's Bright Futures acknowledges that primary care practices that see both infants and their families have a unique opportunity to integrate postpartum depression screening into the well-child care schedule.</p> <p>Validated screening tools may include PHQ-2, PHQ-9 or Edinburgh Postnatal Depression Scale (EPDS) or other validated screening tool, and may be conducted at the 4-6 week postpartum visit or the 1-, 2-, 4- or 6- month well-child visit.</p> <p>This factor is 'NA' if the practice sees no patients who have recently given birth and no mothers at visits with newborn patients. The practice must provide a written explanation for an NA response in the Support Text/Notes box in the Survey Tool.</p> <p>This factor is not met if the practice does not screen for depression or if screening is not performed with a standardized tool.</p> <p><u>Satisfying factor 6 awards the practice one point towards meeting PCMH PRIME.</u></p> |                   |
| <b>Standard 1, Element E—Factors</b>                        | <p>Modified the text for factor 1 to read:</p> <p><u>A mental health condition.</u></p>   | <p>March 2016</p> |
| <b>Standard 1, Element E— Documentation and Explanation</b> | <p>Modified the explanation text for factors 1 and 2 to read:</p> <p><del>The practice has evidence-based guidelines it uses for clinical decision support related to at least one mental health issue condition (e.g., depression, anxiety, bipolar disorder, ADHD, ADD, dementia, Alzheimer's) and substance use disorder (e.g., illegal drug use, prescription drug addiction, alcoholism).</del></p> <p><del>To receive credit for the clinical decision support criterion, the practice must demonstrate they have implemented clinical decision support for both mental health AND substance use disorder. Satisfying factors 1 and 2 awards the practice one point towards meeting PCMH PRIME; the practice is awarded zero points if it satisfies only one of the two factors.</del></p> <hr/> <p>Modified the documentation text for factors 1 and 2 to read:</p> <ul style="list-style-type: none"> <li>• <u>The conditions that the practice identified for each condition factor.</u></li> </ul>  | <p>March 2016</p> |
|   | <p>Modified the explanation text for Element 1F to read:</p>  | <p>March 2016</p> |

| Location   | Details   | Date |
|--|---|------|
| <p><b>Standard 1, Element F— Documentation and Explanation</b></p> | <p><i>The intent of NCQA's PCMH 2014 Element 4A is that practices use defined criteria to identify true vulnerability—a single criterion, such as cost, may not be an appropriate indicator of need for care management. For the HPC PCMH PRIME program, practices are assessed specifically on whether they PCMH PRIME Element 1F specifically assesses whether practices use behavioral health conditions as one of their criteria to identify patients for care management in HPC PCMH PRIME Element 1F.</i></p> <p>Modified the explanation text for factor 1 to read:<br/> <i>Criteria are developed from a profile of patient assessments, and may include the following, or a combination of the following:</i></p> <ul style="list-style-type: none"> <li>• <i>A diagnosis of a behavioral issue (e.g., visits, medication, treatment or other measures related to behavioral health).</i></li> <li>• <i>Psychiatric hospitalizations (e.g., two or more in the past year).</i></li> <li>• <i>Substance use <u>disorder</u> treatment.</i></li> <li>• <i>A positive screening result from a standardized behavioral health screener (including substance use).</i></li> </ul> <p><u>Satisfying factor 1 awards the practice one point towards meeting PCMH PRIME.</u></p> |      |