



MSSNY Contract Number: CO24582
Deliverable #2
Regional Baseline Demonstration Readiness Assessment
of Physician Practices



Contents

- 1 FOREWORD 3
- 2 DELIVERABLE #2 REQUIREMENTS 4
- 3 MEDICAL HOME DEMONSTRATION REQUIREMENTS OVERVIEW 4
- 4 SUMMARY OF KEY FINDINGS 6
- 5 METHODOLOGY 7
- 6 ASSESSMENTS 7
 - 6.1. Development of Physician Practice Support Organizations (PPSO) 7
 - 6.2. Current Organizational Entities 8
 - 6.2.1. Community Providers, Inc 8
 - 6.2.2. Trudeau Health Systems 8
 - 6.3. Analysis of Participating Practices 9
 - 6.3.1. E-Prescribing 9
 - 6.3.2. Meeting NCQA Level II or III Recognition 10
 - 6.3.3. Work Plans to Address Gaps of Performance 17
 - 6.3.4. Technology Capabilities 19
- Table: Quality Improvement 12
- Table: Access Standards 13
- Table: Coordination of Care 14
- Table: HIT Requirements 15
- Table: Patient Self Management Requirements 16
- APPENDIX A: Consolidated Self-Assessment Score Sheet 20
- APPENDIX B: Consolidated Goal Target Score Sheet 21
- APPENDIX C: Sample Work Plan 22

1 FOREWARD

The DOH OHITT/MSSNY PPSO (Physician Practice Support Organization) contract is a result of 2005 legislation directing the Department to “issue grant funding to one or more organizations broadly representative of physicians licensed in this state.” Project funding was directed “to include, but not to be limited to:

- a) efforts to incentivize electronic health record adoption;
- b) interconnection of physicians through regional collaborations;
- c) efforts to promote personalized health care and consumer choice;
- d) efforts to enhance health care outcomes and health status generally through interoperable public health surveillance systems and streamlined quality monitoring.”

The legislation also called for a final report from the Department that includes, among other requirements, “the appropriateness of a broader application of the health information technology program to increase the quality and efficiency of health care across the state.”

The Medical Society of the State of New York (MSSNY) was awarded Contract Number CO24582 in April, 2009. The contract Statement of Work calls for MSSNY, along with representatives from NYS DOH and NYeC, to work with rural and solo and small group physician practices to plan, design, build, and begin operations for PPSOs that will focus on the following goals to improve the efficiency and effectiveness of health care consistent with the HIT vision and strategy being employed by NYS DOH and NYeC:

1. Performance reporting capabilities and interoperable HIT capacity connecting patients, clinicians, and payors and leveraging health information exchange among all stakeholders
2. Readily available evidence-based care guidelines
3. Improved access to care
4. Enhanced practice-level quality of care evaluation and reporting of health care outcomes
5. Coordination of care for patients with chronic disease
6. Physician practice change management to leverage technology and delivery models
7. A new business model with payors actively supporting physician participation through an enhanced payment system

The following is Deliverable #2 of MSSNY Contract Number CO24582.

2. DELIVERABLE #2 REQUIREMENTS

Per the contract, this deliverable includes:

1. Identification of existing organizations that could be used for local PPSOs
2. Assessment of each practice's ability to meet the Adirondack Medical Home Demonstration participation requirements
3. Evaluation of the technological capabilities of each practice

Our work as directed by this contract places special emphasis on quality improvement. According to the Institute of Medicine, attributes of high quality care include practitioners and facilities focused on safety, timeliness, effectiveness, efficiency, equity, and patient-centeredness. Most quality improvement is typically measured along four domains: access, experience, process, and outcomes.

Nationally, many attempts have been made over the years to ensure actual medical practice patterns more closely mirror evidence-based practices. Some of the most effective strategies to modify physician behavior and improve quality of care include education, reminders, patient-mediated methods, and the use of opinion leaders. Each of these methods, as well as others, will be used by the PPSO to support the participating practices as we move through the project.

3. MEDICAL HOME DEMONSTRATION REQUIREMENTS OVERVIEW

There are currently 33 primary care provider groups participating in the Adirondack Medical Home Demonstration. Each has committed to successful completion of:

- 1) Completion of NCQA PPC-PCMH self-assessment as previously owned and utilized by EastPoint Health
- 2) Development of work plans and timeline by Feb 1, 2010
- 3) e-prescribing 80% of eligible prescriptions using NCQA standards starting in July 2010
- 4) Submission of NCQA PPC-PCMH Level II by Dec 31, 2010
- 5) Participation in the PPSO for quality improvement and disease management/care coordination; the PPSO must include access to a PharmD, Licensed Clinical Social Worker (LCSW), dietician, and a nurse for disease management

Meeting NCQA Medical Home recognition at Level II or III requires competency in nine standards and allows participating practices to meet the requirements outlined in the Adirondack Medical Home Demonstration. These standards are illustrated in the table below:

Standard 1: Access and Communication	Pts	Standard 5: Electronic Prescribing	Pts
A. <u>Has written standards for patient access and patient communication</u>	4	A. Uses electronic system to write prescriptions	3
B. <u>Uses data to show it meets its standards for patient access and communication</u>	5	B. Has electronic prescription writer with safety checks	3
	9	C. Has electronic prescription writer with cost checks	2
			8
Standard 2: Patient Tracking and Registry Functions	Pts	Standard 6: Test Tracking	Pts
A. Uses data system for basic patient information (mostly non-clinical data)	2	A. <u>Tracks tests and identifies abnormal results systematically</u>	7
B. Has clinical data system with clinical data in searchable data fields	3	B. Uses electronic systems to order and retrieve tests and flag duplicate tests	6
C. Uses the clinical data system	3		13
D. <u>Uses paper or electronic-based charting tools to organize clinical information</u>	6	Standard 7: Referral Tracking	Pts
E. <u>Uses data to identify important diagnoses and conditions in practice</u>	4	A. <u>Tracks referrals using paper-based or electronic system</u>	4
F. Generates lists of patients and reminds patients and clinicians of services needed (population management)	3		4
	21	Standard 8: Performance Reporting and Improvement	Pts
Standard 3: Care Management	Pts	A. <u>Measures clinical and/or service performance by physician or across the practice</u>	3
A. <u>Adopts and implements evidence-based guidelines for three conditions</u>	3	B. Survey of patients' care experience	3
B. Generates reminders about preventive services for clinicians	4	C. <u>Reports performance across the practice or by physician</u>	3
C. Uses non-physician staff to manage patient care	3	D. Sets goals and takes action to improve performance	3
D. Conducts care management, including care plans, assessing progress, addressing barriers	5	E. Produces reports using standardized measures	2
E. Coordinates care/follow-up for patients who receive care in inpatient and outpatient facilities	5	F. Transmits reports with standardized measures electronically to external entities	1
	20		15
Standard 4: Patient Self-Management Support	Pts	Standard 9: Advanced Electronic Communications	Pts
A. Assesses language preference and other communication barriers	2	A. Availability of Interactive Website	1
B. <u>Actively supports patient self-management</u>	4	B. Electronic Patient Identification	2
	6	C. Electronic Care Management Support	1
			4

When examined against the common attributes of high quality healthcare delivery, these standards can be grouped into the following quality improvement and related care improvement concepts. Additionally, there are ten "Must Pass" elements regardless of the level of NCQA Medical Home recognition sought. For any practice to obtain Level II or III recognition, they must score at least 50% on all ten "Must Pass" elements, which would provide 21.5 points. For practices striving to achieve Level II recognition, they would need to accumulate a minimum of 28.5 additional points from the other standards. For practices wishing to attain Level III, they would need to achieve a minimum of 53.5 additional points. The tables on the following page illustrate the how the elements relate and support the quality domains discussed earlier, as well as the points available in each.

NCQA Medical Home Recognition Standards and Points

Quality Improvement Standards	Elements	Must Pass Elements	Potential Points
2. Patient Tracking and Registry Functions		D, E	10
3. Care Management		A	3
8. Performance Reporting and Improvement	B, D, E, F	A, C	15
Access to Care Standard	Elements	Must Pass Elements	
1. Patient Tracking and Registry Functions		A, B	9
Coordination of Care Standards	Element	Must Pass Elements	
2. Patient Tracking and Registry Functions	F		3
3. Care Management	C, D, E		13
6. Test Tracking		A	7
7. Referral Tracking		A	4
e-Prescribing Standard	Element	Must Meet Elements	
5. Electronic Prescribing		A,B,C	8
HIT Standards	Element	Must Pass Elements	
2. Patient Tracking and Registry Function	A, B, C		8
3. Care Management	B		4
6. Test Tracking	B		6
9. Advance Electronic Communication	A, B, C		4
Patient Experience Standard	Element	Must Pass Elements	
4. Patient Self-Management Support	A	B	6

4. SUMMARY OF KEY FINDINGS

- Organizations exist that are viable candidates to become sub-regional PPSOs
- Based on self-assessment data, 22 of the 33 of the practices meet the e-Prescribing Adirondack Medical Home Demonstration criteria at the baseline assessment
- None of the organizations meet all the NCQA “Must Pass” criteria
- None of the organizations meet the NCQA Criteria for Level II or III Medical Home
- 73% of participating practices have targeted Level III recognition
- 27% of participating practices have identified Level II recognition as their goal
- 9% of participating practices meet the “Must Pass” criteria for access standards and averaged only 19% of the potential points
- Only one organization reported compliance with all the quality improvement criteria, including the “Must Pass” elements
- Most participating practices scored poorly on the coordination of care standards with the average being 34% of the potential points
- HIT assessment
 - 82% of the reporting practices have an electronic medical record
 - 97% of the reporting practices have a practice management system
 - 100% of practices have high speed internet access

5. METHODOLOGY

EPH utilized our experience and understanding of this unique region to tailor our proprietary tools to solicit information needed in an easy-to-use manner. In order to ensure all practices fully understood all elements against which they were being measured, EPH held mandatory training meetings for all participants the first week of December 2009. In addition to training, each practice was given their passwords and logon to the EPH proprietary website.

Practices were given an initial deadline for completion of their self assessments of January 2010. In addition, EPH utilized an information technology assessment that each practice completed to provide a baseline of their current information technology capacity. This is especially important in ensuring each practice can meet the requirements necessary for NCQA Medical Home recognition. Practices initially rated themselves very high against the medical home standards. Further investigation by EPH highlighted a need for EPH to work with the practices to refine their self assessments to provide an accurate baseline against all elements. This remediation occurred during the months of February and March 2010. A consolidated snap shot of the remediated score sheet is provided at Appendix A.

6. ASSESSMENTS

6.1. Development of Physician Practice Support Organizations (PPSO)

No organization during the baseline assessment was currently serving as a PPSO. Therefore, the PPSO's will need to be developed. The Adirondack Medical Home Demonstration covers a large expanse of territory, a region nearly the size of the state of Connecticut. The region's care patterns naturally break into three distinct communities and so three PPSO's are envisioned as "sub-regional solutions" based on distinct geographies. The northern region will be called Northern Adirondack, the central region will be the Tri-Lakes, and the southern region will be Lake George.

The Northern Adirondack PPSO will service the northern tier communities of Plattsburgh, Malone, and Elizabethtown. Our assessment identified Community Providers, Inc. as an existing entity with viable organizations for the Northern Adirondack PPSO. CPI and the candidate organizations are summarized below.

The Lake Placid and Saranac Lake communities are a second natural geographic grouping for a "sub-regional solution." This region is in the heart of the Adirondack Park and has chosen the name Tri-Lakes. Trudeau Health Systems (THS) is an existing Physician Hospital Organization with relationships throughout the Lake Placid and Saranac Lake communities. THS is summarized below and contains viable organizations for the Tri-Lakes PPSO.

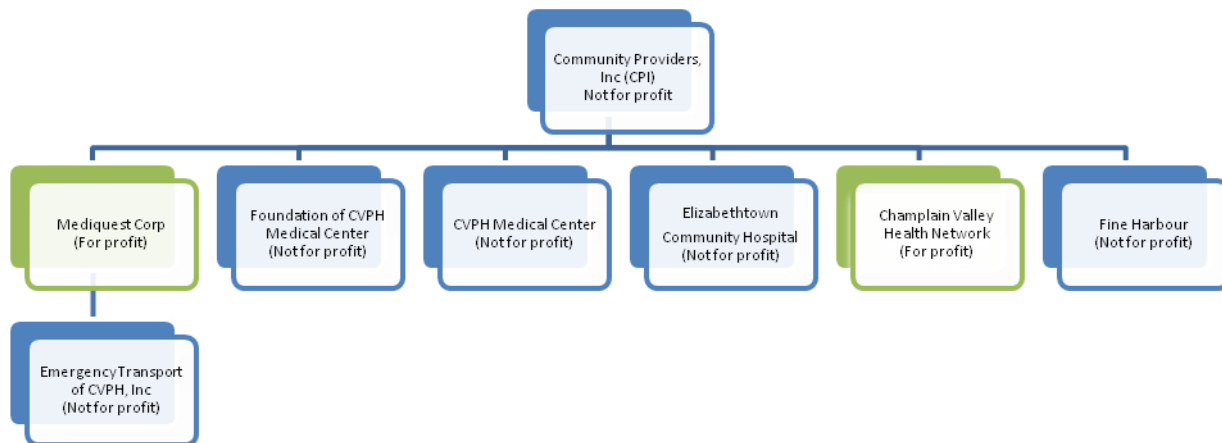
In the southern geography of the Adirondack Medical Home Demonstration, Hudson Headwaters Health Network provides the majority of primary care services for this region. This region will be serviced by

the Lake George PPSO with Hudson Headwaters Health Network as an existing organization and a viable candidate for the PPSO.

6.2. Current Organizational Entities

6.2.1. Community Providers, Inc

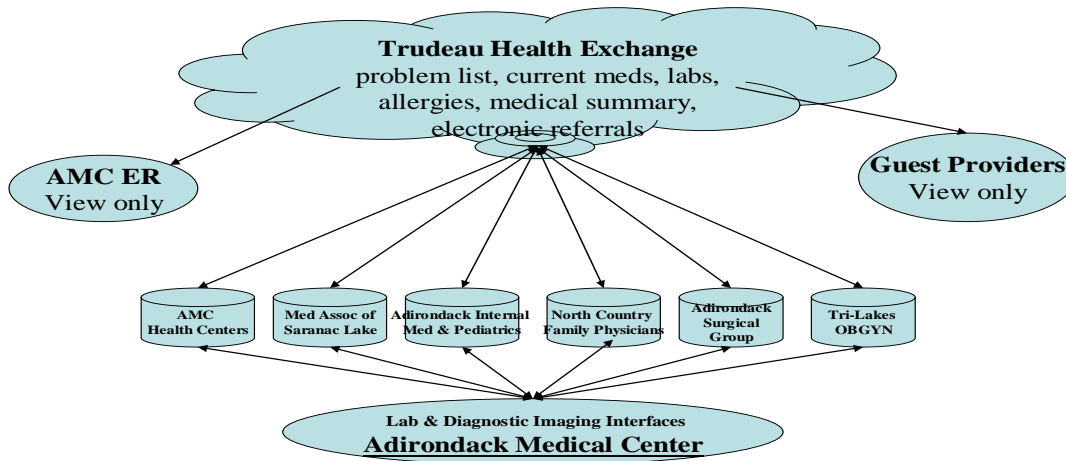
Community Providers, Inc (CPI) is a not-for-profit corporation with six subordinate organizations, two of which are for profit. According to CPI's Articles of Incorporation, the purposes of the corporate and subsidiary organizations include promoting the health of the community and conducting public programs promoting the health of the community. The most likely candidate for the PPSO in the Northern Adirondack region is Champlain Valley Health Network (CVHN), a Medical Services Organization, with the support of Champlain Valley Physicians Hospital (CVPH), an Article 28 Hospital.



6.2.2. Trudeau Health Systems

Trudeau Health Systems (THS) is a Physician Hospital Organization consisting of Adirondack Medical Center and area private practices. Trudeau Health Systems provides contracting support for the region. In addition, THS spent three years (2006-2009) creating a health exchange which provides consolidated and aggregated electronic health records for all members. This community exchange has fostered the collaboration to make the Adirondack Medical Home Demonstration successful. The most likely candidate for the PPSO in the Tri-Lakes region is Adirondack Medical Center, an Article 28 hospital. The relationship between all is illustrated below:

Trudeau Health Systems



6.2.3. Hudson Headwaters Health Network

Hudson Headwaters Health Network is an Article 28 Diagnostic and Treatment Center with multiple sites that provide primary care services as a Federally Qualified Health Center. Hudson Headwaters Health Network is the most likely candidate for the PPSO in the Lake George region, with a wide expanse of existing clinics and established relationships with the other practices that utilize athenahealth HIT services in Newcomb and Long Lake.

6.3. Analysis of Participating Practices

EPH has analyzed each practice according to the requirements of the Demonstration program and the NCQA Medical Home Recognition standards. Each table in the following sections provides detailed self assessment scores for each participating practice against the NCQA elements. For ease of review, we have highlighted in yellow the elements that scored high enough to be considered passing for all the “Must Pass” elements required for recognition in each table.

6.3.1. E-Prescribing

One of the requirements for participation in the Adirondack Medical Home Demonstration project is compliance with the e-prescribing standard and elements. By July 2010, 80% of eligible new prescriptions for patients seen in July must be written with an electronic prescription writer that is linked to patient-specific demographic and clinical data. This is captured in NCQA’s 5th Standard: e-Prescribing.

e-Prescribing			
Standard	A	B	C
Possible Score by Element	3	3	2
Practice Name			
Adirondack Internal Med & Ped	3	1.5	1.5
Adirondack Medical Ctr Health Clinics	3	2.25	1.5
Adirondack Medical Practice LLC	0	0	0
Adirondack Primary Care	3	3	1.5
Anjni Bhagat MD	0	0.75	1.5
Benardot Pediatrics	2.25	2.25	1.5
Craig Richards MD	3	1.5	2
CVPH Health Care Center	0	0	0
David Anderson MD	3	1.5	1.5
Debra Clark MD	0	0	0
Elizabethtown Comm. Hosp.	3	3	2
Gerald Cahill MD	0.75	0.75	0.5
Great North Woods Medical	0.75	0.75	0
Hudson Headwaters HN	0	1.5	1.5
Josh Schwartzberg DO	3	3	2
Kevin McCullum MD	3	1.5	1.5
Kris Ambler MD	2.25	1.5	2
Lake City Primary Care	3	2.25	2
Long Lake Health Center	0	0	0
Medical Assoc-Saranac Lake NY	3	0.75	0.5
Mountain View Pediatrics	3	1.5	0
Myrna Sanchez MD	3	2.25	2
Newcomb Health Center	0	0	0
North Country Health Care	2.25	0.75	1.5
North Country Medical	3	1.5	2
Peru Family Health Care	3	3	0
Plattsburgh Pediatrics	3	2.25	1.5
Plattsburgh Primary	2.25	3	2
Rainbow Pediatrics	3	2.25	2
Smith House Health Care Center	3	2.25	0.5
Stephen Hausrath MD	3	0	2
Victor Castine MD	0	0	0
William Pelton MD	0.75	0.75	0.5
Totals By Element	65.25	47.25	37
Average Scores by Element	1.98	1.43	1.12

Currently 22 practices out of 33 participating meet the e-prescribing criteria by scoring at least 75% on Element A: Uses electronic system to write prescriptions of Standard 5. The possible score for this element is 3 points, while the average score for all participating practices is 1.98 or 66%.

48% of practices scored 50% or higher in all three e-prescribing requirements.

The table at left provides detail on all practice scores. Since this is a “Must Meet” element for participation in the Adirondack Medical Home Demonstration project, but not a “Must Pass” element for NCQA medical home recognition we have highlighted the passing scores in green rather than yellow.

6.3.2. Meeting NCQA Level II or III Recognition

Another of the requirements of the Adirondack Medical Home Project is that participating practices must apply and obtain NCQA Medical Home Level II or III Recognition within the first twelve months of the demonstration project. Currently no organization meets the Level II and III requirements, which necessitate obtaining 50% in all NCQA-determined “Must Pass” elements. The reported performance against “Must Pass” elements is illustrated in the table below.

NCQA Must Pass Elements										
	1				3		6	7	8	
Standard	A	B	D	E	A	B	A	A	A	C
Possible Score by Element	4	5	6	4	3	4	7	4	3	3
Must Pass Score for Level II or III	2	2.5	3	2	1.5	2	3.5	2	1.5	1.5
Practice Name										
Adirondack Internal Med & Ped	2	0	4.5	2	0	3	7	4	0	0
Adirondack Medical Ctr Health Clinics	0	0	6	0	0	0	1.75	3	0	0
Adirondack Medical Practice LLC	4	3.75	4.5	0	0	0	0	0	0	0
Adirondack Primary Care	0	0	6	0	0	3	1.75	3	1.5	0
Anjni Bhagat MD	0	0	3	2	0	0	0	3	0	0
Benardot Pediatrics	0	0	1.5	2	0	0	1.75	0	0	0
Craig Richards MD	0	0	3	0	0	2	1.75	0	0	0
CVPH Health Care Center	0	0	4.5	3	0	3	0	0	0	0
David Anderson MD	0	1.25	6	2	0	4	3.5	2	0	0
Debra Clark MD	0	0	6	0	0	4	7	3	0	0
Elizabethtown Comm. Hosp.	1	0	0	0	0	0	3.5	0	1.5	1.5
Gerald Cahill MD	0	0	3	0	0	0	1.75	0	0	0
Great North Woods Medical	0	0	6	3	0	0	3.5	0	0	0
Hudson Headwaters HN	2	0	3	3	1.5	0	0	3	3	3
Josh Schwartzberg DO	3	1.25	6	4	0	0	0	0	0	3
Kevin McCullum MD	0	1.25	6	2	1.5	2	3.5	0	0	0
Kris Ambler MD	0	3.75	6	4	3	4	0	3	0	0
Lake City Primary Care	1	0	3	0	0	0	1.75	0	0	0
Long Lake Health Center	0	3.75	4.5	4	0	0	7	3	0	0
Medical Assoc-Saranac Lake NY	0	0	4.5	0	0	0	3.5	0	0	0
Mountain View Pediatrics	0	0	0	0	0	0	1.75	4	0	0
Myrna Sanchez MD	0	2.5	3	3	0	2	1.75	3	3	0
Newcomb Health Center	4	1.25	6	0	3	1	7	4	0	0
North Country Health Care	0	0	1.5	2	0	2	1.75	0	0	0
North Country Medical	0	0	0	0	0	0	1.75	0	0	0
Peru Family Health Care	1	1.25	6	2	0.75	0	7	0	0	0
Plattsburgh Pediatrics	0	0	0	0	0	0	1.75	0	1.5	0
Plattsburgh Primary	4	3.75	6	2	0	0	7	4	1.5	0
Rainbow Pediatrics	0	3.75	6	4	0	4	7	0	1.5	0
Smith House Health Care Center	3	3.75	4.5	0	0	4	1.75	4	0	0
Stephen Hausrath MD	0	0	3	0	0	0	0	0	0	0
Victor Castine MD	0	0	4.5	2	0	3	0	0	0	0
William Pelton MD	0	0	4.5	4	0	0	1.75	2	0	0
Totals By Element	25	31.25	132	50	9.75	41	89.3	48	13.5	7.5
Average Scores by Element	0.76	0.95	4.00	1.52	0.30	1.24	2.70	1.45	0.41	0.23

As the chart demonstrates, no organization currently meets all of the “Must Pass” elements at the baseline assessment. Therefore, no organization meets the requirements as a NCQA Level II or III Medical Home. In addition to meeting the “Must Pass” criteria, practices must accumulate a total of 50 points for Level II and 75 total points for Level III recognition. These points can be accumulated from any of the remaining standards and elements. The following tables detail practices’ current self-assessment scores for quality, access, coordination of care, and HIT capability standards and elements.

Table: Quality Improvement

Only one participating practice reported compliance with all the Quality Improvement standards and elements. Five of the nine Quality Improvement elements are considered “Must Pass.” The average self assessment score for all Quality Improvement elements is 28% of possible points.

Standard	Quality Improvement								
	2		3	8					
	D	E	A	A	B	C	D	E	F
Possible Score by Element	6	4	3	3	3	3	3	2	1
Practice Name									
Adirondack Internal Med & Ped	4.5	2	0	0	0	0	0	0	0
Adirondack Medical Ctr Health Clinics	6	0	0	0	0	0	0	0	0
Adirondack Medical Practice LLC	4.5	0	0	0	3	0	0	0	0
Adirondack Primary Care	6	0	0	1.5	0	0	0	0	0
Anjni Bhagat MD	0	0	0	1.5	0	0	0	0	0
Benardot Pediatrics	1.5	2	0	0	0	0	0	0	0
Craig Richards MD	3	0	0	0	0	0	0	2	0
CVPH Health Care Center	4.5	3	0	0	0	0	0	0	0
David Anderson MD	6	2	0	0	0	0	0	0	1
Debra Clark MD	6	0	0	0	0	0	0	0	0
Elizabethtown Comm. Hosp.	0	0	0	1.5	3	1.5	3	2	0
Gerald Cahill MD	3	0	0	0	1.5	0	0	0	0
Great North Woods Medical	6	3	0	0	0	0	0	0	0
Hudson Headwaters HN	3	3	1.5	3	3	3	3	2	1
Josh Schwartzberg DO	6	4	0	0	0	3	0	0	0
Kevin McCullum MD	6	2	1.5	0	0	0	0	0	1
Kris Ambler MD	6	4	3	0	0	0	0	0	0
Lake City Primary Care	3	0	0	0	0	0	0	0	0
Long Lake Health Center	4.5	4	0	0	0	0	0	0	0
Medical Assoc-Saranac Lake NY	4.5	0	0	0	0	0	0	0	0
Mountain View Pediatrics	0	0	0	0	1.5	0	0	0	0
Myrna Sanchez MD	3	3	0	3	3	0	0	0	0
Newcomb Health Center	6	0	3	0	0	0	0	0	0
North Country Health Care	1.5	2	0	0	0	0	0	0	0
North Country Medical	0	0	0	0	0	0	0	0	0
Peru Family Health Care	6	2	0.75	0	0	0	0	0	0
Plattsburgh Pediatrics	0	0	0	1.5	0	0	0	0	0.25
Plattsburgh Primary	6	2	0	1.5	0	0	0	0	0
Rainbow Pediatrics	6	4	0	1.5	0	0	0	0	0
Smith House Health Care Center	4.5	0	0	0	0	0	0	0	0
Stephen Hausrath MD	3	0	0	0	0	0	0	0	0
Victor Castine MD	4.5	2	0	0	0	0	0	0	0
William Pelton MD	4.5	4	0	0	0	0	0	0	0
Totals By Element	129	48	9.75	15	15	7.5	6	6	3.25
Average Scores by Element	3.91	1.45	0.30	0.45	0.45	0.23	0.18	0.18	0.10
% to possible points	65%	36%	10%	15%	15%	8%	6%	9%	10%

Table: Access Standards

Access to Care	1	
Standard	A	B
Possible Score by Element	4	5
Score Needed for Level II or Level III	2	2.5
Practice Name		
Adirondack Internal Med & Ped	2	0
Adirondack Medical Ctr Health Clinics	0	0
Adirondack Medical Practice LLC	4	3.75
Adirondack Primary Care	0	0
Anjni Bhagat MD	0	0
Benardot Pediatrics	0	0
Craig Richards MD	0	0
CVPH Health Care Center	0	0
David Anderson MD	0	1.25
Debra Clark MD	0	0
Elizabethtown Comm. Hosp.	1	0
Gerald Cahill MD	0	0
Great North Woods Medical	0	0
Hudson Headwaters HN	2	0
Josh Schwartzberg DO	3	1.25
Kevin McCullum MD	0	1.25
Kris Ambler MD	0	3.75
Lake City Primary Care	1	0
Long Lake Health Center	0	3.75
Medical Assoc-Saranac Lake NY	0	0
Mountain View Pediatrics	0	0
Myrna Sanchez MD	0	2.5
Newcomb Health Center	4	1.25
North Country Health Care	0	0
North Country Medical	0	0
Peru Family Health Care	1	1.25
Plattsburgh Pediatrics	0	0
Plattsburgh Primary	4	3.75
Rainbow Pediatrics	0	3.75
Smith House Health Care Center	3	3.75
Stephen Hausrath MD	0	0
Victor Castine MD	0	0
William Pelton MD	0	0
Totals By Element	25	31.25
Average Scores by Element	0.76	0.95
% to possible points	19%	19%

Both elements within the Access to Care Standard are “Must Pass” elements.

Only 3 of 33 participating practices meet the score required to pass both elements.

The average score of less than 1 for both elements results in a low 19% of potential points.

Table: Coordination of Care

Coordination of Care						
	2	3			6	7
Standard	F	C	D	E	A	A
Possible Score by Element	3	3	5	5	7	4
Practice Name						
Adirondack Internal Med & Ped	1.5	1.5	2.5	5	7	4
Adirondack Medical Ctr Health Clin	0	0	2.5	0	1.75	3
Adirondack Medical Practice LLC	2.25	0	0	0	0	0
Adirondack Primary Care	1.5	0	0	0	1.75	3
Anjni Bhagat MD	0	0	0	0	0	3
Benardot Pediatrics	0	0	0	0	1.75	0
Craig Richards MD	0	0	2.5	3.75	1.75	0
CVPH Health Care Center	0	0	3.75	0	0	0
David Anderson MD	0	3	5	3.75	3.5	2
Debra Clark MD	0	3	0	3.75	7	3
Elizabethtown Comm. Hosp.	0	0	0	0	3.5	0
Gerald Cahill MD	0	0	0	0	1.75	0
Great North Woods Medical	0	0	3.75	0	3.5	0
Hudson Headwaters HN	0	2.25	0	3.75	0	3
Josh Schwartzberg DO	3	2.25	0	0	0	0
Kevin McCullum MD	0	1.5	3.75	5	3.5	0
Kris Ambler MD	2.25	3	5	5	0	3
Lake City Primary Care	0	2.25	0	2.5	1.75	0
Long Lake Health Center	1.5	1.5	0	3.75	7	3
Medical Assoc-Saranac Lake NY	0	0	2.5	0	3.5	0
Mountain View Pediatrics	1.5	0	0	0	1.75	4
Myrna Sanchez MD	1.75	0	1.25	0	1.75	3
Newcomb Health Center	2.25	2.25	1.25	5	7	4
North Country Health Care	0	0	0	0	1.75	0
North Country Medical	0	0	0	3.75	1.75	0
Peru Family Health Care	1.5	2.25	0	2.5	7	0
Plattsburgh Pediatrics	1.5	2.25	0	0	1.75	0
Plattsburgh Primary	2.25	0	0	5	7	4
Rainbow Pediatrics	2.25	1.5	5	5	7	0
Smith House Health Care Center	2.25	3	2.5	5	1.75	4
Stephen Hausrath MD	0	0	0	0	0	0
Victor Castine MD	0	0	3.75	0	0	0
William Pelton MD	0	0	0	3.75	1.75	2
Totals By Element	27.25	31.5	45	66.25	89.25	48
Average Scores by Element	0.83	0.95	1.36	2.01	2.70	1.45
% to possible points	28%	32%	27%	40%	39%	36%

Two of the six elements within the Coordination of Care Standard are “Must Pass”.

Only 3 of 33 participating practices reported some level of compliance with all the elements associated with Coordination of Care.

The score for all practices against all Coordination of Care elements is 168 out of a possible 891. This translates to only 18% of potential points earned across all participating practices.

Table: HIT Requirements

None of the HIT requirements are NCQA “Must Pass” elements.

None of the 33 participating practices obtained points in all the elements required.

The average score of the HIT elements is 7.36, which represents 33% of potential points obtained.

HIT	2			3	6	9		
Standard	A	B	C	B	B	A	B	C
Possible Score by Element	2	3	3	4	6	1	2	1
Practice Name								
Adirondack Internal Med & Ped	2	3	2.25	0	6	0	0	0
Adirondack Medical Ctr Health Clinics	2	2.25	3	0	6	0	0	0
Adirondack Medical Practice LLC	2	0	0	0	0	0	0	0
Adirondack Primary Care	1.5	1.5	2.25	0	3	0	0	0
Anjni Bhagat MD	2	3	1.5	0	3	0	0	0
Benardot Pediatrics	2	2.25	2.25	0	0	0	0	0
Craig Richards MD	2	3	3	2	0	0	0	0
CVPH Health Care Center	0	0	2.25	0	0	0	0	0
David Anderson MD	1.5	0	0	0	4.5	0	0	0
Debra Clark MD	1.5	0	0	0	0	0	0	0
Elizabethtown Comm. Hosp.	2	0	0	0	4.5	0.5	0	0
Gerald Cahill MD	2	1.5	3	0	3	0	0	0
Great North Woods Medical	0	0	0	0	3	0	0	0
Hudson Headwaters HN	2	0	0	0	0	0	0	0
Josh Schwartzberg DO	2	3	0	0	3	0	0	0
Kevin McCullum MD	1.5	0	0	0	3	0	0	0
Kris Ambler MD	2	3	2.25	3	4.5	0	0	0
Lake City Primary Care	2	3	3	0	3	0	0	0
Long Lake Health Center	2	0	0	0	0	0	0	0
Medical Assoc-Saranac Lake NY	0	0	2.25	0	0	0	0	0
Mountain View Pediatrics	1.5	3	0	4	3	0.5	0	0
Myrna Sanchez MD	2	3	3	2	4.5	0	0	0
Newcomb Health Center	2	0	0	2	0	0	0	0
North Country Health Care	2	2.25	1.5	0	0	0	0	0
North Country Medical	2	1.5	0	0	0	0	0	0
Peru Family Health Care	2	3	0	4	4.5	0.75	0	0
Plattsburgh Pediatrics	1.5	2.25	1.5	4	0	0	0	0
Plattsburgh Primary	1.5	2.25	3	0	4.5	0	0	0
Rainbow Pediatrics	2	2.25	3	4	0	0	0	0
Smith House Health Care Center	2	0	0	3	0	0	0	0
Stephen Hausrath MD	2	1.5	0	0	3	0	0	0
Victor Castine MD	2	0	2.25	0	0	0	0	0
William Pelton MD	2	3	0	0	0	0	0	0
Totals By Element	56.5	49.5	41.25	28	66	1.75	0	0
Average Scores by Element	1.71	1.50	1.25	0.85	2.00	0.05	0.00	0.00
% to possible points	86%	50%	42%	21%	33%	5%	0%	0%

Table: Patient Self Management Requirements

Patient Self Management	4	
Standard	A	B
Possible Score by Element	2	4
Practice Name		
Adirondack Internal Med & Ped	0	3
Adirondack Medical Ctr Health Clinics	0	0
Adirondack Medical Practice LLC	0	0
Adirondack Primary Care	0	3
Anjni Bhagat MD	0	0
Benardot Pediatrics	0	0
Craig Richards MD	0	2
CVPH Health Care Center	0	3
David Anderson MD	0	4
Debra Clark MD	0	4
Elizabethtown Comm. Hosp.	2	0
Gerald Cahill MD	0	0
Great North Woods Medical	0	0
Hudson Headwaters HN	1	0
Josh Schwartzberg DO	0	0
Kevin McCullum MD	0	2
Kris Ambler MD	1	4
Lake City Primary Care	0	0
Long Lake Health Center	0	0
Medical Assoc-Saranac Lake NY	0	0
Mountain View Pediatrics	0	0
Myrna Sanchez MD	0	2
Newcomb Health Center	0	1
North Country Health Care	2	2
North Country Medical	0	0
Peru Family Health Care	1	0
Plattsburgh Pediatrics	0	0
Plattsburgh Primary	1	0
Rainbow Pediatrics	1	4
Smith House Health Care Center	2	4
Stephen Hausrath MD	0	0
Victor Castine MD	0	3
William Pelton MD	0	0
Totals By Element	11	41
Average Scores by Element	0.33	1.24
% to possible points	17%	31%

One of the two elements of Patient Self-Management is “Must Pass”.

39% of the participating practices passed the “Must Pass” element related to patient self-management but only four of the participating practices passed both elements.

The average for element A is 17% of the potential points, while the average for the “Must Pass” element B is 31% of the possible points.

6.3.3. Work Plans to Address Gaps of Performance

As you can see from the data provided, no participating practice qualifies for Level II or III recognition currently. Only 11 out of 33 practices scored high enough to meet Level I recognition requirements, which requires 25 to 49 points across all standards plus a score of 50% for one-half all the Must Pass elements. However, 24 of the participating practices have set Level III recognition as their goal while nine aspire to Level II recognition. Each participating practice’s target goal score by element is included at Appendix B.

The table below illustrates the timeline established for all participating practices to meet specific elements, including the NCQA “Must Pass” elements and the Adirondack Medical Home Demonstration “Must Pass” elements.

End of Month Deadlines	Feb	April	June	July	Aug	Sept	Oct
Element							
Access to Care							
1A Access and Communication Processes		X					
1B Access and Communication Results					X		
Quality Improvement							
2D Organizing Clinical Data				X			
2E Identifying Important Conditions	X						
3A Guidelines for Important Conditions		X					
8A Measures of Performance					X		
8B Patient Experience Data					X		
8C Reporting to Physicians					X		
8D Setting Goals and Taking Actions					X		
8E Reporting and Standardized Measures							X
8F Electronic Reporting - External Entities							X
Coordination of Care							
2F Use of System of Population Management						X	
3C Practice Organization				X			
3D Care Management for Important Conditions				X			
3E Continuity of Care						X	
6A Test Tracking and Follow Up						X	
7A Referral Tracking						X	
HIT							
2A Basic System for Managing Patient Data				X			
2B Electronic System for Clinical Data				X			
2C Use of Electronic Clinical Data				X			
3B Preventive Service Clinician Reminders				X			
6B Electronic System for Managing Tests						X	
9A Availability of Interactive Website	Optional Element - No Deadline Date						
9B Electronic Patient Identification	Optional Element - No Deadline Date						
9C Electronic Care Management Support	Optional Element - No Deadline Date						
Patient Self Management							
4A Documenting Communication Needs				X			
4B Self-Management Support				X			
e-Prescribing							
5A Electronic Prescription Writing			X				
5B Prescribing Decision Support - Safety			X				
5C Prescribing Decision Support - Efficiency			X				
Yellow = Must Pass Element							
Green = Must Pass for ADK Pilot							

Based on the self assessment conducted and the participating practice’s recognition level goal, each practice has been given a work plan to meet the Demonstration requirements. Each work plan has two elements:

1. A Dashboard that shows Element deadlines and Transformation status
2. A Detailed Status Report (DSR) outlining targeted actions for each Element to obtain the points necessary for recognition

EPH maintains a data base for each practice with these work plans. We have attached a sample illustrating the work plan tables for each element for one of the participating practices in Appendix C.

The specific Element timeline goals for practices participating in the Adirondack Medical Home Demonstration are shown below:

End of Month Deadlines	Feb	April	June	July	Aug	Sept	Oct
Element							
1A Access and Communication Processes		X					
1B Access and Communication Results					X		
2A Basic System for Managing Patient Data				X			
2B Electronic System for Clinical Data				X			
2C Use of Electronic Clinical Data				X			
2D Organizing Clinical Data				X			
2E Identifying Important Conditions	X						
2F Use of System of Population Management						X	
3A Guidelines for Important Conditions		X					
3B Preventive Service Clinician Reminders				X			
3C Practice Organization				X			
3D Care Management for Important Conditions				X			
3E Continuity of Care						X	
4A Documenting Communication Needs				X			
4B Self-Management Support				X			
5A Electronic Prescription Writing			X				
5B Prescribing Decision Support - Safety			X				
5C Prescribing Decision Support - Efficiency			X				
6A Test Tracking and Follow Up						X	
6B Electronic System for Managing Tests						X	
7A Referral Tracking						X	
8A Measures of Performance					X		
8B Patient Experience Data					X		
8C Reporting to Physicians					X		
8D Setting Goals and Taking Actions					X		
8E Reporting and Standardized Measures							X
8F Electronic Reporting - External Entities							X
9A Availability of Interactive Website	Optional Element - No Deadline Date						
9B Electronic Patient Identification	Optional Element - No Deadline Date						
9C Electronic Care Management Support	Optional Element - No Deadline Date						
Yellow = Must Pass Element							
Green = Must Pass for ADK Pilot							

6.3.4. Technology Capabilities

In addition to assessing participating practices in terms of their ability to meet NCQA Medical Home recognition, EPH also assessed the current technology capabilities of existing practices. Detailed information is provided in the chart below. Highlights of our findings:

- 97% of reporting practices currently utilize a practice management (PM) system
- 82% of the reporting practices utilize an electronic medical record (EMR) system
- 100% of reporting practices have high speed internet access
 - 55% use DSL
 - 24% use cable modems
 - 21% have a T1 line

Of the practices with an EMR, there are varying levels of point-to-point HL7 interfaces.

- 74% have an integrated their PM and EMR
- 44% have an interface for some lab results
- 19% have an interface for some imaging reports

Practice	Practice Mgmt System	EMR	Interface Use			Internet Connection Type
			Practice Mgmt Syst?	Lab Results?	Radiology Results?	
HHHN	Yes	no				T1
Adirondack Medical Ctr LLC	Yes	no				DSL
Adirondack Primary Care	Yes	yes	yes	no	no	DSL
Anjni Bhagat MD	Yes	yes	yes	yes	no	DSL
Benardot Pediatrics	Yes	yes	yes	no	no	DSL
Craig Richards MD	Yes	yes	yes	no	no	Cable
CVPH-HCC	Yes	no				T1
David Anderson MD	Yes	yes	yes	yes	no	DSL
Debra Clark MD	Yes	yes	yes	no	no	DSL
Elizabethtown Comm. Hosp.	Yes	Yes	yes	yes	yes	T1
Gerald Cahill MD	Yes	Yes	yes	no	no	T1
Great North Woods	Yes	Yes	yes	yes	no	DSL
Josh Schwartzberg DO	Yes	yes	yes	yes	no	Cable
Kevin McCullum MD	Yes	yes	yes	yes	yes	DSL
Kris Ambler MD	Yes	yes	yes	no	no	DSL
Lake City Primary Care	Yes	yes	yes	no	no	DSL
Mountain View Pediatrics	Yes	yes	yes	no	no	DSL
Myrna Sanchez MD	Yes	yes	yes	yes	no	DSL
North Country Health Care	Yes	yes	no	no	no	Cable
North Country Medical	Yes	yes	no	no	no	DSL
Peru Family Health Care	no	Yes	no	yes	no	Cable
Plattsburgh Pediatrics	Yes	yes	yes	no	no	DSL
Plattsburgh Primary	Yes	yes	yes	no	no	T1
Rainbow Pediatrics	Yes	yes	yes	no	no	T1
Smith House Health Center	Yes	yes	no	no	no	Cable
Stephen Hausrath MD	Yes	yes	yes	yes	no	DSL
Victor Castine MD	Yes	no				DSL
William Pelton MD	Yes	yes	yes	no	no	Cable
Adirondack Internal Medicine	Yes	Yes	no	yes	yes	Cable
Long Lake Health Center	Yes	no				DSL
Medical Associates - Saranac Lake	Yes	yes	no	yes	yes	T1
Newcomb Health Center	Yes	no				Cable
North Country Family Physicians	yes	yes	no	yes	yes	DSL

APPENDIX A: Consolidated Self-Assessment Score Sheet

Standard	1		2				3				4		5			6		7		8				9			Total Points S.A.	Total Points Goal	% to Goal					
	A	B	A	B	C	D	E	F	A	B	C	D	E	A	B	C	A	B	A	A	B	C	D	E	F	A				B	C			
Possible Score by Element	4	5	2	3	3	6	4	3	3	4	3	5	5	2	4	3	3	2	7	6	4	3	3	3	3	2	1	1	2	1	100	100	100	
Practice Name																																		
Adirondack Internal Med & Ped	2	0	2	3	2.25	4.5	2	1.5	0	0	1.5	2.5	5	0	3	3	1.5	1.5	7	6	4	0	0	0	0	0	0	0	0	0	0	52.25	85.5	61%
Adirondack Medical Ctr Health Clinics	0	0	2	2.25	3	6	0	0	0	0	0	2.5	0	0	0	3	2.3	1.5	1.75	6	3	0	0	0	0	0	0	0	0	0	0	33.25	83	40%
Adirondack Medical Practice LLC	4	3.75	2	0	0	4.5	0	2.25	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	0	0	0	0	0	0	0	0	19.5	84.5	23%
Adirondack Primary Care	0	0	1.5	1.5	2.25	6	0	1.5	0	0	0	0	0	0	3	3	3	1.5	1.75	3	3	1.5	0	0	0	0	0	0	0	0	0	32.5	74	44%
Anjni Bhagat MD	0	0	2	3	1.5	3	2	0	0	0	0	0	0	0	0	0	0.8	1.5	0	3	3	0	0	0	0	0	0	0	0	0	0	19.75	51.5	38%
Benardot Pediatrics	0	0	2	2.25	2.25	1.5	2	0	0	0	0	0	0	0	0	2.25	2.3	1.5	1.75	0	0	0	0	0	0	0	0	0	0	0	0	17.75	62.5	28%
Craig Richards MD	0	0	2	3	3	3	0	0	2	0	2.5	3.75	0	2	3	1.5	2	1.75	0	0	0	0	0	0	2	0	0	0	0	0	0	31.5	67.25	47%
CVPH Health Care Center	0	0	0	2.25	4.5	3	3	0	0	0	3.8	0	0	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	16.5	85.25	19%
David Anderson MD	0	1.25	1.5	0	0	6	2	0	0	0	3	5	3.75	0	4	3	1.5	1.5	3.5	4.5	2	0	0	0	0	0	1	0	0	0	0	43.5	88.25	49%
Debra Clark MD	0	0	1.5	0	0	6	0	0	0	0	3	0	3.75	0	4	0	0	0	7	0	3	0	0	0	0	0	0	0	0	0	0	28.25	81.75	35%
Elizabethtown n Comm. Hosp.	1	0	2	0	0	0	0	0	0	0	0	0	0	2	0	3	3	2	3.5	4.5	0	1.5	3	1.5	3	2	0	0.5	0	0	0	32.5	88.5	37%
Gerald Cahill MD	0	0	2	1.5	3	3	0	0	0	0	0	0	0	0	0	0.75	0.8	0.5	1.75	3	0	0	1.5	0	0	0	0	0	0	0	0	17.75	79.25	22%
Great North Woods Medical	0	0	0	0	0	6	3	0	0	0	3.8	0	0	0	0	0.75	0.8	0	3.5	3	0	0	0	0	0	0	0	0	0	0	0	20.75	86.25	24%
Hudson Headwaters HN	2	0	2	0	0	3	3	0	1.5	0	2.25	0	3.75	1	0	0	1.5	1.5	0	0	3	3	3	3	3	2	1	0	0	0	0	39.5	78	51%
Josh Schwartzberg DO	3	1.25	2	3	0	6	4	3	0	0	2.25	0	0	0	0	3	3	2	0	3	0	0	0	3	0	0	0	0	0	0	0	38.5	59.5	65%
Kevin McCullum MD	0	1.25	1.5	0	0	6	2	0	1.5	0	1.5	3.8	5	0	2	3	1.5	1.5	3.5	3	0	0	0	0	0	0	1	0	0	0	0	38	84	45%
Kris Ambler MD	0	3.75	2	3	2.25	6	4	2.25	3	3	3	5	5	1	4	2.25	1.5	2	0	4.5	3	0	0	0	0	0	0	0	0	0	0	60.5	93.5	65%
Lake City Primary Care	1	0	2	3	3	3	0	0	0	0	2.25	0	2.5	0	3	2.3	2	1.75	3	0	0	0	0	0	0	0	0	0	0	0	0	28.75	85.75	34%
Long Lake Health Center	0	3.75	2	0	0	4.5	4	1.5	0	0	1.5	0	3.75	0	0	0	0	0	7	0	3	0	0	0	0	0	0	0	0	0	0	31	70.25	44%
Medical Assoc-Saranac Lake NY	0	0	0	2.25	4.5	0	0	0	0	0	2.5	0	0	0	0	3	0.8	0.5	3.5	0	0	0	0	0	0	0	0	0	0	0	0	17	85.25	20%
Mountain View Pediatrics	0	0	1.5	3	0	0	0	1.5	0	4	0	0	0	0	3	1.5	0	1.75	3	4	0	1.5	0	0	0	0	0	0.5	0	0	0	25.25	81.5	31%
Myrna Sanchez MD	0	2.5	2	3	3	3	3	1.5	0	2	0	1.3	0	0	2	3	2.3	2	1.75	4.5	3	3	3	0	0	0	0	0	0	0	0	45.75	82.25	56%
Newcomb Health Center	4	1.25	2	0	0	6	0	2.25	3	2	2.25	1.3	5	0	1	0	0	0	7	0	4	0	0	0	0	0	0	0	0	0	0	41	84.25	49%
North Country Health Care	0	0	2	2.25	1.5	1.5	2	0	0	0	0	0	0	2	2	2.25	0.8	1.5	1.75	0	0	0	0	0	0	0	0	0	0	0	0	19.5	72	27%
North Country Medical	0	0	2	1.5	0	0	0	0	0	0	0	3.75	0	0	3	1.5	2	1.75	0	0	0	0	0	0	0	0	0	0	0	0	0	15.5	80.25	19%
Peru Family Health Care	1	1.25	2	3	0	6	2	1.5	0.75	4	2.25	0	2.5	1	0	3	3	0	7	4.5	0	0	0	0	0	0	0	0.75	0	0	0	45.5	84	54%
Plattsburgh Pediatrics	0	0	1.5	2.25	1.5	0	0	1.5	0	4	2.25	0	0	0	0	3	2.3	1.5	1.75	0	0	1.5	0	0	0	0	0	0.3	0	0	0	23.25	91	25%
Plattsburgh Primary	4	3.75	1.5	2.25	3	6	2	2.25	0	0	0	5	1	0	2.25	3	2	7	4.5	4	1.5	0	0	0	0	0	0	0	0	0	0	55	89	62%
Rainbow Pediatrics	0	3.75	2	2.25	3	6	4	2.25	0	4	1.5	5	5	1	4	3	2.3	2	7	0	0	1.5	0	0	0	0	0	0	0	0	0	59.5	100	60%
Smith House Health Care Center	3	3.75	2	0	0	4.5	0	2.25	0	3	3	2.5	5	2	4	3	2.3	0.5	1.75	0	4	0	0	0	0	0	0	0	0	0	0	46.5	87.25	53%
Stephen Hausrath MD	0	0	2	1.5	0	3	0	0	0	0	0	0	0	0	0	3	0	2	0	3	0	0	0	0	0	0	0	0	0	0	0	14.5	69	21%
Victor Castine MD	0	0	2	0	2.25	4.5	2	0	0	0	3.8	0	0	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	17.5	86.25	20%
William Pelton MD	0	0	2	3	0	4.5	4	0	0	0	0	3.75	0	0	0	0.75	0.8	0.5	1.75	0	2	0	0	0	0	0	0	0	0	0	0	23	64.75	35%
Totals By Element	25	31.3	56.5	49.5	41.3	132	50	27	9.75	28	31.5	45	66.3	11	41	65.25	47	37	89.3	66	48	13.5	15	7.5	6	6	3.3	1.75	0	0	1050.75	2645.25	40%	
Average Scores by Element	0.76	0.95	1.71	1.50	1.25	4.00	1.52	0.82	0.30	0.85	0.95	1.41	2.01	0.33	1.24	1.98	1.43	1.12	2.70	2.00	1.45	0.41	0.45	0.23	0.18	0.18	0.10	0.05	0.00	0.00	31.84	80.16		
% to possible points	19%	19%	86%	50%	42%	67%	38%	27%	10%	21%	32%	28%	40%	17%	31%	66%	48%	56%	39%	33%	36%	14%	15%	8%	6%	9%	10%	5%	0%	0%	32%	80%		

APPENDIX B: Consolidated Goal Target Score Sheet

Remediated Goal Scores - Adirondack Pilot																																	
Standard	1			2				3					4		5			6		7	8					9			Total Goal	Goal Level			
	A	B	A	B	C	D	E	F	A	B	C	D	E	A	B	A	B	C	A	B	A	A	B	C	D	E	F	A			B	C	
Possible Score by Element	4	5	2	3	3	6	4	3	3	4	3	5	5	2	4	3	3	2	7	6	4	3	3	3	3	2	1	1	2	1	100	Level 3	
Practice Name																																	
Adirondack Internal Med & Ped	4	3.75	2	3	3	4.5	4	3	3	3	2.25	3.75	5	1	4	3	2.25	2	7	6	4	1.5	1.5	3	1.5	1.5	0	0.75	1.5	0.75	85.5	Level 3	
Adirondack Medical Ctr Health Clin	4	3.75	2	3	3	6	4	2.25	3	3	2.25	3.75	3.75	2	3	3	2.25	1.5	3.5	6	3	3	3	3	3	2	1	0	0	0	83	Level 3	
Adirondack Medical Practice LLC	4	3.75	2	3	3	6	4	2.25	3	4	1.5	5	5	2	4	2.25	2.25	2	3.5	6	4	3	3	3	3	0	0	0	0	84.5	Level 3		
Adirondack Primary Care	2	2.5	2	3	3	6	4	2.25	3	1	2.25	5	5	2	4	3	3	1.5	3.5	4.5	3	3	0	3	1.5	0	1	0	0	0	74	Level 2	
Anjni Bhagat MD	3	2.5	2	3	2.25	6	3	2.25	1.5	4	1.5	0	0	0	2	3	1.5	1.5	3.5	3	3	1.5	0	1.5	0	0	0	0	0	51.5	Level 2		
Benardot Pediatrics	4	3.75	2	2.25	3	6	4	0	3	3	2.25	0	0	0	3	3	3	2	7	0	3	3	1.5	3	0	0	0	0	0	0.75	62.5	Level 2	
Craig Richards MD	3	3.75	2	3	3	6	3	0	1.5	2	0	5	3.75	0	3	3	2.25	2	3.5	3	3	3	1.5	1.5	0	2	1	0.75	1	0.75	67.25	Level 2	
CVPH Health Care Center	4	3.75	2	3	3	6	4	3	3	4	3	5	5	2	4	2.25	2.25	1.5	3.5	4.5	3	3	3	3	1	0.5	0	0	0	85.25	Level 3		
David Anderson MD	4	3.75	2	3	3	6	4	3	1.5	4	3	5	5	2	4	3	1.5	1.5	3.5	6	4	3	3	1.5	1.5	2	1	0.75	2	0.75	88.25	Level 3	
Debra Clark MD	4	3.75	2	3	3	6	4	2.25	3	4	3	0	5	2	4	2.25	1.5	1.5	7	4.5	3	3	1.5	3	3	1	0.75	0	0	0.75	81.75	Level 3	
Elizabethtown Comm. Hosp.	3	2.5	2	2.25	3	6	3	2.25	3	4	1.5	3.75	5	2	3	3	3	2	7	6	4	3	3	3	3	2	1	0.75	1.5	0	88.5	Level 3	
Gerald Cahill MD	2	3.75	2	3	3	6	4	2.25	3	1	1.5	5	3.75	0	4	2.25	2.25	2	7	4.5	4	3	3	1.5	3	2	0	0.5	0	0	79.25	Level 3	
Great North Woods Medical	4	3.75	2	3	3	6	4	3	3	4	3	5	5	2	4	2.25	2.25	1.5	3.5	4.5	4	3	3	3	3	1	0.5	0	0	86.25	Level 3		
Hudson Headwaters HN	4	3.75	2	3	2.25	4.5	4	3	3	3	3	2.5	5	1	2	2.25	1.5	1.5	3.5	4.5	3	3	3	3	3	2	1	0	0	0.75	78	Level 3	
Josh Schwartzberg DO	4	3.75	2	3	0	6	4	3	3	0	2.25	0	0	2	3	3	3	2	3.5	3	3	3	0	3	0	0	0	0	0	59.5	Level 2		
Kevin McCullum MD	3	2.5	1.5	2.25	3	6	4	3	3	3	3	5	5	1	4	3	2.25	1.5	3.5	6	3	3	3	1.5	1.5	2	1	0.75	2	0.75	84	Level 3	
Kris Ambler MD	4	5	2	3	3	6	4	3	3	3	3	5	5	1	4	2.25	2.25	2	7	6	3	3	1.5	3	3	2	1	0.5	2	1	93.5	Level 3	
Lake City Primary Care	4	3.75	2	3	3	6	4	3	3	2	2.25	5	5	0	4	3	2.25	2	3.5	6	4	3	1.5	3	3	2	1	0.5	1	0	85.75	Level 3	
Long Lake Health Center	4	3.75	2	0	0	6	4	2.25	3	2	2.25	3.75	3.75	1	3	0	0	0	7	4.5	4	3	3	3	3	2	0	0	0	0	70.25	Level 2	
Medical Assoc-Saranac Lake NY	4	3.75	1.5	3	3	6	4	2.25	3	3	2.25	3.75	5	2	4	3	2.25	1.5	7	6	3	3	3	3	3	0	0	0	0	85.25	Level 3		
Mountain View Pediatric	3	3.75	1.5	3	3	4.5	3	2.25	3	4	1.5	5	5	0	4	3	2.25	1.5	3.5	4.5	4	3	1.5	3	3	2	0	0.75	2	1	81.5	Level 3	
Myrna Sanchez MD	3	2.5	2	3	3	6	4	1.5	3	3	1.5	5	5	0	4	3	2.25	2	3.5	6	4	3	3	3	3	2	1	0	0	82.25	Level 3		
Newcomb Health Center	4	2.5	2	0	3	6	4	3	3	4	3	3.75	5	1	3	3	2.25	2	7	3	4	3	3	3	3	2	1	0	0	0.75	84.25	Level 3	
North Country Health Care	4	3.75	2	2.25	3	6	3	3	3	3	2.25	2.5	5	2	2	2.25	1.5	1.5	3.5	6	4	3	0	3	0	0	0	0.5	0	0	72	Level 2	
North Country Medical	4	2.5	2	1.5	3	4.5	4	3	3	4	3	3.75	5	0	3	3	1.5	2	7	6	4	3	1.5	3	1.5	1	0.5	0	0	0	80.25	Level 3	
Peru Family Health Care	4	5	2	3	0	6	4	3	3	4	2.25	0	5	1	3	3	3	0	7	6	4	3	3	3	3	0	0	0.75	2	1	84	Level 3	
Plattsburgh Pediatrics	4	3.75	2	3	2.25	4.5	4	3	3	4	3	3.75	5	2	3	3	3	2	7	6	4	3	3	3	3	1	0.5	0.75	1.5	0	91	Level 3	
Plattsburgh Primary	4	5	1.5	3	3	6	4	3	3	3	0	5	5	1	4	2.25	3	2	7	6	4	3	3	3	3	2	0.25	0	0	0	89	Level 3	
Rainbow Pediatrics	4	5	2	3	3	6	4	3	3	4	3	5	5	2	4	3	3	2	7	6	4	3	3	3	3	2	1	1	2	1	100	Level 3	
Smith House Health Care Center	4	3.75	2	3	3	6	4	3	3	4	3	5	5	2	4	3	3	0.5	7	6	4	3	0	3	3	0	0	0	0	87.25	Level 3		
Stephen Hausrath MD	4	3.75	2	3	2.25	3	4	1.5	3	3	2.25	2.5	0	2	3	3	2.25	2	3.5	4.5	3	3	3	3	1.5	1	0	0	0	69	Level 2		
Victor Castine MD	4	3.75	2	3	3	6	4	3	3	4	2.25	5	5	2	4	3	2.25	1.5	3.5	4.5	4	3	3	3	3	1	0.5	0	0	86.25	Level 3		
William Peiton MD	2	2.5	2	3	1.5	4.5	4	2.25	1.5	3	2.25	3.75	5	2	3	3	2.25	1.5	3.5	3	3	1.5	1.5	1.5	1.5	0	0.25	0	0	0	64.75	Level 2	
Totals By Element	120	118.75	64	88.5	85.5	186	127	81.75	93	104	74.25	121.25	140	42	114	89.25	74.25	53.5	168	162	118	94.5	70.5	90	73.5	38.5	15.75	9	18.5	10	2645.3		
Average Scores by Element	3.6364	3.5985	1.9394	2.6818	2.5909	5.6364	3.8485	2.4773	2.8182	3.1515	2.25	3.6742	4.2424	1.2727	3.4545	2.7045	2.25	1.6212	5.0909	4.9091	3.5758	2.8636	2.1364	2.7273	2.2273	1.1667	0.4773	0.2727	0.5606	0.303	80.16		
% to possible points	85%	70%	95%	88%	76%	90%	93%	83%	85%	70%	63%	70%	82%	63%	80%	86%	70%	74%	74%	82%	88%	86%	70%	83%	68%	63%	52%	23%	31%	35%			

APPENDIX C: Sample Work Plan

NCQA Survey as of 2008 for Hudson Headwaters HN using database snapshot from 03/23/2010

Schedule Start: 10-28-2009, End: 10-28-2010
Target Certification Level: 3

PPC	Element	Due	Self Assess Score	Goal Score	Document Submitted Score	Verified Score
PPC1: Access and Communication						
	<u>A: Access and Communication Processes</u> (4)	04-30-2010	2	4	0	0
	<u>B: Access and Communication Results</u> (5)	08-31-2010	0	3.75	0	0
PPC2: Patient Tracking and Registry Functions						
	<u>A: Basic System for Managing Patient Data</u> (2)	07-31-2010	2	2	0	0
	<u>B: Electronic System for Clinical Data</u> (3)	07-31-2010	0	3	0	0
	<u>C: Use of Electronic Clinical Data</u> (3)	07-31-2010	0	2.25	0	0
	<u>D: Organizing Clinical Data</u> (6)	07-31-2010	3	4.5	0	0
	<u>E: Identifying Important Conditions</u> (4)	02-28-2010	3	4	0	0
	<u>F: Use of System for Population Management</u> (3)	09-30-2010	0	3	0	0
PPC3: Care Management						
	<u>A: Guidelines for Important Conditions</u> (3)	04-30-2010	1.5	3	0	0
	<u>B: Preventive Service Clinician Reminders</u> (4)	07-31-2010	0	3	0	0
	<u>C: Practice Organization</u> (3)	07-31-2010	2.25	3	0	0
	<u>D: Care Management for Important Conditions</u> (5)	07-31-2010	0	2.5	0	0
	<u>E: Continuity of Care</u> (5)	09-30-2010	3.75	5	0	0
PPC4: Patient Self-Management Support						
	<u>A: Documenting Communication Needs</u> (2)	07-31-2010	1	1	0	0

<u>B: Self-Management Support</u> (4)	07-31-2010	0	2	0	0
PPC5: Electronic Prescribing					
<u>A: Electronic Prescription Writing</u> (3)	06-30-2010	0	2.25	0	0
<u>B: Prescribing Decision Support—Safety</u> (3)	06-30-2010	1.5	1.5	0	0
<u>C: Prescribing Decision-Support—Efficiency</u> (2)	06-30-2010	1.5	1.5	0	0
PPC6: Test Tracking					
<u>A: Test Tracking and Follow Up</u> (7)	09-30-2010	0	3.5	0	0
<u>B: Electronic System for Managing Tests</u> (6)	09-30-2010	0	4.5	0	0
PPC7: Referral Tracking					
<u>A: Referral Tracking</u> (4)	09-30-2010	3	3	0	0
PPC8: Performance Reporting and Improvement					
<u>A: Measures of Performance</u> (3)	08-31-2010	3	3	0	0
<u>B: Patient Experience Data</u> (3)	08-31-2010	3	3	0	0
<u>C: Reporting to Physicians</u> (3)	08-31-2010	3	3	0	0
<u>D: Setting Goals and Taking Action</u> (3)	08-31-2010	3	3	0	0
<u>E: Reporting Standardized Measures</u> (2)	10-31-2010	2	2	0	0
<u>F: Electronic Reporting—External Entities</u> (1)	10-31-2010	1	1	0	0
PPC9: Advanced Electronic Communication					
<u>A: Availability of Interactive Website</u> (1)		0	0	0	0
<u>B: Electronic Patient Identification</u> (2)		0	0	0	0
<u>C: Electronic Care Management Support</u> (1)		0	0.75	0	0
Total Score:		39.5	78	0	0
Must Pass:		7	10	0	0
Level:		1	3	0	0
Last Modified Date:	03-11-10	03-11-10			

Website © 2010 EastPoint Health LLC.
Assessment content © 2008 National Committee for Quality Assurance

Practice: Hudson Headwaters HN

using database snapshot from 03/23/2010

Element	Required Information	Submit and Score	Tasks	Document Text
<p>1A Access and Communication Processes</p> <p>The practice establishes in writing standards for the following processes to support patient access:</p> <p>Element Deadline Date: 4/30/2010</p> <p>Last Modified Date: 1/16/2010</p>	<p>Questions:</p> <ol style="list-style-type: none"> scheduling each patient with a personal clinician for continuity of care Self-Assessment: No GOAL: Yes coordinating visits with multiple clinicians and/or diagnostic tests during one trip Self-Assessment: Yes determining through triage how soon a patient needs to be seen Self-Assessment: Yes maintaining the capacity to schedule patients the same day they call Self-Assessment: Yes scheduling same day appointments based on practice's triage of patients' conditions Self-Assessment: Yes scheduling same day appointments based on patient's/family's requests Self-Assessment: No providing telephone advice on clinical issues during office hours by physician, nurse or other clinician within a specified time Self-Assessment: No GOAL: Yes providing urgent phone response within a specific time, with clinician support available 24 hours a day, 7 days a week 	<p>Max Score: 4 Self-Assessment: 2 Goal: 4 Submitted: 0 Verified: 0</p>		
	<p>Self-Assessment: No GOAL: Yes</p> <ol style="list-style-type: none"> providing secure e-mail consultations with physician or other clinician on clinical issues, answering within a specified time Self-Assessment: No providing an interactive practice Web site Self-Assessment: No making language services available for patients with limited English proficiency Self-Assessment: Yes identifying health insurance resources for patients/families without insurance. Self-Assessment: Yes <p>Scoring:</p> <ul style="list-style-type: none"> 100% Practice has written process for 9-12 items 75% Practice has written process for 7-8 items 50% Practice has written process for 4-6 items 25% Practice has written process for 2-3 items 			
<p>1B Access and Communication Results</p> <p>The practice's data shows that it meets access and communication standards in 1A:</p> <p>Element Deadline Date: 8/31/2010</p> <p>Last Modified Date: 1/16/2010</p>	<p>Questions:</p> <ol style="list-style-type: none"> visits with assigned personal clinician for each patient Self-Assessment: No GOAL: Yes appointments scheduled to meet the standards in items 2-6 in 1A Self-Assessment: No GOAL: Yes response times to meet standards for timely response to telephone requests Self-Assessment: No 	<p>Max Score: 5 Self-Assessment: 0 Goal: 3.75 Submitted: 0 Verified: 0</p>		