



Virtual Care Accreditation 101

September 24, 2024

The webinar will begin shortly



Virtual Care Accreditation 101

September 24, 2024

Webinar Presenters

NCQA Facility



Amy Awate

Assistant Director,
Recognition Programs



Amelia Bedri

Senior Program Content
Engineer, Product
Management



Claire Mendelson

Manager, Product
Management



Faith Jasso

Senior Analyst, Product
Management



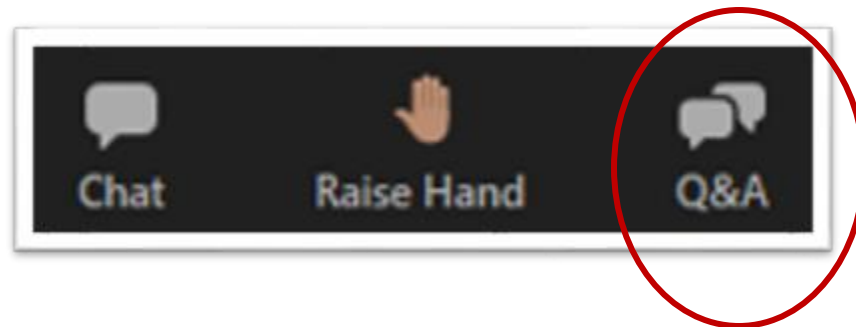
Agenda

- **Opening Remarks**
- **NCQA's Virtual Care Accreditation Program Overview**
- **Virtual Care Accreditation Standards Overview**
- **Scoring, Statuses, and Evaluation Process Overview**
- **Discussion and Q&A**
- **Closing Remarks**

Zoom Housekeeping

How to Submit Questions During the Webinar

- 1) Locate the 'Q&A' icon on the menu bar.
- 2) During the webinar, please submit questions via the 'Q&A' box.
- 3) Your question will be responded to live by one of the presenters.



Opening Remarks

Peggy O’Kane, NCQA Founder and President





Opening Remarks

PEGGY O'KANE, NCQA PRESIDENT



Overview of Program Structure

CLAIRE MENDELSON

Defining Virtual Care

The Department of Health and Human Services defines virtual care as a *subset of a broader category of telehealth.*

Telehealth encompasses:

- *Synchronous and asynchronous video*
- *Telephonic*
- *Email/text interactions*
- Remote patient monitoring
- Digital/apps therapies
- Consumer/patient digital access to clinical/care (e.g., lab results, radiology results etc.)

NCQA is defining virtual care as the use of *digital technologies and communication tools* (video, telephonic and email/text interactions) to provide healthcare services *remotely.*

New Virtual Care Program Structure

Starting with Primary and Urgent Care



Domain-Specific Modules

Module-specific standards applicable to specific care domains. NCQA is first developing standards for **primary and urgent care**. We plan to roll out additional modules in the future. With subsequent rollouts, we also will expand the scope of virtual care we are able to evaluate. *Organizations can come through multiple modules if they provide services in multiple domains.*

Organization Eligibility

Keeping a Services-Focused Approach in Mind



**Provider
Groups &
Health
Systems**



ACOs



**Care Delivery
Organizations**



Health Plans



Retail Health

All qualifying organizations must be HIPAA compliant.

Outcome: Two Different Seals, One Program

Keeping a Services-Focused Approach in Mind

Organizations Providing Oversight



Virtual Care Delivery Oversight Accreditation Seal

Virtual Care Program Quality Activities

Virtual Care Delivery Accreditation Seal

Organizations Providing Direct Services

Roadmap to Quality Virtual Care

Product Goals

Addressing fragmentation

Creating standardization

Streamlining patient experience

Elevating best practices for a growing model of care



Virtual Care Standards Overview

AMELIA BEDRI

NCQA Standards Development Process



Existing NCQA programs such as PCMH and HPA



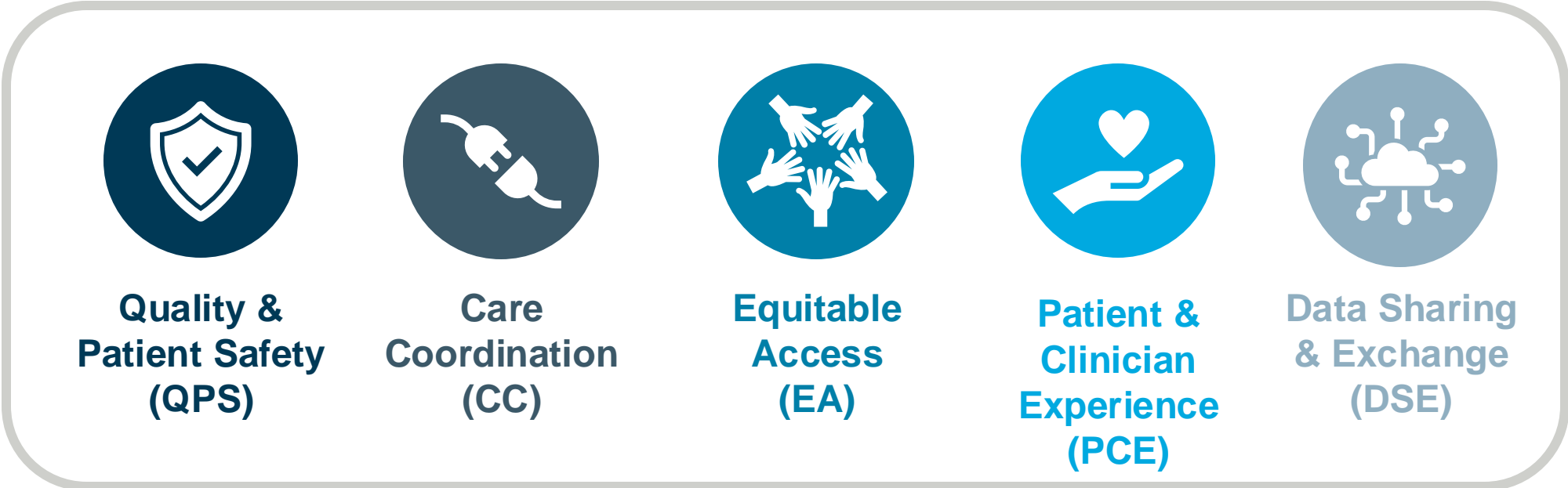
Stakeholder interviews



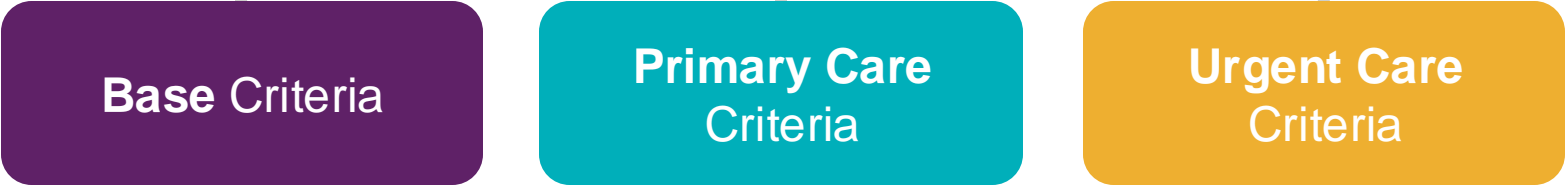
Market trends

Program Structure

Five Standard Concepts



Within Each Category...



Program Table of Contents

29 Base Criteria (applicable to all modules)	14 Primary Care Module Specific Criteria	3 Urgent Care Module Specific Criteria
<ul style="list-style-type: none"> • QPS 1: Program Structure • QPS 4: Patient Consent • QPS 5: Training • QPS 8: Medication Reconciliation • QPS 9: Prescribing Patterns • CC 3: Triageing • CC 4: Appropriate Modality of Care • CC 5: Referral Process • CC 6: Cultural Preferences • CC 9: Referral to Primary Care Practitioner • CC 10: Two-Way Communication • CC 11: Technological Assistance • CC 12: Advanced Technological Assistance • CC 13: Health Education Materials • CC 14: Translated Health Education Materials • CC 15: Evaluation of Supporting Materials • EA 1: Services Covered by Insurance • EA 8: Interpreter Services • EA 9: Staff Training • EA 10: Assessment of Digital Health Literacy • PCE 1: Clinician Availability • PCE 2: Assessment of Clinician Experience • PCE 3: Improve Clinician Experience • PCE 4: Assessment of Patient Experience • PCE 5: Improve Patient Experience • DSE 1: Data Systems • DSE 2: Use of Individual Data • DSE 3: Inform Patients of Data Use • DSE 4: Privacy Protections 	<ul style="list-style-type: none"> • QPS 2: Person-Centered Care Plan • QPS 3: Tracking Person-Centered Goals • QPS 6: Health Assessment • QPS 10: Quality Measurement • CC 1: Patient Intake Process • CC 2: Informed Visit • CC 7: Closed-Loop Referral Systems • CC 16: Information for Appeals • EA 2: Demographic Data Collection • EA 3: Social Needs Data Collection • EA 4: Social Needs Referrals • EA 5: Use of Data to Improve Access • EA 6: Use of Data to Assess Disparities • EA 7: Use of Data to Improve Disparities 	<ul style="list-style-type: none"> • QPS 7: Health Assessment • QPS 11: Quality Measurement • CC 8: Closed-Loop Referral Systems to Primary Care



Quality & Patient Safety

Intent: The organization has the quality improvement infrastructure to ensure the high quality and safe delivery of care through virtual modalities and measures outcomes to improve the services it provides.

Criteria includes:

Program structure

Person centered care plans

Patient safety and consent

Clinical and non-clinical trainings

Health screenings

Medication reconciliation

Prescribing patterns

Assessment of appointment availability

Quality measurement

Use of measures to improve disparities



Care Coordination

Intent: The organization has processes to account for patients across the continuum of care delivery to facilitate informed visits.

Criteria includes:

Informed visit

Appropriate modality of care

Referral agreements and processes

Closed loop referral systems

Referral to primary care practitioner

Two-way communication

Technological assistance

Supporting materials

Information for appeals



Equitable Access

Intent: The organization uses patient data to assess the existence of disparities and to focus quality improvement efforts toward improving the provision of culturally and linguistically appropriate services and decreasing health care disparities.

Criteria includes:

Services covered by insurance

DEI staff trainings

Assessing digital literacy

Demographic data collection

Social needs screenings and referrals

Identifying disparities

Interpreter services



**Patient & Clinician
Experience
(PCE)**

Intent: The organization assesses patient and clinician experience of care delivered through virtual modalities, and implements quality improvement activities to address barriers to access.

Criteria includes:

Assess clinician
availability

Assess and improve
patient experience

Assess and improve
clinician experience



Data Sharing & Exchange

Intent: The organization has processes for the exchange and use of data and informs patients of its processes. As part of the eligibility criteria, the organization must comply with HIPAA and use a HIPAA compliant platform to deliver virtual care.

Criteria includes:

Data systems

Define data usage

Inform patients of data usage

Policies for managing use of and access to data

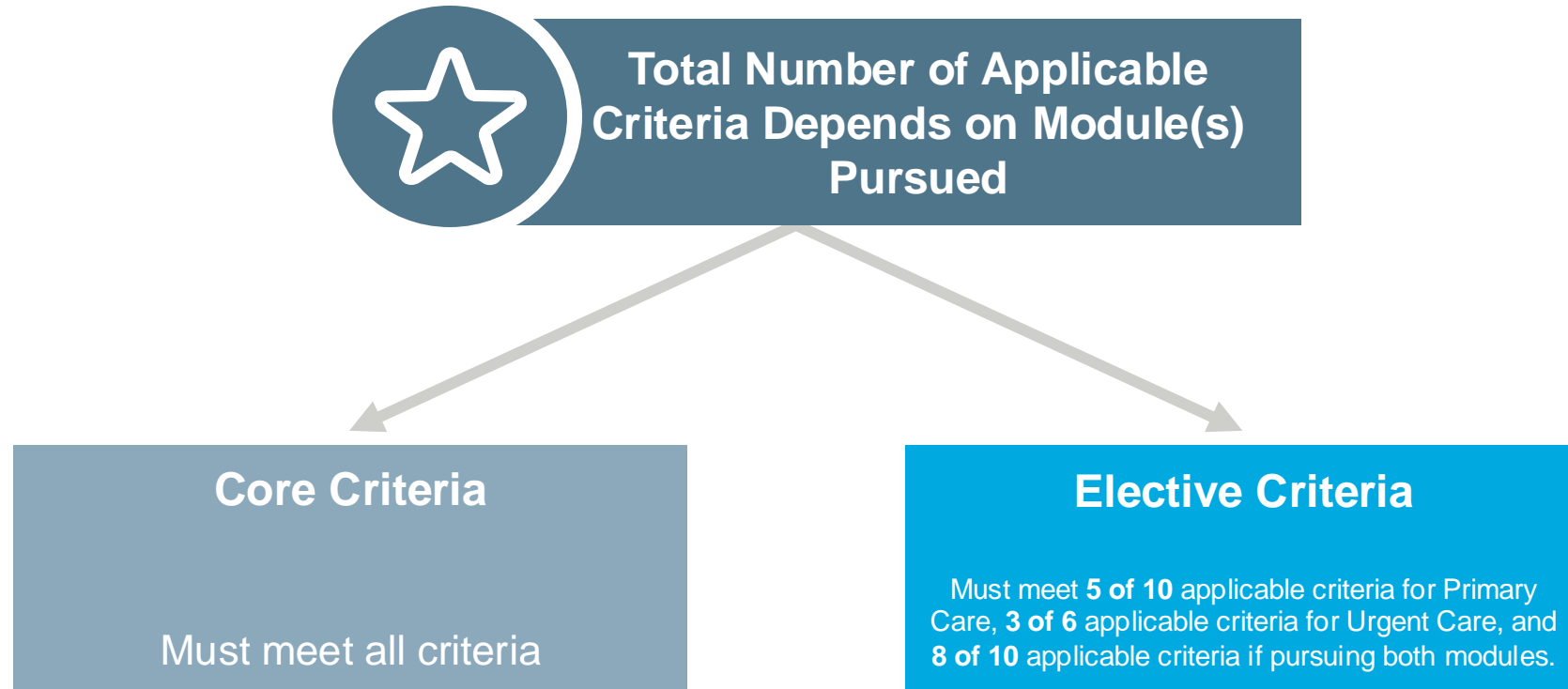


Scoring and Statuses

AMY AWATE

Scoring

By Module



Criteria are scored one of two ways:

- 1. Met:** The organization earns full credit on the requirement.
- 2. Not Met:** The organization earns no credit on the requirement.

Accreditation Status Options



Statuses

Accredited

(Meet all core and applicable elective criteria)

Denied

(Any core criteria or insufficient elective criteria)



Evaluation Process

AMY AWATE

Virtual Care Accreditation Design

3 Parts



- **Part 1:** *Commit*

- Organization enrolls in NCQA's Q-PASS platform which provides access to your assigned NCQA representative, educational resources, and evidence upload



- **Part 2:** *Transform*

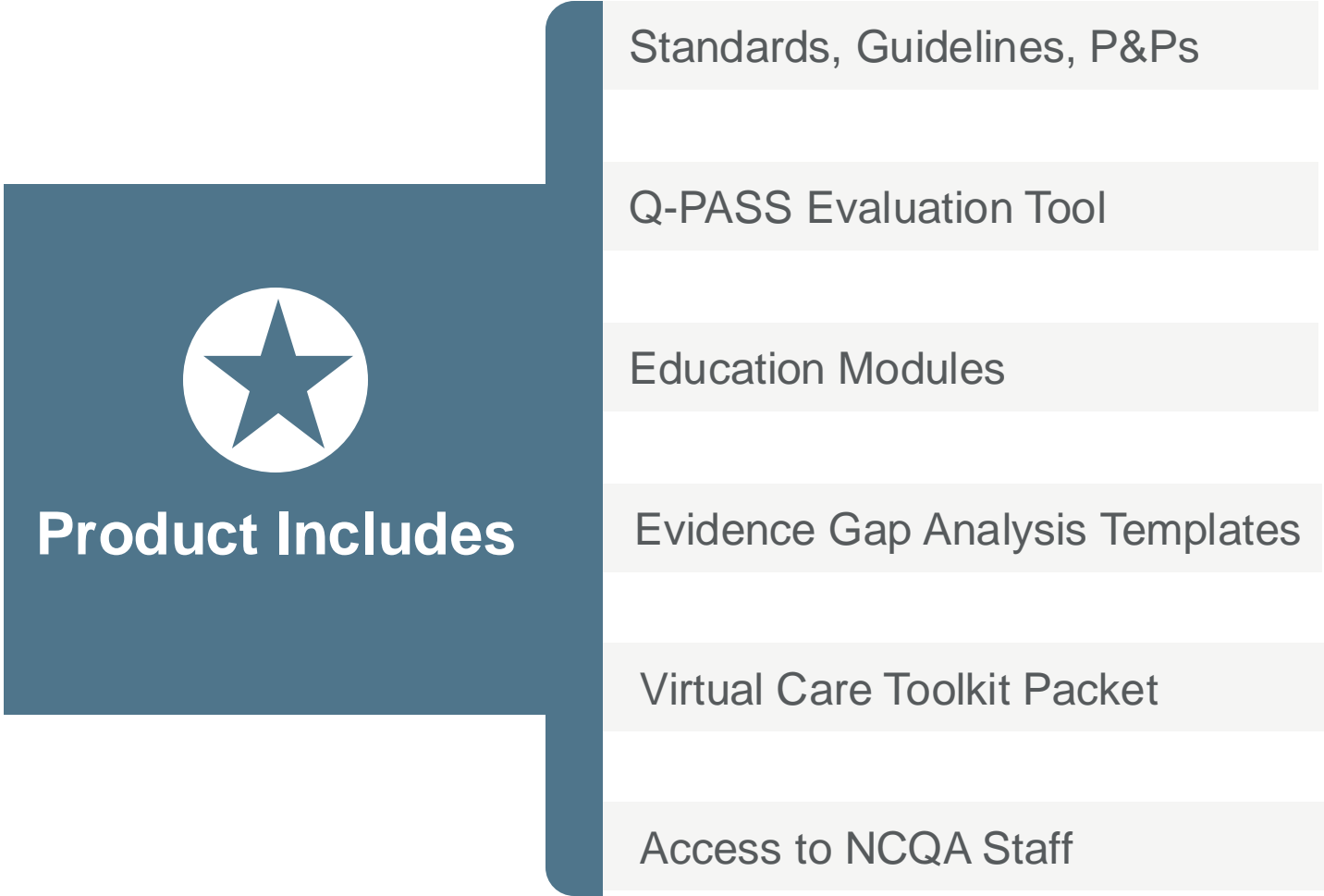
- Organization pre-uploads documented evidence into Q-PASS for review and has up to 3 check ins with assigned Evaluator. Organization can also provide evidence during the check ins
- Organization receives status and seal (Accredited/Denied)



- **Part 3:** *Succeed*

- Organizations will participate in annual reporting process for confirmation of continuing commitment and performance

Virtual Care Accreditation Product Includes...



NCQA
HEALTH
INNOVATION
SUMMIT

THIS IS QUALITY

GAYLORD OPRYLAND RESORT & CONVENTION CENTER

OCTOBER 31 - NOVEMBER 2, 2024

ncqasummit.com



NASHVILLE

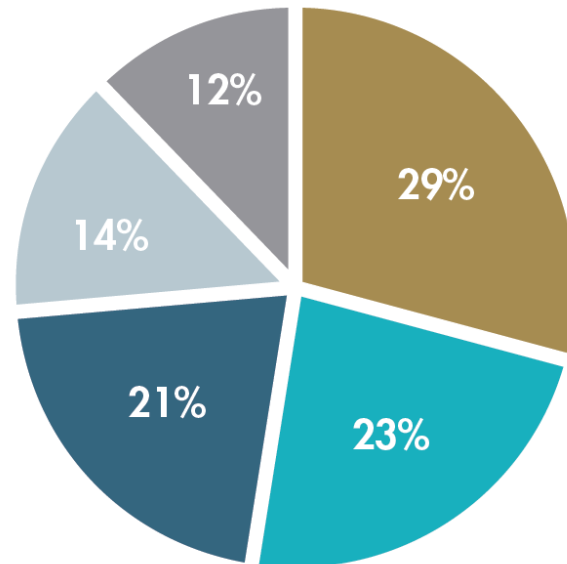
Highlights



WHO ATTENDS

BY TITLE

- ▶ Director: **29%**
- ▶ Analysts/specialists/
consultants: **23%**
- ▶ Manager: **21%**
- ▶ VP: **14%**
- ▶ C-Level executives: **12%**



Tracks

- Equity
- Digital Quality
- Value-Based Care
- Behavioral Health

Session Types

- Pre-conference workshops
- General
- Concurrent
- Quality Conversations
- Meet The Experts
- Peer-to-Peer Conversations
- Spotlight Presentations

HEALTH CARE QUALITY TAKES CENTER STAGE



OCTOBER 31 - NOVEMBER 2, 2024
GAYLORD OPRYLAND RESORT & CONVENTION CENTER

NASHVILLE

[Keynote Speakers- NCQA Health Innovation Summit](#)

Networking & Engagement



Onsite Engagements and Resources

- Receptions
- Business Lounge
- Networking Breaks
- Community Giving
- Evening Music Social

Clockwise from top left: Local Disc Jockey | Line Dancing Instruction | Impersonators



Check out...

[Registrant Directory: NCQA Health Innovation Summit 2024](#)

[Speakers - NCQA Health Innovation Summit](#)

[Meet the Expert: Virtual Care & Lessons Learned from the Pilot:](#)

Thursday, October 31

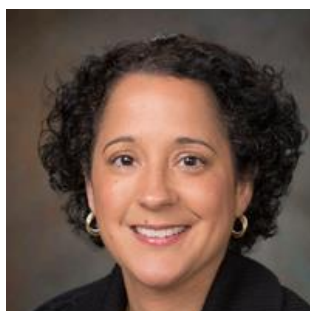
3:00 p.m. – 3:45 p.m.



Amelia
Bedri



Claire
Mendelson



Karen Sheares
MD, PhD

Summary

Why Attend?

- Cutting-edge solutions
- Hands-on learning opportunities
- Fresh insights and actionable strategies
- Network with industry leaders and peers



NCQA HEALTH INNOVATION SUMMIT

SUPER SAVER RATE EXTENDED

OCT 31 - NOV 2, 2024 | NASHVILLE, TN

www.ncqasummit.com

REGISTER NOW

Use code FALL24 and Save



Discussion and Q&A

Discussion & Q&A





Closing Remarks

CLAIRE MENDELSON

