July 1, 2019

Ms. Seema Verma  
Administrator  
Centers for Medicare and Medicaid Services  
Herbert H. Humphrey Building  
200 Independence Avenue, SW  
Washington, DC  20201

Submitted via email to:  CMSCallforActivities@abtassoc.com

Dear Administrator Verma:

The College of Urgent Care Medicine (CUCM) and the Urgent Care Association (UCA) welcome the opportunity to respond to the Centers for Medicare and Medicaid Service’s call for Improvement Activities for inclusion in year five (2021) of the Quality Payment Program (QPP). As detailed in the table below, our organizations seek a new Improvement Activity that will allow urgent care providers to receive credit for UCA urgent care center accreditation.

Since the early 1980s, urgent care centers have been providing care to patients throughout the United States. Adding roughly 500 new centers each year, the urgent care industry continues to grow and meet patient preference for on-demand access to affordable and convenient care. UCA benchmarking finds as of November 2018, the total number of urgent care centers in the United States reached 8,774, up eight percent from 8,125 in 2017, making them a health care site of service for an estimated 89 million patients annually.

Physicians and other health care professionals who provide care in urgent care centers are eager to demonstrate their value to Medicare and the health care system overall; however, it is important the Merit-based Incentive Payment System (MIPS) be relevant to the physicians and other health care providers who practice in urgent care centers.

While accreditation is tied to a facility, accreditation of urgent care centers is unique in that urgent care centers are structured much like a physician’s office, but with extended hours and a broader set of on-site services to treat non-emergent medical needs. In fact, many urgent care centers are owned and operated by physicians, thereby putting physicians at the center of meeting accreditation standards.

By adding UCA accreditation as an Improvement Activity, Medicare will encourage more urgent care centers and their providers meet national standards for safety and quality. UCA began accrediting urgent care centers in
2014. Today, 1,098 urgent care centers have achieved the designation of UCA Accreditation, making the UCA the predominant national organization for evaluating and accrediting urgent care centers.

As part of the accreditation process, UCA evaluates centers based on eight categories that include the following:

- Certification Criteria (scope of care and services)
- Governance
- Patient Care Processes
- Health Record Management
- Human Resources
- Patient Privacy, Rights and Responsibilities
- Physical Environment
- Quality Improvement

Like IA_PSPA_13 “Participation in Joint Commission Evaluation Initiative,” described as “Participation in Joint Commission Ongoing Professional Practice Evaluation initiative,” UCA Accreditation constitutes a “professional practice evaluation initiative.” UCA Accreditation requires applicants to demonstrate and maintain compliance with a comprehensive list of standards, including, but not limited to the following:

- Evidence of written staff/providers performance evaluation every two years, at a minimum, signed by both management and staff.

- Documentation of written policy and evidence of adequate ongoing training/continuing education, including competency evaluations.

- Documentation and evidence of credentials for all medical providers, with the expectation that performance improvement data related to medical providers as it applies to performance, judgment and clinical skills and evidence will be shared with providers and that granting of initial, renewed, revised privileges (reviewed/granted upon change of practice scope or regulatory requirement) will align with the urgent care center’s scope of services provided.

- Documentation of a written overarching plan identifying, at a minimum, three areas of focus for monitoring relevant data and quality including, evidence of data collection, plans of action related to monitoring of data and trends. The expectation is that urgent care centers will identify risk and areas of focus, (e.g., Plan, Do, Study, Act). Markers of success will include, but not limited to, comparing patient care processes against evidence-based medicine, identifying and evaluating errors and near-misses, medication errors, and antibiotic stewardship activities/audits.

- Antibiotic stewardship, which will be measured by ensuring that the urgent care center’s overarching quality improvement plan includes components of antibiotic stewardship with the goal to provide the care consistent with evidence-based medicine and mitigate the proliferation of antibiotic-resistant bacteria. Measures of success will include, but not limited to, ongoing audits of medical records.

- Patient care processes, including a methodology for determining if the patient has a Primary Care Provider or medical home.
• A written infection control and prevention plan.

• Evidence of the quality monitoring mechanisms to address areas for improvement.

• Evidence of mechanism for monitoring patient feedback and/or satisfaction and evidence of activity and response addressing opportunities for improvement

Call for Improvement Activities Submission Form

| Activity Sponsor: | Urgent Care Association and College of Urgent Care Medicine  
| | https://www.ucaoa.org  
| | Laurel Stoimenoff, PT, CHC  
| | CEO  
| | Urgent Care Association  
| | 28600 Bella Vista Parkway, Suite 2010  
| | Warrenville, IL 60555  
| | (331) 472-3747 |

| CMS NPI # or Sponsor Type: | Specialty Organization |

| Activity Title: | Participation in the Urgent Care Association Accreditation Program |

| Activity Description: | To receive credit for this activity, a MIPS eligible clinician must practice in an urgent care center that is taking steps to achieve accreditation and certification through the Urgent Care Association. |

| Proposed Subcategory: | Patient Safety and Practice Assessment |

| Validation of Activity: Supporting Documentation (e.g., peer-reviewed articles, other publications, websites): | Increasingly, commercial payers are requiring UCA Accreditation as a measure of quality. |

| Documentation to Use as Proof of Activity Completion: | Documentation of achieving UCA Accreditation and Certification would substantiate performance of the improvement activity. Acceptable documentation to provide proof of achieving UCA Accreditation and Certification would be in the form of a certificate issued by the UCA that is not expired when proof is requested. In cases where UCA Accreditation and Certification is attempted but not achieved during the performance period, a letter from the UCA identifying that the organization is in the accreditation process is acceptable as proof. |
The addition of the proposed improvement activity, “Participation in the Urgent Care Association Accreditation Program,” will encourage and facilitate the participation in MIPS of physicians and other health care professionals who practice in urgent care centers, thereby improving the quality of care provided to the increasing number of Medicare beneficiaries and other patients who seek care for non-emergent health care needs in this site of service. The UCA would be happy to provide CMS additional information, including the full compendium of accreditation standards, upon request.

Should you have questions or require additional information, please contact Laurel Stoimenoff, UCA CEO at (331) 472-3747 or lstoimenoff@ucaoa.org.

Sincerely,

Laurel Stoimenoff, PT, CHC
Chief Executive Officer
Urgent Care Association

Jasmeet Singh Bhogal, MD
President
College of Urgent Care Medicine

| Level of Effort: | The level of effort required to achieve UCA Accreditation and Certification will depend on the organization’s status at the time of application. UCA recommends that each organization prepares with the standards manual for a minimum of 3 months prior to the on-site survey date. It is not required but recommended to identify one staff person as the “lead” to the accreditation preparation and to take this endeavor on full time. Accreditation and Certification are expected to be maintained throughout the three-year term and to implement any changes made to the standards manual, which is updated and distributed to accredited organizations annually. Outside expenses are determined by the equipment, staff and resources the applying organization has already obtained and if there is a need for a consultant to help with the preparation process. |