Before you Begin – PHCC Application Process

Thank you for your interest in the PHCC Accreditation Program. Centers will complete an application that will assess the program in five areas: **Center Director**, **Center Coordinator**, **Program Staff & Support Services**, **Facilities,** and **Clinical Research (if applicable)**. The initial application must be completed in one sitting and will take approximately 45 minutes to complete once all supporting materials have been collected.

The following documentation is required unless otherwise noted and will be collected during the application process. Please have all documents prepared and collected before you start the application.

REQUIRED DOCUMENTATION - ADULT RCP

- Director CV and CMEs
- Co-Director CV and CMEs (*if applicable*)
- Coordinator CV, CMEs/CEUs and License
- PH Program Staff Table – ***required template provided in folder***
- Letters of Support – ***sample templates provided below***
    - Institutional
    - Collaborative Care
    - Rheumatology
    - Cardiac Anesthesia
    - Lung Transplant
    - Congenital Heart Disease
    - CTEPH Program
    - Palliative Care
    - Pulmonary/Cardiac Rehab
    - Cardiac Cath Lab Director
    - Echo Lab Director
    - PFT Lab Director
- Proof of Echo Lab Accreditation (*if applicable*)
- Exercise Testing Report – 6MWT, CPET, or SHAPE
- Cardiac Cath Lab Protocol for diagnosis of PH patients
- Inhaled Prostacyclin Protocols
    - *If providing parenteral prostacyclins*, prostacyclin infusion protocol
- PI & Primary Clinical Research Coordinator CVs *(if applicable)*
- List of PH-related program publications over the preceding 5 years (*if applicable)*
- PH Research Studies Table (*if applicable - template in folder)*
- IRB Approval and/or Renewal Letters for studies listed PH Research Studies Table (*if applicable)*

Below, a sample of the **Adult RCP** accreditation application has been provided for your review. Please note this application is to be used to prepare for your final application submission, and all applications must be submitted through the **application portal** on the PHA website.

If you have any further questions regarding the initial application process, please reach out to PHCC@PHAssociation.org.

LETTERS OF SUPPORT TEMPLATE SAMPLES

(Please Place on Your Institutional Letterhead and Have Each Letter Signed by the Individual)

GENERAL LETTER OF SUPPORT TEMPLATE - SAMPLE

Date

To the Pulmonary Hypertension Association (PHA) Pulmonary Hypertension Care Centers (PHCC) Review Committee:

I am pleased to acknowledge my role as **(note role)** in support of the (**name of institution**) PH program in their current application to become a PHA-accredited center.

INSERT ADDITIONAL WORDING

In conclusion, I confirm my support to the efforts of this program as it seeks accreditation through the Pulmonary Hypertension Association Pulmonary Hypertension Care Centers initiative.

Respectfully,

Name
Title
Department/Division, Institution

INSTITUTIONAL LETTER OF SUPPORT TEMPLATE - SAMPLE

Date

To the Pulmonary Hypertension Association (PHA) Pulmonary Hypertension Care Center (PHCC) Review Committee:

This letter is to acknowledge that I am aware of the current PHA PHCC application from our local program, including the financial obligations of the program. I additionally confirm that (**name of institution**) supports the application for accreditation and provides ongoing financial support for this clinical program. This support specifically includes but is not limited to **(list examples of financial support provided)**.

INSERT ADDITIONAL WORDING

Please contact me if you have any questions or require additional information.

Sincerely,

Name
Title
Institution

COLLABORATIVE CARE LETTER OF SUPPORT TEMPLATE SAMPLE

(Please Place on Your Institutional Letterhead – included table is required)

Date

Program Director
Title
Program Name
Address

To the Pulmonary Hypertension Association (PHA) Pulmonary Hypertension Care Centers (PHCC) Review Committee:

I am pleased to acknowledge our role in supporting the (**name of institution**) PH program in their current application to become a PHA-accredited Regional Clinical Program PHCC. Our program provides clinical support to help (**name of institution**) manage PAH patients at receiving parenteral prostacyclin therapies and provides advanced PAH care as needed. I attest to our clinical involvement as noted below.

In conclusion, I confirm my support to this PHCC applicant program as it seeks accreditation through the Pulmonary Hypertension Association Pulmonary Hypertension Care Centers initiative.

Sincerely,

Name: Title:
Department/Division, Institution:

1.	Approximately how many PH patients has the applicant site sent to your facility for consultation in the last 3 years?	_____
2.	Were these patients appropriately evaluated and diagnosed prior to referral to your facility?	**Y** **N**
3.	Were these patients referred in a timely fashion, relative to the severity of their condition?	**Y** **N**
4.	When requested, does the referring program remain actively involved in the management of patients after referring to your facility (i.e., co-management)?	**Y** **N**
5.	Has communication between applicant and your site been timely and effective?	**Y** **N**
6.	Has the site referred patients to your program for consideration or enrollment in clinical trials?	**Y** **N**
7.	Please provide additional comments about the applicant program or about your relationship with the program that the Review Committee may find useful.	

CTEPH/PULMONARY ENDARTERECTOMY LETTER OF SUPPORT TEMPLATE SAMPLE

(Please Place on Your Institutional Letterhead included table is required)

Date

Program Director
Title
Program Name
Address

To the Pulmonary Hypertension Association (PHA) Pulmonary Hypertension Care Centers (PHCC) Review Committee:

I am pleased to acknowledge our role in supporting the (**name of institution**) PH program in their current application to become a PHA-accredited Regional Clinical Program PHCC. Our program provides clinical support to help (**name of institution**) manage PAH patients by serving as a CTEPH/PEA/PTE Center and providing associated care as needed. I attest to our clinical involvement as noted below.

In conclusion, I confirm my support of this PHCC applicant program as it seeks accreditation through the Pulmonary Hypertension Association Pulmonary Hypertension Care Centers initiative.

Sincerely,

Name Title
Department/Division, Institution

1. Approximately how many PH patients has the applicant site sent to your facility for consultation in the last 3 years?	_____
2. Were these patients appropriately evaluated and diagnosed prior to referral to your facility?	Y N
3. Were these patients referred in a timely fashion, relative to the severity of their condition?	Y N
4. When requested, does the referring program remain actively involved in the management of patients after referring to your facility (i.e., co-management)?	Y N
5. Has communication between applicant and your site been timely and effective?	Y N
6. Please provide additional comments about the applicant program or about your relationship with the program that the Review Committee may find useful.	

Program Name

Adult RCP Accreditation Application

Sign In Name

Sign In Email

Sign In Date Created

mm/dd/yyyy

Institutional Affiliation

Street Address

Clinic Phone Number

Principal Contact Person(s)

Email Address of Principal Contact(s)

Name and Email Address of Assistant

Briefly summarize the state of your program to include the following: History, leadership, description of inpatient and outpatient facilities, strengths/challenges, and major changes.

Briefly summarize your multidisciplinary PH care team.

Briefly summarize PH related teaching activities at your program.

Briefly summarize PH related research activities at your program.

Briefly summarize the extent to which patients and caregivers are involved in your program (e.g., PH support group leaders/attendees, event volunteers, etc.)	
Briefly summarize anticipated changes to your program leadership, staffing, and program infrastructure (if any)	
Director Name	
Director Division	
Director Department	
Director Phone Number	
Director Email Address	
Director Subspecialty Field(s)	Cardiology × Pulmonary × Other × +
Director Board Certification(s)	Cardiology × Pulmonary × Other × +
Director Board Certification(s) Expiration Date	
Director Years of post-fellowship PH experience	
Has the Director actively participated in the PH community beyond the institution within the preceding 3 years?	Membership on a PH-related Committee/Taskforce sponsored by at le... × Membership on an Organizing/Steering Committee for PH-related acti... × Involvement in community outreach (patient support groups, schools, ... × Participation in PH-related committee work × Presenting/Speaking on PH-related topics at scientific meetings × Other (activity description required) × None of the above × +
If other, please describe activity below:	
Has the Director been involved in PH-related education at the Center within the preceding 3 years?	Overseeing the education of Center and hospital staff by program staff × Mentoring trainees at the Center, if applicable × Other (activity description required) × None of the above × +

If other, please describe educational activity below:

Has the Director attended a PH-focused meeting in the preceding 3 years? (e.g., PHA International Conference, regional CME meetings, postgraduate courses, etc.)

Is the Director a member of the PHA's Pulmonary Hypertension Clinicians and Researchers (PHCR)?

Number of CME hours completed by the Director in the past 3 years related to PH?

Please upload a copy of the Director's CV

Drop files here or browse

Please upload proof of PH-related CMEs over the previous 3 years completed by the Director

Drop files here or browse

Does the PH program have a Co-Director?

Co-Director Name

Co-Director Division

Co-Director Department

Co-Director Phone Number

Co-Director Email Address

Co-Director Subspecialty Field(s)

Cardiology Pulmonary Other +

Co-Director Board Certification(s)

Cardiology Pulmonary Other +

Co-Director Board Certification(s) Expiration Date	
Co-Director years of post-fellowship PH experience	
Has the Co-Director actively participated in the PH community beyond the institution within the preceding 3 years?	Membership on a PH-related Committee/Taskforce sponsored by at le… Membership on an Organizing/Steering Committee for PH-related acti… Involvement in community outreach (patient support groups, schools, … Participation in PH-related committee work Presenting/Speaking on PH-related topics at scientific meetings Other (activity description required) None of the above
If other, please describe activity below	
Has the Co-Director been involved in PH-related education at the Center within the preceding 3 years?	Overseeing the education of Center and hospital staff by program staff Mentoring trainees at the Center, if applicable Other (activity description required) None of the above
If other, please describe educational activity below	
Has the Co-Director attended a PH-focused meeting in the preceding 3 years? (e.g., PHA International Conference, regional CME meetings, post-graduate courses, etc.)	
Is the Co-Director a member of the PHA's Pulmonary Hypertension Clinicians and Researchers (PHCR)?	
Number of CME hours completed by the Co-Director in the past 3 years related to PH?	
Please upload a copy of the Co-Director's CV	Drop files here or browse

Please upload proof of PH-related CMEs over the previous 3 years completed by the Co-Director

Drop files here or browse

Is there clinical coordinator(s) support dedicated to PH Center?

Who financially supports the coordinator position

Institution/ Practice/ Both/ Other

Clinical Coordinator Name

Coordinator Division

Coordinator Department

Coordinator Phone Number

Coordinator Email Address

Coordinator Credentials

RN NP PA RRT Pharmacist

How much FTE does the lead clinical coordinator have dedicated to the PH program?

Does the coordinator educate patients on PH disease state?

Does the coordinator provide patient education for all PH-specific medication(s)?

Phosphodiesterase-5 Inhibitors
Endothelin Receptor Antagonist
Inhaled Prostacyclin Therapy
Soluble Guanylate Cyclase Agonists
Parenteral Prostacyclin Therapy
Oral Prostacyclin Therapy
Sotatercept
Coordinator does not provide patient education on PH medications

If applicable, is the Coordinator knowledgeable about the approval, initiation and maintenance of IV/SQ PAH-specific medications?

Does the Coordinator coordinate medication management with specialty pharmacists?

Does the coordinator or program staff perform patient safety monitoring for outpatients?

Has the Lead Coordinator actively participated in the PH community beyond the institution within the preceding 3 years?

- Membership on a PH-related Committee/Taskforce sponsored by at le...
- Membership on an Organizing/Steering Committee for PH-related acti...
- Promotion of medical and general community disease awareness
- Regular involvement in PH Support Group activities
- Presenting/Speaking on PH-related topics at scientific meetings
- Other (activity description required)
- None of the above

If other, describe activity below:

Has the Lead Coordinator been involved in PH-related education in the preceding 3 years?

- Overseeing the education of Center & hospital staff
- Educating Allied Health Care Practitioners
- Other (activity description required)
- None of the above

If other, describe educational activity below:

Has the Lead Coordinator attended a PH-focused meeting in the previous 3 years? (e.g., PHA International Conference/PHPN Symposium, regional CME meetings, postgraduate courses)

Member of Pulmonary Hypertension Professionals Network (PHPN)?

Number of CME/CEU hours completed by Coordinator in the past 3 years related to PH?

Please upload a copy of the Clinical Coordinator's CV.

Drop files here or browse

Please upload a copy of the Clinical Coordinator's License.

Drop files here or browse

Please upload proof of PH-related CME/CEUs from the previous 3 years completed by the Lead Coordinator

Drop files here or browse

Does the PH program have additional Co-Coordinator support?

Please upload the completed PH Program Staffing Table

Drop files here or browse

Program physicians' total FTE towards PH clinical care?

Program physicians' total FTE towards PH-related research?

Program physicians' total FTE dedicated to administrative time

Number of Group 1 (PAH) patients being actively managed by Center the past 3 years?

Number of Group 4 (CTEPH) patients being actively managed by Center the past 3 years? copy

Duration of program's existence?

How long has Director been in role at the Center?

Years/Months

Number of accredited adult PH Care Centers within 100 miles?

Percent of patients on PH-specific therapy that underwent RHC?

Percent of IPAH cases undergoing acute vasodilator testing?

# Percent of PH patients that underwent pulmonary function testing?	
# Percent of PH cases undergoing nocturnal oximetry or polysomnography testing?	
# Percent of PH patients that underwent testing to exclude CTEPH?	
Method to Exclude CTEPH	V/Q, CTPA, Other
Center manages patients on oral therapy?	
# Number of Group 1 (PAH) and Group 4 (CTEPH) patients on oral therapy over past 3 years?	
Oral agents used	Ambrisentan, Bosentan, Macitentan, Sildenafil, Tadalafil, Riociguat, Oral Treprostinil, Selexipag
Center manages patients on inhaled therapy?	
# Number of Group 1 (PAH) and Group 4 (CTEPH) patients on inhaled therapy over past 3 years?	
Inhaled agent used	Iloprost, Inhaled Treprostinil, Inhaled Epoprostenol
Center manages patients on IV/SQ prostacyclin therapy?	Yes, inpatient/ Yes, outpatient/ Yes, both inpatient & outpatient/ Yes, co-manaed with regional CCC/ No
# Number of PAH patients being managed on IV/SQ prostacyclin therapy over past 3 years?	
Is there appropriate onboarding and PH training and education for newly hired support staff?	

Do support staff receive continuing education and training in the diagnosis, treatment, and management of PH??

Does the coordinator or program staff facilitate prior authorizations?

Yes, coordinator/ Yes, other program staff/ No

Is there a PH provider accessible 24/7?

Are there appropriate consultants available for your program?

Yes, pulmonary based program with cardio consultants / Yes, cardiology based program with pulm consultants
Yes, joint pulmonary-cardio program/ No, pulmonary consult not available/No, cardiology consult not available

Does the Center actively co-manage patients with a regional CCC (or a regional program that provides that scope of services comparable to a CCC) for advanced care?

Please attach Letter of Support from Collaborative CCC (or comparable regional referral center)

Drop files here or browse

Are Rheumatology Services available?

If yes, please provide a Letter of Support for Rheumatology Services

Drop files here or browse

Are Cardiac Anesthesia Services available?

If yes, please provide a Letter of Support for Cardiac Anesthesia Services

Drop files here or browse

Program has lung transplant program on site or has an established referral process with nearby lung transplant program?

Yes, on-site/ Yes, referral/ No

If yes, please provide a Letter of Support from Lung Transplant Program

Drop files here or browse

Are Congenital Heart Disease specialists available on site or is referral process established with nearby Center?

If yes, please provide a Letter of Support from Congenital Heart Disease Services

Drop files here or browse

Is there a multidisciplinary group at Center for diagnosis and management of patients with CTEPH or an established referral process?

Yes, multidisciplinary group at Center/ Yes, established referral/ No

Please provide a Letter of Support from CTEPH program

Drop files here or browse

Is there a multidisciplinary process to diagnose and manage patients who are candidates for BPA and/or PTE?

Yes, BPA/ Yes, PTE/ Yes, Both/ No

Program performs PTE surgery within the Center/Institution or has an established referral process?

Yes, performed on-site/ Yes, referral/ No

Program performs BPA within the Center/Institution or has an established referral process?

Yes, performed on-site/ Yes, referral/ No

Are Central Line placement and repair services available?

Yes, vascular surgery / Yes, interventional radiology/ Yes, other/ No

If Other, please specify:

Are inpatient and outpatient Palliative Care Services available?

Yes, both inpatient & outpatient/ Yes, only inpatient/ Yes, only outpatient/ No

Please provide a Letter of Support for Palliative Care Services

Drop files here or browse

Does the PH program have Social Work services?

Yes, dedicated to program/ Yes, shared across depts./ Yes, referred out or as needed/ No

Are Dietary/Nutrition Services available?

Are Pulmonary or Cardiac Rehabilitation Services available at Center or are patients referred for services?

Yes, on-site/ Yes, referral/ No

If yes, please provide a Letter of Support for Rehabilitation Services

Drop files here or browse

Are PH patients admitted to units in the hospital that have expertise and training in their management?

Name of unit(s)

Are there hospital staff (nursing, pharmacy, RT, etc.) that receive ongoing training in management and care of PH patients with formal documentation of competencies (e.g., written or electronic documentation of competencies, staff attendance, etc.)

Do written protocols exist for the management of inhaled prostacyclins?

If yes, please provide inhaled prostacyclin protocols

Drop files here or browse

Only applicable if providing parenteral prostacyclins: Do written protocols exists for the management of parenteral prostacyclins?

Only applicable if providing parenteral prostacyclins: If yes, please provide parenteral prostacyclin protocols

Drop files here or browse

Are there ICU facilities within affiliated hospital?

If providing prostacyclin infusion therapies, are ICU and inpatient staff specially trained in managing PH and chronic prostacyclin infusions?

Are members of the PH program directly involved with daily care of the program's inpatients?

Does the program have a cardiac catheterization laboratory with expertise performing RHCs on PH patients?

Does the laboratory staff have experience using acute vasodilator testing with guideline recommended agents?

Are there written protocols for RHC procedures, including AVT and other provocative testing?

Please attach RHC protocol used for the diagnosis of PH patients

Drop files here or browse

Is the PH Program Director, or another designated physician, involved in the catheterization procedures?

If yes, please provide Letter of Support from Cardiac Cath Lab Director

Drop files here or browse

Select all vasodilators used:

Inhaled nitric oxide | Prostacyclin | Other

Does the program have an echocardiography laboratory with experience in PH?

If yes, please provide Letter of Support from Echo Lab Director

Drop files here or browse

Accreditation by the Intersocietal Accreditation Commission - IAC (formerly ICAEL)?

If yes, upload a copy of the accreditation letter

Drop files here or browse

Select applicable areas:

Adult transthoracic × Adult transesophageal × Adult stress × Pediatric transthoracic × Pediatric transesophageal × Neonatal × Not applicable × +

Does the program have a pulmonary function laboratory?

If yes, please provide Letter of Support from Pulmonary Function Lab Director

Drop files here or browse

Is there a manual of procedures for PFTs?

Does the Center perform exercise testing?

6MWT course substantially conforms to ATS recommendations?

Is there a protocol for exercise testing?

If yes, provide exercise testing report document

Drop files here or browse

Does the program have a Radiology department with experience in PH?

Interventional Radiology (for placing and helping manage chronic indwelling catheters, and/or IVC Filters, and/or pulmonary angiography, and/or bronchial artery embolization)?

Specific experience in thoracic CT and CT pulmonary angiography?

Nuclear Medicine (for performance and interpretation of V/Q Scans)?

Does the program have an inpatient pharmacy with immediate access to parenteral prostacyclin agents?

Are Pharmacy staff proficient with preparation of prostacyclin infusions?

Does pharmacy have a process for obtaining non-formulary PH medications?

Does the program have the ability to consult with external providers and accept transfers or referred patients via an expedited route?

Does the program have Institutional support for maintaining the PH program, including, but not limited to the financial obligations of accreditation?

If yes, please provide Institutional Letter of Support

Drop files here or browse

Is there a system in place to assure patient confidentiality?

Does the Center accept patients insured by governmental insurance?

Does your program have any PH-related research they would like to include in the application for RCP accreditation?

Research is not a requirement of adult RCP accreditation - all questions below are optional

Please upload copies of all listed PIs & Primary Clinical Research Coordinator(s) CVs

Drop files here or browse

Do program research staff meet IRB requirements to conduct research?

Does the program have an Investigational Drug Service available?

Does the program have an Institutional (local) or Central IRB?

Please upload the completed PH Research Studies Table

Drop files here or browse

Please upload copies of all IRB Renewal letters for studies included in the PH Research Studies Table

Drop files here or browse