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 - PEDIATRIC 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
    - Pediatric Anesthesia
    - Congenital Heart Disease
    - Palliative Care
    - Cardiac Cath Lab Director
    - Echo Lab Director
    - PFT Lab Director
- Diagnostic/Treatment algorithm for patient presenting with CTEPH
- 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 Protocol
    - *If providing parenteral prostacyclins*, prostacyclin infusion protocol
- PI & Primary Clinical Research Coordinator CVs *(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 **Pediatric 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.	

Program Name

Pediatric RCP Application

Sign In Name

Sign In Email

Sign In Date Created

mm/dd/yyyy

Institutional Affiliation

Street Address

Program Phone Number

Principal Contact Person(s)

Email Address

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.	
Briefly summarize anticipated changes to your program leadership, staffing and program infrastructure (if any)	
Center Director Name	
Center Director Division	
Center Director Department	
Center Director Phone Number	
Center Director Email Address	
Subspecialty Field(s)	Cardiology × Pulmonary × Critical Care × Neonatology × Other × +
Board Certification(s)	Cardiology × Pulmonary × Critical Care × Neonatology × Other × +

Board Certification Expiration Date(s)	
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 group, schools, f... × 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:	
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 PH Center, if applicable × Other (activity description required) × None of the above × +
If other, please describe educational activity:	
Has the Director attended a PH-focused meeting in the preceding 3 years? (e.g., PHA International Conference, regional CME meetings, post-graduate courses)	
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 × Critical Care × Neonatology × Other × +

Co-Director Board Certification(s)

Cardiology × Pulmonary × Critical Care × Neonatology × Other × +

Co-Director Board Certification Expiration Date(s)

# 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 group, schools, f... × Participation in PH-related committee work × Presenting/Speaking on PH-related topics at scientific meetings × Other (activity description required) × None of the above × +
A If other, please describe activity	
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 PH Center, if applicable × Other (activity description required) × None of the above × +
A If other, please describe educational activity	
Has the Co-Director attended a PH-focused meeting in the preceding 3 years? (e.g., PHA International Conference, regional CME meetings, postgraduate courses)	
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

NP RN PA Pharmacist RRT

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 approved PH-specific medication(s)?	Phosphodiesterase-5 inhibitors ✕ Endothelin receptor antagonist ✕ Soluble guanylate cyclase agonists ✕ Inhaled prostacyclin therapy ✕ 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?	Yes/No/Not applicable - program does not provide parenteral therapies
Does the Coordinator coordinate medication management with specialty pharmacies?	
Does the coordinator or program staff perform patient safety monitoring for outpatients?	
Has the 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	
Has the coordinator been involved in PH-related education within the preceding 3 years?	Overseeing the education of Center and 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, post-graduate courses)

Member of Pulmonary Hypertension Professionals Network (PHPN)?

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

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

Drop files here or browse

Please upload a copy of the Lead 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 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 in the past 4 years?	
Number of Group 3 patients being actively managed in the past 4 years?	
Number of Group 4 (CTEPH) patients being actively managed in the past 4 years?	
Duration of program's existence?	
How long has Director been in role at the Center?	Years/Months
Number of accredited pediatric PH Care Center's 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 × +
Are risk assessments performed and documented at regular intervals?	
Center manages patients on oral therapy?	
# Number of Group 1 (PAH), Group 3, and Group 4 (CTEPH) patients on oral therapy over the past 4 years	
Oral agents used:	Ambrisentan × Bosentan × Macitentan × Oral Treprostinil × Riociguat × Sildenafil × Selexipag × Tadalafil × +
Center manages patients on inhaled therapy?	

Number of Group 1 (PAH), Group 3, and Group 4 (CTEPH) patients on inhaled therapy over the past 4 years	
Inhaled agents used	Iloprost × Inhaled Treprostinil × Inhaled Epoprostenol × +
Center manages patients on IV/SQ prostacyclin therapy?	Yes, inpatient/Yes, outpatient/Yes, both inpatient & outpatient/Yes, co-managed with CCC/No
Number of patients being managed on IV/SQ prostacyclin therapy over past 4 years?	
Is there appropriate onboarding and PH training and education for newly hired support staff?	
Do program 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 pediatric PH provider accessible 24/7?	

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?

Are the appropriate consultants available to your program?

Yes, both pediatric pulmonary & pediatric surgery consultants available/Only peds pulmonary consults Only peds surgery consults/No consultants available

Are Rheumatology Services available?

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

Drop files here or browse

Are Pediatric Anesthesia Services available?

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

Drop files here or browse

Are Cardiac Anesthesia Services available?

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

Yes, on-site/ Yes, referral/ No

Please upload Collaborative Care Letter of Support from your supporting Pediatric CCC

Drop files here or browse

Provide name of transplant program if it is different from program provided by your Collaborative Care CCC	
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
Neonatal/Pediatric Critical Care service available for the management of infants and children with all forms of PH (PPHN, BPD, CLD, CDH)	
Central line placement services by Pediatric Specialists?	Yes-Vascular surgery, Yes-Interventioal radiology, Yes-other
If Other, please specify:	
Is there a multidisciplinary group at Center for the diagnosis and management of patients with CTEPH or an established referral process?	Yes, multidisciplinary group at Center/Yes, established referral/No

If yes, please provide your diagnostic/treatment algorithm for patients presenting with confirmed or suspected CTEPH

Drop files here or browse

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 as needed/No

Do SW services assist PH program staff and patients with insurance issues?

Are Dietary/Nutrition Services available?

Are Physical Therapy or Pulmonary/Cardiac Rehabilitation services available or are patients referred for services?

Yes, on-site/ Yes, referral/ No

Are PH patients admitted to pediatric 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 the 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?

Please attach inhaled prostacyclin protocols

Drop files here or browse

Only applicable if providing parenteral prostacyclins: Do written protocols exist for the management of parenteral prostacyclin

Yes/No/Not applicable - program does not provide parenteral prostacyclins

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

Drop files here or browse

Are there ICU facilities, including NICU and PICU, (within affiliated hospital) with specially trained staff and specific protocols for managing PAH, including chronic prostacyclin infusion

Yes/No/Not applicable - program does not provide parenteral therapies

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

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

Does the laboratory staff have experience with acute vasodilator testing using 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/CPET/SHAPE/Other

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 Pediatric 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 transfer of referred patients via an expedited route?

Onsite ability to deliver Nitric Oxide?

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

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 with governmental insurance?

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

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

Please upload the completed PH Research Studies Table

Drop files here or browse

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

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

Do program research staff meet IRB requirements to conduct research?

Has your program discussed referring patients to another accredited PH Care Center to participate in appropriate clinical trials?