The Joint Commission’s Primary Care Home Initiative

“Establishing Patient-Centered Medical/Health/Primary Care Homes”

Starting and Strengthening Health Centers: Improving Access & Outcomes for Residents of Public Housing

San Antonio, TX
March 17, 2011

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Topics to be Covered

- Overview of The Joint Commission
- Primary Care Home Initiative Background and Planning
- Connecting Accreditation with the Primary Care Home Option
- Proposed Primary Care Home Requirements
- Contacts
- “Appendix” slides
What is The Joint Commission?

- A private, not-for-profit organization – created by and governed by health care professionals
- Our Board of Commissioners comprises individuals who understand the complexity of health care and the challenges our customers face everyday in the delivery of health care
  - Administrators, doctors, nurses, ethicists, members of the public
- Our five corporate members represent the leading health care associations in the United States:
  - American Hospital Association
  - American Medical Association
  - American College of Physicians
  - American College of Surgeons
  - American Dental Association
The Joint Commission’s Vision & Mission Statements

Vision:
All people always experience the safest, highest quality, best-value health care across all settings.

Mission:
To continuously improve health care for the public, in collaboration with other stakeholders, by evaluating health care organizations and inspiring them to excel in providing safe and effective care of the highest quality and value.

Emphasizes twin aims:
1) Thorough evaluation against Joint Commission standards
2) Effective motivation of organizations to use the results of that evaluation to drive improvement.
Commitment to Improving Safety and Quality of Care

With more than 50 years of health care accreditation experience, the Joint Commission works with customers to address the most serious patient safety and quality issues in health care.

We work with national experts and seek input from the field to:
- Ensure state-of-the-art standards and accreditation process
- Promote optimal safety and quality for patients

Panels allow opportunity to directly provide input and feedback:
- Advisory Councils: Business; Patient & Family; Nursing; Patient Safety
- Professional and Technical Advisory Committees
The Joint Commission Model

General customer base
- Accredits or certifies over 19,000 total organizations (hospitals/CAH, labs, behavioral health, home care/DME, long term care, ambulatory care/OBS)

Accrediting Ambulatory Care since 1975:
- Wide variety of ambulatory settings
  - Medical/dental settings, including:
    - Federally Qualified Health Centers
    - Medical Group Practices
- Ambulatory Care program now accredits over 1,900 organizations with 6,400 sites of care
Accreditation Progress for BPHC-Supported Health Centers (see list)

As of January 2011:

- 281 Accredited Health Centers (includes freestanding amb care & hosp-sponsored)
- 19 with Residents of Public Housing $
- 8 states with over 1/2 of all centers accredited:
  - CT, MA, MI, UT, MD, AL, PR, NE

HRSA/BPHC Program Advisory Letter (PAL) #2009-12
The Health Center Program: Accreditation

BACKGROUND

The Accreditation Initiative is a continuing HRSA/BPHC activity that provides survey services of ambulatory care, behavioral health, laboratory services, and technical assistance and training for health centers. Participation is voluntary and provides an opportunity for health centers to achieve accreditation through a nationally recognized accrediting body such as the Accreditation Association for Ambulatory Health Care (AAAHC) and The Joint Commission (TJC), formerly known as the Joint Commission on Accreditation of Healthcare Organizations. As of January 1, 2010, 273 of the 1,110 Federally supported health centers are accredited with support from the HRSA/BPHC Accreditation Initiative.

PURPOSE

The purpose of the Accreditation Initiative is to encourage and support health centers to undergo rigorous and comprehensive survey processes and achieve national benchmarks that demonstrate the highest standards of health care quality. The Accreditation Initiative reflects HRSA’s commitment to the survey process for health centers in order to maintain and/or enhance health care quality for vulnerable populations and underserved communities.

ELIGIBLE ORGANIZATIONS

Entities eligible to receive survey accreditation services under the Accreditation Initiative (“health centers”) are organizations receiving funding under the Health Center Program authorized in section 330 of the Public Health Service Act (42 U.S.C. 254b), as amended, specifically:

- Community Health Center (CHC) Programs, funded under section 330(e);
- Migrant Health Center (MHC) Programs, funded under section 330(g);
- Health Care for the Homeless (HCH) Programs, funded under 330(h); and
- Public Housing Primary Care (PHPC) Programs, funded under 330(i).
**Goal:** Improve quality health care and outcomes for Health Center populations

**Benefits:**
- Accreditation by a nationally recognized organization is an **indicator of quality** of care.
- Accreditation increases health centers’ **competitiveness** in the marketplace.
- The accreditation process **provides structure and resources** to support health centers’ quality improvement and risk management.
HRSA ACCREDITATION INITIATIVE

The Accreditation Initiative encourages and supports health centers in undergoing rigorous and comprehensive survey processes.

Participation is voluntary and provides an opportunity for health centers to achieve accreditation and at the same time satisfy regulatory and program requirements of HRSA/BPHC.

HRSA/BPHC supports this effort by paying for health centers’ survey costs.
INCENTIVES FOR ACCREDITATION: Different for different interests

Executive Director:
- Feds encouragement & $ support;
- Greater community respect/recognition;
- Potential for more contracts/$
- Personal reputation

Med’l Dir: Easier recruitment; risk management

Board: External validation

Funder: Confidence in investment

Patients: Shorter waiting time; more education
Other Accreditation Benefits/Impact:

- Management Tool for Risk Reduction
- Framework to improve infrastructure and operations
- Positive external recognition/Increases community confidence
- Better prepared for emergencies
- Substitute for state inspection
- Data-driven approach to changes
- Addresses FTCA requirements
- Help Organize & Strengthen Patient Safety Efforts
- Enhances Staff Recruitment and Development
- Let’s You Know How Well You Are Doing
- Additional Funding/Pay for Performance

2 Studies Published:
  - Quality-related Activities in Health Centers (JACM: Oct ‘08)
  - Emergency Planning Community Linkages
The Joint Commission Model

Accreditation *partnership* =

- Independent, outside evaluation
- Components = continuous compliance with ambulatory care standards:
  - On-site survey, every 3 years
  - Annual self-assessment during interim
- Focus on processes for ensuring patient (and staff) safety
Features of Joint Commission Accreditation

- State-of-the Art Standards
- Periodic Performance Review (PPR)
- Experienced Health Care Professionals as Surveyors
- Lessons Learned from other Organizations
- Unannounced Surveys with Tracer Methodology
- Operational Tools for Good Management
- Customer Account Executive
- Standards Interpretation Group Education
- Risk Reduction Process
- NPSGs
- On-site Evaluation
- Accredited Ambulatory Care Organization

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New “Value-adds” for Customers
(see end slides)

- Center for Transforming Healthcare
  www.centerfortransforminghealthcare.org

- Targeted Solutions Tool

- Leading Practices Library

- WikiHealthCare™ Interactive Forum
Recent Developments at The Joint Commission

- 2007: Name/Logo Change
- 2008: Patient-Focused Efforts: Speak-up™
- 2009: Launch of Center for Transforming Healthcare
- 2010: Launch of “Targeted Solutions Tool”
- 2010: Primary Care Home Initiative
Reinventing Primary Care

“Current care systems cannot do the job. Trying harder will not work. Changing systems of care will.”

Institute of Medicine. Crossing the Quality Chasm. 2001
PRIMARY CARE PRACTICE “TRANSFORMATIONS” (Re-inventing/Revitalizing/Re-engineering)

Free Clinic – Health Department site – Doctor’s Office – Hospital Outpatient

Federally Qualified Health Center/Section 330 PHS Act Funding

Attain Joint Commission Ambulatory Care Accreditation

Implement Electronic Health Records

Elect Primary Care Home option
“No matter how dramatic the end result, the good to great transformations never happened in one fell swoop.

There was no single defining action, no grand program, no one killer innovation, no solitary lucky break, no wrenching revolution.

Good to great transformation comes about by a cumulative process – step by step, action by action, decision by decision, turn by turn, that adds up to sustained spectacular results. “

Jim Collins
Good to Great
Primary Care Home Initiative Background

- Joint Commission response to new model of primary care delivery being pilot tested nationally = “patient-centered medical home”
- Demonstrations/pilots include added reimbursement for providing better access to care, new care coordination, monitoring patient outcomes, & more patient education
- Accredited ambulatory care orgs also want The Joint Commission to qualify them to participate in demos
- Part of proposed health care reform quality (Section 3024) & cost-reduction options
TERMINOLOGY

Generally Equivalent Labels:
- Patient-Centered Medical Home
- Health Care Home
- Advanced Primary Care Practice
- Primary Medical Care Home
- Primary Care Home
Primary Care Home Initiative
Phase I Workplan

2010: Development of PCH model, draft standards/EPs (Expert Panel/PTAC)

Model & requirements based on generally accepted core PCH concepts

Early 2011: “Field review”, survey process pilot testing, and further input from stakeholders, private/public payers, revisions

Late Spring 2011: Release of new requirements via website

July, 2011: Implementation for Ambulatory Care accredited customers
Expert Panel Members

Representatives from:

- National and state organizations representing primary care providers;
- Community-based and other primary care providers;
- Professional associations representing physicians, advanced practice nurses, and physician assistants;
- Third party payers; and
- Other key healthcare stakeholders.
Ambulatory Care Professional and Technical Advisory Committee (PTAC)

- Members drawn from representatives of national bodies:

| American Academy of Ambulatory Care Nursing | American Telemedicine Association |
| American Academy of Nurse Practitioners    | Bureau of Primary Health Care     |
| American Academy of Pediatrics             | Centers for Disease Control and Prevention |
| American Academy of Physician Assistants   | Centers for Medicare and Medicaid Services |
| American College Health Association        | Convenient Care Association       |
| American College of Physicians             | Department of Defense             |
| American Dental Association                | Federal Bureau of Prisons         |
| American Hospital Association              | Federal Nursing Service Council   |
| American Medical Association               | Indian Health Service             |
| American Medical Group Association         | Medical Group Management Association |
| American Nurses Association                | National Association for Ambulatory Care |
| American Podiatric Medical Association      | National Association of Community Health Centers |
| American Society of Health-System Pharmacists | Urgent Care Association of America |
Multiple Sources for Core Concepts

- Patient-Centered Primary Care Collaborative
- Joint Principles of the PCMH (AAFP, AAP, ACP, AOA)
- Agency for Healthcare Research & Quality (AHRQ)
- Veterans Health Administration
- Commonwealth Fund/Qualis Health
- CMS Meaningful Use Definitions
- Blue Cross Blue Shield of Michigan
- Minnesota Depts of Health/Human Services
- Institute of Medicine
- Center for Medical Home Improvement
- National Partnership for Women & Families
AHRQ believes that the primary care medical home, also referred to as the patient centered medical home (PCMH), advanced primary care, and the healthcare home, is a promising model for transforming the organization and delivery of primary care.
Using AHRQ Definition of Medical Home

The Medical Home

- A medical home not simply a place but a model of primary care that delivers the care that is:
  - *Patient-Centered*
  - *Comprehensive*
  - *Coordinated*
  - *Accessible, and*
  - *Continuously improved through a systems-based approach to quality and safety*

- AHRQ believes that Health IT, workforce development, and payment reform are critical to achieving the potential of the medical home.
Primary Care Home Model – Operating Characteristics Include:

- Interdisciplinary care team
- Personal primary care clinician
- Comprehensive and continuous care
- Patient-centered care
- Coordination of care
- Focus on safety and quality
- Enhanced access to care
- Access to specialty care and other resources needed to provide care
Joint Commission Ambulatory Care Accreditation

Plus

Primary Care Home Option

Primary Care Home Option
(54 additional requirements*)

Ambulatory Care Accreditation
(~ 900 applicable standards pertaining to medical settings, including 123* applicable to PCH)

* Based on field review draft

Increasing Patient-Centeredness, Comprehensiveness, Access, Coordination
Joint Commission Primary Care Home Option Overlap with Ambulatory Care Accreditation

Primary Care Home Option

- Current EPs (~900)
- New EPs (54*)
- Current EPs (123*)
- Total EPs (Elements of Performance) Required for Primary Care Home Option (177*)

Ambulatory Care Accreditation

* Based on field review draft
As a Primary Care Home, we...

- Treat the whole individual
- More proactively coordinate patients' care
- Make it easy for patients to contact us
- Maintain an ongoing registry of patients' conditions
- Provide patient self-management tools
With Joint Commission ACCREDITATION of our ambulatory care organization, we...

- Treat the whole individual
- Ensure that our office minimizes environmental risks
- Safety manage use of medications
- Have an Emergency Management Plan
- More proactively coordinate patients' care
- Implement infection prevention & control practices
- Know that waived lab tests meet CLIA requirements
- Maintain an ongoing registry of patients' conditions
- Make it easy for patients to contact us
- Meet the National Patient Safety Goals
- Properly train and evaluate staff
- Provide patient self-management tools
- Strive for continuous performance improvement
- Consistently follow informed consent policies
Features of Primary Care Home Option

- At this time, will only apply to an accredited ambulatory care organization
- Onsite survey process to confirm compliance with additional requirements
- No special application requirements
- Organization-wide designation for up to three years
- Primary Care Home designation publicly available on Quality Check
- Included as part of HRSA/BPHC contract
Primary Care Home Initiative

Primary Care Home Field Review
January 31, 2011

The Joint Commission is developing a Primary Care Home (PCH) option to offer customers an opportunity to obtain both ambulatory care accreditation and PCH designation through one on-site evaluation process. Help us to determine whether or not the existing and proposed new requirements sufficiently address the key characteristics of a Primary Care Home.

Let us hear your voice

Action Center

- Register for Updates
- Download Fact Sheet
- Learn More about Ambulatory Care Accreditation

Testimonials

This new optional program will help ensure that patients receive ambulatory care services in a manner that is comprehensive, accessible and coordinated. By focusing on carefully orchestrating care, patient outcomes can be improved. Read More
Primary Care Home Operational Characteristic:
Comprehensive Care

1 current EP required for Accreditation

13 additional EPs proposed for PCH option

- The organization provides acute, preventive, and chronic care
- The organization provides care that addresses various phases of patient lifespan, including end-of-life care
- The organization provides disease/chronic care management services
- The organization identifies members of interdisciplinary team ("team")
- MD/DO actively participate on interdisciplinary team
- Primary Care Clinician ("PCC") works collaboratively with interdisciplinary team (includes Advanced Practice Nurses)
Primary Care Home Operational Characteristic: Comprehensive Care (con’t)

13 additional EPs proposed for PCH option

- PCC has background/experience/knowledge to handle most patient medical needs & resolve conflicts in care
- PCC/team provide or arrange for comprehensive/continuous care
- PCC works with team to provide/coordinate care
- Team members participate in developing treatment plan
- PCC/team assess health risk behaviors
- PCC is ultimately accountable for patient care
- Org manages care transitions & provides/facilitates access to: acute care, chronic care, age/gender-specific preventive care; behavioral health needs; dental care

(Note: OK to use/collaborate with community resources)
Primary Care Home Operational Characteristic: Superb Access to Care

- 0 Current EPs required for Accreditation
- 3 Additional EPs proposed for PCH option
  - 24/7 access to: appointment scheduling; prescription renewal; test results; billing/registration; clinical advice re urgent health needs; health education info
  - Offer flexible scheduling (e.g. open access, expanded hours, same day appointments)
  - Have process to address urgent care needs 24/7
Primary Care Home Operational Characteristic: Coordinated Care

- 19 current EPs required for Accreditation
- 10 additional EPs proposed for PCH option
  - PCC/team provide care to panel of patients
  - PCC/team use health promotion strategies that focus on prevention/management of chronic illness
  - Patient self-management goals identified/incorporated into treatment plan and progress toward achievement monitored
  - Use HIT to: track/coordinate care; support disease management and preventive care; internal/external reporting; electronic exchange of information among internal/external providers
  - PCC/team review/track care to referred organizations and act on recommendations
  - Clinical record contains info from both internal & external providers
  - Organization provides population-based care
  - PCC/team function within scope of practice and privileges
Primary Care Home Operational Characteristic: Patient-Centered Care

- 54 current EPs required for Accreditation
- 22 additional EPs proposed for PCH Option

- Each patient selects primary care clinician
- Involve patients in Performance Improvement
- Involve patient in developing own treatment plan & partner with patient to achieve planned outcomes
- PCC/team identify patient’s oral/written communication needs, including preferred language, and communicates in manner that meets those needs
- **PCC/team identify health literacy level and incorporate into patient education**
- PCC/team educate patient on self-management tools
- Clinical record contains: patient communication needs; race/ethnicity; self-management goals & progress
- Organization provides interpretation and translation services
Primary Care Home Operational Characteristic: Patient-Centered Care (con’t)

22 additional EPs proposed for PCH Option

- The organization respects the patient’s right to:
  - Make decisions about management of care
  - Obtain care from other clinicians within the PCH
  - Seek a second opinion and specialty care

- The organization provides information to the patient about:
  - Mission, vision, goals of PCH & scope of care/types of services
  - How to access PCH for care or information
  - Patient responsibilities re health history, current medications, and self-management activities
  - Right to obtain care from other clinicians within PCH, seek a second opinion, and specialty care.
  - How PCH functions regarding: process to select PCC, involve patient in treatment plan, obtain/track referrals, coordinate care, and collaborate with patient-selected clinicians providing specialty or second opinions.
Primary Care Home Operational Characteristic: Systems-based Approach to Quality & Safety

- 29 Current Elements of Performance required for Accreditation
- 6 Additional EPs proposed for PCH option
  - Use HIT to support Performance Improvement
  - Use E-prescribing process
  - Use clinical decision support tools
  - Collect/use data on disease management outcomes & access to care within timeframes
  - Primary Care clinician/team participate in Performance Improvement
Primary Care Home Initiative

The Joint Commission Developing Primary Care Home Option

The Joint Commission is developing standards to expand the process of accrediting ambulatory health care organizations to those who are also interested in electing the Primary Care Home option. Learn More

Action Center

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Testimonials

“This new optional program will help ensure that patients receive ambulatory care services in a manner that is comprehensive, accessible and coordinated. By focusing on carefully orchestrating care, patient outcomes can be improved.” Read More
3 AMBITIONS FOR PRIMARY CARE HOME

1. DO NO HARM
   ✓ Patient safety

2. DO WHAT WORKS
   ✓ Evidence-based
   ✓ Plan/prioritize/practice

3. “TRUST BUT VERIFY”
   ✓ Observe firsthand
   ✓ Practice over paper
   ✓ Feedback loops
FOR MORE INFORMATION

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Questions?

Available for Consultation & Support
1. Getting Started

The goal: Getting everyone to wash in and wash out.

This secure Targeted Solutions Tool™ outlines the specific steps your organization can take to better hand hygiene. This secure site includes:

- Forms, tools and tips for observing, recording and interpreting hand hygiene compliance
- Instructions for pinpointing the solutions that will work best at your organization
- Guidelines for maintaining success

To make your project successful

- Measure accurately. The participating organizations with the Center for Transforming Healthcare thought their hand hygiene compliance was at about 70-90 percent; after accurate measurement they found out that their compliance was actually less than 50 percent.
- Identify your organization’s root causes of noncompliance so you can get targeted solutions that will work for you. There are probably only three or four root causes that are most relevant to the problems at your organization.
Future Center solutions available

- Wrong site surgery: June 2011

- Hand-off communications: late 2011
Targeted Solutions Tool

The Joint Commission Launches Targeted Solutions Tool™

For the first time ever, Joint Commission-accredited hospitals have an interactive tool that simplifies the process for solving the most pressing health care quality and safety problems that exist within our health care systems.

> Read Press Release  > Learn More About "TST"

Quick Links

CTH Brochure - Creating Solutions for High Reliability Health Care
The Joint Commission
Joint Commission Resources
Joint Commission International Quality Check
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Featured News

The Joint Commission Launches Targeted Solutions Tool™ - 09/13/2010
Read More

Florida Quality News "Helping Health Care Organizations Help Patients: Joint Commission Teams Up to Take Aim at Safety Lapses - 07/19/2010
Read More

The Hospitalist looks at challenges in care transitions. - 07/08/2010
Read More

Chasing Zero Events of Harm - 04/22/2010
Read More

Ambulatory Care

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GOJO Industries, Inc.
Akron, OH

Featured Project
Hand Hygiene Project

Featured Participant
Virtua
Marlton, NJ

Video Presentations
Hand Hygiene Project
Hand-off Communications
Leading Practices Library

- Launched 2010 as complimentary, web-based service
- Offers customer-generated “library”:
  - Sample policies
  - Patient satisfaction survey
  - Safety risk assessment
- Sorted by applicable program (eg AHC) or by standards chapters
- Share your own leading practices with others
The Leading Practice Library is a complimentary tool available to organizations that are currently accredited or certified by The Joint Commission. The documents in the Library are real life solutions that have been successfully implemented by health care organizations and reviewed by Joint Commission standards experts. The Library was built from solutions that organizations have contributed that support patient safety and quality health care. By accessing the Library link, which is located on each accredited organization’s extranet page, users can browse through specific topics of interest related to their own organization and browse as many documents and topics as needed at any time. The documents are also cross-referenced to the corresponding chapters in the Joint Commission manuals.

The Library’s information is ever-changing as documents are continuously posted and topics run the gamut of health care issues and cut across many health care settings. Remember to check back often to learn the best examples provided by your peers in the health care arena.

Sample topics include solutions for common situations such as:
- suicide risk screens
- caregiver education records
- anesthesia orders
- home health aide care plans
- airway alerts
- proficiency testing referral requirements
- turning schedules
- many more specific health care scenarios.

Make it your practice…

to reap the benefits of
Joint Commission accreditation
Library is web-based resource
Home » WebHome

Welcome to WikiHealthCare™

Login

WikiHealthCare is The Joint Commission’s interactive forum for health care professionals. It is designed to enable and encourage discussion and collaboration among all users for the purpose of improving health care quality. While The Joint Commission provides the forum, users of the site control its content. Please see the Disclaimer for additional details.

- So what exactly is WikiHealthCare?
- And how do I use it?
- Watch brief demonstrations about the site and how it works
- Access the Community Post to create your own blog or web page

What’s New?

- Check out the new discussion forums dealing with organizational responses to seasonal influenza and the H1N1 pandemic

In order to participate, you must Register. After you have registered, your own unique user page will be created. This page will include links to introductory materials and instructions on how to use the site (i.e., search for, create and/or edit site content). Please review the Policies and Guidelines before you create topics or edit existing topics on the site. You may also want to become familiar with the editing process by practicing in the Sandbox.