The Joint Commission

The Value of Ambulatory Health Care Accreditation (AHC) and Primary Care Medical Home (PCMH) Certification for Medical Group Practices

Executive Summary

The Joint Commission's Department of Research surveyed and interviewed staff from three uniquely different medical group practices about their experiences as they prepared for—and earned—Joint Commission Ambulatory Health Care (AHC) accreditation and Primary Care Medical Home (PCMH) certification. The questions examined the preparedness processes, common experiences, unexpected benefits, and the resulting impact on patient care. In all three cases, the organizations stated that they experienced benefits that exceeded their expectations.

We will refer to these three organizations, as Medical Group Practice A, Medical Group Practice B and Medical Group Practice C.

Four major motives for pursuing Joint Commission accreditation and certification emerged as drivers for all three organizations:

Improve patient safety and care

Institute operational improvements

Strengthen financial position

Ensure system alignment

In the process of pursuing accreditation, all the organizations implemented numerous changes around policies, practices, and protocols. And, although they received no prescriptive guidance, the changes the three medical group practices made were similar, including improvements in infection control practices, medication management, and equipment updates.

All three organizations experienced, in varying degrees, similar challenges:

- **Preparation activities that were not strategic**
- **Recall bias**
- **Administrator-heavy participation**
- **Staff resistance**
- **Uncertainties around how participation would influence accreditation status**
- **Workflow changes that drove temporary inefficiencies**
- **Uncertainties about cost vs. benefits**
- **The COVID-19 pandemic**

Leadership buy-in was critical to all organizations as they built infrastructures to support change. Besides careful planning, other strategies for preparation and maintenance included involving providers early in the process, proactively addressing potential resistance, identifying and appointing "champions of change", and maintaining clear and ongoing communication.

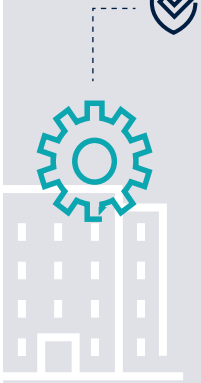
However, certain elements of each organizations' experiences were unique. Medical Group Practice A and Medical Group Practice B altered their corporate structures to include change management across geographic regions; engagement with senior leaders who established direction, expectations, and oversight; and integration of staff from newly-acquired facilities into the organizations' systems. Medical Group Practice C developed an infrastructure to support ongoing accreditation efforts, and all three organizations developed systematic paths for standardization, accountability, and ongoing improvements.

The Four Motives

Improved patient safety and care

All three medical group practices sought to validate and improve their standards of care, and the safety of patients and staff through accreditation. They also concluded that the changes to the policies, procedures, and practices helped them align with Joint Commission AHC standards and sustained safety standards over time.

Medication labeling and storage, storage of sharps, equipment safety, and discharge planning were also cited as areas for which accreditation provides structure and guidance for improved safety. Other changes also helped, such as vaccine storage protocols, and removing and replacing outdated equipment. Some respondents reported that they already provide a high standard of care, and that accreditation holds them to that level, helps project an image of quality, and reinforces credibility to their communities.



Operational improvements

Medical Group Practice B and Medical Group Practice C wanted to reduce variations around certain processes and practices, and provide structure and guidance to help standardize those processes and practices throughout their organizations. Medical Group Practice A saw accreditation as a means of providing structure and a framework for standardization, especially as it amasses more clinics.

All respondents credit the Joint Commission for helping to guide and foster significant operational improvements that drove leaner operations and efficiencies. Standardization across clinics and markets was seen as key to instituting organizational efficiencies and remaining viable in an ever-changing healthcare environment, especially when systems are rapidly expanding. As the acquisition of clinics and practices become more common, seamless transitions become a priority and a necessity.

Strengthened financial position

While all three medical group practices cited financial motives for seeking Joint Commission AHC accreditation, this component was the primary driver for Medical Group Practice B. Its rapid acquisition of hospitals, and transition to provider-based billing (PBB) were also factors. Its rural health clinics were accredited under another accrediting organization and operate under the PBB structure, but leadership was interested in the development of a Joint Commission rural health clinic accreditation program to establish consistency across their organization, making all their clinics eligible for PBB.

Medical Group Practice A noted that its large-scale changes to standardization were driven by a desire to control and reduce costs systemwide, and accreditation was seen as a mechanism for making those changes. Medical Group Practice C stated that AHC accreditation and PCMH certification had become a “bargaining chip” that drives higher rates from payers.

Numerous medical group practices reported that accreditation has helped them reduce and control costs. The savings were a result of reducing supply, equipment and medication costs, and streamling and standardizing ordering of supplies, medications, and equipment more judiciously, which ensured uniformity between clinics. Costs were also controlled by a more consistent workflow, and time efficiencies for staff who travel between sites.

And, finally, most respondents – 66% across all the organizations – concluded that the benefits of accreditation outweighed the costs.

System alignment

All three medical group practices reported that they saw accreditation as a means to create alignment throughout their organizations, especially those that are geographically spread out and continually expanding.

Medical Group Practice B's clinics were operating in silos, and accreditation drove unification standards and practices systemwide. Medical Group Practice A was also experiencing significant growth and saw accreditation as a way to ensure that practices across clinics were standardized. This helped them implement a "shared governance" practice that enabled them to eliminate silos between leadership, providers, and staff throughout their geographic markets. Medical Group Practice C is a separate entity from its hospital, but physicians practice at both. Accreditation helped the faculties integrate fully through standardized practices throughout their respective organizations.

Medical Group Practice A implemented key infrastructure changes to promote change management processes essential for accreditation. They created Market Notice Leaders (MNLs) in each market who disseminated information to the clinics in their regions. As highly respected intermediaries between the clinics' operations teams, leadership and staff, the MNLs visit each clinic to troubleshoot issues, provide guidance on new expectations and changes in practices and policies, and ensure adherence to existing, and new, standards and guidelines. A financial incentive was structured for high-performing clinics, with bonuses awarded based on scorecards kept by the MNLs, which motivated adherence to new policies. An integration team was formed to assess newly acquired clinics and determine where changes were needed, to train staff, and to standardize equipment and practices, fully integrating the clinics into Medical Group Practice A's system.

Also, the PCMH certification was touted for providing an outline for excellence that is fully in alignment with current medical practices, helping physicians provide accessible, thorough, patient-centric care. The framework helps staff identify where processes break down and develop standards that help create solutions. When there are questions, the Joint Commission provides expert clarification, guidance, and direction.

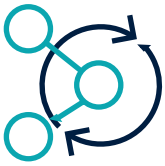
Common Preparation Practices

Four key practices emerged within all three organizations as they prepared for accreditation and certification:

Get leadership buy-in

While executive leadership sets goals, allocates resources, and processes changes, these elements must be organized and implemented at the clinical level. Leaders need to consider who will drive the accreditation effort and appoint an executive with accountability across the system, and others to champion the effort at the clinical level. This "central hub" structure provides the health system and its governing body with accountability.

Supportive leadership teams were key to successful preparation, and highly capable leaders working with clinics to conduct accreditation preparation activities were invaluable. Respondents across all subcategories reported that positive facilitators, who communicated effectively and earned trust, drove collaboration among teams that enabled changes to occur relatively quickly and easily.



Include providers in the accreditation journey

The role of clinicians is crucial, and they should be engaged from the beginning. Providers are typically the most resistant to change, and other influential resistors can be a negative influence. Their inclusion fosters investment and support for accreditation and the changes that it dictates. Include them in discussions, infrastructure and organizational changes, and appoint them to lead activities that obtain buy-in from other providers. Timeframes must be ample enough to include all stakeholders in the communication loop.

Appoint "champions" who embrace change to proactively address potential resistance

Resistance during the accreditation process is normal and expected. The ideal champion embraces change and has the people skills to influence, motivate and enable others to embrace it too. Champions identify objections early on and should be able to address them, driving full engagement in establishing consistent and successful organizational change.

Communicate clearly, consistently, and often

Well-planned, thoughtful, and frequent communication is crucial. Information must be clear, concise, and consistent. Planned messaging reduces the risk of confusion among clinics that can come from receiving information at irregular intervals. Staff must understand the "why" behind change, and the larger organizational vision is communicated more effectively when communication efforts are compelling, robust, and dependable.

Whether for initial accreditation or implementation of changes in processes and practices, activities should be prioritized and rolled out in a sequenced manner. Communicate the change, explain why it is important, and assemble teams or committees to develop action plans and engage staff in developing new or revised policies and workflow adjustments. Also, consider who will be impacted and at what points resistance may be encountered so that it can be addressed proactively.

Unforeseen common benefits

All three organizations experienced benefits beyond those expected from AHC accreditation and PCMH certification. They described an increase in staff satisfaction, and an improved organizational culture that came from an acute awareness of the value of doing things "the right way." There was a general awareness that Joint Commission standards hold organizations to a higher level of responsibility and integrity. Respondents more readily report near-misses and adverse events at a higher rate, confident in their organization's ability to address issues quickly and in a nonpunitive manner. Of particular note were comments regarding the Joint Commission's collaborative and collegial approach, which set an example for how stakeholders can work collectively to improve their organizations.

For more information on Joint Commission accreditation, please visit www.jointcommission.org/ahcprogram or contact us at ahcquality@jointcommission.org.