Introduction to Ambulatory Health Care (AHC) Accreditation and Primary Care Medical Home (PCMH) Certification for Community Health Centers

November 10, 2021
Disclaimer

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Agenda

- Introduction to The Joint Commission (TJC)
- Value of Accreditation
- Primary Care Medical Home (PCMH) Certification Option
- Application Timeline
- Survey Process
- HRSA & BPHC Resources
- Fair Haven Community Health Clinic, Inc. Accreditation and PCMH Journey
- Tips for Getting Started
- Q & A
Key Takeaways

At the conclusion of this webinar, you will be able to:

− Know the reasons why healthcare organizations become accredited by TJC
− Evaluate the benefits of a PCMH Certification
− Gain an understanding of TJC Accreditation and PCMH Certification process
− Realize the resources available to help you obtain TJC Accreditation and PCMH Certification
Joint Commission
Introduction
The Joint Commission Ambulatory Care History

- Private, Not-For-profit
- Leader in Accreditation
- Founded in 1951, 70 years strong
- Established Ambulatory Care Services in 1975, 46 years strong
- Accredit 2,200+ healthcare organizations (255 CHCs)
The Joint Commission 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.
Four Entities - One Vision

All people always experience the

- SAFEST
- HIGHEST QUALITY
- BEST-VALUE

Healthcare across all settings

LEADING the way to ZERO™
The Value of Accreditation
Why Joint Commission Accreditation?

**Structure**
- Comprehensive framework of care
- Reinforce risk management efforts

**Education**
- Surveyor on-site to share leading practices
- Survey engages staff & patients

**Meets Requirements**
- Helps meet state/federal requirements
- Possible discounts on liability insurance

**Recognition**
- Strengthen presence in health networks
- Sets you apart

**Resources**
- Dedicated personnel, educational offerings
- The Joint Commission difference
Journey to Sustainable Excellence

- TJC Accreditation
- Standardization
- Unnecessary Variation
- Risk
- Quality/Safety
- Excellence in Patient Care
PCMH Certification
PCMH Certification Options

- Optional 3-year certification
- Based on the Agency for Healthcare Research and Quality’s (AHRQ) definition of Medical Home – including these core functions:
  1. Patient-centered care
  2. Comprehensive care
  3. Coordinated care
  4. Superb access to care
  5. Systems-based approach to quality and safety
PCMH Certification Benefits

Studies have shown that medical homes decrease healthcare costs while improving patient care and access

- Studies also suggest that this particular model empowers the patient and actively engages the patient in their health
- Patients benefits from this model of care because they have increased access to their primary care clinician and interdisciplinary team
- Their care is tracked and coordinated; and increased use of health information technology supports their care
PCMH Certification Overview

- Voluntary/optional certification requires Joint Commission Ambulatory Care Accreditation

- On-site survey to evaluate compliance with both Ambulatory Care Accreditation and PCMH requirements

- Timing of survey can be:
  - With on-site initial accreditation survey
  - During on-site triennial accreditation survey
PCMH Distinguishing Features

- No separate application (from accreditation application)
- No document submission requirement
- Certification combined with on-site accreditation survey
- Organization-wide certification for 3 years (includes PCMH-eligible sites)
- PCMH certification publicly available on Quality Check
PCMH Eligible Care Delivery Site

Definition
- A location where on-going established relationships exist between a primary care clinician and a panel of patients
- Site needs to provide on-going and continuous primary care to a majority of its patients, irrespective of the location of the site or the population of patients being served

Examples of sites not PCMH eligible include:
- Administrative offices
- Dental-only practices
- Lab/phlebotomy- only
- Physical therapy services- only
- Opioid treatment programs
- Mental health services- only
- Podiatric services- only
- Sites that primarily provide episodic or urgent medical care rather than on-going and continuous primary care
Application Timeline
Application for Accreditation

Your dedicated Business Development Staff will:
- Guide you through the process
- Provide helpful resources (SAG, E-dition®, SIG)
- Set appointment and assist with completing application
  - Survey ready date
  - Black out dates (up to 15)
- $1700 application deposit
- Annual fee and survey fee
- For 330 funded FQHC’s costs covered by HRSA
Application Timeline

**SUBMIT APPLICATION**
4-6 months prior to survey ready date

**SURVEY READY DATE**
Date you are ready for survey

**PREPARE FOR SURVEY**
4-6 months for preparation and scheduling

Survey Activity Guide, E-dition® Standards, Gap Analysis, etc.
Ambulatory Survey Activity Guide

- Provides “blueprint” for survey
- Business Development Staff can provide prior to application submission
- Available on Joint Commission Connect once application is submitted
Joint Commission Standards
Standards Overview

- Comprehensive, non-prescriptive
- Applied by settings and services offered, so they are relevant to your setting
- Helps providers achieve, maintain, and demonstrate consistent excellence in the services they provide
- Can help develop strategies to address most complex issues and identify key vulnerabilities in the patient care experience
## Structure of Standards

### IC.01.05.01 | The organization plans for preventing and controlling infections.

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<thead>
<tr>
<th>Nr</th>
<th>Elements of Performance (EPs)</th>
<th>CMS</th>
<th>New</th>
<th>FSA</th>
<th>DOC</th>
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<td>1</td>
<td>When developing infection prevention and control activities, the organization uses evidence-based national guidelines or, in the absence of such guidelines, expert consensus. For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The organization considers, selects, and implements nationally recognized infection control program guidelines.</td>
<td>9415.01</td>
<td>9415.01(1), 9416.01(3)</td>
<td>9415.01(3)</td>
<td>ESP-1</td>
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<td>2</td>
<td>The organization plans infection prevention and control activities, including surveillance, to minimize, reduce, or eliminate the risk of infection. These activities are documented.</td>
<td>9415.01(1), 9416.01(3)</td>
<td>9415.01(3)</td>
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<td>5</td>
<td>The organization describes, in writing, the method for investigating outbreaks of infectious disease within the organization. (See also IC.02.01.01, EP 5)</td>
<td>9415.01</td>
<td>9415.01(1), 9416.01(3)</td>
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<td>6</td>
<td>Everyone who works in the organization has responsibilities for preventing and controlling infection.</td>
<td>9415.01</td>
<td>9415.01(1), 9416.01(3)</td>
<td>9415.01(3)</td>
<td>ESP-1</td>
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<td>9</td>
<td>For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The organization plans infection prevention and control activities, including surveillance, to minimize, reduce, or eliminate the risk of infection and communicable diseases. These activities are documented.</td>
<td>9416.01</td>
<td>9416.01(1)</td>
<td>9415.01(3)</td>
<td>ESP-1</td>
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<td>11</td>
<td>For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The infection control program includes a plan of action for preventing, identifying, and managing infections and communicable diseases and for immediately implementing corrective and preventive measures that result in improvement.</td>
<td>9416.01</td>
<td>9416.01(1)</td>
<td>9415.01(3)</td>
<td>ESP-1</td>
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Survey Process
Survey Process

- Survey complement will likely be 2 surveyors (Administrator, Clinician) for 2 - 3 days:
  - Depends on number of sites, volume, distance between sites
  - Minimum of 50% of the sites visited

- Patient Tracers
- System Tracers
PCMH Onsite Initial Survey

Initial PCMH surveys require at a minimum:

- Implement in at least one location, for at least one population
- Have supporting written policies/procedures
- Plan in place to implement in all eligible sites by next triennial survey (18-36 months)
PCMH Onsite Survey Process

- What information was provided to you about how the PCMH functions?
- How would you contact the organization for urgent / after hours health care needs?

- Describe/ demonstrate how you capture the patient’s preferred language?
- What information is provided to patients to support their selection of a PCC?
- How would patients contact the org for urgent / after hours health care needs?

- Were patient self-management goals addressed?
- Was health literacy assessed?
Last Survey Day Activities

- Survey report preparation
- Leadership briefing
- Opportunity to ask questions and provide additional information regarding findings
- Final report will be in your Joint Commission Connect® portal within 10 days
SAFER (Survey Analysis For Evaluating Risk) Matrix Analysis

The SAFER Matrix:
1. Organizes Requirements for Improvement (RFI) by scope of risk
2. Organizes RFIs by level of potential patient harm

The SAFER Matrix helps organizations:
1. Communicate survey results
2. Prioritize resources
3. Focus corrective action plans

**Immediate Threat to Life**

- **HIGH**
  - (Harm could happen at any time)
- **MODERATE**
  - (Harm could happen occasionally)
- **LOW**
  - (Harm could happen but would be rare)

**Likelihood to Harm**

- **LIMITED**
  - (Unique occurrence that is not representative of routine/regular practice and that has the potential to impact only one or a very limited number of patients/visitors/staff)
- **PATTERN**
  - (Multiple occurrences of the deficiency, or a single occurrence that has the potential to impact more than a limited number of patients/visitors/staff)
- **WIDESPREAD**
  - (Deficiency is pervasive in the facility, or represents systemic failure, or has the potential to impact most or all patients/visitors/staff)

**Scope**

- **LIMITED**
- **PATTERN**
- **WIDESPREAD**
Post Survey Process

- Evidence of Standards Compliance (ESC) for Ambulatory Care standards and PCMH (if undergoing PCMH certification)
  - 60 days to submit ESCs
  - 3-year Accreditation/Certification award granted once ESCs accepted
- For 330 Funded FQHC:
  - Report sent to BPHC central office and available to the health center’s project officer
- Of note, failure to comply with all PCMH requirements will not jeopardize accreditation status
Health Resources & Services Administration (HRSA)

and

Bureau of Primary Health Care (BPHC)
HRSA/BPHC Accreditation Initiative

- HRSA contract since 1996
- Goal: Improve quality health care and outcomes for health center populations
- Benefits of Accreditation by a nationally recognized organization indicates a center’s commitment to:
  - Providing high quality health care services
  - Improving patient experiences
  - Improving health outcomes and safety
- Accreditation increases health centers’ competitiveness in marketplace
- Accreditation process provides structure and resources to support health centers’ quality improvement and risk management
HRSA/BPHC Accreditation Initiative

- The Accreditation Initiative encourages and supports health centers in undergoing systematic and comprehensive survey processes
- Participation is voluntary and provides 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
- Referenced in HRSA Program Assistance Letter (PAL)
PROGRAM ASSISTANCE LETTER

DATE: February 19, 2015

TO: Health Center Program

I. PURPOSE

This Program Assistance Letter (PAL) describes the Accreditation and Patient Centered Medical Home Recognition Initiative, and outlines the process and requirements for applying for ambulatory health care accreditation and/or patient centered medical home (PCMH) recognition. The Accreditation and Patient Centered Medical Home Recognition Initiative consolidates into a single initiative various accreditation and recognition resources that have been developed by HRSA and its national partners.
BPHC Payment Policy

Includes annual and on-site survey fees for initial surveys and re-surveys:

- Ambulatory care
- Behavioral health care
- Opioid treatment program
- Laboratory services
- Certain extension survey fees

Does not include fees for:

- Home care
- Long term care
- Critical access hospital
Participation Process for Initial Surveys

**Step 1:** Participants must submit a “Notice of Intent” (NOI) located in the electronic handbook

- Questions on NOI:
  - Planned 6-month preparation time
  - Lead person identified
  - Completed self-assessment
  - Projected survey ready date
- Can also request PCMH Certification
- Technical Assistance—2-day on-site consultation visit from Joint Commission Resources consultant

*The use of Joint Commission Resources (JCR) advisory services is not necessary to obtain a Joint Commission Accreditation award, nor does it influence the granting of such awards.*
Participation Process for Initial Surveys

Step 2: HRSA will review/approve NOI (contact your project officer if questions)

Step 3: NOI status sent to The Joint Commission

Step 4: The Joint Commission emails welcome packet with application access and other pertinent information

Step 5: Submit Joint Commission application electronically
BPHC Resources

- Educational webinars
- 2-day onsite preparation visits via Joint Commission Resources
- Scholarship opportunities for educational conferences
- Joint Commission Resources publications
- Specific BPHC section of The Joint Commission's Website
A Health Center’s Journey through Accreditation and Certification

Robyn Hoffmann, RN, MSN, CHC
Corp. Compliance Officer, Fair Haven Community Health Care
Fair Haven Community Health Care (FHCHC)

- FHCHC is a Federally Qualified Health Center (FQHC), which was established in 1971 in the Fair Haven neighborhood of New Haven, CT.

- Our Mission: “To improve the health and social well-being of the communities we serve through equitable, high quality, patient-centered care that is culturally responsible.”
Fair Haven Community Health Care (FHCHC)

- FHCHC now serves more than 26,900 patients and in its most recent year had 87,000 visits
- We now have fifteen (15) sites in New Haven, Branford, and East Haven, CT
- We have been accredited by TJC for Ambulatory Health Care since 1999
- We first gained PCMH certification from TJC in 2015
FHCHC’s Journey to PCMH Certification in 2015

- TJC's Optional Self-Assessment
- TJC Monthly Webinars
- Mock PCMH Visit
- PCMH Readiness Tools Used in 2015
- TJC's Standards from TJC
- TJC's "What You Need to Know"
- TJC's PCMH Certification Q & A Guide
FHCHC’s Journey to PCMH Certification in 2015

- We convened an inter-departmental ad hoc committee, focusing on PCMH certification preparations
  - Departments: Compliance, the Chief Medical Officer, Human Resources, Nursing, Operations, Patient Access, & Quality Improvement
- A mock site visit was conducted
- A presentation was made to FHCHC’s Board of Directors
Areas of Similarity: TJC’s Ambulatory Health Care Standards and the Bureau of Primary Health Care’s Compliance Manual

BPHC Compliance Manual
- Chapter 5: Clinical Staffing (Credentialing & Privileging)
- Chapter 6: Accessible Locations and Hours of Operation
- Chapter 7: Coverage for Medical Emergencies During and After Hours
- Chapter 8: Continuity of Care and Hospital Admitting
- Chapter 10: Quality Improvement/Assurance
- Chapter 18: Program Monitoring & Data Reporting Systems
- Chapter 19: Board Authority

TJC Ambulatory Healthcare Standards
- Human Resources (HR) Standards
- Provision of Care, Treatment and Services (PC) Standards
- Performance Improvement (PI) Standards
- Rights and Responsibilities of the Individual (RI) Standards
- Leadership (LD) Standards
Some Material Differences Between Site Visits by the BPHC and TJC

**BPHC Operational Site Visit**
- The visit is scheduled
- Most of the visit involves meetings with leadership and management (with the exception of the review of Sliding Fee Discount Scale workflows and credentialing and privileging files)
- In Dec. 2020, our Operational Site Visit was conducted virtually

**TJC Re-accreditation Visit**
- The visit, while anticipated, is an unannounced one
- Much of the visit is spent within direct clinical care settings
- The visitors may request to join in a patient’s encounter (but not during the Public Health Emergency)
- There is a significant emphasis on reviewing Infection Prevention & Control processes
- In June 2021, our TJC visit was an on-site, “live “ one
Continuous Readiness Activities in 2021

- Accred. Comm. Meetings
- BOD Training
- SAFER Matrix Analytics
- All Staff Mtg. Sessions
- Gaming (Prizes)
How Does TJC Accreditation Add Value

- TJC Accreditation conveys to the public, payors, and patients that the Health Center has a strong commitment to quality
- TJC visitors provide helpful external feedback and recommendations about “best practices” to the Health Center
- Compliance with TJC standards helps assure the Health Center’s continuous readiness for visits by regulators (such as by the Bureau of Primary Health and the State Department of Public Health)
Thank you for your time!

Robyn Hoffmann, RN, MSN, CHC
Corporate Compliance Officer & QI Liaison
Fair Haven Community Health Care
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203-752-5198
Tips for Getting Started
Gauge Your Readiness

Steps to Accreditation
Contact us at: ahcquality@jointcommission.org

Conduct Self-Assessment
Physically walk through your facility and see how well you meet the requirements

Identify Gaps in Compliance
Identify areas where improvement is needed. This will help target your efforts and prioritize where resources need to be allocated.

Develop Timetable to Compliance
Estimate time needed to resolve any gaps identified to help you formulate a readiness date for your on-site survey
Three Things Successful Surveys Have in Common

1. Engaged leaders who foster teamwork and value the opportunity to learn and improve

2. Staff who take ownership for patient safety and quality and feel empowered to make changes

3. An organization that "owns" its processes, good or where improvement is identified
Suggestions for Success

Establish an effective governance structure to provide oversight and support

Identify standards “Chapter Champions”

Report on progress from the past month, chapter status
- Red, yellow or green
- Key issues or risks
Suggestions for Continued Success

Make everyone feel involved because they are involved

Ensure new employees are educated on patient safety issues and related Joint Commission standards within 60 days of hire
PCMH Resources

- Self-Assessment Tool
- Question & Answer Guide
- PCMH “what’s new” document
- Most Challenging Standards
- Joint Commission Standards Interpretation Group
- Dedicated Account Executives
- Joint Commission Resources
- TJC Website

Joint Commission’s PCMH website  http://www.jointcommission.org/PCMH
Next Step: Contact our Ambulatory Care Team

630.792.5286

ahcquality@jointcommission.org

www.jointcommission.org/AHCProgram
Questions?