

A Framework for Achieving Clinical Integration



How Parrish Medical Center became first in the nation to earn The Joint Commission's Gold Seal for Integrated Care Certification

When Parrish Medical Center (PMC), a public, not-for-profit, 210-bed acute care hospital in Titusville, FL earned The Joint Commission's very first Integrated Care Certification in January 2016, it represented an important mile marker and achievement in PMC's long tradition of putting patients at the center of their care.

The medical center, which proudly cares for America's astronauts and is within sight of the Kennedy Space Center launch towers, had been working towards this goal ever since it first designed its facility around the seven elements of healing in the late 1990's and opened its replacement hospital in 2002. "In fact, it began with the vision of our CEO George Mikitarian all those years ago as we put healing at the center of our facility design and then in 2002, at the center of our strategic plan," explains Chris McAlpine, Chief Transformation Officer for PMC.

"We've learned so much since our Joint Commission review," he adds. "The rigorous review and gaps we identified during the evaluation have only deepened our commitment to this journey of continuous quality improvement to transform the health of our community."

"We've learned so much since our Joint Commission review."

"The rigorous review and gaps we identified during the evaluation have only deepened our commitment to this journey of continuous quality improvement to transform the health of our community."

Chris McAlpine
Chief Transformation Officer
for PMC.



The path to pursuing Integrated Care Certification

As noted by McAlpine, PMC traces its decision to begin clinically integrating care back to 2009 when the organization elected to re-build its five-year strategic plan around five pillars: Education, Assess, Understand, Care, and Maintain. Together, the five pillars describe a vision for the continuum of care: from understanding and assessing the needs of community to health care delivery and support for wellness.

Since only one of the five pillars in the strategic plan is hospital-based, 80 percent of the strategic plan sets goals beyond acute care. As a result, PMC recognized the need to better develop relationships with patients and families in the community outside the hospital and to partner with other types of care providers— pharmacies, hospitals, skilled nursing facilities, and churches, among others— to collaborate on meeting service, safety, and quality goals. Integrated Care Certification from The Joint Commission was also a natural next step for measuring clinical and safety outcomes for providers in its Parrish Health Network (PH). PH is an exclusive provider network for Medicare and Medicaid subscribers that PMC developed with the goal of improving the health of Space Coast Floridians and is based on a partnership with Mayo Clinical Care Network and Orlando Health.

Because PMC is recognized among the best performing hospitals in the nation on hospital-acquired conditions, it set rigorous standards for primary, secondary, and tertiary providers to join its network, inviting only exemplary performers. Integrated Care Certification offers an opportunity to measure success within the network for reducing readmissions, cost of care, and effective management of patients with chronic diseases. Parrish Medical Center’s recent accomplishments include earning Top 100 SafeCare Hospitals® Distinction from the SafeCare Group, and the 2017 Women’s Choice Award® as one of America’s Best Hospitals for Patient Safety, an award that signifies that PMC is in the top 15 percent of 3,005 U.S. hospitals for patient safety and recognizes safe surgery practices and lower rates for complications and infections.

And finally, The Joint Commission’s Integrated Care Certification offered an opportunity for third party validation of PMC’s true clinical integration to distinguish the organization from market competitors who claim to be integrated despite their lack of sharing patient medical records or real-time collaboration to identify and close gaps in care. PMC stresses that true integration is based not on financial integration, but rather on achieving the highest outcomes of clinical care... knowledge-based information sharing about an individual’s needs to ensure a patient is at the optimal level of wellness.

“Why pursue Integrated Care Certification?

If not now, when? We have an obligation to be held accountable to our community and this is a way we can truly make a difference in achieving Triple Aim; improving the health of the community and doing it at a reduced cost of care.”

Edwin Loftin
Vice President of Acute Care for PMC

Benefits of Integrated Care Certification

One of the biggest benefits of the Integrated Care Certification process for PMC has been the opportunity to learn from Joint Commission reviewers where gaps in care existed and how to close them. “That’s why I consider certification the beginning of our journey to integrated care, rather than the destination,” notes Edwin Loftin, RN, Vice President of Acute Care, FACHE at PMC. “It really represents the realization of what we needed to do next.”

One of the biggest benefits of the Integrated Care Certification process for PMC has been the opportunity to learn from Joint Commission reviewers where gaps in care existed and how to close them.



“Integrated Care Certification was an affirmation to our community that we are doing things that are evidence-based, have a direct impact on the patients we serve, and are vetted by an outside evaluation.”

For example, the Joint Commission review recommended five or six areas of focus that PMC then added to its strategic plan, like medication reconciliation, for example. “Joint Commission standards look at continuum of knowledge for all providers,” explains Loftin. “So if a patient moves between providers, we need to have a shared understanding of the patient’s correct medication regime.”

PMC also assembled a performance improvement team comprised of representatives from the community, hospice, home health, skilled nursing, pharmacies, and other providers to review quarterly opportunities together for performance improvement on an ongoing basis. When they noted one of their skilled nursing facilities experienced a spike in readmissions, they looked more deeply together for trends and patterns to learn why.

After a three-month case review, the team learned that 80 percent of those skilled nursing patients had needed hospice services, but they hadn’t been delivered in a timely way. As a result, they deployed a new approach for hospice, which included “Partners in Healing,” a formal partnership with 23 congregations that span nearly every religious sector to support parishioners in the hospital or as they transition home. Working together, spiritual advisors can ensure recommended medical care doesn’t violate an individual’s spiritual beliefs.

“Transparency with the community is so important to truly hearing and responding appropriately to the voice of the customer,” says Loftin. “If you don’t understand the complexities of your community, it will be a bumpy ride, especially as hospitals are being asked to take on additional risk through bundled payments, MACRA, workers compensation, disability, and more. Each of these generates a medical record, but we can only understand the patient as a whole if this information is shared. The Joint Commission certification evaluation forces you to demonstrate that coordination of care.”

By reaching out to churches in a collaborative effort to address the resistance of elderly patients to hospice, case managers were able to address their concerns with sensitivity and compassion. While patients were reluctant to

Some insights from Integrated Care Certification reviewers

- Define within clinical care partners who is responsible for what processes
- Look for ways to match service capacity to meet needs of the community
- Ensure that information systems link patients, providers, community agencies and payers across continuum of care
- Define meaningful and agreed-upon metrics among the clinical care partners
- Assure oversight/governance of a model that crosses organizations
- Guarantee that components within an integrated care structure are accountable

“PMC reduced the readmission rate from SNFs from 20 percent to less than 6 percent, well below the national benchmark of 19 percent.”

acquiesce to medical professionals, they were comfortable partnering with their ministers who they perceived as neighbors. The result? PMC reduced the readmission rate from SNFs from 20 percent to less than 6 percent, well below the national benchmark of 19 percent.

In addition, a triennial community needs assessment is in place three years before being required by law, just one more way that PMC feels it's staying ahead of requirements in the Affordable Care Act as it readies for population health. From representatives of city government to psychosocial support, a cross-section of the community supports this process.

As a result, the community understands it is accountable for its own health to elevate overall quality of life, reduce health disparities, and increase access to health services so they are learning to leverage their respective resources together. An early shared success: a 56 percent reduction in dental visits to the emergency room, the only such reduction statewide.

An early shared success: a 56 percent reduction in dental visits to the emergency room, the only such reduction statewide.

PMC staff also say that Integrated Care Certification has helped the community to recognize that the organization is focused on community wellness rather than being hospital-centric. In fact, the review validated that perception when Joint Commission reviewers spoke to more than 30 past patients and members of the diabetic management and cardiac rehabilitation teams. Staff also says that the certification process has helped hospital and ambulatory staff to understand each other's processes through collaboration, streamlined processes, and eliminating waste.



Engaging stakeholders in the certification process

At Parrish, the leadership team owned the certification process and provided trickle down priority to be able to effectively achieve the certification. The chief transformation officer plays a key role in articulating value to the community through both relationships and reimbursement channels and leverages the value of PMC's Integrated Care Certification accomplishment.

According to Market Research done by The Joint Commission on the value of certification, 92 percent of Joint Commission certification customers indicate that certification improves patient outcomes.

“The journey to Integrated Care Certification can't just be leadership alone,” explains Loftin. “The entire organization must share the values of person-centered care, even beyond the walls of the hospital, and share the same definition of what it means to be truly integrated.”

To ensure staff understood the 80 plus standards that Integrated Care Certification entails, PMC leadership included a review of chapters during monthly meetings. Champions were also identified who were willing to make process improvements and dedicated to the outcomes. In fact, because up-front physician buy-in is so critical to success, PMC identified two physician champions (one inpatient and one outpatient).

The organization was also successful in getting physician buy-in by demonstrating how Integrated Care Certification is clinically focused. “It's important to explain that we're not asking them to do extra work to generate referrals or reimbursement,” adds Loftin. “Rather, we are asking them to substitute one task for another to better serve patients. One example would be how to better address clinical risks for patients with comorbid conditions. It's why the physicians went to medical school.”

Three takeaways from Parrish on achieving Integrated Care Certification

A FEW FINAL THOUGHTS FROM LEADERS AT PMC:

- 1** Be willing to dive deep when seeking information and accept what you find. “Just when you think you know everything there is to know about a process, something else comes up,” adds Loftin. This can apply to understanding patient trends or when analyzing internal processes. For example, PMC found many areas of duplication between hospital and ambulatory that needed to be addressed.
- 2** Cultivate the voice of the customer at every opportunity. In other words, be open to community input and keep ego out of it. Loftin explains that PMC had one patient who was receiving excellent medical care, but the patient’s advocate stepped in to remind caregivers they were treating a disease rather than the whole person. Because of the team’s willingness to listen and respond, that advocate is a member of PMC’s patient advisory team today.
- 3** Always challenge yourself. “Never accept that someone says the organization meets a standard,” Loftin emphasizes. “Ask them to prove it to you. Sometimes through that process, we will realize that while we know much more than we used to, there is still more to learn.”



To learn more about Integrated Care Certification from The Joint Commission, please contact us at:
integratedcare@jointcommission.org

To be eligible to qualify for this certification, an organization must be providing clinically integrated care in any of the following health care settings:

Hospitals | Critical Access Hospitals | Freestanding Psychiatric Hospitals | Freestanding or Hospital-Based Ambulatory Centers | Physician or other Clinical Practices | Nursing Care Centers | Home Care Organizations
