Joint Commission’s Primary Care Medical Home (PCMH) Certification Option Overview

Lon Berkeley
Project Director, CHC Accreditation
Project Co-Lead, PCMH Initiative
The Joint Commission
August 11, 2016
Background on The Joint Commission

- Private, non-profit created & governed by health care professionals and consumers
- Accredits/certifies over 20,000 total organizations (hospitals, labs, behavioral health, home care, long term care, ambulatory care)

Accrediting over 2,100 Ambulatory Care organizations since 1975 covering 7,600 sites of care, including:

- Single and Multi-Specialty Group Practices
- Community Health Centers/FQHCs
  - HRSA/BPHC contract since 1997

Primary Care Medical Home (PCMH) Certification since 2011
Joint Commission’s Vision & Mission

**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.
TERMINOLOGY

Generally Equivalent Labels:
- Patient-Centered Medical Home (NCQA)
- Patient Aligned Care Teams (VHA)
- Health Care Home (several states)
- Advanced Primary Care Practice (CMS)
- Community Health Care Home (Sweden)
- Community Based Medical Home (Army)
- Medical Home Port (Navy)
- Primary Care Medical Home (Joint Commission – Ambulatory & Hospital)
- Behavioral Health Home (Joint Commission – Behavioral Health Care)
Accreditation/PCMH Progress for BPHC-Supported Health Centers
(as of July, 2016)

274 Joint Commission Accredited Health Centers
- includes freestanding ambulatory care and hospital-sponsored

- 7 states with over 1/2 of all centers Joint Commission accredited:
  - CT, MA, UT, MD, AL, PR, NE

144 PCMH certified centers (1166 delivery sites)
Array of Services to Support Centers

- On-site evaluation by experienced surveyors
- Standards Interpretation Group Education
- Dedicated Account Executive
- "Lessons Learned" from Others:
  - On-site Consultation, Leading Practices Library
- Training/Education:
  - BoosterPaks, Targeted Solutions Tools, Publications
  - Monthly Teleconferences, Annual Conference
  - Bi-annual Workshops, Webinar Series
  - Technical Assistance
July, 2011: Launch certification for **Ambulatory Care** accredited organizations; data (as of June 1, 2016):

2011 - 2016: Work with public/private payers in demonstration pilots around reimbursement issues

Feb 2013: Launch PCMH certification for accredited **Hospital-based** ambulatory care practices

Jan 2014: Launch **Behavioral** Health Home certification

July 2014: Revise standards for Ambulatory PCMH

July 2015: Launch Integration Care Certification option

2018: Update standards for all Health Home options
HRSA Accreditation & PCMH Initiative

The Accreditation/PCMH Initiative encourages and supports health centers in undergoing rigorous and comprehensive survey processes to achieve national benchmarks.

- Participation is voluntary and provides an opportunity for health centers to achieve accreditation, and with The Joint Commission PCMH certification at the same time.

- HRSA/BPHC supports this effort by paying for almost all health centers’ survey costs.
HRSA Payment Policy

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

- Ambulatory care
- Behavioral health care
- Laboratory services
- Certain extension survey fees
- PCMH certification

Does **not** include fees for:

- On-site follow-up surveys
- Home care, Long term care, Opioid treatment program

Health Center must sign Joint Commission contract
PCMH Certification - Distinguishing Features for Free-standing Ambulatory Care Organizations

- Optional certification requiring Joint Commission ambulatory care accreditation

- On-site survey to evaluate compliance with both accreditation and additional PCMH requirements

- Timing of survey, conducted either:
  - with regular on-site triennial accreditation survey
  - separately as “PCMH extension” survey
No special application or document submission requirement

Organization-wide certification for 3 years (includes any eligible PCMH sites)

Primary Care Medical Home certification publicly available on Quality Check

HRSA/BPHC covers fees as part of current 5 year contract (through 2017)
Primary Care Medical Home Requirements

There are 5 Operational Characteristics (AHRQ)

1. Patient-Centeredness
2. Comprehensive Care
3. Coordinated Care
4. Superb Access to Care
5. System-Based Approach to Quality and Safety

PCMH video by Community Health Center, Inc, in Middletown, CT
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, podiatric services-only,
- mental health services-only, and,
- sites that *primarily* provide episodic or urgent medical care rather than on-going and continuous primary care.
Patient-Centered Requirements:

- Patient-selected primary care clinician (can be an MD/DO, NP, or PA)
- Provide information to patient about PCMH
- Identify, educate, and use patient self-management goals
- Meet patient communication needs
- Assessment of health literacy
- Clinical record contains patient’s: Gender, race, and ethnicity; Family history; Work history; Blood pressure (for ages 3+); Smoking status (for ages 13+)
- Involvement in performance improvement

*Most Challenging Standard

Red italics = new as of 7/14
Comprehensive Care Requirements:

- Roles/responsibilities of the primary care clinician and interdisciplinary team

- Provide or facilitate patient access to:
  - Acute care /chronic Care
  - Behavioral health needs
  - Urgent and emergent care
  - Age/gender-specific preventive care
  - Oral /Optical / Eye health
  - Rehabilitative services/equip
  - Substance abuse treatment

- Provide disease/chronic care management, including end-of-life care

- Use interdisciplinary teams (include MD/DO)

- Provide population-based care

- Care provided for a panel of patient

*Red italics = new as of 7/14*
Coordinated Care Requirements

- Provide coordinated care & promote continuity of care among providers
- Referral tracking and follow-up*
- **Certified electronic health record** to:
  - Document and track care *and create reports*
  - *Appointment reminders*
  - Disease management, preventive care
  - Support performance improvement
- Track patient progress towards treatment goals*

*Most Challenging Standard*  
*Red italics = new as of 7/14*
Access to Care Requirements:

- Ability for 24/7 access to*:  
  - *Same day or next day* appointment  
  - Request prescription renewal  
  - Obtain clinical advice for urgent health needs

- Flexible scheduling (e.g. open scheduling, same day appointments, arrangements with other organizations)

- 24/7 process for *responding* to patient’s urgent care needs

- Online access to test/lab results, summary lists, med lists (within 4 days after PCC/team) = “patient portal”

* Most Challenging Standard  
Red italics = new as of 7/14
Quality & Safety Requirements:

- Electronic prescribing - for 50% of allowable scripts
- Computerized order entry - labs, meds, imaging
- Use clinical decision support tools

Collect data on*:
- Disease management outcomes
- Patient perceptions of access to care within PCMH established time frames
- Patient experience and satisfaction

Use of data to improve performance

* Most Challenging Standard

Red italics = new as of 7/14
What Does a Survey Look Like?

The On-site Event:

- **Patient and Customer-Centric Focused**
  - Patient observations and discussions *with patient permission*
  - Minimal interruption

- **Educational and Informative**
  - Shared observations
  - Leaders/managers/staff encouraged to participate

- **Surveyors**
  - Clinical & administrative professionals familiar with Health Centers
  - Collaborative and courteous
  - Trained & evaluated annually
  - Use effective tracer methodology
Tracer Methodology
A Systems Approach to Evaluation

- Traces patients use of entire Health Center’s services

- Assesses relationships among disciplines and important functions

- Surveyor identifies performance issues in one or more steps of the process – or in the interfaces between processes
Tracer Visits Include:

- Observation of delivery processes:
  - Medications (includes immunizations)
  - Assessments (in exam room with patient ok)
  - Education/Counseling
  - Operative Procedures

- Individual/family interview

- Staff level interactions regarding
  - Performance measurement
  - Daily roles and responsibilities
  - Training and orientation

- Review of policies and procedures, as needed
On-Site Survey Process

- Clinical record review
  - Patient self-management goals
  - Follow-up on care recommendations, test results
- Discussions with leaders & staff
  - Scope of services: acute, chronic, behavioral
  - Determining composition of interdisciplinary teams
- HR file review
- Review of performance improvement data
- Environment of Care tour and processes
The Post-Survey Process for PCMH

- Follow-up to findings ("Requirements for Improvement"): Evidence of Standards Compliance for both PCMH and other ambulatory care standards

- Acceptance of Evidence of Standards Compliance:  
  - Special Certification Letter & Award  
  - Posting on Quality Check

- 3 year Accreditation and Certification period

- Intra-cycle Monitoring ("Focused Standards Assessment")  
  - Annual self-assessment of PCMH and ambulatory care standards
Decision & Scoring Impacts

- Failure to comply with all PCMH “RFIs” will **not** jeopardize accreditation status

- Scoring for PCMH requirements during a resurvey is similar to an initial survey, minimally:
  - Implement in at least one location, for at least one population
  - Have supporting written policies/procedures
  - Plan to implement organization-wide prior to next triennial survey (18-36 months)
Joint Commission PCMH Resources on Website

- PCMH Self-Assessment Tool
- Question & Answer Guide
- Most Challenging PCMH requirements
- Tools such as “Health Literacy & Self-Management Goals Made Simple”
- News, articles, links to other resources
- Comparisons to other evaluative models

Joint Commission PCMH website:
http://www.jointcommission.org/PCMH
Important “Readiness” Steps for Primary Care Medical Home option

If already accredited:

- Complete self-assessment relative to additional PCMH Requirements
  - Mock Tracers
  - Technical assistance

Determine best timetable for survey:

- Include as part of next triennial unannounced survey
- Special extension survey
- Communicate to Joint Commission (part of application)
Important “Readiness” Steps for Primary Care Medical Home option

If not yet accredited:

- Complete self-assessment of ambulatory care accreditation standards & additional PCMH Requirements
- Use resources available:
  - Mock Tracers - Educational programs
  - Technical assistance - Publications
- Determine best timetable for survey
  - Include as part of scheduled survey
  - Communicate to Joint Commission (part of application)
Request The Joint Commission for your Quality Initiatives:

*If you want:*

Both PCMH certification & accreditation that’s integrated into one on-site survey…

…by surveyors familiar with Health Centers, who provide suggestions to meet any non-compliant requirements…using a *tracer-based evaluative approach* that doesn’t require any additional application time or resources…that certifies and accredits your *entire organization* for a 3 year period, and,

…provides personalized attention and expertise to help attain/maintain accreditation & PCMH.
You are not alone! Be in touch!

For standards questions: 630-792-5900
“Standards Interpretation Group”

Use our web site: www.jointcommission.org

For BPHC-specific accreditation info:

- Brittnay Hull, Account Executive 630-792-5216 (bhull@jointcommission.org)
- Delia Constanzo, BPHC specialist 630-792-5011 (dconstanzo@jointcommission.org)
- Kristen Witalka, Business Dev Specialist 630-792-5292 (kwitalka@jointcommission.org)
- Lon Berkeley, Proj Dir, & Co-PCMH Project Lead 630-792-5787 (lberkeley@jointcommission.org)
Questions?

Primary Care Medical Home
Accreditation and Certification in One
- Single on-site survey for both
- Accreditation from a name that patients recognize and trust
- Exceptional customer service

www.jointcommission.org/PCMH

THANK YOU