WORKSHOP
Update and Overview
Ambulatory Care Accreditation & Primary Care Medical Home Certification: Joint Commission Standards and Survey Process for Health Centers

National Association of Community Health Centers (NACHC) Policy & Issues Forum
Unity Health Center’s Upper Cardoza Health Center
3020 14th Street
Washington, DC

March 21, 2015

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Jennifer Fabre, Joint Commission Surveyor, Ambulatory Care
TOPICS TO COVER

- Joint Commission Background
- HRSA/BPHC Accreditation/PCMH Initiative
  - New PAL and NOI
- Accreditation Application & Survey Process
- Most Challenging Ambulatory Care Standards
- PCMH Certification Option
- Most Challenging PCMH Standards & Comparisons
- Resources Available
Background on 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
Accreditation Progress for BPHC-Supported Health Centers
(See List & Map)

As of Jan 2015

- 273 accredited health centers (includes freestanding ambulatory care and hospital-sponsored)

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

NEW: HRSA/BPHC Program Advisory Letter (PAL) #2015-02 “Accreditation & PCMH Recognition Initiative” (see handout)

- ALL HEALTH CENTERS MUST SUBMIT NEW NOI !!
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.

http://www.bphc.hrsa.gov/policiesregulations/policies/pal201502.html
HRSA/BPHC ACCREDITATION INITIATIVE (since 1997)

**Goal:** Improve quality health care and outcomes for Health Center populations

**Benefits:**

- Accreditation by an independent nationally review body demonstrates a commitment to:
  - Providing high quality health care services
  - Improving patient experiences.
  - Improving health outcomes and safety.

- Accreditation increases health centers’ *competitiveness* in the marketplace.

- Accreditation process *provides structure and resources* to support health centers’ quality improvement and risk management.
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 health centers’ survey costs.
HRSA Accreditation and PCMH Recognition Initiative
Notice of Intent

Introduction and General Instructions

HRSA's Accreditation and PCMH recognition initiative will provide resources for health centers to achieve ambulatory care accreditation and patient-centered medical home (PCMH) recognition through nationally recognized accreditation and recognition organizations.

Health centers must complete a Notice of Intent (NOI) using this website and submit it to HRSA. The NOI will be processed and reviewed for organizational readiness to undertake the survey review process.

Please allow the 2-4 weeks for review. If you have any questions, please contact the AccreditPCMH@hrsa.gov or 1-877-974-2742.

Steps: Completing the NOI form

Click here if you are seeking NCQA PCMH Recognition. | Click here if you wish to complete a partially completed NCQAPCMH Recognition.

Click here if you are seeking Joint Commission Accreditation.
HRSA Notice of Intent: Joint Commission Accreditation

Introduction and General Instructions

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Steps: Completing the NOI form for Joint Commission Accreditation

- Complete Section 1, Section 2 and Section 3
- Click on ‘Save & Continue’
- Finally Submit the NOI form to HRSA

All fields marked with an asterisk (*) are Required.

- Date NOI Prepared: 03/21/2015
- Name of Preparer:
- Email of Preparer:

Section 1 - Grantee Contact Information

- Select Grantee Organization:
- Select a Grantee
- Grant Number (H80):
- BHCMS Number or UDS ID:
- Enter Grantee Organization Name:
- Distinct Id as it appears in EHR (if applicable)
### Section 3 - Accreditation

Complete the details below for each site in your grantee organization that is requesting joint commission accreditation.

Please indicate the type of survey you are requesting and if it is an "initial" or "resurvey".

<table>
<thead>
<tr>
<th>Survey Type</th>
<th>Yes or No</th>
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<td>*Behavioral Health</td>
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<tr>
<td>*Patient Centered Medical Home</td>
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</table>

*Please indicate the type of survey you are requesting and if it is an initial or resurvey.*
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 (CA, AZ, NY)
- Data-driven approach to changes
- Addresses FTCA requirements
- Help organize and strengthen patient safety efforts
- Enhances staff recruitment and development
- Lets you know how well you are doing
- Additional funding/pay for performance

Two Studies Published:
- Quality-related Activities in Health Centers (JACM: Oct ‘08)
- Emergency Planning Community Linkages
BPHC 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

- Does not include fees for:
  - Contingent or other on-site follow-up surveys
  - Home care
  - Long term care
  - Critical access hospital
  - Opioid treatment program

- Health Center must sign Joint Commission contract
Participation Process for First-Time/“Initial” Surveys

Use BPHC Policy Information Notice criteria to submit a “Notice of Interest” (for centers being surveyed for the first time or “initial surveys”) to BPHC (e.g. #2015-02)

Criteria:
- Planned 6 month preparation time
- Lead person identified
- Completed self-assessment
Process for First-Time/“Initial” Surveys

- BPHC review/approve “Notice of Interest” (contact center’s project officer)
  - Approved centers submitted to Joint Commission

- The Joint Commission sends “congratulations letter” with application materials & other pertinent background info (including CAMAC)
  - May need add’l manuals (e.g. Lab, Beh’l Health)

- Complete/submit application electronically

- Confirmation of survey date and surveyors
Participation Process for “Resurveys”

- Previously accredited centers (“resurveys”) as of Feb 2015 required to submit new NOI and then every three years for participation
  - The Joint Commission emails notice to complete electronic application for each calendar year

- PCMH Certification
  - Requires special check-off in “e-application”
Diverse Services to Support Customers

ACCREDITED & PCMH CERTIFIED AMBULATORY

- On-site Evaluation from Experienced Surveyors
- Standards Interpretation Group Education
- BoosterPaks
- Corporate Account Executive
- CTH: Targeted Solutions Tools
- Electronic Standards Manual
- Joint Commission Connect: e-portal
- "Lessons Learned" from Others: Leading Practices Library
- IntraCycle Monitoring Process
Home Page for Single Organization

Highlights

- The notification of scheduled events will automatically display information regarding the status of a scheduled event.

- Account Executive information can be easily found located beneath the tab navigation. All Account Executives assigned to your organization will be listed.

- The What’s Due section will provide you with a list of items that are due for submission, their due date, and the number of days the item is overdue (if applicable). A link to directly access the item will also be available if you have security access to do so.

- Your Official Documents including official reports and Joint Commission correspondence will be posted on your Extranet homepage.

- The Important Updates section is program specific to keep you informed of new information pertaining to your specific program(s).

- Favorite Apps will allow you to customize quick links to access your favorite Joint Commission applications. You can edit and add up to 4 favorite applications.
NEW: 15 Avoid dates!
New “Value-adds” for Customers

- Center for Transforming Healthcare
  www.centerfortransforminghealthcare.org
- Targeted Solutions Tool
- Leading Practices Library
- Booster Paks
Comprehensive Accreditation Manual for Ambulatory Care

- Standards and Elements of Performance
  - Frequently Asked Questions (FAQs)

- National Patient Safety Goals

- Accreditation Participation Requirements
Ambulatory Care Standards  
(Applicable to Health Centers)

**Patient-focused Functions**
- Ethics, Rights, & Responsibilities (RI)
- Provision of Care, Treatment, & Services (PC)
- Waived Testing (WT)
- Medication Management (MM)
- Surveillance, Prevention, & Infection Control (IC)

**Organization Functions**
- Leadership (LD)
- Improving Organization Performance (PI)
- Management of the Environment of Care (EC)
- Emergency Management (EM)
- Management of Human Resources (HR)
- Management of Information (IM)
- Record of Care (RM)

- Electronic version of the manual
- Access via 1 **free** single-user license for accredited organizations (other access options available)
- Filtering of standards so customers can “see themselves in the standards”
- Access to additional information that may be relevant
Joint Commission Typical Survey for Community Health Centers

- 2 Surveyors (Administrator, Clinician)
- 2 - 3 days:
  - Depends on number of sites, volume, distance between sites
  - Minimum of 50% of the sites visited

- See Survey Activity Guide (Jan 2015)
  - Document List
  - Survey Activity List
  - Agenda posted (see handout)

Patient Tracer Video
BPHC-related Review Process

Agenda includes:
- Governance Discussion Session
- Clinical Leadership/Staff Discussion Session
- Attention to Special Populations

Report sent to BPHC central office and available to center’s project officer

Optional Assessment of BPHC Statutory/Regulatory Requirements using “Health Center Self-Report Tool” (through 2014); Pilots to Combine with Operational Site Visit in 2015
Last Survey Day Activities

- Surveyor report preparation
- CEO exit briefing and organization exit conference
  - Opportunity to ask questions and provide additional information relative to “Summary of Findings”
Tracer Methodology – A Systems Approach to Evaluation

- Traces a number of patients through the organization’s entire health care process
- Assesses relationships among disciplines and important functions
- As cases are examined, surveyor identifies performance issues in one or more steps of the process – or in the interfaces between processes
Patient Care Tracer Activity

- Comprises 50-60 percent of on-site survey time
- Will be approximately 90 minutes in length
- Starts in the setting/unit where tracer patient is located
- May include sequential following of the course of care – but no mandated order for visits to other care areas
Patient Care Tracer Selection Criteria

For BPHC-supported Health Centers (330e)

- Special populations being funded:
  - Migrant and seasonal farm workers (330g)
  - Homeless (330h)
  - Residents in public housing (330i)
  - Students in school-based clinics (Healthy Schools/Healthy Communities)
  - Patients with HIV/AIDS (Ryan White Title III)

- At least one patient from each “Lifecycle” served
  - Perinatal
  - Pediatric
  - Adolescent
  - Adult
  - Seniors
Tracer Visits Include:

- Observation of medication process (as applicable)
- Individual or family interview
- Staff level interaction
  - Performance measurement
  - Daily roles and responsibilities
  - Training and orientation
- Review of policies and procedures as needed
Accreditation Based on Impact on Patient Care

- **Immediate Threat To Life**
  - (PDA until resolved)
  - **“Sharp End”**
  - Timeline for resolution of non-compliant findings
  - Shorter

- **Situational Decision Rules**
  - (Conditional Accreditation and Preliminary Denial of Accreditation)
  - **“Blunt End”**
  - Longer

- **Direct Impact Requirements**
  - “Implementation” Based Requirements
  - (Short Resolution Timeframe)

- **Indirect Impact Requirements**
  - “Planning” and “Evaluation” Based Requirements
  - (Longer Resolution Timeframe)

- **Immediacy of risk to patient care and the organization’s accreditation status**
  - Higher → “Sharp End”
  - Lower → “Blunt End”
Overview of Unannounced Surveys

Benefits of Unannounced Surveys:

- Organizations can “focus on preparation for their next patient, not on their next survey”
- Organizations can use the accreditation process as an operational management tool
- Accreditation is now a validation of an organization’s continuous systems improvement efforts rather than a simple standards compliance exercise at a point in time.
Timing of Unannounced Surveys

Surveys may occur between **18 and 36 months** after the previous full survey, BUT **majority surveyed in their triennial year due**

- a minority of outliers “pulled forward” where data suggest patient safety or quality potentially at risk
- “data” includes previous survey and complaints

Lab surveys will occur within **24 months of previous survey**
Exceptions to Unannounced Surveys (Relevant to CHCs)

- Initial surveys (centers having their first Joint Commission survey)
- “Very small” programs
  - Ambulatory organizations that provide medical/dental services with fewer than 5,000 visits or 3 LIPs
Avoid/“Blackout” Dates

- Organizations have an opportunity to provide 15 “blackout” avoid dates per year
  - Days you would prefer that the Joint Commission does not come on-site
- Use your 15 “avoid dates” wisely
  - Skip Federal holidays (except Veterans Day - Nov 11)
- Don’t assume due date +/- 45 days
Environment of Care

EC.02.02.01 The organization manages risks related to hazardous materials and waste.
- Inventory hazardous materials
- Personal Protective Equipment (PPE use)
- Eyewash station
- Lead Aprons
- SDS – Safety Data Sheets (formerly MSDS)

EC.02.04.03 The organization inspects, tests, and maintains medical equipment.
- Preventive Maintenance
- Check before initial use
- Document testing & maintenance of sterilizers
Credentialing and Privileging

**HR.02.01.03** The organization grants initial, renewed, or revised clinical privileges to individuals who are permitted by law and the organization to practice independently.
Credentialing and Privileging……..

- Ascertain the necessary credentials to perform privileges
- Primary Source Verify current licensure
- Primary Source Verify relevant training
- Evaluate current challenges to licensure
- Grant initial, renewed or revised site specific Privileges
IC.02.02.01 The organization reduces the risk of infections associated with medical equipment, devices, and supplies

- Low Level disinfection
- Intermediate and high-level disinfection
- Expired supplies
Medication Storage

MM.03.01.01 The organization safely stores medications.

- Maintain refrigerator temperature within manufacturer’s recommendations 24/7
- Prevent unauthorized access
- Remove expired/damaged/contaminated medications from available storage
Medication Management

MM.01.01.03 The organization safely manages high-alert and hazardous medications
Medication Management

High Alert Medications: high percentage of errors and/or sentinel events, higher risk for abuse or adverse outcomes (see list)

- List in writing of High Alert medications in organization
- Process to manage
- Institute for Safe Medication Practices (ISMP)
  - Ismp.org/Tools/highalertmedications.pdf
- Common in Health Centers: Insulin, Bupenorphine
### Classes/Categories of Medications

<table>
<thead>
<tr>
<th>Category</th>
<th>Examples</th>
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</thead>
<tbody>
<tr>
<td>Antiretroviral agents</td>
<td>efavirenz, lamivudine, raltegravir, ritonavir, combination antiretroviral products</td>
</tr>
<tr>
<td>Chemotherapeutic agents, oral</td>
<td>cyclophosphamide, mercaptopurine, temozolomide</td>
</tr>
<tr>
<td>Hypoglycemic agents, oral</td>
<td></td>
</tr>
<tr>
<td>Immunosuppressant agents</td>
<td>azaTHIOprine, cycloSPORINE, tacrolimus</td>
</tr>
<tr>
<td>Insulin, all formulations</td>
<td></td>
</tr>
<tr>
<td>Opioids, all formulations</td>
<td></td>
</tr>
<tr>
<td>Pediatric liquid medications that require measurement</td>
<td></td>
</tr>
<tr>
<td>Pregnancy category X drugs</td>
<td>bosentan, ISOtretinoin</td>
</tr>
</tbody>
</table>
Medication Management......

**Hazardous Medications** -- Medications that have a potential for causing cancer, developmental or reproductive toxicity or harm to organs

- Develop list of Hazardous medications in organization
- National Institute for Occupational Safety and Health (NHIOSH)
- cdc.gov/niosh/docs/20045/2004/165-165.html#o
Medication Management

MM.01.02.01 The organization addresses the safe use of look-alike/sound-alike medications

- Develop list that you store, dispense or administer
- Plan to prevent errors
- Annually reviews and revises
Look-Alike, Sound-Alike Drugs List

Examples*
1. Avandia and Coumadin
2. Celebrex, Celexa, Cerebyx
3. Clonidine, Klonopin
4. Hydromorphone injection and morphine injection
5. Insulin products
   ▪ Humalog and Humulin
   ▪ Novolog and Novolin
   ▪ Humalog and Novolog
   ▪ Novolog Mix 70/30

Waived Testing

WT.03.01.01 Staff and licensed independent practitioners performing waived tests are competent

- CLIA’88 Certificate current
  - Orientation, training, at time of orientation and annually
- Use of two of four methods
  - Blind specimen
  - Supervisor observation
  - Monitoring quality control performance
  - Written test
Challenges in Dental

1. Perform invasive procedures
2. Utilize and store hazardous materials
3. Inject medication
4. Sterilize instruments
5. Obtain informed consent
6. Frequent use of PPE
7. Medication reconciliation applies
8. Has Look-alike Sound-alike medications
Sample Medication EPs

- Became effective July 1, 2014
- Are indicated by the following:
  - Note: this element of performance is also applicable to sample medications
- 49 Eps are so noted
- Are found in 13 of 20 Medication Management standards (MM)
- *The Joint Commission Perspectives, January 2014*
Sample Medication EPs

- The changes do not reflect an increase in Joint Commission requirements.

- Rather than the entire MM chapter applying to Sample Medications—the sample medications are identified by—

Note: This element of performance is also applicable to sample medications
The Joint Commission’s Primary Care Medical Home Certification Option
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)
HEALTH CENTERS WITH PCMH CERTIFICATION

www.jointcommission.org/accreditation/pchi.aspx
Primary Care Medical Home Initiative Timeline

- **July, 2011**: Launch certification for Ambulatory Care accredited organizations; data (as of March 1, 2015):
  - 139 organizations & 1,286 sites of care
  - 4.1 million patients; 12.4 million patient visits
  - 2,950 primary care clinicians
- **2011 - 2015**: 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 option
- **July 2014**: Revise standards for Ambulatory PCMH certification option
PCMH Certification - Distinguishing Features for Free-standing Ambulatory Care Organizations

- Voluntary/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

- Modest add-on fee = $900 spread over three years of certification period (as of 1/1/14)

- Organization-wide certification for 3 yrs (includes any applicable PCMH sites)

- Primary Care Medical Home certification publicly available on Quality Check
Joint Commission Accreditation + Primary Care Medical Home (PCMH) or Behavioral Health Home (BHH) Certification

PCMH/BHH Certification Requirements

Accreditation Requirements for:
- Ambulatory Care - Hospital –
- Critical Access Hospital – Behavioral Health

Single integrated, on-site survey evaluating both accreditation and PCMH/BHH requirements
Primary Care Medical Home Certification Overlap with Ambulatory Care Accreditation

Primary Care Medical Home Option

Ambulatory Care Accreditation

Current EPs (~900)

Add’l EPs (63)

Current EPs (123)

Total EPs (Elements of Performance) Required for Primary Care Medical Home Option
Growing List of Payors’ Accepting Joint Commission PCMH

Public
- Medicaid programs in Iowa, Louisiana, South Carolina, Nebraska, Montana, Ohio
- Federal Off. of Personnel Management
- HRSA/BPHC (5 year contract through ’17)

Private`
- FL, SC, NC Blue Cross Blue Shields
- Humana Health Plan, LA Health Care Plan, Amerigroup of Florida, Meritus/AZ
- No preferences: Aetna; UnitedHealthcare
PCMH Recognition Award – Late FY 14

- Health centers recognized as PCMHs by July 1\textsuperscript{st} 2014 were eligible
- Annual award added to base adjustment for health centers that maintain PCMH recognition
  ($25,000 if at least one site PCMH certified/recognized, plus another $5,000 per PCMH site)

PCMH Recognition Award - Late FY 15

- Pending Federal appropriations
  - Health centers recognized as PCMH by July 1\textsuperscript{st} 2015 may be eligible
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.
Optional Self-Assessment for Primary Care Medical Home (PCMH) Certification for Ambulatory Health Care Centers

The following tool is a useful document that may be helpful to your ambulatory care practice as you pursue PCMH certification for your facilities. The tool assesses Elements of Performance (EPs) which are the actions, processes and structures that must be implemented to achieve the standard. These EPs are in addition to those required for your ambulatory care accreditation.

Survey Activity line below each explanation indicates which activity within the survey should be addressed.

If you would like to use this tool, you may find it most beneficial to consider all sites you are considering for PCMH certification.

- Check “yes” when your organization believes it is in compliance with a question.
- Check “no” when your organization is not in compliance

Based on your answers, your organization may be able to highlight areas where continued work needs to be completed in order to be in compliance with the standards.

I. OPERATIONAL CHARACTERISTIC: PATIENT-CENTEREDNESS

Focus Area A: Information to Patients about Primary Care Medical Home Certification

1. The organization **provides information to the patient** about: (indicate Yes or No to each item)

   Yes   No

   - The mission, vision, and goals of the primary care medical home. [RL.01.04.03/EP 1 (C)]
   
   **Note:** This may include how it provides for patient-centered and team-based comprehensive care, a systems-based approach to quality and safety, and enhanced patient access.

   - The scope of care and types of services provided [RL.01.04.03/EP 2(C)]
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
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
Comprehensive Care Requirements:

- Roles/responsibilities of the primary care clinician and interdisciplinary team
- Provide or facilitate patient access to:
  - Acute care /chronic Care - Oral /Optical / Eye health
  - Behavioral health needs - Rehabilitative services/equip
  - Urgent and emergent care - Substance abuse treatment
  - Age/gender-specific preventive care
- 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
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
Access to Care Requirements:

Triangle:

- 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, medication lists (within 4 business days after available to the PCC/team)

* Most Challenging Standard
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
PCMH On-Site Survey Process

- On-site survey
  - No change to current survey sessions
- Trace patient experience (patient tracers)
- Conduct patient interviews via:
  - Selection of primary care clinician
  - Information received about how to access clinic to meet their care needs
  - Consideration of language, cultural needs & preferences
- Clinical Record review
  - Patient self-management goals
  - Follow-up on care recommendations, test results
On-Site Survey Process (cont’d)

- Discussions with organization leaders & staff
  - Scope of services available - acute, chronic, behavioral?
  - Determining the composition of interdisciplinary teams

- Infrastructure-clinical decision support tools, use of HIT, e-prescribing, referral tracking

- HR file review
  - Primary care clinician qualified for the role, working within scope of practice, and in accordance with law & regulation

- Review of performance improvement data
  - Patient perception of access, comprehensiveness, and care coordination
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

- “Focused Standards Assessment” as of 1/1/13 (formerly Periodic Performance Review):
  - 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 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)
Comparison to NCQA PCMH Recognition

www.jointcommission.org/the_joint_commission_and_ncqa_a_comparison_of_requirements/

## NCQA Level 3 PCMH Recognition Requirements Compared to 2011 Joint Commission Standards and EPs

This tool, prepared by The Joint Commission, compares the National Committee for Quality Assurance (NCQA) general standard areas for its 2011 version of the Patient-Centered Medical Home to the specific Joint Commission requirements for its Primary Care Medical Home. While there are differences between The Joint Commission’s evaluation and scoring process (see table below), this analysis demonstrates that The Joint Commission’s Primary Care Medical Home option requirements are comparable to NCQA’s Patient-Centered Medical Home Level 3 requirements.

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<th>FEATURE</th>
<th>THE JOINT COMMISSION</th>
<th>NCQA</th>
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<tr>
<td>Name</td>
<td>Primary Care Medical Home</td>
<td>Patient-Centered Medical Home</td>
</tr>
<tr>
<td>Award Label</td>
<td>Designation</td>
<td>Recognition</td>
</tr>
<tr>
<td>Accreditation of organization also required?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Levels of Achievement?</td>
<td>NO</td>
<td>YES: Levels 1, 2, 3</td>
</tr>
<tr>
<td>Need to submit documentation?</td>
<td>NO</td>
<td>YES</td>
</tr>
<tr>
<td>On-site survey process for all organizations to evaluate compliance?</td>
<td>YES</td>
<td>NO (Conducted through on-line submission of documentation)</td>
</tr>
<tr>
<td>On-site consultation regarding approaches to standards compliance?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Copy of preliminary report available on site?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Scope of Evaluation</td>
<td>Entire organization</td>
<td>Delivery site specific</td>
</tr>
<tr>
<td>Length of award</td>
<td>3 years</td>
<td>3 years</td>
</tr>
</tbody>
</table>
## Easier in 5 Ways

1. **Single organization** for both PCMH and accreditation (*including lab & behavioral health, if applicable*).

2. **Single site visit** integrates evaluation of both (“2 for 1”).

3. PCMH Certification **applies to the entire organization** (*not just a single site*).

4. Surveyors provide **on-site tools, tips, and suggestions** for compliance.

5. Continuing **assistance throughout the post-survey follow-up period**.

## Harder in 4 Ways

1. **More requirements** must be in compliance.

2. On-site surveys are **unannounced** (*unless seeking first time accreditation*).

3. **Annual self-assessment** is required (*“Intra-cycle Monitoring”*) during non-surveyed years.

4. Concerns about safety/quality from patients, staff, and community can be **submitted** to The Joint Commission.
Important “Readiness” Steps for Joint Commission

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
  - Technical assistance
- Determine best timetable for survey
  - Include as part of scheduled survey
  - Communicate to Joint Commission
Tips to Attain Accreditation & PCMH

- Designate a Project Leader/Lead Staff & Organize a “Key Personnel” team
  - Don’t do it alone
  - Involve governing board

- Incorporate the standards’ framework & concepts into day-to-day work, rather than “rules that must be followed”

- Educate, Learn, Teach, Train
  - See this as a learning experience that will have very positive outcomes
PCMH Resources for Free-standing Ambulatory Care Practices/Organizations

Joint Commission PCMH website
http://www.jointcommission.org/PCMH
- PCMH requirements & Self-assessment Tool (see sample next slide)
- News, articles and links to other resources!
- Comparisons to other evaluative models
Primary Care Medical Home Resources

- American College of Physician’s (ACP) “Medical Home Builder”
- Patient Centered Primary Care Collaborative (PCPCC)
- Agency for Healthcare Research & Quality (AHRQ) Primary Care Medical Home
- Qualis/Commonwealth Fund “Safety Net Medical Home Initiative”
- American Academy for Pediatrics (AAP) “National Center for Medical Home Implementation”
- American Academy for Family Physician (AAFP) “TransforMed”
You are not alone! Be in touch!

For standards questions: 630-792-5900 “Standards Interpretation Group”
- Ginny McCollum, or Kathleen Richmond

Use our web site: www.jointcommission.org

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