The Q-HIP Care Coordination Measure & The Joint Commission’s Integrated Care Certification

A webinar presentation to Anthem Q-HIP participating hospitals

November 9, 2016
Meet the Panelists

Welcome & Opening Remarks
- **Robert Krebbs**, Director, Payment Innovation, Anthem
- **Brian Enochs**, Executive Vice President, Business Development & Marketing, Government & External Relations, The Joint Commission

Webinar Presenters
- **Dr. David Baker**, Executive Vice President, Division of Healthcare Quality Evaluation, The Joint Commission
- **Edwin Loftin**, Vice President, Acute Care Services/CNO, Parrish Medical Center
The Joint Commission’s Integrated Care Certification Program

David W. Baker, MD, MPH, FACP
Executive Vice President, Healthcare Quality Evaluation
November 9, 2016
Joint Commission’s Vision and Integrated Care Certification

- All people always experience the safest, highest quality, best-value health care across all settings.

- But, does a great physician’s office, a great hospital, a great skilled nursing facility, and a great home health care program always deliver great care?
The Past
The Present:
Outpatient to Inpatient and Back
The Present:
Outpatient to Inpatient to SNF
Other Drivers of Integration

- Readmission penalties
- Bundled payments
- Prevention of avoidable admissions

- Integration is about more than handoffs
- Are you integrated with your clinical partner organizations or just affiliated?
The Joint Commission’s Approach: Integrated Care Certification

Healthcare providers are at various points in their journey to integration and a new focus on population health. The goal of the Joint Commission’s ICC program is to help organizations progress on their journey.
Goals of the ICC

- Foster collaboration
- Highlight risk-sharing
- Promote patient centeredness
- Help identify and reduce redundant activities done by care partners
- Help reduce adverse events
In 2015, The Joint Commission launched phase 1 of the ICC, which assesses care integration between a hospital and affiliated physician practices/networks. One or both partners need to be accredited by the Joint Commission.
Standards Overview

Joint Commission standards evaluate:

- Alignment between healthcare providers
- Program characteristics
- Patient centeredness
- Information-sharing
- Quality, safety, and culture of the Program
Examples of Standards and Elements of Performance
The program is organized to provide integrated care

- Hospital(s) and ambulatory site(s) plan and organize their structures, processes, and resources to provide integrated care
  - Planned information exchange, shared EHR
- Engages patients and families in order to guide the development of its structures and processes
Program Alignment: Communication

- Program leaders provide for the resources to support hospital and ambulatory site(s) timely communication of accurate health information

- The program uses HIT to:
  - Support the continuity of care
  - Track care, treatment and services the patient receives at any of the care sites
  - Facilitate the exchange of information between the hospitals and ambulatory sites
Examples of Strategies to Improve Communication Using HIT

- A patient presents to the ED and an email message is sent to the primary care physician (PCP)
- A patient is admitted and a text page is sent to the PCP
  - The PCP has access to view the hospital EHR and read admission note
- A specialist orders a test and the result is automatically copied to the PCP
Program Characteristics: Transitions of Care

- Manages transitions of care and provides or facilitates patient access to the following:
  - Outpatient visits after hospital admission
  - Behavioral health services
  - Oral health services
  - Substance use treatment services

- Standard communication process
  - Hospital to ambulatory and vice versa
  - Timelines for sending information between sites
Quality, Safety, and Culture

The program leadership conducts performance improvement activities that span the hospital(s) and ambulatory site(s)

- Osteoporosis-associated fracture
- Referral for tobacco cessation services
- Radiation therapy and adjuvant chemotherapy after lumpectomy for breast cancer
Survey Process

- The surveyors will visit sites within an integrated program to assess their ability to coordinate care

- The surveyors will “trace” the care experiences of individuals across the sites
Integration of Hospitals, Nursing Care Centers and Home Care

In Phase 2, the Integrated Care Certification program will expand to allow organizations to assess care integration between hospitals and post-acute care services (subacute care, home care)
Expansion of ICC Scope

The Joint Commission is working to expand the ICC program to evaluate the integration of care across the full continuum of delivery settings.
ACP’s High Value Care Coordination Initiative is focusing on improving coordination between primary care physicians and subspecialists, the “medical neighborhood.”
Care Coordination - High Value Care Coordination (HVCC) Toolkit

The High Value Care Coordination (HVCC) Toolkit provides resources to facilitate more effective and patient-centered communication between primary care and subspecialist doctors.

The toolkit was the work of the HVCC Project, a collaboration between the American College of Physicians' (ACP) Council of Subspecialty Societies (CSS) and patient advocacy groups. Its recommendations are informed by ACP's 2010 policy paper, The Patient-Centered Medical Home Neighbor: The Interface of the Patient-Centered Medical Home with Specialty/Subspecialty Practices.
Pertinent data sets (PDS) consist of patient information not typically included in a generic referral request to help ensure an effective and high value clinical engagement by the referred to out-patient specialist/subspecialist. These PDS were developed by participating societies belonging to the American College of Physicians' (ACP) Council of Subspecialty Societies (CSS), were reviewed by ACP representatives specializing in primary care, and are generally linked to a specific common clinical condition. Each PDS addresses the following parameters when applicable:

- The name of the clinical condition
- A description of how the PDS elements were determined including attribution to any reference material used in the process.
- Additional patient information that is essential for an effective engagement.
- Additional patient information that is helpful, but not essential -- should be submitted only if already part of the patient’s record.
# Numbness/Weakness/Gait instability

<table>
<thead>
<tr>
<th>Developed by</th>
<th>American Academy of Neurology</th>
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</thead>
<tbody>
<tr>
<td>How developed</td>
<td>A survey identified the most common reasons for referral. The templates were developed after review of the literature. In addition to a dedicated work group, multiple committees were asked to review and comment.</td>
</tr>
</tbody>
</table>

**Additional essential patient information**

- A brief summary of the case details pertinent to the referral, including family history. Please indicate in the summary if the patient has any of the following:
  - Rapidly evolving weakness or gait disorder
  - Back or neck pain
  - Headaches
  - Current functional level
- Prior to the consult:
  - Order Physical therapy for patients at risk of falls for cane, walker assessment.
  - If concerned about a neuropathy provide:
    - Fasting glucose
    - Vitamin B 12
    - SPEP with immunofixation
  - If weak or muscle pain:
    - Hold statin
    - Check CK levels

**Additional patient information, if available**

- EMG (Value increased when directed to the appropriate anatomy or component of the peripheral nervous system)
- MRI or CT

**Alarm symptoms/conditions**

- Rapidly evolving gait disorder or weakness.

**Tests/procedures to avoid prior to consult**

- EMG
- Imaging

**Common rule-outs to consider prior to consults**

- None provided

**Relevant “Choosing Wisely” elements**

- None provided

**Healthcare professional and/or patient resources**

Healthcare Professional Information:


Patient Information:

## Preoperative Evaluation

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<tr>
<th>Developed by</th>
<th>Society of General Internal Medicine (SGIM)</th>
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<tr>
<td>How developed</td>
<td>Literature was reviewed and recommendations were established by consensus. There is little literature to support most routine preoperative testing.</td>
</tr>
</tbody>
</table>
| Additional essential patient information | • Diagnosis, proposed procedure, and date of the procedure  
• Urgency of the proposed surgery  
• Anesthetic plan  
• Proposed peri-procedure anticoagulation plan  
• Anticipated length of recovery or post-procedure rehabilitation  
• Tests that are required by the planned facility |
| Additional patient information, if available | • Previous anesthetic complications  
• Anticoagulants or history of bleeding or coagulopathy  
• Cardiac disease, coronary syndromes, or valvular heart disease  
• Pacer or implantable cardioverter-defibrillator  
• Cervical spine or airway disease  
• Pulmonary disease including pulmonary hypertension and sleep apnea  
• History of thromboembolic disease  
• Recent electrolytes, blood urea nitrogen, creatinine, complete blood count, prothrombin time/International normalized ratio  
• Electrocardiogram and chest x-ray |
| Alarm symptoms/conditions  | None provided                               |
| Tests/procedures to avoid prior to consult | None provided                               |
| Common rule-outs to consider prior to consult | None provided                               |
| Relevant “Choosing Wisely” elements | None provided                               |
| Healthcare professional and/or patient resources | Healthcare Professional Information:  
From Affiliation to Integration

- Do primary care physicians always know when their patient is admitted?
- Does critical medical and psychosocial information move between settings?
- Do you work together to prevent admissions and readmissions?
- Do you work jointly on quality projects?
Integrated Care Certification

The Joint Commission

Parrish Medical Center

A Journey of Learning

Edwin Loftin, RN, MBA, FACHE
Why?
What is Integrated Care?
How to initiate true Integration
Objectives:

- Review of standards
- Specific Elements of Performance
- Results
- Next Steps
<table>
<thead>
<tr>
<th>Standard Label</th>
<th>Standard Text</th>
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<tr>
<td>ICPA.01.01.01</td>
<td>The program is organized to provide integrated care.</td>
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<tr>
<td>ICPA.01.01.03</td>
<td>Individuals responsible for program leadership are identified, and the roles and responsibilities of program leadership are defined.</td>
</tr>
<tr>
<td>ICPA.01.01.05</td>
<td>The program defines its mission, vision, and goals.</td>
</tr>
<tr>
<td>ICPA.01.01.07</td>
<td>The program identifies its scope of services.</td>
</tr>
<tr>
<td>ICPA.01.01.09</td>
<td>Program communication processes facilitate the delivery of safe, high-quality, and integrated care, treatment, and services by the hospital(s) and ambulatory site(s).</td>
</tr>
<tr>
<td>ICPA.01.01.11</td>
<td>The program’s services and processes are designed to support the delivery of population-based, integrated care, treatment, and services.</td>
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<tr>
<td>ICPA.02.01.01</td>
<td>The program includes the providers necessary to meet the needs of its patients.</td>
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<td>Standard Label</td>
<td>Standard Text</td>
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<tr>
<td>ICPC.01.01.01</td>
<td>The patient and/or family is involved in the patient’s care and treatment decisions and plans.</td>
</tr>
<tr>
<td>ICPC.01.03.03</td>
<td>The program partners with the patient and/or family to facilitate information sharing and education about the patient’s care, treatment, and services.</td>
</tr>
<tr>
<td>ICPC.02.01.01</td>
<td>The program provides care, treatment, and services that meet its patient population needs across patients’ life spans.</td>
</tr>
<tr>
<td>ICPC.03.01.01</td>
<td>The program’s hospital(s) and ambulatory site(s) provide care, treatment, and services in a manner that facilitates clinically integrated care.</td>
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<tr>
<td>ICPC.03.01.03</td>
<td>The program facilitates transitions-of-care activities that promote patient safety and quality of care.</td>
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<tr>
<td>ICPC.04.01.01</td>
<td>The program provides patients with access to care, treatment, and services 24 hours a day, 7 days a week.</td>
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<td>Standard Label</td>
<td>Standard Text</td>
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<tr>
<td>ICQS.01.01.01</td>
<td>The program establishes <strong>program-specific performance improvement priorities</strong>.</td>
</tr>
<tr>
<td>ICQS.01.01.03</td>
<td>The program leadership conducts <strong>performance improvement activities</strong> that span the hospital(s) and ambulatory site(s).</td>
</tr>
<tr>
<td>ICQS.02.01.01</td>
<td>The program evaluates the <strong>effectiveness</strong> of its processes that support clinical integration and coordinated care.</td>
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What happens now?

Survey Process
Parrish Medical Center Receives Nation’s First Integrated Care Certification
A giant leap for healthcare
Florida Nonprofit Hospital Snags First Ever Honors for Integration
Joint Commission this week awarded Parrish Medical Center with its integrated care certification for delivering seamless care.

“Seemingly every hospital and health system is looking to pursue “integration,” making sure that a patient’s care is carefully coordinated from the family physician to the behavioral health specialist. One Florida hospital, however, is going beyond the talk, and actually seeking recognition for it.”
Initial reactions

The Joint Commission Awards First Integrated Care Certification
World News -- Parrish Medical Center Dedicated to Improving Outcomes through Integration ... Parrish Medical Center: 2014 Doctors’ Goodwill Ambassadors.

Florida non-profit hospital is first to earn integrated care certification
FierceHealthcare -- ...first to earn integrated care certification Joint Commission awards Parrish Medical Center for improvement in coordinated care, patient outcomes...

Florida Nonprofit Hospital Snags First Ever Honors for Integration
Hospitals & Health Networks -- Joint Commission this week awarded Parrish Medical Center with its ... That network includes Parrish Medical Center, the Parrish Medical Group, ...

The Joint Commission Awards First Integrated Care Certification
Newsoneplace.com -- The Joint Commission Awards First Integrated Care Certification -- Parrish Medical Center Dedicated to Improving ...

Joint Commission Confers First Integrated Care Certification
Occupational Health & Safety -- The initial certification belongs to Parrish Medical Center, a 210-bed, not-for-profit public medical center in Titusville, Fla., that is a member of the Mayo Clinic Care Network...

Joint Commission Awards First Integrated Care Certification
OR Manager -- The Joint Commission on January 25 announced that Parrish Medical Center, Titusville, Florida, is the first hospital to be awarded its Integrated Care Certification.

The Joint Commission Awards First Integrated Care Certification (Parrish Medical Center) WN.com -- The Joint Commission Awards First Integrated Care Certification -- Parrish Medical Center Dedicated to Improving Outcomes through Integration, Coordination of Care ...

5 Key Notes on Joint Commission’s 1st Integrated Care Certification
ASC Review -- Parrish Medical Center in Titusville, Fla., became the first facility to receive The Joint Commission's Hospital Accreditation Program Integrated Care Certification.
Questions
Contact Information

Questions for Anthem? Please contact your Q-HIP Program Manager

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