The Joint Commission’s
Primary Care Home Initiative

Mini Summit V –
Medical Home Recognition and Accreditation Standards
The Third National Medical Home Summit
Philadelphia, PA
March 15, 2011

Lon M. Berkeley
Project Lead, PCH Initiative
Project Director, CHC Accreditation
Topics to be Covered

- Overview of The Joint Commission
- Primary Care Home Initiative Background and Planning
- Connecting Accreditation with the Primary Care Home Option
- Proposed Primary Care Home Requirements
- Contacts
- “Appendix” slides
What is The Joint Commission?

- A private, not-for-profit organization – created by and governed by health care professionals
- Our Board of Commissioners comprises individuals who understand the complexity of health care and the challenges our customers face everyday in the delivery of health care
  - Administrators, doctors, nurses, ethicists, members of the public
- Our five corporate members represent the leading health care associations in the United States:
  - American Hospital Association
  - American Medical Association
  - American College of Physicians
  - American College of Surgeons
  - American Dental Association
The Joint Commission’s Vision & Mission Statements

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.

Emphasizes twin aims:
1) Thorough evaluation against Joint Commission standards
2) Effective motivation of organizations to use the results of that evaluation to drive improvement.
Commitment to Improving Safety and Quality of Care

With more than 50 years of health care accreditation experience, the Joint Commission works with customers to address the most serious patient safety and quality issues in health care.

We work with national experts and seek input from the field to:

- Ensure state-of-the-art standards and accreditation process
- Promote optimal safety and quality for patients

Panels allow opportunity to directly provide input and feedback:

- Advisory Councils: Business; Patient & Family; Nursing; Patient Safety
- Professional and Technical Advisory Committees
General customer base
- Accredits or certifies over 19,000 total organizations (hospitals/CAH, labs, behavioral health, home care/DME, long term care, ambulatory care/OBS)

Accrediting Ambulatory Care since 1975:
- Wide variety of ambulatory settings
  - Medical/dental settings, including:
    - Federally Qualified Health Centers
    - Medical Group Practices
  - Ambulatory Care program now accredits over 1,900 organizations with 6,400 sites of care
The Joint Commission Model (con’t)

Accreditation *partnership* =

- Independent, outside evaluation
- Components = continuous compliance with ambulatory care standards:
  - On-site survey, every 3 years
  - Annual self-assessment during interim
- Focus on processes for ensuring patient (and staff) safety
Features of Joint Commission Accreditation

State-of-the-Art Standards

Periodic Performance Review (PPR)

On-site Evaluation

Accredited Ambulatory Care Organization

NPSGs

Risk Reduction Process

Operational Tools for Good Management

Customer Account Executive

Standards Interpretation Group Education

Experienced Health Care Professionals as Surveyors

Lessons Learned from other Organizations

Electronic Manual

Unannounced Surveys with Tracer Methodology

The Joint Commission Accreditation Ambulatory Care
New “Value-adds” for Customers
(see end slides)

- Center for Transforming Healthcare
  [www.centerfortransforminghealthcare.org](http://www.centerfortransforminghealthcare.org)

- Targeted Solutions Tool

- Leading Practices Library

- WikiHealthCare™ Interactive Forum
Recent Developments at The Joint Commission

- 2007: Name/Logo Change
- 2008: Patient-Focused Efforts: Speak-up™
- 2009: Launch of Center for Transforming Healthcare
- 2010: Launch of “Targeted Solutions Tool”
- 2010: Primary Care Home Initiative
Reinventing Primary Care

“Current care systems cannot do the job. Trying harder will not work. Changing systems of care will.”

Institute of Medicine. Crossing the Quality Chasm. 2001
PRIMARY CARE PRACTICE “TRANSFORMATIONS” (Re-inventing/Revitalizing/Re-engineering)

Free Clinic – Health Department site – Doctor’s Office – Hospital Outpatient

Federally Qualified Health Center/Section 330 PHS Act Funding

Attain Joint Commission Ambulatory Care Accreditation

Implement Electronic Health Records

Elect Primary Care Home option
“No matter how dramatic the end result, the good to great transformations never happened in one fell swoop.

There was no single defining action, no grand program, no one killer innovation, no solitary lucky break, no wrenching revolution.

Good to great transformation comes about by a cumulative process – step by step, action by action, decision by decision, turn by turn, that adds up to sustained spectacular results. “

Jim Collins
Good to Great
Primary Care Home Initiative Background

- Joint Commission response to new model of primary care delivery being pilot tested nationally = “patient-centered medical home”
- Demonstrations/pilots include added reimbursement for providing better access to care, new care coordination, monitoring patient outcomes, & more patient education
- Accredited ambulatory care orgs also want The Joint Commission to qualify them to participate in demos
- Part of proposed health care reform quality (Section 3024) & cost-reduction options
TERMINOLOGY

Generally Equivalent Labels:
- Patient-Centered Medical Home
- Health Care Home
- Advanced Primary Care Practice
- Primary Medical Care Home
- Primary Care Home
Joint Commission Ambulatory Care Accreditation
Plus
Primary Care Home Designation

Primary Care Home Designation
*(additional standards/survey process)*

Ambulatory Care Accreditation
*(applicable standards/survey process pertaining to Medical settings)*

Increasing Patient-Centeredness
Primary Care Home Initiative
Phase I Workplan

2010: Development of PCH model, draft standards/EPs (Expert Panel/PTAC)

*Model & requirements based on generally accepted core PCH concepts*

Early 2011: “Field review”, survey process pilot testing, and further input from stakeholders, private/public payers, revisions

Late Spring 2011: Release of new requirements via website

July, 2011: Implementation for Ambulatory Care accredited customers
Expert Panel Members

Representatives from:

- National and state organizations representing primary care providers;
- Community-based and other primary care providers;
- Professional associations representing physicians, advanced practice nurses, and physician assistants;
- Third party payers; and
- Other key healthcare stakeholders.
Ambulatory Care Professional and Technical Advisory Committee (PTAC)

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<td>American Academy of Ambulatory Care Nursing</td>
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<td>Bureau of Primary Health Care</td>
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<td>Centers for Disease Control and Prevention</td>
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<td>National Association for Ambulatory Care</td>
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<td>National Association of Community Health Centers</td>
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Multiple Sources for Core Concepts

- Patient-Centered Primary Care Collaborative
- Joint Principles of the PCMH (AAFP, AAP, ACP, AOA)
- Agency for Healthcare Research & Quality (AHRQ)
- Veterans Health Administration
- Commonwealth Fund/Qualis Health
- CMS Meaningful Use Definitions
- Blue Cross Blue Shield of Michigan
- Minnesota Depts of Health/Human Services
- Institute of Medicine
- Center for Medical Home Improvement
- National Partnership for Women & Families
Using AHRQ Definition of Medical Home

The Medical Home

- AHRQ believes that the primary care medical home, also referred to as the patient centered medical home (PCMH), advanced primary care, and the healthcare home, is a promising model for transforming the organization and delivery of primary care.
Using AHRQ Definition of Medical Home

The Medical Home

- A medical home not simply a place but a model of primary care that delivers the care that is:
  - Patient-Centered
  - Comprehensive
  - Coordinated
  - Accessible, and
  - Continuously improved through a systems-based approach to quality and safety

- AHRQ believes that Health IT, workforce development, and payment reform are critical to achieving the potential of the medical home.
Primary Care Home Model – Operating Characteristics Include:

- Interdisciplinary care team
- Personal primary care clinician
- Comprehensive and continuous care
- Patient-centered care
- Coordination of care
- Focus on safety and quality
- Enhanced access to care
- Access to specialty care and other resources needed to provide care
Joint Commission Ambulatory Care Accreditation

Plus

Primary Care Home Option

Primary Care Home Option

(54 additional requirements*)

Ambulatory Care Accreditation

(~ 900 applicable standards pertaining to medical settings, including 123* applicable to PCH)

Increasing Patient-Centeredness, Comprehensiveness, Access, Coordination

* Based on field review draft
Joint Commission Primary Care Home Option
Overlap with Ambulatory Care Accreditation

- **Current EPs (~900)**
- **New EPs (54*)**
- **Current EPs (123*)**
- **Total EPs (Elements of Performance) Required for Primary Care Home Option (177*)**

* Based on field review draft
As a Primary Care Home, we...

- Treat the whole individual
- More proactively coordinate patients' care
- Make it easy for patients to contact us
- Maintain an ongoing registry of patients' conditions
- Provide patient self-management tools
With Joint Commission ACCREDITATION of our ambulatory care organization, we...

- Treat the whole individual
- Safety manage use of medications
- Have an Emergency Management Plan
- Implement infection prevention & control practices
- Maintain an ongoing registry of patients’ conditions
- Meet the National Patient Safety Goals
- Provide patient self-management tools
- Consistently follow informed consent policies
- More proactively coordinate patients’ care
- Ensure that our office minimizes environmental risks
- Know that waived lab tests meet CLIA requirements
- Make it easy for patients to contact us
- Properly train and evaluate staff
- Strive for continuous performance improvement
Features of Primary Care Home Option

- At this time, will only apply to an accredited ambulatory care organization
- Onsite survey process to confirm compliance with additional requirements
- No special application requirements
- Organization-wide designation for up to three years
- Primary Care Home designation publicly available on Quality Check
- Included as part of HRSA/BPHC contract
Primary Care Home Initiative

Primary Care Home Field Review

January 31, 2011

The Joint Commission is developing a Primary Care Home (PCH) option to offer customers an opportunity to obtain both ambulatory care accreditation and PCH designation through one on-site evaluation process. Help us to determine whether or not the existing and proposed new requirements sufficiently address the key characteristics of a Primary Care Home.

Let us hear your voice

Action Center

- Register for Updates
- Download Fact Sheet
- Learn More about Ambulatory Care Accreditation

Testimonials

“This new optional program will help ensure that patients receive ambulatory care services in a manner that is comprehensive, accessible and coordinated. By focusing on carefully orchestrating care, patient outcomes can be improved.”

Read More
Primary Care Home Operational Characteristic:
Comprehensive Care

- 1 current EP required for Accreditation
- 13 additional EPs proposed for PCH option
  - The organization provides acute, preventive, and chronic care
  - The organization provides care that addresses various phases of patient lifespan, including end-of-life care
  - The organization provides disease/chronic care management services
  - The organization identifies members of interdisciplinary team ("team")
  - MD/DO actively participate on interdisciplinary team
  - Primary Care Clinician ("PCC") works collaboratively with interdisciplinary team
Primary Care Home Operational Characteristic: Comprehensive Care (con’t)

13 additional EPs proposed for PCH option

- PCC/team provide or arrange for comprehensive/continuous care
- PCC works with team to provide/coordinate care
- Team members participate in developing treatment plan
- PCC/team assess health risk behaviors
- PCC is ultimately accountable for patient care
- PCC has background/experience/knowledge to handle most patient medical needs & resolve conflicting care recommendations
- Organization manages care transitions & provides/facilitates access to: acute care, chronic care, age/gender-specific preventive care; behavioral health needs; dental care

(Note: OK to use/collaborate with community resources)
Primary Care Home Operational Characteristic: Superb Access to Care

- 0 Current EPs required for Accreditation
- 3 Additional EPs **proposed** for PCH option
  - 24/7 access to: appointment scheduling; prescription renewal; test results; billing/registration; clinical advice re urgent health needs; health education info
  - Offer flexible scheduling (e.g. open access, expanded hours, same day appointments)
  - Have process to address urgent care needs 24/7
Primary Care Home Operational Characteristic: Coordinated Care

- 19 current EPs required for Accreditation
- 10 additional EPs proposed for PCH option
  - PCC/team provide care to panel of patients
  - PCC/team use health promotion strategies that focus on prevention/management of chronic illness
  - Patient self-management goals identified/incorporated into treatment plan and progress toward achievement monitored
  - Use HIT to: track/coordinate care; support disease management and preventive care; internal/external reporting; electronic exchange of information among internal/external providers
  - PCC/team review/track care to referred organizations and act on recommendations
  - Clinical record contains info from both internal & external providers
  - Organization provides population-based care
  - PCC/team function within scope of practice and privileges
Primary Care Home Operational Characteristic: Patient-Centered Care

- 54 current EPs required for Accreditation
- 22 additional EPs proposed for PCH Option
  - Each patient selects primary care clinician
  - Involve patients in Performance Improvement
  - Involve patient in developing own treatment plan & partner with patient to achieve planned outcomes
  - PCC/team identify patient’s oral/written communication needs, including preferred language, and communicates in manner that meets those needs
  - PCC/team identify health literacy level and incorporate into patient education
  - PCC/team educate patient on self-management tools
  - Clinical record contains: patient communication needs; race/ethnicity; self-management goals & progress
  - Organization provides interpretation and translation services
Primary Care Home Operational Characteristic: Patient-Centered Care (con’t)

22 additional EPs **proposed** for PCH Option

- The organization respects the patient’s right to:
  - Make decisions about management of care
  - Obtain care from other clinicians within the PCH
  - Seek a second opinion and specialty care

- The organization provides information to the patient about:
  - Mission, vision, goals of PCH & scope of care/types of services
  - How to access PCH for care or information
  - Patient responsibilities re health history, current medications, and self-management activities
  - Right to obtain care from other clinicians within PCH, seek a second opinion, and specialty care.
  - How PCH functions regarding: process to select PCC, involve patient in treatment plan, obtain/track referrals, coordinate care, and collaborate with patient-selected clinicians providing specialty or second opinions.
Primary Care Home Operational Characteristic: Systems-based Approach to Quality & Safety

- 29 Current Elements of Performance required for Accreditation
- 6 Additional EPs proposed for PCH option
  - Use HIT to support Performance Improvement
  - Use E-prescribing process
  - Use clinical decision support tools
  - Collect/use data on disease management outcomes & access to care within timeframes
  - Primary Care clinician/team participate in Performance Improvement
Primary Care Home Initiative

The Joint Commission Developing Primary Care Home Option
Tuesday September 7, 2010

The Joint Commission is developing standards to expand the process of accreditating ambulatory health care organizations to those who are also interested in electing the Primary Care Home option. Learn More
FOR MORE INFORMATION

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Questions?
1. Getting Started

The goal: Getting everyone to **wash in and wash out**.

This secure Targeted Solutions Tool™ outlines the specific steps your organization can take to better hand hygiene. This secure site includes:

- Forms, tools and tips for observing, recording and interpreting hand hygiene compliance
- Instructions for pinpointing the solutions that will work best at your organization
- Guidelines for maintaining success

To make your project successful

- Measure accurately. The participating organizations with the Center for Transforming Healthcare thought their hand hygiene compliance was at about 70-90 percent; after accurate measurement they found out that their compliance was actually less than 50 percent.
- Identify your organization’s root causes of noncompliance so you can get targeted solutions that will work for you. There are probably only three or four root causes that are most relevant to the problems at your organization.
Future Center solutions available

Wrong site surgery: June 2011

Hand-off communications: late 2011
Targeted Solutions Tool

The Joint Commission Launches Targeted Solutions Tool™

For the first time ever, Joint Commission-accredited hospitals have an interactive tool that simplifies the process for solving the most pressing health care quality and safety problems that exist within their health care systems.

> Read Press Release  >Learn More About TST

Quick Links

CTH Brochure - Creating Solutions for High Reliability Health Care
The Joint Commission
Joint Commission Resources
Joint Commission International
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Featured News

The Joint Commission Launches Targeted Solutions Tool™ - 09/13/2010
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Florida Quality News "Helping Health Care Organizations Help Patients: Joint Commission Teams Up to Take Aim at Safety Lapses - 07/19/2010
Read More

The Hospitalist looks at challenges in care transitions. - 07/08/2010
Read More

Chasing Zero Events of Harm - 04/22/2010
Read More
Leading Practices Library

- Launched 2010 as complimentary, web-based service
- Offers customer-generated “library”:
  - Sample policies
  - Patient satisfaction survey
  - Safety risk assessment
- Sorted by applicable program (eg AHC) or by standards chapters
- Share your own leading practices with others
The Leading Practice Library is a complimentary tool available to organizations that are currently accredited or certified by The Joint Commission. The documents in the Library are real life solutions that have been successfully implemented by health care organizations and reviewed by Joint Commission standards experts. The Library was built from solutions that organizations have contributed that support patient safety and quality health care.

By accessing the Library link, which is located on each accredited organization’s extranet page, users can browse through specific topics of interest related to their own organization and browse as many documents and topics as needed at any time. The documents are also cross-referenced to the corresponding chapters in the Joint Commission manuals.

The Library’s information is ever-changing as documents are continuously posted and topics run the gamut of health care issues and cut across many health care settings. Remember to check back often to learn the best examples provided by your peers in the health care arena.

Sample topics include solutions for common situations such as:

- suicide risk screens
- caregiver education records
- anesthesia orders
- home health aide care plans
- airway alerts
- proficiency testing referral requirements
- turning schedules
- many more specific health care scenarios.
Library is web-based resource

The Joint Commission
Connect™
LEADING PRACTICE LIBRARY

WELCOME
Welcome to the Joint Commission’s Leading Practice Library. You will find some helpful documents in the “Tutorials” section on the left side of the page to assist you in locating and using the documents in this library.

LEADING PRACTICE LIBRARY DOCUMENTS

<table>
<thead>
<tr>
<th>Name</th>
<th>Program</th>
<th>Standard/Chapter</th>
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<tr>
<td>24 Hour Nursing Record Critical Care</td>
<td>Critical Access Hospital (CAH); Hospital (HAP)</td>
<td>Provision of Care, Treatment and Services (PC)</td>
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<tr>
<td>A Dedicated Pharmacist Managed Service</td>
<td>Ambulatory Care (AHC); Hospital (HAP); Long Term Care (LTC)</td>
<td>National Patient Safety Goal (NPSG)</td>
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<td>Significantly Reduces Medication Errors</td>
<td>A Lean Six Sigma Approach to Improving the Efficiency of Clinic Care Visits</td>
<td>Performance Improvement (PI)</td>
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<td>A Roadmap for Hospitals</td>
<td>Critical Access Hospital (CAH); Hospital (HAP)</td>
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<td>Acute Phase ECT Consent</td>
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Welcome to WikiHealthCare™

Login

WikiHealthCare is The Joint Commission’s interactive forum for health care professionals. It is designed to enable and encourage discussion and collaboration among all users for the purpose of improving health care quality. While The Joint Commission provides the forum, users of the site control its content. Please see the Disclaimer for additional details.

- So what exactly is WikiHealthCare?
- And how do I use it?
- Watch brief demonstrations about the site and how it works
- Access the Community Post to create your own blog or web page

What’s New?

- Check out the new discussion forums dealing with organizational responses to seasonal influenza and the H1N1 pandemic

In order to participate, you must Register. After you have registered, your own unique user page will be created. This page will include links to introductory materials and instructions on how to use the site (i.e., search for, create and/or edit site content). Please review the Policies and Guidelines before you create topics or edit existing topics on the site. You may also want to become familiar with the editing process by practicing in the Sandbox.