Joint Commission’s Primary Care Medical Home Certification Option

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The Joint Commission
Background: Joint Commission 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.
Background: Joint Commission Overview

General customer base:
- Accredits or certifies nearly 20,000 total organizations (hospitals/critical access hospitals, labs, behavioral health, home care, long term care, ambulatory care)

Accrediting Ambulatory Care since 1975:
- Ambulatory Care program accredits over 2,025 organizations with 6,400 sites of care
- Wide variety of ambulatory settings, including:
  - Single and Multi-specialty Group Practices
  - Community Health Centers (FQHCs)
Why Joint Commission Is Involved

- Response to new model of primary care delivery being implemented nationally
  - Opportunity to provide: better access to care; greater patient engagement; more team-based care, etc.

- Part of health care reform & cost-reduction options

- Request from accredited ambulatory care organizations to receive a Joint Commission evaluation of their PCMH and benefit from a “2-for-1” on-site survey.
Primary Care Medical Home Initiative Timeline

- **July, 2011:** Launch certification for Ambulatory Care accredited organizations *(47 certified as of 3/1/13)*
- **2011 - 2012:** Work with public/private payers in demonstration pilots around reimbursement issues
- **Fall, 2012:** Develop standards and pilot test PCMH survey process for Hospitals
- **Feb 2013:** Launch PCMH certification for accredited Hospital-based ambulatory care practices
- **Early 2014:** PCMH certification option for accredited Behavioral Health organizations & update standards Ambulatory Care (“PCMH 2.0”)
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 Medical Home Option
Overlap with Ambulatory Care Accreditation

Current EPs (~900)

New EPs (55)

Current EPs (123)

Total EPs (Elements of Performance) Required for Primary Care Medical Home Option (168)

Primary Care Medical Home Option

Ambulatory Care Accreditation
Joint Commission Ambulatory Care Accreditation Plus Primary Care Medical Home Option

PCMH Option
(52 additional requirements*)

Ambulatory Care Accreditation
(~ 900 applicable standards pertaining to medical settings, including 123* applicable to PCMH)

Increasing Patient-Centeredness, Comprehensiveness, Access, Coordination

* Based on final approved standards (05.11)
Joint Commission Primary Care Medical Home Option Overlap with Ambulatory Care Accreditation

- **70%**: Ambulatory Care Accreditation Standards that also serve as PCMH requirements
- **30%**: New PCMH Requirements added to accreditation standards

Composition of Requirements for Primary Care Medical Home Option
Joint Commission Hospital and Critical Access Hospital (CAH) Accreditation

Plus

Primary Care Medical Home Option

- PCMH Optional Certification (~47 additional requirements)
- Critical Access Hospital Accreditation (accreditation standards)

Increasing Patient-Centeredness, Comprehensiveness, Access, Coordination
As a Primary Care Home, we...

- 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...

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

- Voluntary/optional, add-on certification requiring Joint Commission ambulatory care accreditation
- On-site survey process to evaluate compliance with both existing accreditation standards & additional PCMH requirements (no additional fee)
  - Can also occur separately as “PCMH extension” survey. (add’l fee)
- No special application requirements
- Organization-wide designation for 3 years
- Primary Care Medical Home certification publicly available on Quality Check
PCMH Certification – Hospitals/CAHs

- Voluntary/optional, add-on certification requiring Joint Commission hospital or CAH accreditation.
  - Site or practice specific setting providing primary care
  - Adds at least one additional day to the survey
  - Fee-based option.

- On-site survey to evaluate compliance with both accreditation and new PCMH requirements.
  - Survey will be conducted unannounced.

- Timing of survey, conducted either:
  - in coordination with regular on-site triennial accreditation survey
  - separately as “PCMH extension” survey.

- PCMH certification publicly available on Quality Check
Acceptance of Joint Commission PCMH

Public
- Medicaid programs in Iowa, Louisiana
- HRSA/BPHC contract
- CMS/Medicare solicited input

Private
- Florida Blue Cross Blue Shield
- Health Plan of Michigan
- No preferences: Aetna; UnitedHealthcare
Primary Care Medical Home Requirements

There are 5 Operational Characteristics

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

- Patient-selected *primary care clinician* (can be an MD/DO, NP, or PA)
- Provide information to patient about PCMH
- Patient involvement in treatment plan
- Work in partnership with patient to achieve planned outcomes
- Assessment of health literacy
- Support for self-management
- Involvement in performance improvement
Add’l PCMH Comprehensive Care Requirements Address

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

- Provide or facilitate patient access to:
  - Acute care - Management of chronic care
  - Behavioral health needs - Oral health care
  - Urgent and emergent care - Substance abuse treatment
  - Preventive services that are age and gender-specific

- Disease and chronic care management services

- Assessment for health risk behaviors

- Designated group (or panel) of patients
Additional PCMH Coordinated Care Requirements Address

- Provide comprehensive and coordinated care, and maintain continuity of care
- Referral tracking and follow-up
- Population-based care
- Use of health information technology to:
  - Document and track care
  - Support disease management, preventive care
  - Facilitate information exchange
  - Support performance improvement
- Track patient care/progress towards treatment goals
Add’l PCMH Superb Access to Care Requirements Address

24 hours a day, 7 days a week access to:
- Appointment availability/scheduling
- Requests for prescription renewal
- Test results
- Clinical advice for urgent health needs
  \(\text{(Methods include: telephone, use of flexible hours, and computer websites)}\)

- Flexible scheduling to accommodate patient care needs \(\text{(Methods include: open scheduling, same day appointments, expanded hours, and arrangements with other organizations)}\)

- Addressing patient’s urgent care needs 24/7
Add’l Systems-Based Approach to Quality & Safety Requirements Address

- Use of an electronic prescribing process
- Use of clinical decision support tools to guide decision making
- The collection of data on:
  - Disease management outcomes
  - Patient perceptions of access to care
  - Patient experience and satisfaction
  - Patient perception of the comprehensiveness, coordination, and continuity of care
- Use of collected data to improve performance
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 Accreditation Process for PCMH: After the Survey

- 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 Designation 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 to expectations for 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)
Relationship of Joint Commission’s PCMH to HIT/meaningful Use Reporting Requirements

Direct Overlap (8 of 15):
- E-prescribing
- Records patient demographics
- Maintains an up-to-date problem list of current and active diagnoses
- Maintains active medication list
- Maintains active medication allergy list
- At least one clinical decision support rule
- Exchanges key clinical information among providers
- Protects electronic health information

Potential Overlap:
- Implements drug to drug and drug allergy interaction checks
- Records and charts changes in vital signs
- Records smoking status for patients 13+
- Reports ambulatory clinical quality measures
- Provides patients with an electronic copy of their health information
- Provides clinical summaries to patients for each office visit
- Uses CPOE for medication orders
PCMH 2.0 Proposed Changes: Jan ’14*

Align Meaningful Use Requirements – Potential Standards Affected:

- Medication Management Related
  - Electronic prescribing for min 50% prescriptions
  - Use computerized order entry system to enter at least 60% medication orders

- Lab Related: Use computerized order entry system to enter min 30% labs

- X-ray Related: Use computerized order entry system to enter min 30% X-rays

*pending Field Review & Board approval
PCMH 2.0 Proposed Changes: Jan ’14*

Align Meaningful Use Requirements

- Access Related:
  - Provide patients online access to their health information (test/lab results, summary lists, medication lists) within 4 business days
  - Use a certified EHR to provide appointment reminders

*pending Field Review & Board approval
PCMH 2.0 Proposed Changes: Jan ’14*

Align Meaningful Use Requirements
- Record of Care Related:
  - The clinical record contains patient’s
    - Gender, race, and ethnicity
    - Family history
    - Work history
    - Blood pressure
    - Smoking status

*pending Field Review & Board approval
PCMH 2.0 Proposed Changes: Jan ’14*

**Align Meaningful Use Requirements**

- Provision of Care Related:
  - The organization uses a certified EHR to…
    - …Create and submit reports to external providers, including public health agencies, registries….
    - … Identify and provide patient-specific education resources

*pending Field Review & Board approval
Features of Joint Commission Accreditation

Accredited & PCMH Certified Ambulatory Organization

- On-site Evaluation
- Unannounced Surveys with Tracer Methodology
- Risk Reduction Process
- Operational Tools for Good Management
- Customer Account Executive
- Electronic Manual
- Lessons Learned from other Organizations
- Experienced Health Care Professionals as Surveyors
- Focused Standards Assessment
- Standards Interpretation Group Education
- State-of-the Art Standards

NPSGs
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
FOR ORGANIZATIONS THAT ELECT THE
JOINT COMMISSION’S PRIMARY CARE MEDICAL HOME (PCMH) OPTION

Directions: This Self-Assessment Tool includes only the requirements for the PCMH option that are in addition to those required for ambulatory care accreditation. They are categorized by operational characteristic and focus area. Please indicate if your organization is in compliance with the requirement: a) at all delivery sites of care, some sites (specify which ones), or not at all; and b) in some cases, provide a description. Any clarifications, explanations, and/or additional information should be noted using the comment section.

Present this tool to the surveyor(s), and these self-reported responses will validated during the indicated survey activities.

I. OPERATIONAL CHARACTERISTIC: PATIENT-CENTEREDNESS

A. FOCUS AREA: INFORMATION TO PATIENTS ABOUT THE PCMH

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

   ___ The mission, vision, and goals of the primary care medical home. [RI.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 [RI.01.04.03/EP2(C)]

   ___ How the primary care medical home functions, including the following: [RI.01.04.03/EP3(C)]
   - Processes supporting patient selection of a primary care clinician
   - Involving the patients in his or her treatment plan
   - Obtaining and tracking referrals
   - Coordinating care
   - Collaborating with patient-selected clinicians who provide specialty care or second opinions

   ___ How to access the primary care medical home for care or information [RI.01.04.03/EP 4 (C)]

   ___ Patient responsibilities, including providing health history and current medications, and participating in self-management activities [RI.01.04.03/EP5(C)]

   ___ The patient’s right to obtain care from other clinicians within the primary care medical home, to seek a second opinion, and to seek specialty care [RI.01.04.03/EP6(C)]

   YES at all sites _______ YES at some sites: ____ (list sites) _______ NO _____

   [Explain any items above that are Not Provided]

   Site Name(s): ___________________________________________
Primary Care Medical Home Comparisons

- HRSA/BPHC’s “National Quality Recognition Initiatives Resources: Comparison Chart”
- Urban Institute’s ”Comparison of Ten Patient-Centered Medical Home Recognition Tools”
- Medical Group Management Report’s “Patient Centered Medical Home Guidelines - A Tool to Compare National Programs”
- The American College of Physicians’ updated “Medical Home Builder”
Comparison to NCQA PCMH Recognition

<table>
<thead>
<tr>
<th>FEATURE</th>
<th>THE JOINT COMMISSION</th>
<th>NCQA</th>
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<tbody>
<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>
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<tr>
<td>Levels of Achievement?</td>
<td>NO</td>
<td>YES: Levels 1, 2, 3</td>
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<tr>
<td>Need to submit documentation?</td>
<td>NO</td>
<td>YES</td>
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<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>
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<tr>
<td>On-site consultation regarding approaches to standards compliance?</td>
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<tr>
<td>Copy of preliminary report available on site?</td>
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<tr>
<td>Scope of Evaluation</td>
<td>Entire organization</td>
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<tr>
<td>Length of award</td>
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PCMH Resources for Hospitals & Critical Access Hospitals

The Joint Commission PCMH Website

- PCMH Eligibility
- Prepublication Standards for Hospitals & CAHs
- Frequently Asked Questions

Existing accredited customers:
Call your Account Executive

New customers not yet accredited:
Send inquiries to qualityhospitals@jointcommission.org
FOR MORE INFORMATION

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Questions?