Moving Accreditation from Standards to Quality and Safety Based

Lessons from the Healthcare Facilities Accreditation Program

Richard Snow DO, MPH
Healthcare Facilities Accreditation Program Advisory Board

Medical Director Performance Improvement
Doctors Hospital OhioHealth

Principal Investigator
AOA Clinical Assessment Program
Goals

• History and background of accreditation
  − Framework of evaluating healthcare
    • Implications to accrediting hospitals
    • Standards versus performance
      • Inspection versus measurement

• Discuss current environment of healthcare delivery
  − Place of accreditation in changing expectations of patients and payers

• Recognize driving and restraining forces in migrating accreditation to performance based program
  − ACO, PCMH, Continuum of Care
  − Deemed status, measurement of healthcare, cultural challenge

• Understand value of transition
  − Hospitals perspective
  − Patients perspective

• Healthcare Facilities Accreditation Program approach
Framework of today’s presentation

• Discussions involving Healthcare Facilities Accreditation Program (HFAP) involving Board of Trustees, accredited organizations, interested individuals.
  – Assessment of blend of accreditation methods
    • Structural review
    • Evidenced based process
    • Outcomes
History of Accreditation

• Response to the concerns among providers patients around the quality of care being delivered within a hospital
  – Ernest Codman (1910) “end result of hospital standardization”
    • Standards from American College of Surgeons
      – One page – on-site inspections begin in 1918
  – Healthcare Facilities Accreditation Program
    • Created in 1945
  – The Joint Commission on Accreditation of Hospitals in 1951
History of Accreditation

• Creation of Medicare in 1965
  – Required deeming for payment to hospitals

• Transition of both healthcare delivery and the patients it serves:
  – Increasing number of diagnostic and treatment modalities
    • Expansion of technology, pharmacology

• Implications regarding the model of accreditation
Environment

- Healthcare delivery on the precipice of marked change
  - Impact of technology, aging population, density of chronic disease
  - Challenges of financing
    - Measures and importance of efficiency
  - Correcting inefficiencies in delivery system
    - Overuse, underuse and misuse
      - Beyond access largest threat to quality of healthcare
        - Implications for accreditation
Environment

• Summary of the new problems we face in healthcare delivery:
  - 30 day readmission rate for Medicare beneficiaries is 19.7% (34% within 90 days)
  - 50% of patients discharged with medical diagnosis had no physician billed visit
  - Assuming only 10% were planned authors estimated that costs of unplanned rehospitalizations was $17.4 billion in 2004

Evolving demands on healthcare

• Summarized by the CMS Roadmap for Implementing Value Driven Healthcare
  – CMS moving from passive payer to active purchaser of higher quality, affordable care.
    • Transparency
    • Performance linked payment
    • Continuum of care
      – Accountable Care Organizations
      – Patient Centered Medical Home

How do current accreditation programs work within evolving expectations?

- Centers for Medicare and Medicaid Conditions of Participation
  - List of structural requirements to allow deemed status and payment of Federal monies to hospitals and related entities
  - Defines value to hospitals
- How can the accreditation process help hospitals address the changing expectations?
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• HFAP Discussions over the past year focusing on:
  − Place of standards, beyond Conditions of Participation, in the accreditation process
  − Value of incorporation of process of care (evidenced based) and outcomes performance in the accreditation process
  − Alignment of facilities accreditation with evolving demands on systems of care – Driving forces
    • Model of Accountable Care Organization
    • Model of Patient Centered Medical Home
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• Challenge
  – Develop an accreditation program that satisfies the Conditions of Participation but also provides hospitals with information and leadership in responding to a changing delivery system
  • Add aspects of performance measurement and quality improvement to the inspection process that forms the core of current accreditation process
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• Necessary tools
  – Measurement
    • Standard, accepted measurements of evidenced based process and outcomes have evolved over the past 2 decades
  – Process measures
  – Outcomes cover aspects including
    • Mortality
    • Readmission
    • Patient Safety
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• Necessary tools
  – Measurement

• Challenges for an accrediting organization
  – Operationally replicating these measures is possible, with the exception of readmissions
  – Lag in time provides data that is 6 – 9 months old, relying on CMS as sole source
  – Risk adjustment models use both inpatient and ambulatory records to provide clinical characteristics of risk
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• Facilitation versus evaluation?
  – Developing a framework of expectations regarding performance
    • Absolute performance
      – Quantifying
    • Improvement over time
    • Response to opportunities
      – Internal goals and commitment
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• Facilitation
  – Develop this within the framework of accreditation and provide assistance to hospitals in achieving goals
  – Challenges to all accrediting organizations
    • Interpretation of deemed status
      – Example of quality standards
    • Change in approach to accreditation
      – Tradition of inspection
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• Developing systematic core competencies in evaluating the performance of an organization from an evidenced based process or outcomes basis
  – Standardizing assessment of response to:
    • Error
    • Process opportunities
    • Outlier status within an outcome measure
      – Infections
      – Mortality
      – Readmissions
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• Challenges from an accrediting organization
  – Developing level of trust with hospitals to engage on process sharing and acceptance
    • Lessons from the Professional Review Organizations
  – Develop a system to allow sharing across a geographically diverse community
    • Model of process sharing
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• Value to hospitals using of this approach
  - Provide facilities with a network of hospitals that have approached issues similar to those identified on a performance review of evidenced based process and outcomes
  - Evidence of the power of process comparison
    - Northern New England Cardiovascular Collaborative
    - Ohio Quality Collaboratives
    - Sponsored by the Ohio Hospital Association
The Role of Hospital Collaboratives in Advancing Quality Outcomes

Figure: Distributions of indicator level performance across 50 states and 3 territories compared to Ohio and Collaborative performance. Source: Hospital Compare accessed June 10, 2010.

Source: American College of Medical Quality Focus Magazine
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• Value to hospitals
  − Accreditation entity can help shape the quality agenda within a hospital
  • Link between ‘Hospital Governance and The Quality of Care’
    − Evaluated hospitals’ boards perception of quality using standard measures of quality. Oversampled hospitals from top and bottom decile of performance.
    − ‘No participant from low-performing hospital identified their hospital performance as worse than the typical hospital, 58% reported better than average performance’

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• Value of the approach
  − To patients
    • Ensuring evidenced based care and quality focus of the organization
    • Enhancing safety within the hospital by standardizing approaches to medical error.
      − Root cause analysis and systematic change
    • Focusing on outcomes of the hospitalization
      − Patient Perceived, Clinical, Functional and Financial
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• Journey
  – Developed a commitment from the board to incorporate evidenced based process and outcomes assessment within the accreditation process
  – Building core competencies within staff and surveyors around measurement and use of performance data within the accreditation process
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• Rollout starting with use of Process of Care measures
  – Engaging quality departments on response to performance
    • Models of improvement
    • Internal accountability around performance

• Develop a cadre of best performers
  – Operating at the 10th %ile nationally on process of care measures
    • Interest and methods of process sharing