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Introduction to Ambulatory Health Care (AHC) Accreditation and Primary Care Medical Home (PCMH) Certification for Community Health Centers

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Agenda

- ✓ Introduction to The Joint Commission (TJC)
- ✓ Value of Accreditation
- ✓ Primary Care Medical Home (PCMH) Certification Option
- ✓ Application Timeline
- ✓ Survey Process
- ✓ HRSA & BPHC Resources
- ✓ Tips for Getting Started
- ✓ Q & A



Key Takeaways

At the conclusion of this webinar, you will be able to:

- Know the reasons why healthcare organizations become accredited by TJC
- Evaluate the benefits of a PCMH Certification
- Gain an understanding of TJC Accreditation and PCMH Certification process
- Realize the resources available to help you obtain TJC Accreditation and PCMH Certification

Joint Commission Introduction

The Joint Commission Ambulatory Care History

- Private, Not-For-profit
- Leader in Accreditation
- Founded in 1951, 70+ years strong
- Established Ambulatory Care Services in 1975, 48 years strong
- Accredit 2,200+ healthcare organizations (255 CHCs)



The Joint Commission 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.

The Value of Accreditation

Why Joint Commission Accreditation?

Structure

- Comprehensive framework of care
- Reinforce risk management efforts

Education

- Surveyor on-site to share leading practices
- Survey engages staff & patients

Meets Requirements

- Helps meet [state/federal](#) requirements
- Possible discounts on liability insurance

Recognition

- Strengthen presence in health networks
- Sets you apart

Resources

- Dedicated personnel, educational offerings
- The Joint Commission [difference](#)



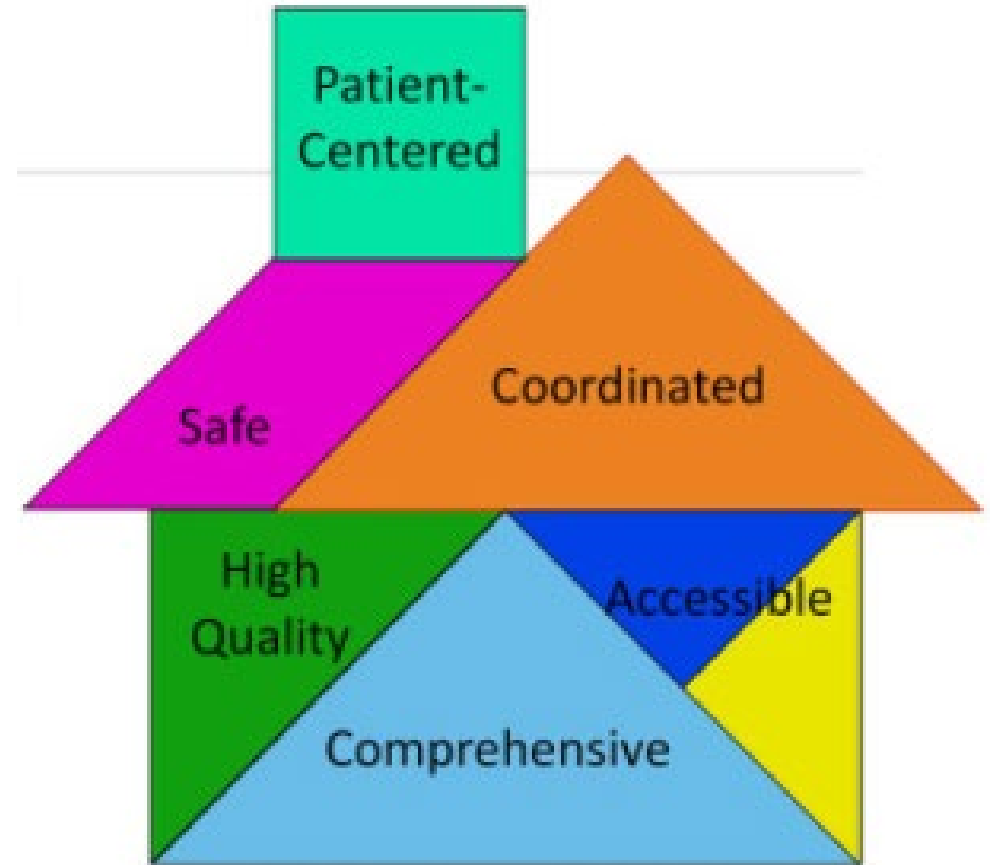
Journey to Sustainable Excellence



PCMH Certification

PCMH Certification Options

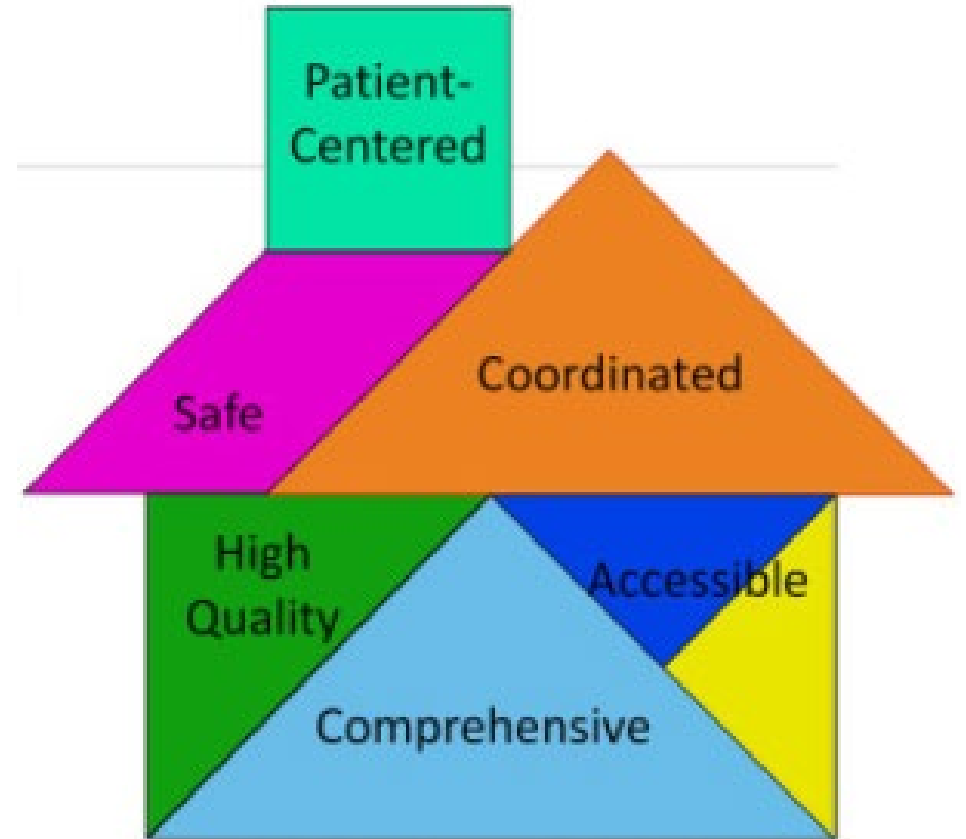
- Optional 3-year certification
- Based on the Agency for Healthcare Research and Quality's (AHRQ) definition of Medical Home – including these core functions:
 1. Patient-centered care
 2. Comprehensive care
 3. Coordinated care
 4. Superb access to care
 5. Systems-based approach to quality and safety



PCMH Certification Benefits

Studies have shown that medical homes decrease healthcare costs while improving patient care and access

- Studies also suggest that this particular model empowers the patient and actively engages the patient in their health
- Patients benefit from this model of care because they have increased access to their primary care clinician and interdisciplinary team
- Their care is tracked and coordinated; and increased use of health information technology supports their care



PCMH Certification Overview

- Voluntary/optional certification requires Joint Commission Ambulatory Care Accreditation
- On-site survey to evaluate compliance with both Ambulatory Care Accreditation and PCMH requirements/standards
- Timing of survey can be:
 - With on-site initial accreditation survey
 - During on-site triennial accreditation survey

PCMH Distinguishing Features

- No separate application (from accreditation application)
- No document submission requirement
- Certification combined with on-site accreditation survey
- Organization-wide certification for 3 years (includes PCMH-eligible sites)
- PCMH certification publicly available on [Quality Check](#)

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
- Mental health services- only
- Podiatric services- only
- Sites that *primarily* provide episodic or urgent medical care rather than on-going and continuous primary care

Application Timeline

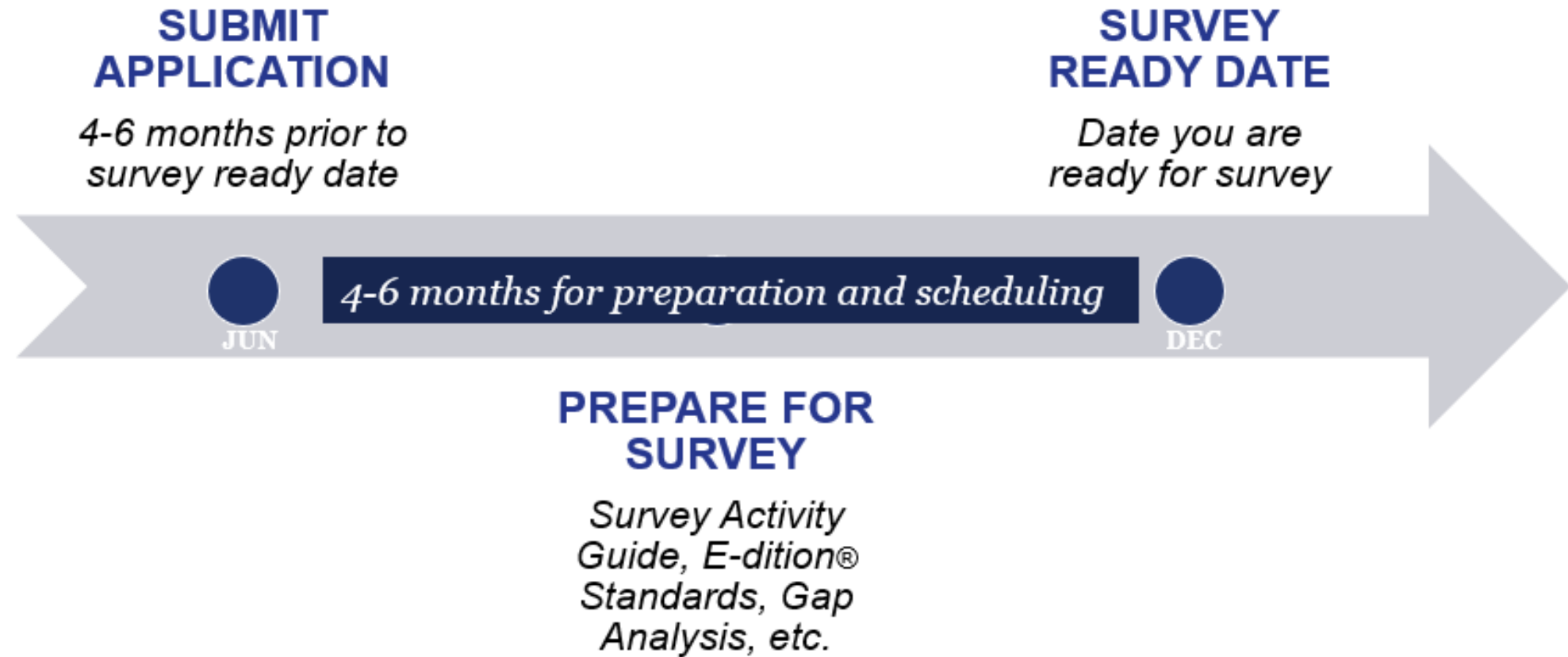
Application for Accreditation

Your dedicated Business Development Staff will:

- Guide you through the process
- Provide helpful resources (SAG, E-dition®, SIG, FAQ library)
- Set appointment and assist with completing application
 - Survey ready date
 - Black out dates (up to 15)
- \$1700 application deposit *is waived*
- Annual fee and survey fee
- For 330 funded FQHC's and also LAL's costs covered by HRSA



Application Timeline



Joint Commission Standards

Standards Overview

- Comprehensive, non-prescriptive
- Applied by settings and services offered, so they are relevant to your setting
- Helps providers achieve, maintain, and demonstrate consistent excellence in the services they provide
- Can help develop strategies to address most complex issues and identify key vulnerabilities in the patient care experience

Structure of Standards

IC.01.05.01 The organization plans for preventing and controlling infections.						
Standard Introduction and Rationale						
Introduction to Standards IC.01.01.01 Through IC.01.06.01 – Planning						
<p>For any of the infection prevention and control activities to be effective, they need to be well managed. Toward that end, the ambulatory care center assigns one or more people the responsibility for the development of the activities and their daily implementation. Large, complex ambulatory care centers may want to employ a contractor or consultant. Smaller organizations may do well by simply designating a current employee. Each organization should assess its own needs in this regard. After this person is in place, the work of planning the infection prevention and control activities can begin by gathering staff with knowledge in infection prevention and control and other staff members who can perform a risk assessment and then build activities based upon their risks. The individual responsible for infection prevention and control may want to consult with community leaders and other outside infection control experts who can provide important information about the ambulatory care center's population and associated health risks.</p> <p>The results of the ambulatory care center's infection risk assessment should be prioritized, ideally in order of level of probability and potential for harm. The organization can then set goals for reducing the risks of the infections that pose the greatest threat to patients and the community. These goals should lead to focused activities, based on relevant professional guidelines and sound practices.</p>						
Nbr	Elements of Performance (EPs)	CMS	New	FSA	DOC	ESP
1	When developing infection prevention and control activities, the organization uses evidence-based national guidelines or, in the absence of such guidelines, expert consensus. For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The organization considers, selects, and implements nationally recognized infection control program guidelines.	§416.51 §416.51(b) §416.51(b)(2)		R		ESP-1
2	The organization plans infection prevention and control activities, including surveillance, to minimize, reduce, or eliminate the risk of infection. These activities are documented.	§416.43(a)(2) §416.51 §416.51(b),...			D	ESP-1
5	The organization describes, in writing, the method for investigating outbreaks of infectious disease within the organization. (See also IC.02.01.01, EP 5)	§416.51 §416.51(b) §416.51(b)(2)			D	ESP-1
6	Everyone who works in the organization has responsibilities for preventing and controlling infection.	§416.51 §416.51(b) §416.51(b)(2)				ESP-1
9	For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The organization plans infection prevention and control activities, including surveillance, to minimize, reduce, or eliminate the risk of infection and communicable diseases. These activities are documented.	§416.51 §416.51(b)			D	
11	For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The infection control program includes a plan of action for preventing, identifying, and managing infections and communicable diseases and for immediately implementing corrective and preventive measures that result in improvement.	§416.51(b)(2)				

PCMH Standards

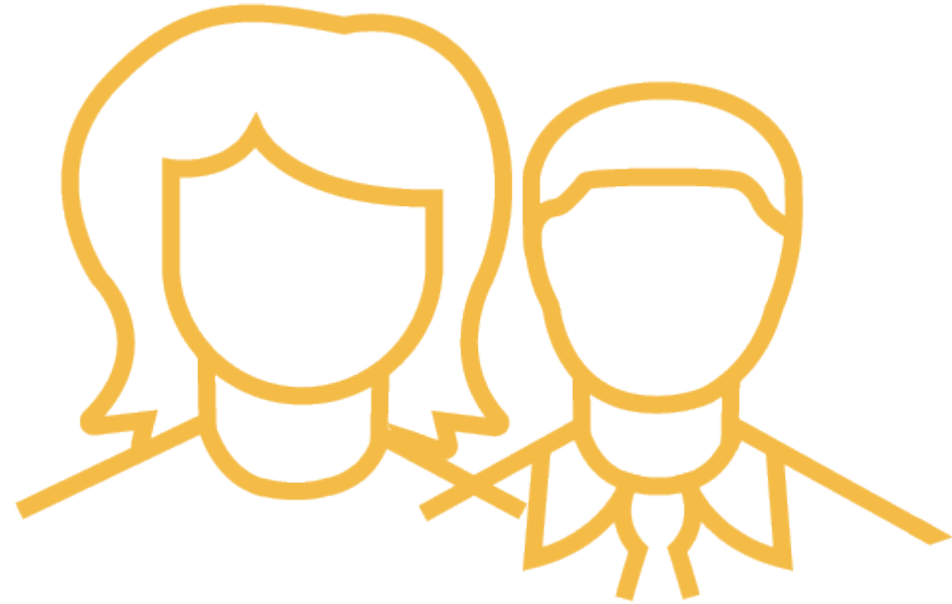
- EPs will have lead-in language: “For organizations that elect The Joint Commission Primary Care Medical Home option...”
- Found throughout the manual in various chapters

HR.01.02.07 The organization determines how staff function within the organization.		CMS	New	FSA	DOC	ESP
Standard Introduction and Rationale						
Nbr	Elements of Performance (EPs)					
1	All staff who provide patient care, treatment, or services possess a current license, certification, or registration, in accordance with law and regulation. (See also HR.01.01.01, EP 32)	§414.68(c)(1)(i)				ESP-1
2	Staff who provide patient care, treatment, or services practice within the scope of their license, certification, or registration and as required by law and regulation. (See also HR.01.01.01, EP 32)	§414.68(c)(1)(i)				ESP-1
3	For organizations that elect The Joint Commission Primary Care Medical Home option: The primary care clinician and the interdisciplinary team members function within their scope of practice and in accordance with privileges granted. (For more information, refer to Standards HR.01.06.01 and HR.02.01.03)					
5	Staff supervise students when they provide patient care, treatment, or services as part of their training.	§414.68(c)(1)(i)				
HR.01.04.01 The organization provides orientation to staff.						

Survey Process

Survey Process

- Survey complement will likely be 2 surveyors (Administrator, Clinician) for 2 - 3 days:
 - Depends on number of sites, volume, distance between sites
 - Minimum of 50% of the sites visited
- Patient Tracers
- System Tracers



PCMH Onsite Survey Process

Patient Interview

- What information was provided to you about how the PCMH functions?
- How would you contact the organization for urgent / after hours health care needs?

Staff Interview

- Describe/ demonstrate how you capture the patient's preferred language?
- What information is provided to patients to support their selection of a PCC?
- How would patients contact the org for urgent / after hours health care needs?

Direct observation (in the exam room):

- Were patient self-management goals addressed?
- Was health literacy assessed?

Last Survey Day Activities

- Survey report preparation
- Leadership briefing
- Opportunity to ask questions and provide additional information regarding findings
- Final report will be in your Joint Commission Connect® portal within 10 days



SAFER (Survey Analysis For Evaluating Risk) Matrix Analysis

The SAFER Matrix:

1. Organizes Requirements for Improvement (RFI) by scope of risk
2. Organizes RFIs by level of potential patient harm

The SAFER Matrix helps organizations:

1. Communicate survey results
2. Prioritize resources
3. Focus corrective action plans

LIKELIHOOD TO HARM

	Immediate Threat to Life		
HIGH (Harm could happen at any time)			
MODERATE (Harm could happen occasionally)			
LOW (Harm could happen but would be rare)			

LIMITED
(Unique occurrence that is not representative of routine/regular practice and that has the potential to impact only one or a very limited number of patients/visitors/staff)

PATTERN
(Multiple occurrences of the deficiency, or a single occurrence that has the potential to impact more than a limited number of patients/visitors/staff)

WIDESPREAD
(Deficiency is pervasive in the facility, or represents systemic failure, or has the potential to impact most or all patients/visitors/staff)

SCOPE

Post Survey Process

- Evidence of Standards Compliance (ESC) for Ambulatory Care standards and PCMH (if undergoing PCMH certification)
 - 60 days to submit ESCs
 - 3-year Accreditation/Certification award granted once ESCs accepted
- For 330 Funded FQHC:
 - Report sent to BPHC central office and available to the health center's project officer
- Of note, failure to comply with all PCMH requirements will not jeopardize accreditation status

Health Resources & Services
Administration (HRSA)

and

Bureau of Primary Health Care
(BPHC)

HRSA/BPHC Accreditation Initiative



- HRSA contract since 1996
- Goal: Improve quality health care and outcomes for health center populations
- Benefits of Accreditation by a nationally recognized organization indicates a center's commitment to:
 - Providing high quality health care services
 - Improving patient experiences
 - Improving health outcomes and safety
- Accreditation increases health centers' competitiveness in marketplace
- Accreditation process provides structure and resources to support health centers' quality improvement and risk management

HRSA/BPHC Accreditation Initiative

- The Accreditation Initiative encourages and supports health centers in undergoing systematic and comprehensive survey processes
- Participation is voluntary and provides opportunity for health centers to achieve accreditation and at the same time satisfy regulatory and program requirements of HRSA/BPHC
- HRSA/BPHC supports this effort by paying for health centers' survey costs
- Referenced in HRSA Program Assistance Letter (PAL)



PROGRAM ASSISTANCE LETTER

DOCUMENT NUMBER: 2015-02

DATE: February 19, 2015

DOCUMENT TITLE: Accreditation
and Patient Centered Medical Home
Recognition Initiative

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.

BPHC Payment Policy

Includes annual and on-site survey fees for initial surveys and re-surveys:

- Ambulatory care
- Behavioral health care
- Opioid treatment program
- Laboratory services
- Certain extension survey fees

Does not include fees for:

- Home care
- Long term care
- Critical access hospital

Participation Process for Initial Surveys

Step 1: Participants must submit a “Notice of Intent” (NOI) located in the electronic handbook

- Questions on NOI:
 - Planned 6-month preparation time
 - Lead person identified
 - Completed self-assessment
 - Projected survey ready date
- Can also request PCMH Certification
- Technical Assistance—2-day on-site consultation visit from Joint Commission Resources consultant

Participation Process for Initial Surveys

Step 2: HRSA will review/approve NOI (contact your project officer if questions)

Step 3: NOI status sent to The Joint Commission

Step 4: The Joint Commission emails welcome packet with application access and other pertinent information

Step 5: Submit Joint Commission application electronically

BPHC Resources

- Educational webinars
- 2-day onsite preparation visits via Joint Commission Resources
- Crosswalk between Joint Commission surveys and HRSA OSVs
- Scholarship opportunities for educational conferences
- Joint Commission Resources publications
- Specific BPHC section of The Joint Commission's Website
- <https://www.jointcommission.org/accreditation-and-certification/health-care-settings/ambulatory-health-care/learn/bureau-of-primary-health-care/>



Educational Webinars

New User Registration Information (pre-registration required)

To gain access to the educational webinar series, please use the below information to register for our Learning Management System (LMS), SkyPrep. After registering, you will receive a confirmation email from mailer@skyprepapp.com.

1. [Click here](#) to view the registration page.
2. Enter the required information.
3. Enter the Subscribe Key: **TJCEd**

Comparison Grid: HRSA to TJC

	Health Resources and Services Administration (HRSA) Program Requirements for Health Centers	Related Joint Commission Requirements
Chapter 3: Needs Assessment	<ul style="list-style-type: none"> • The health center must define and annually review the boundaries of the catchment area to be served [<u>service area</u>], including the identification of the medically underserved population or populations within the catchment area in order to ensure that the: <ul style="list-style-type: none"> ○ Size of this area is such that the services to be provided through the center (including any satellite <u>service sites</u>) are available and accessible to the residents of the area promptly and as appropriate; ○ Boundaries of such area conform, to the extent practicable, to relevant boundaries of political subdivisions, school districts, and areas served by Federal and State health and social service programs; and ○ Boundaries of such area eliminate, to the extent possible, barriers resulting from the area's physical characteristics, its residential patterns, its economic and social groupings, and available transportation. 	<p>LD.04.03.01 The organization provides services that meet patient needs.</p> <p>LD.04.03.07 Patients with comparable needs receive the same standard of care, treatment, or services throughout the organization.</p> <p>LD.04.03.09 Care, treatment, or services provided through contractual agreement are provided safely and effectively.</p> <p>LD.03.07.01 Leaders establish priorities for performance improvement.</p> <p>LD.03.08.01 New or modified services or processes are well</p>

Tips for Getting Started

Gauge Your Readiness

Steps to Accreditation

Contact us at: ahcquality@jointcommission.org

Conduct Self-Assessment

Physically walk through your facility and see how well you meet the requirements currently

Identify Gaps in Compliance

Identify areas where improvement is needed. This will help target your efforts and prioritize where resources need to be allocated.

Develop Timetable to Compliance

Estimate time needed to resolve any gaps identified to help you formulate a readiness date for your on-site survey

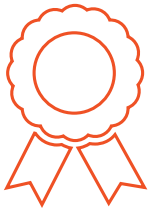
Three Things Successful Surveys Have in Common

1. Engaged leaders who foster teamwork and value the opportunity to learn and improve
2. Staff who take ownership for patient safety and quality and feel empowered to make changes
3. An organization that "owns" its processes, good or where improvement is identified

Suggestions for Success



Establish an effective governance structure to provide oversight and support



Identify standards “Chapter Champions”



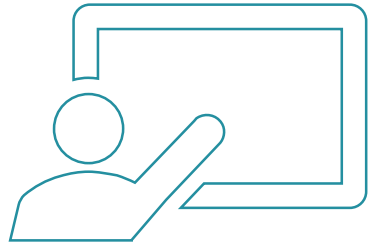
Report on progress from the past month, chapter status

- Red, yellow or green
- Key issues or risks

Suggestions for Continued Success



Make everyone feel involved because they *are* involved



Ensure new employees are educated on patient safety issues and related Joint Commission standards within 60 days of hire

PCMH Resources

- Self-Assessment Tool
- Question & Answer Guide
- PCMH “what’s new” document
- Most Challenging Standards
- Joint Commission Standards Interpretation Group
- Dedicated Account Executives
- Joint Commission Resources
- TJC Website



Joint Commission’s PCMH website <http://www.jointcommission.org/PCMH>

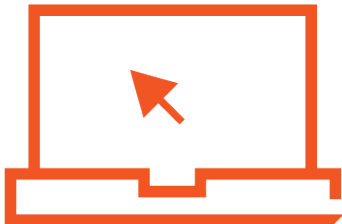
Next Step: Contact our Ambulatory Care Team



630.792.5286



ahcquality@jointcommission.org



www.jointcommission.org/AHCPProgram

Questions?