Overview of The Joint Commission’s Primary Care Medical Home (PCMH) Certification

Joyce Webb, RN, MBA
Project Director, Standards and Survey Methods
Program Lead, The Joint Commission’s PCMH Initiative
Objectives:

1. Describe the Joint Commission’s PCMH model
2. Provide an overview of the PCMH standards
3. Describe the PCMH on-site survey
4. Discuss the Top 10 Most Challenging PCMH standards
5. Discuss PCMH implementation resources
Research for core concepts…

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

- Based on the Agency for Healthcare Research and Quality’s (AHRQ) definition of a medical home.
- A medical home is a model of primary health care that has specific core functions and attributes.
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.
The Joint Commission’s Primary Care Medical Home Model

- Team-based approach
- Primary Care Clinician
- Interdisciplinary team
- 5 Operational Characteristics
PCMH - Operational Characteristics

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

5 Operational Characteristics

PCMH Standards & Survey Process

Core concepts

Transformation
The Joint Commission’s Primary Care Medical Home (PCMH) Standards
Accreditation standards *already* address:

- Ethics, Rights, & Responsibilities (RI)
- Leadership, Oversight (LD)
- Performance Improvement (PI)
- Provision of Care, Treatment, & Services (PC)
- Qualified and competent staff & LIPs (HR)

So… what’s different?
Special PCMH Header:

“For organizations that elect The Joint Commission Primary Care Home option:…”
Patient-Centeredness:

- Patient-selected primary care clinician (PCC)  
  \textit{PC.02.01.01 EPs 16 / RI.01.04.01 EP7}

- Patient info about the PCMH’s services & how it functions  
  \textit{RI.01.04.03 EPs 1-3, 5&6}

- Working in partnership with patient  
  \textit{PC.02.04.05 EPs 9 &11}

- Assessment of patient’s health literacy needs  
  \textit{PC.02.03.01 EP 30}

- Appointment reminders  
  \textit{PC.02.04.01 EP 5}

- Communication meets patient’s needs & preferences  
  \textit{PC.02.01.21 EPs 1&2 / RC.02.01.01 EP 30 (preferred language)}
Patient-Centeredness:

- Patient involvement in performance improvement. *LD.04.04.01 EP 24*
- Patients have on-line access to their health information. *PC.02.04.01 EP 4*
- Clinical record contains demographic info, family and work history, BP, and smoking status. *RC.02.01.01 EP 28*
- Patient self-management goals. *PC.02.03.01 EP 28 / RC.02.01.01 EP 29*
Comprehensive Care:

- PCMH must provide or facilitate patient access to:
  - Acute care/chronic Care
  - Oral/Optical/Eye health
  - Behavioral health needs
  - Rehabilitative services & equipment
  - Urgent and emergent care
  - Substance abuse treatment
  - Age/gender-specific preventive care

_PC.02.04.03 EP 1_
Comprehensive Care:

- PCC may be an MD, DO, NP or PA
  \[HR.03.01.01\] EP 1

- Patient is provided information on PCC’s credentials & educational background
  \[RI.01.04.03\] EP 7

- Roles/responsibilities of the primary care clinician & composition of patient’s interdisciplinary team
  \[PC.02.04.05\] E�s 1, 2, 5, 8, & 12
  \[HR.01.02.07\] EP 3

- Disease & chronic care mgmt
  \[PC.02.04.03\] EP 3
Coordinated Care:

- Provides population-based care *PC.02.04.03 EP 4*

- Tracking & follow-up on internal & external care recommendations/referrals *PC.02.04.05 EPs 6&7*

- Track patient’s progress towards treatment goals *PC.02.04.05 EP 10*

- PCC & interdisciplinary team provide care for a panel of patients *PC.02.04.05 EP 4*
Coordinated Care:

Use a certified electronic health record to:

✓ Document and track care and create reports
✓ Appointment reminders
✓ Disease management, preventive care
✓ Support performance improvement
✓ Provide patient-specific education resources

PC.02.04.03 EP 5
Access to Care:

- Patients have 24 hours a day/7 days a week access to:
  - Contact the PCMH to obtain a same day or next day appointment
  - Request prescription renewal
  - Obtain clinical advice for urgent health needs *PC.02.04.01 EP 1*

- Patients have on-line access to their health information, such as, diagnostic test results, labs, and med lists *PC.02.04.01 EP 4*
Access to Care:

- Offers flexible scheduling to accommodate patient care needs, may be done via:
  - open scheduling
  - same day appointments
  - arrangements with other organizations

  *PC.02.04.01 EP 2*

- 24/7 process for *responding* to patient’s urgent care needs

  *PC.02.04.01 EP 3*
System-Based Approach to Quality & Safety:

- Electronic prescribing process is used for 50% of allowable prescriptions *MM.04.01.01 EP 21*
- Computerized order entry system is used for at least 60% of medication orders *MM.04.01.01 EP 22*
- Computerized order entry system is used for at least 30% of lab orders *PC.02.01.01 EP 18*
- Computerized order entry system is used for at least 30% of radiology orders *PC.02.01.01 EP 19*
- Clinical decision support tools are used *PC.01.03.01 EP 45*
System-Based Approach to Quality & Safety:

- Collection of data on:
  - Disease management outcomes
    \[ PI \ .01.01.01 \ EP \ 40 \]
  - Patient perceptions of access to care
    \[ PI \ .01.01.01 \ EP \ 41 \]
  - Patient experience and satisfaction
    \[ PI \ .01.01.01 \ EP \ 42 \]
- Use of data to improve performance
  \[ PI \ .03.01.01 \ EP \ 11 \]
Top 10
Most Challenging PCMH Standards
Top 10 Most Challenging PCMH Standards:

- **PC.01.03.01 EP 44** - Self-management goals
  What’s your process? How are they documented?

- **PC.02.03.01 EP 28** – Pt education on SMGs
  What’s your process? Where is this documented?

- **RC.02.01.01 EP 29** – Pt’s preferred language
  What’s your process? How is this captured? Where is this documented? Is the process consistently implemented?

- **PC.02.02.01 EP 24** - Health literacy needs
  What’s your process? How is this captured? Where is this documented? Is the process consistently implemented?
Top 10 Most Challenging PCMH Standards (cont’d):

- **PC.02.04.05 EP 6** – Review & tracking referrals and tests ordered – *internal and external*
  
  What’s your process? How do you monitor for referral notes and test results?

- **PI.01.01.01 EP 42** - Data collected on access, communication, comprehensive care
  
  Are you capturing the **patient’s** perception?

- **PI.01.01.01 EP 41** - Data collected on access
  
  Next avail appt? No show rates? Appt utilization?

- **PC.02.04.01 EP 4** - patient access to their health information within 4 business days
  
  May be achieved via PIN access, telephonic or website
Top 10 Most Challenging PCMH Standards (cont’d):

- **RI.01.04.03 EP 7** - information to patients on PCCs
  
  What is your process? Use of brochures or cards? posted on website, in the lobby or exam rooms? How are patients informed about PCCs’ credentials, educational background, special areas of interest, or languages spoken?

- **RI.01.04.03 EP 3** - information to patients about the mission, vision, and goals of the primary care medical home
  
  What is your process? Is this information shared consistently with patients? What’s in your brochures? On your website?
PCMH Resources:
Check out the Joint Commission PCMH website
http://www.jointcommission.org/PCMH

- PCMH overview
- Self-assessment Tool
- Question & Answer Guide
- Most Challenging Standards
- News, articles and links to other resources.
- List of PCMH-certified orgs
Optional Self-Assessment for Primary Care Medical Home (PCMH) Certification for Ambulatory Health Care Centers

The following tool is a useful document that may be helpful to your ambulatory care practice as you pursue PCMH certification for your facilities. The tool assesses Elements of Performance (EPs) which are the actions, processes and structures that must be implemented to achieve the standard. These EPs are in addition to those required for your ambulatory care accreditation.

Survey Activity line below each explanation indicates which activity within the survey should be addressed.

If you would like to use this tool, you may find it most beneficial to consider all sites you are considering for PCMH certification.

- Check “yes” when your organization believes it is in compliance with a question.
- Check “no” when your organization is not in compliance

Based on your answers, your organization may be able to highlight areas where continued work needs to be completed in order to be in compliance with the standards.

I. OPERATIONAL CHARACTERISTIC: PATIENT-CENTEREDNESS

A. FOCUS AREA: INFORMATION TO PATIENTS ABOUT PCMH

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

   Yes  No
   ☐ ☐ The mission, vision, and goals of the primary care medical home. [RI.01.04.03/EP 1]

   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.

   ☐ ☐ How the primary care medical home functions, its scope of care, and its types of services. [RI.01.04.03/EP 2]
A. ELIGIBILITY/DECISION-RELATED

**Question:** We are already Joint Commission accredited under the Ambulatory Care manual. Do we need to wait until we have fully implemented the PCMH requirements in all our care delivery sites before we submit our application for PCMH certification?

**Answer:** No, you don’t need to wait; for organizations seeking PCMH certification for the first time you can still apply even if your organization is not 100% compliant with all standards at all sites. We do expect the following:
The Joint Commission Disclaimer

- These slides are current as of **2/1/2018**. The Joint Commission reserves the right to change the content of the information, as appropriate.

- These slides are only meant to be cue points, which were expounded upon verbally by the original presenter and are not meant to be comprehensive statements of standards interpretation or represent all the content of the presentation. Thus, care should be exercised in interpreting Joint Commission requirements based solely on the content of these slides.

- These slides are copyrighted and may not be further used, shared or distributed without permission of the original presenter or The Joint Commission.
Questions?

THANK YOU