



Proposed New Primary Care Home Requirements for Ambulatory Care

ANA comments & guidance for individual comment by Nursing Associations and stakeholders

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Background

The Joint Commission has introduced a Primary Care Home accreditation program, a quality recognition program for ambulatory care clinics seeking the formal classification of a “medical/healthcare home”. This designation as an optional add-on to its Ambulatory Care Accreditation Program, and has greater significance in light of the emphasis on quality, accountability, and primary care as a result of Affordable Care Act. The Joint Commission has told staff at ANA that the impetus for this program was requests from current customers, including federally qualified health centers. This is indicative of the high profile nature and importance of accreditation for healthcare homes.

ANA has carefully reviewed the standards and EPs and engaged in discussion with other organizations to craft a response. The proposed standards generally use “provider neutral” language that ANA has advocated for and there is much to applaud in the development of a scalable approach that recognizes the importance of multi-disciplinary, patient-centered teams. However some of the EPs are problematic, and require revision or rewording per our analysis

These draft standards and accompanying elements of performance (EPs) are out for public comment **until March 14, 2011**. A robust response to The Joint Commission from nursing and healthcare consumers, and other stakeholders is key, as The Joint Commission staff has told ANA their goal is to “get this right” and they are very eager to get as much feedback as they can. ANA encourages individual state nursing associations, specialty organizations, and individual nurses and healthcare consumers to review and comment on the Primary Care Home model. We know there will be stern opposition to the proposal because it does not require these practices to be “physician-led”.

Guidance and Resources for Providing Comment to The Joint Commission

When providing feedback to The Joint Commission on this program, there are 3 options for submitting comments: online survey, online form and by mail. The online survey consists of 19 questions, is relatively quick (can be completed in about 10 minutes) and facilitates tabulation of responses by the Joint Commission staff.

We have provided a replica of the online survey, populated with ANA’s responses. Please feel free to use this as a resource and mirror our language to complete your survey. A harmonious response will ensure that the elements of patient-centeredness and a true team-based approach to healthcare delivery are preserved at this critical juncture for the proposed model.

Access the proposed model and the comment form directly through the following link:

http://www.jointcommission.org/standards_information/field_reviews.aspx?StandardsFieldReviewId=4ebBa9OiwpyfXwx3k3wl39cTCPh7XyqNM%2fvSme1yjpg%3d

Online survey

After a few identification questions, you will come to five questions asking about the operational characteristics for the Primary Care Home. The respondent then rates the manner in which the standards and EPs address each concept on a scale of 1 (very well) to 5 (not at all).



Operational Characteristic 1 - Patient-Centered Care

This question refer to pages 1 through 7 of the [Primary Care Home Table](#).

How well do The Joint Commission standards and elements of performance (EPs) included in the section 'Patient-Centered Care' address this concept?

Very well -----> Not at all

1	2	3	4	5
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

ANA rates this as a “2”.

Please explain your response:

ANA Comment: ANA applauds The Joint Commission’s use of the term, “primary care clinician,” recognizing the role that advanced practice registered nurses (APRNs) can play in meeting the demand for high quality, accessible primary care services. There is one notable exception to this language that requires revision. RI.01.04.03 EP 3 states “For organizations that elect The Joint Commission Primary Care Home option: The organization provides information to the patient about: How the Primary Care Home functions, including the following:

-“Processes supporting patient selection of a primary care physician”
ANA noted a sudden shift from the term “clinician” to “physician”, and recommends this phrase be reworded to state “Processes supporting patient selection of a **primary care clinician**” to promote consistency with the rest of the model.

Operational Characteristic 2 - Comprehensive Care

This question refer to pages 7 and 8 of the [Primary Care Home Table](#) .

How well do The Joint Commission standards and elements of performance (EPs) included in the section 'Comprehensive Care' address this concept?

Very well -----> Not at all

1	2	3	4	5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

ANA rates this as a “4”

Please explain your response:

ANA Comment: We appreciate the inclusive language with an emphasis on the interdisciplinary team. EPs 27, 28 and 24 and 103 all refer to the “interdisciplinary team”. In stark contrast, EP 102 describes a primary care clinician who has the “background, knowledge and experience to handle most medical



needs of the patient”. This EP is contradictory to the idea of comprehensiveness, as no one provider can “handle most medical needs of the patient” and it flies in the face of teamwork. We recommend deleting this EP. At a minimum, we suggest changing the phrase to read “handle most healthcare needs of the patient.”

Operational Characteristic 3 - Coordinated Care

This question refers to pages 8 through 10 of the [Primary Care Home Table](#).

How well do The Joint Commission standards and elements of performance (EPs) included in the section 'Coordinated Care' address this concept?

Very well -----> Not at all

1	2	3	4	5
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

ANA rates this as a “2”.

ANA comment: None

Operational Characteristic 4 - Superb Access to Care

Please refer to pages 10 and 11 of the [Primary Care Home Table](#) to answer the question.

How well do The Joint Commission standards and elements of performance (EPs) included in the section 'Superb Access to Care' address this concept?

Very well -----> Not at all

1	2	3	4	5
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

ANA rates this as a “2”.

ANA comment: None

Operational Characteristic 5 - Systems-based Approach to Quality and Safety

This question refers to pages 11 through 14 of the [Primary Care Home Table](#).

How well do The Joint Commission standards and elements of performance (EPs) included in the section Systems-based Approach to Quality and Safety?

Very well -----> Not at all



1



2



3



4



5



ANA rates this as a "2".

ANA comment: None

NEXT QUESTION

(This question addresses the proposed new PCH requirements (PC.02.02.02, EP105, on page 8).)

One of the proposed new PCH requirements addresses active participation of a doctor of medicine (MD) or doctor of osteopathy (DO) on the interdisciplinary team. It requires that an MD or DO actively participate on the interdisciplinary team.

Should this active participation be defined as: (check all that apply)

- Works on-site for the PCH
- Does not work on-site but is available to the interdisciplinary team for consultation and referral
- Other, please explain

Please explain your response:

ANA Comment: ANA questions the need for this EP. There is no evidence that requiring MD/DO involvement improves care and this specific requirement focused on MD/DOs contradicts the purpose of EPs 24 and 25 that describe an *interdisciplinary team* and a host of services that need to be coordinated *based on the patient's needs*. In contrast to other EPs that signal a shift toward team-based structures with an emphasis on patient-centered care coordination, this EP seems to be mired in an outmoded hierarchical structure.

NEXT QUESTION

Should The Joint Commission require the Primary Care Home to have an MD or DO available to the patient upon their request?

- Yes
- No
- I am not sure

Please explain your response:

ANA comment: ANA notes that this question does not refer to a specific EP. The "Comprehensive Care" standards, EPs 27, 28, 24 and 25 all allow the organization the flexibility to identify members of the interdisciplinary team. EP 25 is focused, appropriately, on the *services* which should be provided. In



contrast, this question, much like the previous one, focuses not on the patient, but on one specific member of that team. Should the Joint Commission require the Primary Care Home to have other healthcare professionals – physical therapists, psychologists, nutritionists, etc. - available to the patient upon their request? ANA believes it is more appropriate for the JC to require, as is reflected in the EPs noted above, that the primary care clinician work with the interdisciplinary team, as identified by the organization, to provide the services needed by an individualized care plan.

NEXT QUESTION:

The proposed new PCH requirement below (also page 8 of the Primary Care Home Table) requires the primary care clinician to be considered as ultimately accountable for patient care:

PC.02.02.01, EP 104 For organizations that elect The Joint Commission Primary Care Home option: The primary care clinician is ultimately accountable for patient care.

Do you agree with this proposed new requirement?

- Yes
- No
- I am not sure

Please explain your response:

ANA Comment: The primary care clinician is ultimately accountable for the coordination of the patient's care. Each member of the team is accountable for the specific healthcare services they have provided, consistent with their scope of practice. The role of the primary care clinician is to provide care consistent with his or her expertise and scope of practice, coordinate care with the interdisciplinary team, and "review and track" care as referred to in EP 20 and 21.

EP 104 enhances to the goal of care coordination within the PCH, and prevents fragmentation of care. However, the way the EP is worded, specifically the phrase "ultimately accountable", could have unintended liability consequences. This wording could be interpreted to mean that the primary care clinician is responsible for care provided by other clinicians. The primary care clinician would be accountable for making an appropriate referral to a specialist physician, but cannot be accountable for the actual care provided by that physician. If the intent in this EP is to ensure that care is coordinated, seamless, and completed, than the current wording of the EP is insufficient.

The EP might be rewritten as follows: "The primary care clinician is ultimately responsible for the coordination of the patient's care." Alternatively, JC might provide further guidance to clarify the intent.

NEXT QUESTION

Currently, there are several names used to describe this type of designation. Which do you prefer?

- Primary Care Home
- Primary Care Medical Home



- Patient-Centered Medical Home
- Advanced Primary Care Practice
- Health Care Home
- Health Home
- Other, please specify _____