The Joint Commission
Standards & Survey Methods
Proposed New Primary Care Home Standards
for Ambulatory Care
One Renaissance Blvd.
Oakbrook Terrace, IL 60181

March 14, 2011

The American Academy of Family Physicians (AAFP) represents 98,000 physicians and medical students, committed to the discipline of family medicine. Our mission is to improve the health of people by serving our members with professionalism and creativity. The AAFP would like to submit the following comments in regard to the proposed Primary Care Home (PCH) accreditation program from the Joint Commission.
We first reviewed the program using the recently published "Guidelines for Patient-Centered Medical Home (PCMH) Recognition and Accreditation Programs" from the American College of Physicians (ACP), American Academy of Pediatrics (AAP), the American Osteopathic Association (AOA) and the American Academy of Family Physicians. A copy of these guidelines accompanies this letter.

The first recommendation is that programs should follow the "Joint Principles for Patient Centered Medical Home" (PCMH) developed in 2007 by these same four organizations and adopted by the Patient Centered Primary Care Collaborative. None of the Joint Commission documents reference the "Joint Principles for PCMH" developed and promoted by the four primary care organizations (AAFP, ACP, AAP and AOA) but for the most part it does comply with them. The Joint Principles explicitly call for every patient to have a personal physician and that the care team is "physician-led." Although the PCH program does require a physician on the team, it does not stipulate the leadership of that team or that every patient must be assigned to a personal physician. Moreover, the wording of the Joint Commission requirements would allow a very loose or virtual multi-disciplinary team, such that the patient might not even know the name or the credentials of the physician on the team that is responsible for her or his care. We support the need to have every patient make an explicit choice of "primary care clinician" but would strongly recommend the requirement that the patient be well aware of the identity, credentials and level of involvement of the physician on their personal care team.

Recommendation #3 requires that accreditation programs "Ensure the Incorporation of Patient and Family-Centered Care Emphasizing Engagement of Patients, their Families, and their Caregivers." Although the PCH program does require patient involvement in the creation of a care plan, there is no specific language related to family and care giver engagement in these documents.

Recommendation #10 requires accreditation programs to specifically address the special needs of residency training programs in primary care: "Clearly Identify PCMH Recognition or Accreditation Requirements for Training Programs." The AAFP would strongly recommend additional language in the requirements that would allow residency program practices in primary care to be accredited by the Joint Commission. As you are well

aware almost all of these programs are directly affiliated with hospitals and they should have the same opportunity for PCH accreditation as practices outside of the hospital environment.

Recommendation #11, “Ensure Transparency in Program Structure and Scoring and recommendation #12, “Apply Reasonable Documentation/Data Collection Requirements” are not addressed in the proposed JCPCH program. There is no detail about how a practice will be scored on each item (pass/fail, all or none, point system). There is no guidance about the level of documentation needed to satisfy reviewers that a specific characteristic exists.

The AAFP would also like to make comments on a few of the specific items outlined in the document labeled “PCHI Table of Primary Care Home Characteristics.”

Operational Characteristic #1 Patient Centered Care
PC 02.02.01 EP 100: “The interdisciplinary team identifies the patient’s health literacy level.” Although the Academy would strongly support the concept, the current state of measurement in this area does not support any systematic and reliable assessment of individual patients. How will this be measured for the individual and for the practice? Moreover, it is not clear that there is universal agreement on what actions should follow the identification of low health literacy in a specific patient/family/care giver combination. There is no current evidence, that we are aware of, that would support the use of one approach over another.

Operational characteristics, #2 Comprehensive Care
This section is well done and consistent with AAFP advocacy for most of the patients needs being met on-site and without referral unless indicated. The JC emphasis on the need for a physician on the team reflects their support for a comprehensive set of services from the multi-disciplinary team. EP 102 “The primary care clinician has the educational background and broad-based knowledge and experience necessary to handle most medical needs of the patient and resolve conflicting recommendations for care.” As mentioned in our comments above, this section could be strengthened by explicit commentary on the level of involvement of the physician on the team. We would also assert that the physician on the team must be a primary care physician by training, experience and demonstrated ability. A group of medical and/or surgical subspecialists supervising a referral hub is not a medical home by anyone’s definition.

Operational Characteristic #3 Coordinated Care
This section requires health promotion, prevention and chronic care services within the PCH (EP-18 to 21). EP-44 emphasizes the need for care plans and patient self-management support. EP-8 specifically calls out the need for continuity of care. We applaud these requirements but recommend that there be more explicit detail on what these specific characteristics would entail.

Operational Characteristic #4 Superb Access to Care
PC.10.10.10-EP 1-“The organization provides patients with access to the following 24 hours a day, 7 days a week:
-Appointment availability/scheduling
-Requests for prescription renewal
-Test results
-Billing and registration information
-Clinical advice for urgent health needs
-General health education information”

This element would require an interactive electronic patient portal to fully comply. It is probably unnecessary for billing and registration information to be available 24/7 and most portals do not offer account information at this time. Although the AAFP has long supported the use of electronic medical records and clinical information systems, these requirements exceed the capability of virtually all of the current installed systems. We suggest

that you adopt a policy of health IT requirements that is consistent with the elements and timeline of the ONC and CMS meaningful use criteria.

Operational Characteristic #5 Systems-Based Approach to Quality and Safety
MM 04.01.01- EP 21 requires e-prescribing but EP 45 requires decision support tools but it does not say they must be electronic. PI 03.01.01- EP 11 requires participation in PI activities. This section should mention the need for ongoing performance measurement and feedback to clinicians.
Finally, the documents that are currently out for comment do not specify the level of analysis for the PCH. Large practices with multiple sites or practice locations can have very different operational characteristics in different places. The PCH requirements should specify how these types of group practices will be evaluated.

The AAFP recommends that there be some assessment of the level of operational consistency across all of the accredited sites and not just the completion of an application by the group management in a central location with a visit to their “star practice.”

On behalf of the American Academy of Family Physicians, I would like to thank you for the opportunity to comment on the proposed requirements for the Primary Care Home accreditation program. We would welcome the opportunity to engage in further dialogue if more detail is needed on specific points. Please contact our Medical Director for Quality Improvement, Bruce Bagley, M.D. at bbagley@aafp.org or call 913-906-6000 and ask for him by name.

Sincerely,

Lori Heim, M.D.
Chair, Board of Directors