Accreditation Association for Ambulatory Health Care

What’s in Our Medical Home?

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AAAHC’s Foundation

- Created in 1979 by ambulatory organizations for ambulatory organizations
- Voluntary, collaborative, quality focus
- Meaningful, peer-based standards
- Practicing, experienced, surveyors
- Onsite consultative surveys
- Private, independent, not for profit
AAAHC Now

- 5900+ accredited organizations
- Largest accreditor in ambulatory settings
- 520 medical homes
- Varied programs, varied settings, varied organizations
Types of Accredited Primary Care Organizations

- Student health
- Indian health
- Community health
- Employer sponsored Clinics
- Retail Clinics
- Dental Facilities
- Air force
- Coast Guard
- Multispecialty Clinics
- Primary Care Clinics
- Emergency Care Facilities
- Urgent Care Clinics
What is distinctive about AAAHC?

- Peer-based accreditation program
- Nationally-recognized standards
- 350+ surveyors – physicians, dentists, nurses, NPs, PAs, pharmacists, administrators; practicing health professionals, part-time surveyors
- Governing Board comprised of representatives from 18 professional organizations in ambulatory health
- Consultative & educational process
The AAAHC approach to accreditation/certification

Consultative, educational survey process:

- Discovery vs. inspection
- Consultative vs. prescriptive
- Collaborative vs. dictatorial
AAAHC Standards

- Consensus based
- Updated annually, with public comment
- Identifies characteristics of accreditable organizations, Avoids being prescriptive
- Requires comprehensive quality program, but does not define specific required metrics
- Eight core, seventeen adjunct standards including chapter 25, Medical Home
- Rated substantially, partially or non-compliant
- Outline format
Core standards

Apply to all organizations

- Patient Rights & Responsibilities
- Governance
- Administration
- Quality of Care
- Quality Management & Improvement
- Clinical Records & Health Information
- Infection Prevention Control & Safety
- Facilities & Environment
Adjunct Standards

- Anesthesia
- Surgery
- Pharmacy
- Pathology & Lab
- Diagnostic & Imaging
- Dental & Dental Home
- Other Professional & Technical Services
- Health Education & Health Promotion
- Behavioral Health
- Teaching & Publication
- Research
- Overnight Care
- Occupational Health
- Immediate & Urgent Care
- Emergency Care
- Radiation Oncology
- Medical Home
AAAHC Medical Home Programs*

- Single-site Accreditation for individual facility or solo practice
- Multi-site Accreditation for large clinics with satellites
- Network Accreditation for multiple facilities under single administrative entity
- Medical Home single or multi-site Certification
  * All are facility based programs
  * All accreditation programs can be done with or without medical homes or for multisite, with both
AAAHC Accreditation Process

• Application including sites, size, services
• Scoping, determining size and length of survey
• Establish date, choose survey team
• Pre-survey call and planning
• Onsite survey
• Summation conference, report
• Accreditation committee review
• Accreditation decision, possible 3 year term
• Certification uses similar process
Medical Home Accreditation

Comprehensive review of organization’s entire operation including the ability to deliver care as a Medical Home

- Eight Core Chapters
- Applicable Adjunct Chapters
- Medical Home Chapter
- Awarded two certificates
Focused review limited to Medical Home delivery of care

- Specialized Handbook with all medical home standards and selected core standards
- Medical home surveyors
- Focused survey
- For single facilities or organizations with multiple sites
- Less involved and costly
Principles for a Successful Medical Home

- Focus on provider/patient relationship
- Make the patient the center of care---Informed, engaged, empowered.
- Provide accessible, comprehensive and continuous, quality (patient defined) care
- Collect and report data that are meaningful to the patient and the patient panel or population
- Improve and innovate
The Medical Home Standard

A. Relationship
- Patient perceptions, care team, patient education, patient understanding, address health issues, prevention, adequate time and resources

B. Accessibility
- Medical service, health information, written standards

C. Comprehensiveness
- Scope of services, self help resources, community resources
The Medical Home Standard

D. Continuity of Care

- Care team visits, referrals & consultations, follow up visits, missed and cancelled appointments, transitions of care, after hour care, phone and messages,

E. Quality

- Guidelines, metrics, quality monitoring and management, quality improvement
AAAHC survey always includes a site visit

- Peer reviewer observes the culture, the dynamics, the quality and the patient centeredness in action
Why choose AAAHC?

- Consultative and educational approach
  - Ask questions, and receive solutions
  - Explain your unique organization’s implementation of a particular standard – what “works” for your setting
  - Full participation in summation conference
- The on-site survey takes place on a mutually agreed upon date
- Written report of survey findings provides the blueprint for continued improvement and transformation to becoming a Medical Home.
Questions?

KEEP CALM AND BECOME A MEDICAL HOME