

Should Physician Practices Pursue Joint Commission Accreditation?

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By just about any measure, Joint Commission accreditation is an affirmation that your physician practice has reached the pinnacle of professionalism, particularly in quality and patient safety issues.

"It's the new gold standard," says Billy Taylor, practice administrator at Midtown Urology, a five-physician practice in Atlanta that achieved Joint Accreditation status in the late 1990s. "It helps you run a better establishment because state and federal regulations are similar to what the Joint Commission says. They kind of shadow each other. You know that if you're in good with one, you are in good with the other."

Michelle Koury, MD, with Crystal Run Healthcare LLP, says Joint Commission accreditation meshes with the Middletown, NY-based multispecialty group practice's "mission and core values."

"We feel the Joint Commission is truly the national standard in benchmarking quality in healthcare," says Koury, COO at the 190-physician practice that first became Joint Commission accredited in 2006. "We felt the external validation would further distinguish us from our peers. It would distinguish us with payers and patients and with politicians, regulators, all of our constituents and stake holders."

If your practice is thinking about going for Joint Commission accreditation, Taylor and Koury say you have to be willing to commit the staff, the energy, and the time to do it correctly.

"Especially during the initial phase, you put in a ton of man hours," Taylor says. "As we geared up, for a good six months, there were three of us focusing on it for about 30 hours a week."

At Midtown, Taylor and the practice's medical and nursing directors each assumed responsibility for parts of the accreditation process. "We created three big binders that make up our total policies and procedures. We call them The Trinity," Taylor says. "One is the administrative volume that covers administration policies and procedures. The next one is our patient care, and one is our environment of care."

"It is arduous getting policies and procedures and guidelines in place. That is the most tedious part," Taylor says. "But it's not something you have to go back and completely recreate. You may modify, but you never have to recreate again. It doesn't take a lot of effort once you get over the initial hump."

At Crystal Run, executives identified a five-person leadership team and hired a consultant to teach standards and survey methods. "There is a lot of work that gets done ahead of your first survey. There is data that has to be collected, metrics and policies that have to be in place," Koury says. "You may already be doing it, but this formalizes and creates a reporting structure that enhances communication. Also, your physicians must be engaged and they must respect the process and understand why you are pursuing this. You have to engage them because some changes may impact their workflow, and their buy-in is critical."

Taylor stresses that staff must be given the time to prepare for Joint Commission accreditation. This is not an endeavor that someone in the office can do in his or her spare time or between answering telephone calls. "You have to have that dedicated time. You can't expect somebody to do their regular job and Joint Commission at the same time," he says. "You need to have a couple of days a week where that is all they're doing, or there has to be some way to divide it. Everything else has to stop so you can focus specifically on this."

Work doubles as business tool

Now that Crystal Run is accredited, Koury says that Joint Commission policies have proven to be a good business tool as well by creating consistency in measurements across an array of service lines. "Given the growth and the size and complexity of our organization, Joint Commission provides a way to operationalize quality and patient safety and engage the staff," she says.

Having Joint Commission procedures in place has also proven useful for Crystal Run as it prepares to open an ambulatory services center next year. "We are going to pursue Joint Commission accreditation for that facility as well," she says. "Our policies and how we are outfitting our OR will all be in compliance with Joint Commission standards. It makes process easier. It provides an operational framework that helps you with credentialing and patient safety policies, and it makes your staff literate in these very important areas of quality and patient safety."

Koury says not having Joint Commission accreditation doesn't necessarily mean that a physician group is providing inferior service. "Obviously, one can be knowledgeable about the standards and provide safe care without getting accreditation, and it probably wouldn't make sense for smaller practices," she says. "But for practices that offer a wide variety of complex services, that see the variety of cases that we do, I absolutely feel it can be essential tool to maintain quality and patient safety."

Is it worth it? Taylor and Koury say "yes," although they acknowledge it's hard to demonstrate a return on investment. "I guess you could measure those things, but to us it's not a meaningful measure," Koury says. "If we decrease our risk or error, if we have better patient outcomes, if we avoid malpractice and provide safe and effective care, if these standards help us to reduce the opportunity for error and improve patient outcomes, that is hard to quantify a dollar value. It's hard to quantify quality as a cost."

John Commins is an editor with HealthLeaders Media. He can be reached at jcommins@healthleadersmedia.com.

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