Evolving accreditation
Rise of ACOs prompts group to expand services beyond ambulatory care

By Maureen McKinney
Posted: August 18, 2012 - 12:01 am ET

The accreditation industry is beginning to feel the ripple effects of the rapid growth of accountable care organizations and other payment models, experts say.

Just four months ago, the Accreditation Association for Ambulatory Health Care, a Skokie, Ill.-based organization that accredits ambulatory surgery centers, physician practices and community health centers, announced plans to launch a new accreditation program created specifically for smaller, resource-strapped hospitals.

Formed in 1979, AAAHC accredits more than 5,000 organizations and is considered a leader among accreditation organizations focused specifically on outpatient care, along with the others, including the Gurnee, Ill.-based American Association for Accreditation of Ambulatory Surgery Facilities.

According to John Burke, AAAHC's president and CEO, his organization moved to expand their offerings beyond ambulatory care because of increasing consolidation and changes in healthcare reimbursement.

“The movement to accountable care organizations and other recent trends has led to more health systems reabsorbing primary-care physicians and free-standing ambulatory-care settings back into the hospital,” Burke said in an April release announcing the program. “AAAHC saw an opportunity to improve patient care by offering a program that addresses both outpatient and inpatient hospital care and the ambulatory care offered by small hospital systems.”

The new accreditation program, known as the Accreditation Association for Hospital/Health Systems, is still in the early stages, says Archer Rose, who has been named chairman of the new entity's board.

“We plan to do pilot surveys this fall, and we'll be working with hospitals to fine-tune our standards and processes,” says Rose, a past chairman of the Georgia Hospital
“We plan to begin accrediting hospitals in 2013.”

The program was designed for urban and rural hospitals with fewer than 200 beds, says Rose, adding that some of those smaller hospitals have had trouble seeking and maintaining accreditation. Under the current plan, AAHHS and AAAHC will operate independently from one another, under one umbrella group known as the Accreditation Association.

“The healthcare industry is changing fast, and this was a natural evolution for us,” Rose says.

Others broadening services

Payment models emphasizing care coordination, patient outcomes and overall population health have led to shifting views at the Joint Commission, too, says Ann Scott Blouin, executive vice president of customer relations for the Oakbrook Terrace, Ill.-based accreditation organization.

Widely known for its accreditation programs for hospitals and other settings, the Joint Commission has also added new offerings targeting areas like disease management and preventable hospitalizations, Blouin says.

“It actually presents an opportunity for us to look across sites of care in a new way,” she says of changing reimbursement structures.

For instance, in June, after holding a number of focus groups with frontline staff from hospitals, long-term care, home-care and ambulatory-care facilities, the Joint Commission launched a transitions-of-care portal featuring resources related to handoff communication, discharge planning and other aspects of healthcare across the continuum.

The Joint Commission also plans to make its primary-care medical home certification program available to hospitals beginning in 2013, Blouin says. Launched in July 2011, the medical home program stresses patient-centeredness, prevention, the use of health information technology and a team-based approach to care. Until now, certification has been available only to ambulatory-care organizations.

“Our hospital customers expressed interest in it, too, so we created a program tailored to them” Blouin says of the certification, which will be available to hospitals as an optional add-on to their regular accreditation.

Accreditation is likely to change even more dramatically as more providers adopt health information technology and as quality measures improve, she predicts.

Most of the measures currently available look at one point in time at one inpatient or
outpatient setting, such as aspirin upon arrival for heart attack patients. But as it becomes more feasible to look at patient outcomes across settings and population health over time, accreditation will likely become less siloed, too, Blouin says.

“When we have better information systems and measures and we can look closely at patterns and trends, I think that will really change the way that accreditors look at the healthcare system,” she says.