Accreditation Benefits of Federally Qualified Health Clinics

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Objectives

- Explain Bronfenbrenner’s Systems theory
- Discuss historical evolution of Joint Commission
- List measurable/unmeasurable costs incurred in the accreditation process
- Describe intended outcomes
- Identify questions to evaluate and measure benefits achieved through accreditation

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Conflict of interest statement: Author attests that no relevant financial relationship exists between her and any commercial supporting entity which would present a conflict of interest or commercialize the presentation content.
Bronfenbrenner’s Ecological Systems Theory

The Five Theoretical Systems

**Microsystem**: patient interacts with the frontline (receptionist, radiology technician, phlebotomist, nurse, practitioner etc.).

**Mesosystem**: those within the microsystem interact with each other.

**Exosystem**: resources and people immediately available to those at the frontline (microsystem), representing clinic employees, immediate supervisors and administrators.

**Macrosystem**: FQHCs consists of the board of directors, chief executive officers, state level administrators and the federal government with each being held to account by their respective superior.

**Chronosystem**: 
History of Joint Commission

- 1918 American College of Surgeons (ACS)
- 1951 American Medical Association (AMA)
- American Hospital Association (AHA), and the American College of Physicians joined under the name of Joint Commission on Accreditation of hospital then changed to “health care organizations” (JCAHO)
- 1965 Medicare legislation contained Conditional of Participation, original CoP’s adapted from JCAHO
- 1965 Hospitals could undergo federal regulatory review or obtain accreditation by JCAHO who were given “deeming” authority for hospitals under statutory law.
- American Osteopathic Association, and the Community Health Accreditation Program were given deeming authority in the following years.
- TJC participated and participates directly with the federal government in standard development.
Outpatient Health Care Accreditation

- 1996 Accreditation Initiative began under the direction of the Bureau of Primary Health Care.
- In 2013 first 11 health departments accredited by the Public Health Accreditation Board.
- FQHC accredited by Joint Commission or Accreditation Association for Ambulatory HealthCare (AAAHC).
Costs

**Measurable**
- Consultant fees
- Additional employees
- Overtime
- Application/review
- Travel costs
- Overhead for supplies

**Immeasurable**
- Opportunity cost: lost clinical hours preparing and maintaining documentation of compliance
- Services/testing removed
Outcomes

- Improved credibility to the public and outside agencies
- Increased communication with outside agencies
- Improved health outcomes
- Staff buy-in for performance improvement
- Increased accountability for staff
- Increased staff knowledge
- Priorities for performance improvement
- Promote change to organizational processes
Critique the accreditation process

- What are the costs?
- How are standards developed and used?
- Do standards incorporate evidence, and influence the expertise of clinicians?
- How does the application of standards promote change in organizational performance and clinical practice?
- How does accreditation stimulate improvement?
- What drives behaviour change in health service organizations and staff?

Sample Demographics

FQHC interviewees:

• VP Operations, **Medium** FQHC (36-129 FTEs), 3 renewal cycle, accredited 11 years

• Quality Manager Officer, **Large** FQHC (>129 FTEs), 1 renewal cycles, accredited 3 years

• VP & COO & VP of Clinical Support Service **Large** FQHC (>129 FTEs), 4 renewal cycles, accredited 14 years

• President/CEO, Florida Association of Community Health Centers
Accreditation Benefits of Federally Qualified Health Centers

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BACKGROUND

Problem
- Research needed to evaluate costs incurred, health care outcomes achieved through process of accreditation of FQHCs.

Significance
- Accreditation incurs billions of dollars annually in direct and indirect costs to these entities:
  - Hospitals
  - Ambulatory Care Clinics
  - Behavioral Health Organizations
  - Laboratories
  - Health Plans

Theoretical Foundation
- Bronfenbrenner’s Ecological Systems Theory

METHODS

Research Design
- Exploratory descriptive interview study

Description of Population
- Executive level administrators from three FQHCs
- Executive from Florida Association of Community Health Centers

Outcomes Measured
- Perceived benefits to health care outcomes
- Perceived costs
- Comparison by facility size & number of accreditation cycles

Procedures for Implementation
- Letters sent to key informants, follow-up by phone and visits to FQHCs
- Semi-structured key informant interviews

Plans for Data Analysis/Evaluation
- Theme identification
- Comparative analysis reflecting differences in size of facility and number of accreditation renewal cycles

RESULTS

Answers to Clinical Questions
- Direct correlation to perceived costs decreased with FQHCs that had greater number of renewals.

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<tr>
<th>Perceived Benefits</th>
<th>Perceived Costs</th>
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<td>Quality Improvement efforts (formation of formal committees)</td>
<td>Labor intensive process with additional labor costs to all employees (education)</td>
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<td>Potential for improved patient outcomes (systematized patient follow up)</td>
<td>Process of being evaluated stressful</td>
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<td>Respect from community, good marketing, and greater chance of receiving future federal grants</td>
<td>Difficulty obtaining employee buy-in regarding new processes implemented secondary to accreditation</td>
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<td>Accountability of standards</td>
<td>Removal of non-waived tests</td>
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DISCUSSION

Clinical Implications/Impact on Practice
- Moral hazard identified:
  - Interviewees unaware of amount paid to TJC, costs buffered through federal grants paid by HRSA BPHC
  - Costs not integrated into annual budget reviews

Limitations
- Small sample size
- Qualitative perceptions of cost/benefit altered by number of accreditation cycles the FQHC had experienced

Suggestions for Future Examination
- Qualitative evaluation: utilize case study method
- Quantitative evaluation: objective measurement of effect of accreditation on innovation, workflow processes, resources needed to improve clinical outcomes in FQHCs

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Handout with references available on request