Appendix D

History of AAAHC

A Solid Foundation

A sense of obligation coupled with a willingness to critically evaluate one’s own performance is a time-honored tradition of the medical profession. This same tradition is the foundation on which the Accreditation Association for Ambulatory Health Care (Accreditation Association/AAAHC) is built. From this solid base, the Accreditation Association has grown strong and successful through the cooperation, mutual respect, and professional pride of its leaders and the physicians, dentists, administrators, and other ambulatory health care professionals who have contributed to its efforts.

The AAAHC was incorporated in 1979, but its history began more than 30 years ago with independent and cooperative efforts by many national organizations, all dedicated to high-quality ambulatory health care. This is the story of how those efforts culminated in the formation of the AAAHC and its accreditation program, where we are today, and where we’re headed in the future.

American Group Practice Association Concern for Quality

As early as the mid-1960s, the American Group Practice Association (now the American Medical Group Association) began discussing the possibility of establishing a national accreditation program for medical group practices to ensure the provision of high-quality care.

After considerable study and deliberation, the AGPA Board of Trustees formed its Commission on Accreditation with the charge to develop an accreditation program under AGPA’s auspices.

In 1968, the Commission began to develop standards, and a method to apply the standards to evaluate the quality of care delivered in ambulatory health care settings. The AGPA planned for their standards to emulate both the format of medical records and the format used by the Joint Commission on Accreditation of Hospitals (JACH), now The Joint Commission (TJC).

The AGPA also spelled out other essential organizational aspects to be reviewed: the logical process of clinical care, educational activities, research by health care professionals, technological support, qualifications and functions of staff physicians, organizational effectiveness, ethical considerations, and the environment. Other aspects included the size and scope of the practice and its orientation, philosophy, and geographic location. To allow the program to grow with the profession, flexibility was a key factor in the standards and their application.

The AGPA Commission conducted its first on-site visits in 1969. During the years that AGPA conducted its accreditation program, the Medical Group Management Association (MGMA) provided health care administrators to participate in the survey process. By their 1976 annual meeting, AGPA had conducted a total of 182 initial surveys and had scheduled 47 additional re-surveys, evidence of the growing interest in accreditation.

ACHA Launches an Accreditation Program

Around this same time, the American College Health Association (ACHA) began looking at accreditation of its members. ACHA conducted a pilot survey in 1967. The pilot was successful and ACHA launched its certification program. Over the next 13 years, more than 80 college and university health centers were surveyed.

Change and Cooperative Efforts

A number of interrelated factors influenced the next phase in the development of ambulatory health care accreditation. In the late 1960s and early 1970s, the focus of the health care delivery system began to change, shifting from the hospital to other health care delivery settings. Grants from the federal government spurred this change by funding new centers for primary care. These centers and the burgeoning number of neighborhood health centers and surgical centers found themselves ineligible to participate in any existing, formally organized quality assessment program.
In response to demand for such a program, The Joint Commission and the National Association of Neighborhood Health Centers (now the National Association of Community Health Centers) began to develop standards and survey procedures for these new types of ambulatory health care organizations. At about the same time, the AGPA opened its accreditation program to nonmembers and began to explore the feasibility of forming an accreditation program for ambulatory health care within The Joint Commission’s structure.

In early 1974, The Joint Commission, in response to AGPA interest, approved the formation of the Accreditation Council for Ambulatory Health Care. The Council was formally organized in May 1975, with its founding members representing the American Group Practice Association, American Hospital Association, American Medical Association, Group Health Association of America, and the Medical Group Management Association. Financial support for the Council’s development was secured from the W. K. Kellogg Foundation and the Robert Wood Johnson Foundation.

Other Voices and New Horizons

In 1974, because ambulatory surgical facilities were not eligible for survey by The Joint Commission, the Society for the Advancement of Freestanding Ambulatory Surgical Care (later the Federated Ambulatory Surgery Association, FASA, and as of January 1, 2008, the Ambulatory Surgery Center Association, ASCA) identified the need to develop voluntary standards for its members.

Although many of the existing ambulatory health care standards were applicable to surgery centers, additional standards were needed for surgical and nursing care, the administration of anesthesia, and the environment of the operating room. FASA was also interested in developing standards for the cost of care and the use of alternative resources. In 1975, FASA began to develop an accreditation program for ambulatory surgery centers.

Renewed Commitment

In October 1978, when The Joint Commission decided to dissolve its accreditation councils and to replace them with professional and technical advisory committees, representatives from the member organizations of the Accreditation Council for Ambulatory Health Care urged The Joint Commission to modify its plans. They suggested several alternatives that would keep the ambulatory accreditation program intact — alternatives that were consistent with most aspects of The Joint Commission’s reorganization plan. The Joint Commission, however, reaffirmed its decision to reorganize.

Most of the member organizations of the Accreditation Council for Ambulatory Health Care were unable to accept the loss of responsibility and authority that their original agreement with JCAH had encompassed. The feeling of ownership of the program was especially strong because of the previously existing programs and the expertise these member organizations had brought to the Accreditation Council. As a result, they withdrew from JCAH.

The American College Health Association, which had begun discussions with JCAH about cooperative accreditation efforts, suspended its discussions when JCAH reorganized. Likewise, the Federated Ambulatory Surgery Association suspended its pursuit of cooperative efforts with JCAH.

AAAHC Is Founded

The Accreditation Association for Ambulatory Health Care, Inc. was incorporated in Illinois as a not-for-profit corporation on March 22, 1979. Its purpose, as stated in its certificate of incorporation, was to organize and operate a peer-based assessment, education, and accreditation program for ambulatory health care organizations as a means of helping them provide the highest achievable level of care for recipients in the most efficient and economically sound manner.
Specifically, the corporation was organized to:

- Conduct a survey and accreditation program to promote and identify high-quality, cost-effective ambulatory health care programs and services.
- Establish standards for accreditation of ambulatory health care organizations and services.
- Recognize compliance with standards by issuance of certificates of accreditation.
- Conduct programs of education and research to further the other purposes of the corporation, to publish the results thereof, and to accept grants, gifts, bequests, and devices in support of the purposes of the corporation.
- Provide programs to facilitate communication, sharing of expertise, and consultation among ambulatory health care organizations and services.
- Assume such other responsibilities and conduct activities compatible with these survey, standard-setting, accreditation, and communication programs.

The six charter members of the corporation were the American College Health Association, the American Group Practice Association (now the American Medical Group Association), the Federated Ambulatory Surgery Association (now the Ambulatory Surgery Center Association), the Group Health Association of America (now the American Association of Health Plans), the Medical Group Management Association, and the National Association of Community Health Centers. Each of the organizations designated AAAHC as its national accrediting body, appointed members to the Board of Directors, and contributed funds to the development and operation of the program. Since AAAHC was founded, both the American College Health Association and the Federated Ambulatory Surgery Association have discontinued their own accreditation programs in order to fully support the AAAHC program.

Responsiveness to a Changing Profession
True to its basic purpose, AAAHC has over the years continued to expand its horizons to meet the changing needs of ambulatory health care organizations.

In 1983, the American Academy of Facial Plastic and Reconstructive Surgery joined AAAHC as a member organization.

In 1987, the American Academy of Dental Group Practice voted to discontinue its own accreditation program for dental group practices and became a member of AAAHC. Two years later in 1987, both the American Association of Oral and Maxillofacial Surgeons and the American Academy of Cosmetic Surgery also became members.

In 1993, the AAAHC Board of Directors approved the addition of the American Society for Dermatologic Surgery.

Since 1999, the AAAHC Board has approved the addition of the American College of Obstetricians and Gynecologists, the American Society of Anesthesiologists, the Society for Ambulatory Anesthesia, and the American Academy of Dermatology.

In 2004, the American Gastroenterological Association became a member of the AAAHC Board. The American College of Gastroenterology and the American Society for Gastrointestinal Endoscopy were approved as members in 2005. In 2011, the Association of periOperative Registered Nurses became the first professional nursing organization to be represented on the AAAHC Board.

A Collaborative Effort
AAAHC continues to review its Standards and survey procedures to ensure their relevance to the ever-changing health care profession. Pilot programs are developed to test the applicability of the Standards and procedures to new settings.

The AAAHC has always provided educational programs and presentations at major ambulatory health care conferences and annual meetings. In response to an expressed need for more training and education in quality assurance and accreditation Standards and procedures, the AAAHC has implemented full-length educational programming sponsored to supplement the workshops at other ambulatory organization meetings.
Although change is an inherent part of its philosophy, the basic AAAHC principles remain firmly intact. AAAHC intends to continue its tradition of using physicians, administrators, nurses, and other health care professionals who are actively involved in ambulatory health care to conduct its accreditation surveys.

Since its founding, AAAHC has conducted thousands of accreditation surveys of all types of ambulatory care organizations, including ambulatory surgery facilities, college and university health services, community health centers, single and multispecialty group practices, and managed care organizations. In this regard, it is significant to note that in September of 1996, AAAHC became the first accreditation organization to conduct an accreditation survey of a pure Independent Physician Association.

Because of the quality of its Standards and the thoroughness of its surveys, the AAAHC has been recognized and accepted by all types of third-party payers (Blue Cross and Blue Shield plans, commercial carriers, HMOs, governmental agencies) as meeting their conditions for participation in reimbursement programs. In recognition of the requirements for risk control and a quality assurance program in the AAAHC Standards, a number of major professional liability carriers extend a discount in premium coverage to ambulatory surgery centers and to single and multispecialty group practices accredited by AAAHC.

Of utmost significance was the recognition of AAAHC by the Centers for Medicare & Medicaid Services (CMS), formerly known as HCFA, on December 19, 1996, in granting the organization “deemed status” for Medicare certification for ambulatory surgery centers. In 2007, CMS again recognized the AAAHC and its accreditation program when it renewed the AAAHC deemed status for health maintenance organizations and preferred provider organizations participating in the Medicare Advantage (previously called Medicare+Choice) program.

The Future of the AAAHC

Since its founding, the AAAHC accreditation program has steadily gained acceptance and recognition from the health care community, government, and general public. It has truly established itself as a leader in the development and maintenance of high-quality, cost-effective health care in the United States.

In November 2004, while celebrating its 25th anniversary, AAAHC reached a milestone: 2,000 currently accredited organizations. As AAAHC began to celebrate its 30th anniversary, another milestone was achieved when the number of accredited organizations surpassed 4,000, doubling the number of accredited organizations in only five years. And before the 30th anniversary year came to a close, the AAAHC was awarded a contract from the Bureau of Primary Health Care (BPHC) to provide accreditation for federally supported Health Centers. In addition, an international subsidiary was created to perform accreditations in countries beyond the United States.

In 2010, the number of organizations accredited by the Accreditation Association surpassed 5,000. The continued growth and success of the AAAHC are assured because of the commitment of ambulatory health care professionals to improve the quality of care provided in their organizations; to compare their performance with nationally-recognized Standards; and to share their experiences through education and consultation.

The leaders and participants in the AAAHC believe that a consultative, peer-based approach will continue to improve health care services by fostering innovation and providing motivation. Above all, they believe that the ultimate beneficiaries of accreditation will always be the patients they serve.