Peer-based review is in our DNA

Peer-based review is essential to AAAHC. It defined our founding, describes who we are today, and differentiates our approach to the survey process.

Peer review provides checks and balances for AAAHC

AAAHC was founded by six associations: the American College Health Association, the American Group Practice Association, now, AMGA; the Federated Ambulatory Surgery Association, now, ASCA; the Group Health Association of America, now, AAHP; the Medical Group Management Association, and the National Association of Community Health Centers. This group, comprising primary and surgical care organizations, identified the purpose of the new entity as “organizing and operating 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 in the most efficient and economically sound manner.”

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I’m often asked what differentiates AAAHC from other accrediting organizations. Our peer-based process of linking the real world experience of practitioner/surveyors with nationally-recognized Standards is at the heart of our difference.

If your organization is an endoscopy center, you will probably find a gastroenterologist or an anesthesiologist on your survey team. If you are working in a multi-specialty ASC, a community health center, or a health plan, you will meet with surveyors who share experience in your setting. In other words, the expertise of our surveyors is closely aligned with the operations and concerns of the health care organizations they survey.

Collaboration meets accountability
Along with this emphasis on a peer-based, educational, and consultative process, we also promote high quality safe patient care. Occasionally, someone will ask how we can be collaborative while simultaneously holding organizations accountable for continuous improvement and excellence. The answer is inherent in our Standards.

Our core Standards are written to apply to any ambulatory health care organization. To make this work, the Standards are intentionally crafted to allow for flexibility in implementation. How an individual Standard is achieved will vary with the practice setting.

An example of this is peer review. AAAHC surveyors examining documentation of peer review will bring different expectations to a solo practice than to a multi-specialty ASC. To quote the Accreditation Handbooks, “...AAAHC is concerned about compliance with the intent of the Standard first and the letter of the Standard second.”

To reinforce this message, we have moved toward adding review guidelines to the Accreditation Handbooks to help organizations understand how to apply individual Standards within their work environment. Currently, we offer publications including guidelines for office-based surgery and for health plan accreditation.

Accountability is at the heart of accreditation
AAAHC Standards allow for ambiguity but are never intended to be vague. This is an important distinction: Ambiguity is the ability to support more than a single interpretation. Vagueness, on the other hand, indicates a lack of sufficient specificity to enable any interpretation at all.

When organizations become anxious about meeting the Standards, I remind them that the survey process is mostly about evaluating an organization against its own policies, procedures, and outcomes. Accreditation is not simply a regulatory exercise. Instead, we highlight critical aspects of patient care and safety, and seek evidence that the organization gives thoughtful, ongoing attention to these issues. We don’t provide policy templates because we want organizations to create meaningful, actionable documents. Similarly, the best quality improvement studies are those that answer real questions that come up in daily practice and operations, and lead to useful results for the organization.

Our job is to help organizations as they strive for excellence. We do it collegially because we believe that we can only achieve better health care delivery by working together.

John Burke, PhD
President & CEO
Early adopters of AAAHC accreditation were ambulatory practices that were members of these founding organizations. As other types of practices began seeking accreditation, the number of organizations guiding our association grew from the original dedicated six, to the current robust 18, incorporating multiple medical and nursing specialties, as well as dental health care.

Each Association Member is a peer with an equal voice as accreditation Standards are reviewed, survey policies and procedures are established, and accreditation decisions are rendered. These peer relationships ensure that AAAHC does not overburden any one practice setting with Standards more applicable to a different specialty.

A process based on peer-to-peer conversation

When AAAHC surveyors aren’t on accreditation surveys, they’re caring for patients, managing practices, consulting with ASCs, and developing QI studies. The vast majority of our surveyors work in AAAHC-accredited organizations. They’ve been on both sides of the survey equation.

This means that observations and consultative suggestions a surveyor makes to an organization are coming from real-world experience in a comparable setting. Peer-based review is the basis of the conversation.

Peer review practiced by organizations

Organizations seeking accreditation become familiar with AAAHC Standards related to peer review through the Quality Management and Improvement chapter of our Handbook. This chapter begins with peer review, requiring that an accreditable organization maintain an active and organized process for monitoring the care provided by its medical staff.

The organization itself determines how to fulfill this requirement. Its own health care professionals participate in developing the criteria used to evaluate the care they provide. Once established, relevant data is collected and evaluated as an ongoing activity. What this looks like depends on the practice type.

For example, in some settings, primary care providers whose scope of practice broadly overlaps (e.g. annual well woman exam, assessment and treatment of minor, acute illnesses, management of uncomplicated chronic conditions, etc.) may reasonably peer review each other's provision of care, regardless of their job title. In this instance, a primary care nurse practitioner and a primary care family physician or internist may view each other as “peers” in the provision of these services and therefore review each other on these clinical services. This is most often seen in the college health setting, where it is common practice to determine who is a peer based on the individual’s job duties rather than on job titles.

In the case of a solo practitioner, an outside physician or dentist must be involved to provide peer-based review. Again, it is the governing body (in this case the solo practitioner) that determines the criteria to be used and the frequency of chart review. While AAAHC doesn’t mandate specifics, surveyors will look at the volume of cases and the variety of procedures to evaluate the quality of the peer review program.

Peer review circulates throughout the AAAHC accreditation process. It is entwined with quality and collaboration. Peer review is an essential tenet in medical practice and AAAHC believes that it supports the culture of sharing and continuous self-evaluation critical to quality improvement.
It’s time to register for July-December QI studies
Designed for ambulatory settings, AAAHC Institute for Quality Improvement studies help organizations learn about processes and outcomes of similar organizations and meet AAAHC Standards for quality improvement and benchmarking. We are currently accepting registrations for studies running July-December 2012.

“The results enable us to determine what, if any, changes need to be made in our processes as compared to like organizations. We also use the data to validate our decisions regarding medication choices, staffing levels, equipment purchases. etc.” -2011 study participant

The following benchmarking studies are open for registration:

- Primary/ Specialty Non-Surgical Care
  Includes student health, dentistry, mental or behavioral health, family practice, internal medicine, or women’s health

- Surgical/Procedural Services
  * Includes some of the most commonly performed ambulatory procedures for aesthetic surgeons, dermatologists, cardiologists, dentists and oral surgeons, general surgeons, gynecologists, neurologists, ophthalmologists, orthopaedic surgeons, otolaryngologists, and urologists.

- Cataract Extraction with Lens Insertion
- Colonoscopy
- Knee Arthroscopy with Menisectomy
- Low Back Injection for Pain Management

Patient satisfaction study available
The Institute also offers a Surgical/Procedural Patient Satisfaction survey. We provide the survey tool, you offer it to your patients and submit their responses, and we’ll collate and analyze the responses for a report specific to your organization. Please note that: benchmarking comparisons with other organizations’ results are not available through this study.

For additional information about how we can help, visit www.aaahc.org/institute or call Michelle Chappell at 847.324.7747.
New titles, new desks
A lot has been happening at AAAHC offices in recent weeks. New roles have been created and current roles expanded, all with the goal of providing better service to new and currently accredited organizations.

With the hospital accreditation program now in development, two former AAAHC staff members have transitioned to AAHHS. Meg Gravesmill has moved from her role leading AAAHC Accreditation Services to accept the new title, Vice President, Hospital Accreditation Program. Joining her as Assistant Director for hospital accreditation is Marci Ramahi who was previously a Manager in Accreditation Services.

Jim Pavletich has added responsibilities as Interim Associate General Manager, Ambulatory Operations, to his existing role as Vice President & Chief Operating Officer.

Michon Villanueva has been promoted to Director, Accreditation Services with AAAHC. Michon had most recently been serving as an Assistant Director within Accreditation Services. She has served AAAHC in a variety of roles since joining us in September 1997.

Marsha Wallander has accepted the newly created position of Associate Director, Accreditation Services. Marsha has been serving as an Assistant Director within Accreditation Services. Marsha has been with AAAHC since September 2007.

Gina Stepuncik-Prus and Jenny Richmond have each been promoted to Manager, Accreditation Services. Their new responsibilities will focus on organizations in specific geographic regions.

Public Affairs

On May 14, 2012, AAAHC received deemed status from the Illinois Department of Public Health as an accreditor of managed care plans in the State of Illinois pursuant to 215 ILCS 123/80 of the Managed Care Reform and Patient Rights Act. Under this statute, any managed care plans—including commercial plans and plans that operate under the medical assistance program—that operate in the state must be compliant with the state standards. The IDPH will now accept evidence of accreditation by the AAAHC with regard to the health care network quality management and performance improvement standards.
Surveyor Spotlight

Dale Bowen, MD

Dale Bowen has served as an AAAHC surveyor for over 15 years. He surveys ASCs; college, Indian, and community health centers; Air Force and U.S. Coast Guard facilities. But he admits that he had to overcome considerable reluctance before becoming a surveyor for AAAHC.

**Dr. Bowen is mentored into a surveyor role**

In 1983, Dale Bowen moved from a private pediatric practice to a college health environment. At Arizona State University in Tempe, he worked extensively with Murray Deamond, MD, and Joyce Meder, RN, from the University of Arizona, Tucson, in outpatient team management of patients with eating disorders. They also collaborated in designing nursing and medical residency teaching programs for ambulatory settings.

“Murray and Joyce encouraged me to become a surveyor,” he recalled. “But as a former chief of a community hospital medical staff I’d had some negative experiences with hospital accreditation surveyors. It made me hesitant to join their ranks.”

“When I was appointed Director of Student Health at ASU in 1993 and then elected President of the Pacific College Health Association, Murray and Joyce introduced me to Dr. Maggi Bridwell. Maggi had served as President of both AAAHC and ACHA and she also encouraged me to become a surveyor. I had such respect for all three of them that I did finally apply.”

**Context is everything**

Feeling comfortable with the educational, consultative, AAAHC approach, Dr. Bowen committed to bringing common sense to every one of his surveys. He is a big believer in common sense.

“There are differences—administrative, financial and cultural—in different types of facilities, but the core ideals of AAAHC accreditation are the same for all: Is this a safe facility for patients? Do they practice quality medicine? Can they show evidence through quantifiable studies that they do?

“That being said, on a practical level, the CPR skill levels needed by staff in a small Indian Health Service with a high proportion of severely ill diabetics, many on dialysis, and 80 miles from any other medical facility, are very similar to a busy inner-city ASC performing 50 or so procedures a day on elderly patients under general anesthesia.

“These needs are different from the CPR skills of providers in a small, rural, 2-year community college health center that provides no surgery and is staffed by a single nurse practitioner with a consultant on-call physician.”

**Surveys that stand out**

“I once surveyed an ASC in which a physician was practicing plastic surgery without a license,” Dr. Bowen recalled. “Besides being an example of extreme arrogance, it was also an example of when the AAAHC goal of providing a positive and consultative survey experience went right out the window.”

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New company to develop hospital accreditation program

At its April 2012 meeting, the AAAHC Board of Directors voted to approve creation of the Accreditation Association for Hospitals/Health Systems (AAHHS) to develop a hospital accreditation program focused on smaller hospitals.

“AAAHC will operate independently of the hospital program to ensure that it continues unhindered in what it does best, which is ambulatory health care accreditation,” said John Burke, PhD, AAAHC president and CEO.

“The movement to Accountable Care Organizations (ACOs) and other recent trends have led to more health systems reabsorbing primary care physicians and free-standing ambulatory care settings back into the hospital,” Burke said. “With our experience as the leader in ambulatory care accreditation, we 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.”

CMS surveys the surveyors

Representatives from the Centers for Medicare and Medicaid Services (CMS) spent two days in the AAAHC offices in mid-April reviewing our organizational records relating to renewal of our deemed status for Medicare surveys. Their recommendation was to grant a six-year term, a proposal that is currently posted for public comment on the CMS website.

AAAHC visits CMS

AAAHC President and CEO, John Burke, and Vice President and General Counsel, Carolyn Kurtz, traveled to Washington, DC, in June to meet with CMS in support of our application for renewal of deemed status for the Medicare Advantage program. This program relates to the accreditation of health plans.

News briefs

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On the other end of the spectrum, he more fondly remembers an exceptional student health service organization:

“It was under the new direction of a highly skilled, non-medical PhD in education. She had combined counseling and psychological services with the medical services into a successful team.

“When an outbreak of a serious infectious disease occurred within the larger community, they partnered with state and county health authorities. Together, they immunized and treated more than 10,000 people over several days, demonstrating how divergent disciplines can successfully come together to provide the high quality medical care that AAAHC promotes.”

And did we mention the ties?

Those who know Dale Bowen, often mention his neckties. His survey attire always includes a special one.

“I have three different ties that feature Winnie-the-Pooh. They’re deceptive; you have to look closely to see that the formal pattern is really made up of the characters.

After about five or six ASC surveys, I began to notice two distinct responses to my ties. One was a turn of the head, a rolling of the eyes, and a skyward look, which I interpreted as ‘this is not my idea of a surveyor.’

“The second type of response was ‘oh, there’s Winnie-the-Pooh, and Tigger, and look, there’s Eeyore,’ or, more generically, ‘that’s pretty neat, I thought that was just a patterned tie, but it’s really made up of little bears.’

“What I also noticed was that there seemed to be correlation between reactions to my tie and the way the staff viewed patients. Providers with the first response saw patients as cases to be managed. Those with the second reaction looked at patients with empathy, as people needing help.

After seeing this again and again, I decided to continue with my decidedly unscientific Bowen—Winnie-the-Pooh Tie experiment. But I promise – it has no bearing (pardon the pun) on accreditation survey reports.”
Please visit us at the following conferences:

- **Florida Association of Community Health Centers**
  - July 15–18, Ponte Vedra, FL

- **National Council of State Legislators Legislative Summit**
  - August 6-9, Chicago, IL

- **American Society for Gastrointestinal Endoscopy**
  - August 17-19, Chicago, IL

- **American Academy of Facial Plastic and Reconstructive Surgery**
  - September 5-7, Washington, DC

- **National Association of Community Health Centers – CHI**
  - September 7-11, Orlando, FL

- **American Academy of Oral and Maxillofacial Surgeons**
  - September 10-15, San Diego, CA

**Visit our website and win!**

Use the “contact us” form to let us know what you think of the redesigned website and include your mailing address. If you’re one of the first 100 to do so, we’ll send you a AAAHC t-shirt to thank you.