Seeking Disease-Specific Care Certification from the Joint Commission

Lynn Clark, RN, MS, BC, CPNP-PC
Britney Cox, RN, MS, CPNP-PC
Pediatric Pain Management Center
Children's Medical Center
Dallas, TX

Objectives
1. Describe Disease Specific Care (DSC) certification
2. Outline the benefits of DSC certification to the program
3. Describe the process and requirements for DSC certification.
4. Discuss the process of the site visit

History of the Joint Commission’s Certification Program
- Created in response to large scale Disease Management vendor proliferation
- Originally was a competitive product with NCQA’s Disease Management Accreditation
- Initial programs to certify were traditional disease management programs (CHF, Asthma, Diabetes)
- Current status:
  - > 2000 certified programs
  - 725 organizations
  - 50 states, plus Puerto Rico
Wagner’s Chronic Care Model

- Wagner’s Model is based on the assumption that improvement in care requires an approach that incorporates patient, provider, and system level interventions.

Chronic Care Model

- Self Management Support
  - Patient has centralized role
  - Collaborative plan of care
    - Goal Setting
    - Problem Solving
  - Organized resources to provide support
  - Taking action
Goal of self-management: empower and prepare patients to manage their health.

Self Management Core Skills

- Problem-Solving
- Decision Making
- Resource Utilization
- Taking Action
- Patient-Provider Relationship
Chronic Care Model
- Delivery System Design
  - TEAM approach
    - Define roles and distribute tasks among team
    - Regular Planned interactions
    - Not Acute
    - Agenda Planned
    - Clinical case management
    - Patient understands the care plan
    - Fits their culture

Patient Centered Care

<table>
<thead>
<tr>
<th>Patient</th>
<th>Care Provider</th>
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</thead>
<tbody>
<tr>
<td>Motivation</td>
<td>Has Patient Info &amp; Time to Interact</td>
</tr>
<tr>
<td>Information</td>
<td>Knowledge of science to make good decisions</td>
</tr>
<tr>
<td>Skill &amp; Confidence to make necessary changes</td>
<td>Resources to deliver high-quality care</td>
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Chronic Care Model
- Decision Support
  - Evidence Based Practice obvious in daily practice
  - Collaboration of specialist expertise and primary care plan
  - Increased provider access to evidence based practice guidelines
  - Share guidelines with patients
Chronic Care Model

- Clinic Information Services
  - Reminders for providers
  - Individual care planning
  - Share information on plan with patient and PCP
  - Monitor performance

Chronic Care Model

- Organizational Support
  - Committed leadership
  - Visibly involved
  - Supports change
  - Quality improvement

Chronic Care Model

- Community resources
  - Encourage patient participation
  - Peer support
  - Care coordination
  - Community based interventions
Key Components of the Chronic Care Model

- Proactive approach to medical care
- Minimization of disease progression
- Guidelines for Standard of Care
- Intensive Education for Patients and their Families
- Behavioral Change or Self-Management focus
- Thorough Data Analysis (measure driven performance improvement)

Chronic Care Model

What is Disease-Specific Care Certification?

- Voluntary evaluation of disease management and chronic care programs based on:
  - Evidence of compliance with Joint Commission D-SC performance elements centered on:
    - Clinical Care
    - Self-Management
    - Information/Management
    - Performance Measurement
    - Program Management
- Two Year certification:
  - One year certification awarded after a successful site review
  - Additional one-year extension granted, contingent on continued compliance with standards and submission of performance measurement data (Intra-cycle Report)
### Certification vs. Accreditation

<table>
<thead>
<tr>
<th>Certification</th>
<th>Accreditation</th>
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<tbody>
<tr>
<td>• 5 Day Short Notice before review</td>
<td>• Unannounced Survey</td>
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<tr>
<td>• Service-based</td>
<td>• Organization-based</td>
</tr>
<tr>
<td>• Focused on quality, outcomes, and improving clinical care</td>
<td>• Focused on quality, safe care, process and function</td>
</tr>
<tr>
<td>• Voluntary, not an add-on to accreditation</td>
<td>• Assess compliance with NPSG</td>
</tr>
<tr>
<td>• Review is consultative in nature</td>
<td>• Pre-defined Accreditation Services (Hospital, Home Care, Long Term Care, etc.)</td>
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<tr>
<td>• Any condition meeting eligibility requirements can be certified</td>
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Joint Commission Certification Cornerstones

- Standards
  - Program management
  - Facilitation of clinical care
  - Clinical Information System
  - Self-Management
  - Performance Measurement
- Guidelines
  - Protocols based on Clinical Practice Guideline
- Measures
  - Select 4 measures
  - Collect & reports monthly data

The Road to Certification

- Complete gap analysis
- Identify scope and depth of program
- Declare a set of clinical practice guidelines
- Select and collect four performance measures
  - 2 clinical measures
  - 1 assessment of satisfaction or perception of care
  - 1 measure may be: process, financial, or administrative
- Report measures monthly
- Maintain an ongoing performance improvement plan
- Demonstrate teaching of self-management skills

Gap Analysis
The Road to Certification

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Scope and Diagnosis

Specific diagnosis:
- Patients having complex, refractory or a recurrent pain problem that continues beyond the normal time expected for resolution of the problem or illness, or patients that have pain that persists or reoccurs for other reasons

Scope of the program:
- The Pediatric Pain Management Center is an outpatient clinic that evaluates and treats children and adolescents with complex, refractory or recurrent pain problems. Patients 0-18 are accepted for initial patient evaluation. Patients may be followed until age 19 if a prospective patient has completed an initial visit prior to his/her 18th birthday.
Guideline Resources

- The National Guideline Clearinghouse: www.guideline.gov
- Professional Organization position papers: American Academy of Pediatrics, American Academy of Allergy, Asthma, and Immunology, NIH, CDC...

Developed using the American Pain Society Position Statement, 1999

Biological, psychological, social, cultural, and developmental factors impact pain-related functioning

Requires a multi-disciplinary assessment
- Physician
- Nurse Practitioner
- Psychologist
- Physical Therapist

The Children's Standard of Care

- Developed using the American Pain Society Position Statement, 1999
- Biological, psychological, social, cultural, and developmental factors impact pain-related functioning
- Requires a multi-disciplinary assessment
- Physician
- Nurse Practitioner
- Psychologist
- Physical Therapist

Incorporate the Clinical Practice Guidelines into the program:

- Children’s Pediatric Pain Management assessment practices include consideration of but not limited to the following (clearly enumerated in the APS guidelines):
  - Detailed description of the pain
  - Impact on daily life
  - History, evaluation, and treatment of the current pain problem
  - Magnitude of distress for the child and family attributed to the pain
  - Impact of the pain on cognitive functioning, anxiety, depression, and feelings of hopelessness
The Children’s Standard of Care

- Multi-modal treatment plan most effective
- Self-management
  - Address pain-related disability
    - goal of maximizing functioning
    - improving quality of life
    - partial or complete return to school.
  - Educate about the pain experience and the pain problem
  - Symptom-focused management addressing pain, sleep disturbance, anxiety, or depressive feeling

The Multi-Disciplinary Approach

Medical Providers:
- Specific treatment targeting underlying pain mechanisms

Psychologist:
- Cognitive-behavioral strategies (hypnosis or biofeedback)
- Development of coping techniques
- Behavioral techniques & family interventions

Physical Therapist:
- Physical therapy/Occupational therapy
- Home exercise program
- TENS unit, massage, acupuncture

The Multi-Disciplinary Team

"Comprehensive, integrated treatment of medical, psychological, and social factors may be the most cost-effective approach in the treatment of complex and refractory pediatric pain problems."

(APS position statement, 1998)
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Performance Measurement

- Base performance measures on key recommendations of guidelines (both process and outcome)
- Vary measures (2 clinical, 2 non-clinical)
- Assess satisfaction (required measure for initial certification)
- Consider appropriate evidence based threshold

Measure: Referral Follow up

Percent of patients who completed one or more of the follow up referrals made in the initial multi-disciplinary patient visit.

Measure: % School/Activity Improvement Measure
Percent of patients having improved school attendance following initial patient visit

- Rationale: Treatment also should address pain-related disability with the goal of maximizing function and improving quality of life. For example, partial or complete return to school should often be an early target of treatment for children with pain-related school absenteeism. (Pediatric Chronic Pain: Position statement by APS).

Measure: Patient / Family Perception of Care Measure
Patient / Family Perception of Care after first visit to the Pediatric Pain Management Center

- Rationale: Upon completion of the Pediatric Pain Management initial visit, a patient satisfaction assessment is conducted, using an institutionally developed tool, with 5 program perception specific questions asked (1, 2, 3, 4 and 5) on a Likert based scale, ranging from 1 to 4, 4 being the most positive response, and a maximal score of 20 points.
Measure: Medication Education

The percent of patients that receive educational handouts for newly prescribed medications

- Rationale: Patients/families that receive educational materials and understand the need for specific medication are more likely to consistently and appropriately use the medication prescribed.

Program Metrics & Initial Results

- Follow up referrals completed: 86%
- Improved school attendance following initial patient visit: 67%
- Perception of Care: 4.0
- Education provided about newly prescribed medication: 30%

Program Metrics

- Follow up referrals completed: 100%
- Improved school attendance following initial patient visit: 100%
- Perception of Care: 3.7
- Education provided about newly prescribed medication: 86%
- Pediatric Quality of Life
- Pediatric Coping
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Challenges and Solutions

- Clinical practice guidelines for management of pediatric chronic pain are non-existent
  - Reviewed literature relating to pediatric chronic pain.
  - Confirmed the position statement on pediatric chronic pain published by the American Pain Society as best practice CPG by providers & staff

- Lack of consistency between providers in visit/plan documentation
  - Developed smart phrases to include all documentation needed to easily identify recommendations and plan and include requested measures.
  - Smart phrases were shared among all providers in the clinic.

- Limited family education resources about chronic pain
  - Patient care agreement for family expectations
  - Continue to develop patient/family materials

- Limited outcome for our services
  - Initiated monthly performance improvement monitoring

Performance Improvement Plan Templates

- Organized in similar timeframe as performance measure reporting (month, quarter)
- Clearly Identified Issue
- Action Plan
  - plan
  - steps toward completion
  - timeframe
  - measure of success
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Success Story

16 year old female with ongoing abdominal pain
Multiple ER visits
Multiple providers/ specialists
Comprehensive work-up negative
Referred to Pediatric Pain Management Center

Success Story

<table>
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<tr>
<th>Objective</th>
<th>Description</th>
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<tbody>
<tr>
<td>Medication:</td>
<td>Cyproheptadine (Periactin) 4mg by mouth at bedtime</td>
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<tr>
<td>School:</td>
<td>Discussed importance of regular school attendance. If needed: may go to nurse for 15 minutes and then return to class</td>
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<tr>
<td>Physical Activity:</td>
<td>Discussed importance of regular physical activity. GOAL: swimming 30 minutes a day 4-5 times a week</td>
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<tr>
<td>Sleep:</td>
<td>Discussed importance of good sleep hygiene. Normal sleep and wake times. No computer/ Texting/ TV one hour before bedtime. GOAL: Average number of hours per night: 8-9 hours</td>
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<tr>
<td>Nutrition:</td>
<td>Balanced Diet with 3 meals per day. Intake of fluids: 64 ounces of water/fluid per day. Recommend caffeine free diet</td>
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<tr>
<td>Psychology:</td>
<td>1. Return to prior activity level, including regular school attendance and dance classes</td>
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<td>2. Practice progressive muscle relaxation strategies to be implemented for sleep and pain management. These strategies may be best utilized prior to the onset of pain and to decrease pain once it has occurred.</td>
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<td>3. Parents should continue to utilize current parenting strategies to encourage and maintain healthy lifestyle.</td>
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<td>4. Dog page 102: reduce stress and anxiety levels are contributing to increased pain and pain management is essential. Go to sleep, eat well, go outside, take a warm bath, listen to music.</td>
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<tr>
<td>5. Continue to utilize school resources (teacher, counselor) to monitor and help manage bullying issues.</td>
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<tr>
<td>6. Anxiety and stress levels are contributing to increased pain and pain management is essential. Consider individual counseling or biofeedback.</td>
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<tr>
<td>7. Patient would benefit from reading the following books: Fighting Invisible Tigers: Stress Management for Teens by Earl Hipp</td>
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Success Story: Treatment Toolbox

Psychological Support
Physical activity
Return to school (everyday!)
Pharmacological therapy
Sleep hygiene
Diet
Other interventions

Success Story: Treatment Toolbox

- Patients and families leave with a toolbox full of tools!
- One tool will not treat the problem. You need all the tools to effectively treat the pain issue

The Site Visit

- Prior to the visit
  - Opening Presentation preparation
  - Frequent communication with staff
  - Weekly tracers
  - HR File Audits
- During the visit
  - Opening Presentation
  - Patient Tracer
  - Data Tracer
  - HR File Audit
### Tracer Tools

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<th>Compliance</th>
<th>Note</th>
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### HR File Audits

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<th>Documentation Number</th>
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### The Site Visit

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What this certification has meant for our team

- Continued effort to re-evaluate our practice according to the disease specific standards and the chronic care model
- Recognizing our team is delivering care that meets the disease specific certification standards

Children’s medical center of Dallas has the first and only certified pain management program in the United States.