

Long Term Care's Prospects for Accreditation

Save to myBoK

by Michelle Dougherty, RHIA

Typically, long term care facilities in the United States are not accredited by the Joint Commission. Whether current trends may change this picture, as facilities look for ways to distinguish themselves from their peers, remains to be seen.

While only a small percentage of nursing homes nationwide are accredited, some new incentives for these organizations to make the switch may be on the horizon. In the last decade, industry changes such as managed care, the development of subacute care, and market competition seem to have contributed to an increasing interest in accreditation for nursing homes. On the other hand, continuing differences of opinion about the Joint Commission's deemed status may check the transition.

Types of Accreditation Available

Numerous Joint Commission accreditation programs are available to long term care organizations. All nursing home providers who seek Joint Commission accreditation are accredited under the long term care program. If a facility has a dementia program, it must meet mandatory protocols. An optional subacute program is also available, and an assisted living accreditation program is currently being developed.

Why Opt for Accreditation?

Why would a long term care facility opt for accreditation? Here are a few reasons:

- **knowledgeable consumer and market competition.** For facilities in competitive markets with a high number of seniors, such as Florida, Arizona, and Illinois, Joint Commission accreditation can provide a competitive edge and communicate to the consumer an additional seal of quality
- **managed care.** In some markets, particularly those with high managed care penetration, Joint Commission accreditation could make a facility more marketable, possibly attracting higher-paying managed care contracts
- **subacute program development.** For organizations that want to designate themselves as true subacute care providers, subacute program accreditation can separate them from the pack. Because standards are more stringent for a subacute program, a organization that obtains subacute accreditation can communicate to hospital discharge planners and payers that they can handle a more acutely ill patient than their competitors

Deemed Status: The Key

Accreditation in other healthcare settings, such as hospitals, is more widespread because the Joint Commission has what is known as "deemed status." Deemed status is accreditation by a recognized accrediting body that is accepted by HCFA in lieu of their accreditation survey.¹

Without deemed status, a long term care facility that is accredited by the Joint Commission will still need to undergo an annual federal certification and/or state licensure survey. The lack of deemed status, particularly for federal certification, is one of the main reasons why Joint Commission accreditation is not widely accepted by long term care organizations.

Although the Joint Commission has deemed status relationships with a number of states for licensure surveys only, HCFA has issued a report to Congress criticizing private accreditation organizations in federal nursing home survey and enforcement efforts. Judging from this document, the prospects for HCFA's changing its position on deemed status for the Joint Commission seem remote.

The report, commissioned by Congress in 1996, was to evaluate the effectiveness and appropriateness of current mechanisms for surveying and certifying skilled nursing facilities. HCFA contracted with Abt Associates, an independent contractor, to assist in conducting the study.

Abt Associates compared the Joint Commission's standards to HCFA requirements and reported similarities and differences. The report identified six areas where Joint Commission standards diverged from HCFA's, resulting in concern that accreditation could not ensure adherence to federal regulations.² The report concluded that the Joint Commission would have to change its standards to assure adherence to the Medicare Conditions of Participation.

The study also found problems with the Joint Commission's practices in assessing validity and accountability. Although the Joint Commission had recently adopted a more resident-centered focus, the study found that the survey process was still heavily weighted toward structure, policy, and procedures. HCFA, on the other hand, has been revising its survey process to focus on clinical outcomes and quality of life.

As a rebuttal, the Joint Commission issued a report to the Senate Special Committee on Aging in 1998. The organization questioned HCFA's motives and timing in issuing its report.³ (At the time, HCFA's inspection and enforcement process was facing severe criticism by the Government Accounting Office.) The Joint Commission stated that it was inappropriate but not surprising that HCFA issued a negative report about private-sector accreditation programs, given the political issues around nursing home enforcement and HCFA's reliance on long term care appropriations.

According to the Joint Commission, the HCFA report shifted from its original intent to evaluate a collaborative effort between HCFA and private accreditation programs to an evaluation of Joint Commission surveys as compared to Medicare surveys. Because the Joint Commission does not have long term care deemed status, the group felt that this comparison was misleading. Instead, the group argued, the strengths of the Joint Commission accreditation process would support and improve the federal enforcement program and ultimately achieve the goal of improving the quality of care.

The Future

It appears widespread acceptance of Joint Commission accreditation for long term care organizations will hinge on deemed status. Time will tell whether other market forces provide enough incentive for facilities to choose accreditation.

Notes

1. "Quality Management in Healthcare: Glossary of Terms." Available at www.geocities.com/HotSprings/3048/.
2. Health Care Financing Administration. "Report to Congress: Study of Private Accreditation (Deeming) of Nursing Homes, Regulatory Incentives and Non-regulatory Initiatives, and Effectiveness of the Survey and Certification System. Part I-Background and Report Overview." Washington, DC: 1998. Available at www.hcfa.gov/medicaid/deemovw.htm.
3. Joint Commission on Accreditation of Healthcare Organizations. "Statement for the Record by the Joint Commission on Accreditation of Healthcare Organizations before the US Senate Special Committee on Aging." 1998. Available at www.jcaho.org/govt/statement.html.

Michelle Dougherty is an AHIMA practice manager. She can be reached at michelle@ahima.org.

Article Citation:

Dougherty, Michelle. "Long Term Care's Prospects for Accreditation." *Journal of AHIMA* 71, no. 4 (2000): 47-48.

Driving the Power of Knowledge

Copyright 2022 by The American Health Information Management Association. All Rights Reserved.