Catch the Wave: Why Providers are Flocking to Accreditation – and Why You Should Join Them

NAADAC Annual Conference
September 25, 2017
Presented by: Jennifer Flowers, Founder & CEO, Accreditation Guru, Inc.
Agenda

• Why become accredited in the first place?
• Efficiencies from improved practice consistency
• Reimbursement advantages
• Risk reduction practices
• Accreditation trends
• Overview of accrediting bodies
• Challenges often faced by addiction treatment providers
• Tips for success
• Maintaining accreditation once achieved
Tools

- Accreditation fee examples
- Guide to “10 Steps to Selecting an Accrediting Body”
- Accreditation preparation checklist for the early steps in the process
Learning Objectives

• Recognize key industry trends in reimbursement and in mandates driving a rise in provider accreditation

• Understand why many billing companies, risk managers and business consultants recommend accreditation as an underlying pillar of success in behavioral healthcare

• Learn how accreditation can position your organization for growth and continuity

• Discover how to choose an accrediting body

• Understand the key steps in the process of achieving accreditation
What Is Accreditation?

• Accreditation is an external review of your organization by outside experts
• Need to prove compliance with the accrediting body’s requirements; undergo a review
• Being accredited provides credibility and helps validate the quality of care your organization provides
Why Become Accredited?

- Improves Reputation
  - Demonstrates you’ve gone above and beyond being licensed
  - Provides external credibility
  - Creates opportunity for positive visibility
  - Differentiates you from other providers

(c) Accreditation Guru, Inc. 2017
www.AccreditationGuru.com
@AccreditGuru
Why Become Accredited?

• Tightens Administration
  • Improves administration via management framework
  • Helps elevate service delivery
  • Creates consistency across programs/locations/staff
• Creates better documentation (and adherence to) policies and procedures
• Helps recruit and retain highly credentialed and qualified staff

(c) Accreditation Guru, Inc. 2017
www.AccreditationGuru.com
@AccreditGuru
Why Become Accredited?

• Reduces Risk

  • Improves safety procedures
  • Boosts emergency preparation
  • Creates performance improvement/measurement focus
  • May discourage nuisance lawsuits
  • May reduce liability insurance rates

(c) Accreditation Guru, Inc. 2017
www.AccreditationGuru.com
@AccreditGuru
Why Become Accredited?

• Improves Financials
  • Improves private payer payment approvals
  • Expands referrals and contract eligibility
  • Increases valuation
  • Strengthens organization’s capacity
  • Better positions organization for growth
Efficiencies from Improved Practice Consistency

- Creates standard procedures
- Puts standardization into practice
- Reduces “fires”
- Standardization across locations mean staff able to move between sites
- Reduces variations in service quality
- Helps attract and retain talent
Focus of Accreditation

- Leadership/governance
- Strategic planning
- Health and safety
- Input from persons served and other stakeholders
- Legal requirements
- Financial planning and management
- Risk management
Focus of Accreditation

- Ongoing focus on performance and quality improvement (PI/PMM)
  - Outputs and outcomes
- Ethical practices
- Human resources
- Technology
- Accessibility
Focus of Accreditation

• Improved service delivery
• Service planning and documentation
• Trained, competent staff
• Client rights, confidentiality, informed consent

*If it isn’t documented, it didn’t happen!*
Care, Treatment & Services

- Program/service structure
- Screening and access to services
- Person-centered planning
- Transition/discharge
- Medication management
- Nonviolent practices
- Clinical/case records
  - Incl. quality reviews
Risk Reduction Practices

• Fire safety / facility review
• Emergency preparation & management
• Adverse event prevention (elopement/suicide/violence)
• Improved documentation
• Information management
• Human Resources policies
• Credentialing
Performance and Measurement Guidance

• Data collection and use
• Continuous performance improvement
• Outcomes measurement
Accreditation Trends

• Less than 50% (±44%) of addiction treatment organizations are accredited
• All three national accrediting bodies report the numbers of new accreditations are climbing
• Growth estimates range from 7-9% a year.
Factors in Growth of Accreditation?

• Now more private payer coverage for treatment [ACA plus Parity Act] - and payers prefer to work with accredited organizations
  • In some states, accreditation required for payment approval (Joint Commission specified in some areas of FL and S. California)

• Improved reimbursement + increased need for services means more programs entering market, thus need for differentiation and improved credibility
Factors in Growth of Accreditation?

• Funding issues and desire to improve quality of providers driving more states to use accreditation in lieu of, or required in place of, state surveys

• Example: Florida HB 807 & SB 788 which add an accreditation requirement for Substance Abuse Providers:
  • “Applications for licensure renewal must include proof of application for accreditation for each licensed service component providing clinical treatment by an accrediting organization that is acceptable to the department for the first renewal, and proof of accreditation for any subsequent renewals.” Ordered Enrolled 5/4/2017
Major Accreditations

- Joint Commission (JCAHO)
- CARF
- COA
- Other....

Which is your best fit? *(more than $)*
Key Considerations in Choosing an Accrediting Body

• Timing – Mandate? Oh my!
• Costs
• Fit with accreditation requirements
• Reputation
• Desired to accredit all programs or some
• Partner organizations and potential mergers
• Determine your baseline — FREE assessment at www.AccreditationGuru.com
Joint Commission

• The Joint Commission (formerly JCAHO) is a nationally recognized, independent accreditor of physical and behavioral health care organizations, including most hospitals

• Non-profit established in 1951
Joint Commission

• Three year cycle
• Accredits all programs & services
• 6-9 months to complete
  • Implement standards from day of survey
• Self-evaluation recommended
• Surveyors conduct on-site survey

http://www.jointcommission.org/
Peggy Lavin, Sr. Associate Director, Behavioral Health Care Program
plavin@jointcommission.org
CARF

- International private, nonprofit, est. 1966
- CARF’s vision is “Through responsiveness to a dynamic and diverse environment, CARF serves as a catalyst for improving the quality of life of the persons served”
CARF

• Three year accreditation cycle
• One year accreditation cycle
• Accredits individual programs
• 12-14 months to complete
  • Implement standards min. 6 months
• Self-evaluation recommended
• Surveyors conduct site survey

http://carf.org/home/
Michael Johnson, Managing Director of Behavioral Health, mjohnson@carf.org
• Council on Accreditation (COA) is a nationally recognized, independent accredits of community-based behavioral health care and social service organizations

• Private non-profit established in 1977
COA

- Four year cycle
- Accredits all programs & services
- 12-18 months to complete
  - Implement standards min. 6 months
- Self-study submission required
- Peer Reviewers conduct site visit

http://coanet.org/
Zoe Hutchinson, Associate Director of Client Relations, zhutchinson@coanet.org
## Side-by-Side Comparison

<table>
<thead>
<tr>
<th></th>
<th>Joint Commission</th>
<th>CARF</th>
<th>COA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accreditation parameter</td>
<td>All programs/services</td>
<td>By individual program or Service</td>
<td>All programs/services</td>
</tr>
<tr>
<td>Accreditation Period</td>
<td>3 years</td>
<td>3 years or 1 year (Conditional)</td>
<td>4 years (3 for OTPs or where required)</td>
</tr>
<tr>
<td>Time Needed</td>
<td>6-12 months</td>
<td>12-14 month</td>
<td>12-18 month</td>
</tr>
<tr>
<td>&quot;Track Record&quot;</td>
<td>None</td>
<td>Implement standards min. 6 months</td>
<td>Implement standards min. 6 months</td>
</tr>
<tr>
<td>Process</td>
<td>Self-evaluation recommended</td>
<td>Self-evaluation recommended</td>
<td>Self-study submission required</td>
</tr>
<tr>
<td>Review</td>
<td>Surveyors</td>
<td>Surveyors</td>
<td>Peer Reviewers</td>
</tr>
</tbody>
</table>
## Cost Samples

<table>
<thead>
<tr>
<th>Service</th>
<th>Joint Commission</th>
<th>CARF</th>
<th>COA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Application/First Annual Fee</td>
<td>$1,820</td>
<td>$995</td>
<td>$750</td>
</tr>
<tr>
<td>Accreditation Fee</td>
<td>None</td>
<td></td>
<td>$7,392 min.</td>
</tr>
<tr>
<td>Survey Fee</td>
<td>$3,020</td>
<td>$1,670 per surveyor</td>
<td>$4,400 2 reviewers/2 days min.</td>
</tr>
<tr>
<td>Annual Maintenance Fee</td>
<td>$1,820 x2</td>
<td>None</td>
<td>$400 x3</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- 6 or fewer sites
- >$500K revenue

(c) Accreditation Guru, Inc. 2017
www.AccreditationGuru.com
@AccreditGuru
Where to Start?
Key Steps in the Process

- Select your accrediting body
- Determine accreditation team & who will be lead coordinator
- Project management
- Accreditation “kick-off”
- Write required plans
- Policies and procedures
- Practice survey
- Prepare all documents and train staff for onsite survey
Key Steps in the Process

• Self-evaluation / self-study assembly
• Onsite survey
• Accreditation decision
  • Additional information required?
• Maintenance of accreditation
Onsite Survey

• Schedule outlined before surveyors are onsite
• Generally min. 2 surveyors (administrative and program)
• Orientation conference
  • Introductions
  • Brief overview of accrediting body
  • Survey schedule
Onsite Survey

• Review of implementation of standards
  • Review multiple locations, if applicable
  • Interview leadership, staff, and consumers
  • Review documentation
  • Review case records and personnel records
• Optional pre-exit meeting
  • Recommendations versus suggestions
• Exit conference
Typical Challenges

• Staff already working 110%; no extra time
• Staff do not understand importance of accreditation and why it matters to them
• Limited (zero?) understanding of standards
• Delegation and authority
• Project management not thorough enough
• **Procrastination**
• Rushing to the finish line
KEEP CALM AND PLAN AHEAD
Project Management

• Create a work plan
• Who is responsible?
• What deliverables are required?
• Others involved in information gathering, approvals, disseminating information, etc.
• Deadlines
• Update staff and board along the way
Project Management

• Preparation of:
  • Policies – board approval
  • Procedures – written for staff
  • Plans – multiple
  • Processes – implementation

• Training for staff and board to be prepared for the onsite survey

• Practice interviews

• Mock survey
Who is Involved

- CEO/Executive Director
- Accreditation Coordinator
- Accreditation Team
- All Staff
- Board of Directors
- Stakeholders
Documentation

• Policies, procedures and plans
• Training curricula and training logs
• Meeting minutes
• Data reports
  • Performance and quality improvement reports
  • Case record review results
• Clinical/case records
• Personnel records
Accreditation Includes

Documentation

Facilities

People
Preparation Questions to Ask Yourself

• Do I know how to best “sell” accreditation to my team?
• Do I know which accrediting body best fits my organization?
• Who on staff has been through multiple accreditation reviews?
• What policies and procedures do we already have in place that map to standards?
• What problems/challenges were encountered during the last accreditation cycle, if applicable?
• What is the current status of our quality improvement and risk management efforts?
• Who will I have directly and indirectly involved?
CEO/Executive Director’s Role

- Embraces values of accountability & responsibility
- Ensures participation of staff
- Updates to board of directors
- Focus on: governance, financial controls, ethics, strategy, risk management, etc.
- Participates in onsite survey
Board of Director’s Role

• Strategic planning
• Risk identification & management
• Policy approval
• Financial oversight & budget approval
  • Finance & audit committees
• Evaluates the CEO
• Participates in onsite survey through interviews
Consultant – Yes or No?

- Project management & keeping up with deadlines
- Time limitations of staff
- Outside of existing politics
- Up to the organization to implement standards
  - Policies & procedures must be organization’s
- Success rates
Tips for Success

• Unqualified commitment of CEO/Executive Director and leadership staff
• Staff and board buy-in
• Detailed project management
• Early priorities:
  • Quality improvement program
  • Risk management
  • Strategic planning
Tips for Success

• Right players in place
• Stakeholder involvement
• Don’t try to rush to the finish line
• Mock survey
• “Live” accreditation

Well organized ➞ less stress ➞ better outcome
Proactive Maintenance of Accreditation

• Expectation of overall continued compliance
• Implement planned actions
• Ensure completion of quarterly and annual reports, as required
• Risk management
• Provide ongoing, documented personnel training
• Annual organization-wide accreditation calendar
• Standards updates from accrediting body
Summary

• Plan ahead
• Game plan for avoiding common challenges
• Everyone is part of the process

Celebrate your achievement!
Social Media Connections

Email to join Accreditation Guru newsletter

“Prepare for Greatness” blog
http://accreditationguru.com/blog/

“Like” us on Facebook AccreditationGuruInc

Follow us on Twitter @AccreditGuru

Connect via LinkedIn
Thank you!

Jennifer Flowers, President
Jennifer@AccreditationGuru.com
212.945.8504
www.AccreditationGuru.com