Public Focus

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Governance Brief: Changes to Joint Commission Quality Standards and New Requirements to Reduce Healthcare Disparities

On December 21, 2022, the Joint Commission (JC) announced that it is eliminating 168 standards and revising 14 others across its accreditation programs to streamline requirements and make them more efficient and impactful on patient safety, quality, and equity. For the collection of standards that apply to hospital care, 56 were deleted and four were revised.[1]

These changes are the result of a comprehensive review announced last fall, in which the JC asked the following questions about each standard:

- Does the requirement still address an important quality and safety issue?
- Is the requirement redundant?
- Are the time and resources needed to comply with the requirement commensurate with the estimated benefit to patient care and health outcomes?

The aim is to streamline JC requirements and eliminate any that no longer add value, so that the requirements that remain can better support safer, higher-quality and more equitable health outcomes.

We wanted to better understand the implications of these changes for hospitals and health systems, and in particular, what boards should know. We spoke with Andrew French, M.D., M.B.A., VP/Physician Executive for Quality, Safety, and Clinical Operations at Centura Health, a 20-hospital system serving Colorado and western Kansas. "It is pleasantly surprising to see decreases in regulatory burden. The considerations they used to determine the changes were very thoughtful; it's not a random elimination. They have relied on their data along with the actual CMS regulations and compared their survey process to those regulations. Overall it's a very positive shift and a welcome surprise," he said.

1 The Joint Commission, "The Joint Commission Announces Major Standards Reduction and Freezes Hospital Accreditation Fees to Provide Relief to Healthcare Organizations," December 21, 2022.

The JC has fallen under criticism in the past years by making their survey process for accreditation more arduous than required by CMS. Dr. French is not concerned that the eliminated standards will create quality gaps. "Many of [the deleted standards] were common quality and patient safety activities that have become the norm in hospitals now—things that hospitals should be doing anyway, regardless of whether it's a regulatory requirement."

It can be helpful for boards to understand what categories, at a high level, were removed, to the degree that might change the board's conversation about quality and/or how they hold staff accountable for quality.

> "We should always want to hold ourselves more accountable than any other external body."
> *—Andrew French, M.D., M.B.A.*

Centura has a centralized regulatory team that monitors changes like this and works directly with its hospitals' quality departments to make sure they are informed and to ensure that regulations are being met. Hospital and health system boards should be aware of how these kinds of changes are tracked in their organization as part of their overall responsibility to ensure that a sufficient compliance process is in place and followed, but in most cases, the standards that were changed will not have significant impacts on board-level quality metrics.

Heightened Focus on Improving Health Equity

The other piece of the puzzle is on the equity front. The JC is working to emphasize the importance of improving health equity as a component of quality and safety, and recently, it took efforts to emphasize that importance to its accredited organizations. Leadership Standard 04.03.08, which became effective January 1, 2023, addresses healthcare disparities as a quality and safety priority:

- Identify an individual to lead activities to improve healthcare equity
- Assess the patient's health-related social needs
- Analyze quality and safety data to identify disparities
- Develop an action plan to improve healthcare equity
- Act when the organization does not meet the goals in its action plan
- Inform key stakeholders about progress to improve healthcare equity

On July 1, 2023, the JC will elevate this to a new National Patient Safety Goal 16.01.01 for the following JC-accredited organizations:

- All critical access hospitals and hospitals
- Ambulatory healthcare organizations that provide primary care within the "Medical Centers" service in the ambulatory healthcare program
- Behavioral healthcare and human services organizations that provide "Addiction Services," "Eating Disorders Treatment," "Intellectual Disabilities/Developmental Delays," "Mental Health Services," and "Primary Physical Health Care Services"

According to a JC R^3 Report that was published in June 2022,[2] the intent was to highlight that health equity requires commitment, vision, creativity, and sustained effort at all levels of leadership within an organization, including the C-suite and the board of directors. Shifting the JC category from Leadership Standard to National Patient Safety Goal does not necessarily change this view, but rather the JC considers the latter category to be better fitting since its purpose is to improve patient safety with a focus on significant healthcare problems and specific actions to prevent and solve them.[3]

> "The Joint Commission is placing health equity on par with other National Patient Safety Goals that aim to reduce the likelihood of patient harm, such as medication safety and surgical error prevention."
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> *—Gregory E. Fosheim, Sumaya M. Noush, and Sandra M. DiVarco, McDermott, Will & Emery*

The shift in category also comes with some minor modifications to the original elements of performance. While the intent behind the standard and elements remains the same, there is heightened focus on health equity rather than on reducing healthcare disparities.

2 The Joint Commission, "New Requirements to Reduce Health Care Disparities," R^3 Report, June 20, 2022.

3 Gregory E. Fosheim, Sumaya M. Noush, and Sandra M. DiVarco, "Health Equity Elevated to a Joint Commission National Patient Safety Goal," McDermott, Will & Emery, January 31, 2023.

The Framework is an update to the CMS Equity Plan for Improving Quality in Medicare (2015),[4] providing a more expansive, 10-year approach to embedding equity in all CMS programs including Medicare, Medicaid, the Children's Health Insurance Program, and the Health Insurance Marketplaces.

Some changes from 2015 include the collection, analysis, and use of data on social risk factors, experience of care, and more comprehensive demographic data; improving engagement in CMS Innovation Center models and demonstrations; expanding language access to include health literacy and culturally tailored communication; and identifying physical, communication, cognitive, and functional elements of disability when addressing accessibility of programs and services.[5]

Dr. French believes there is a subtle, but important and nuanced, difference between decreasing health disparities and increasing health equity. "Decreasing disparities is like trying to make things equal, when we are actually trying to make things equitable. It is an important shift in healthcare and continuing to gain steam on national levels. We have seen this emphasis growing since the pandemic. Some of the requirements are relatively basic, but some of them are not as easy to implement as they may seem."

For example, it can be challenging to gather internal data on race, demographics, and SDOH, particularly as they impact quality and patient safety. The EHR doesn't automatically provide this level of information.

"What goes hand in hand with this is the need to improve cultural competency and bias training for all hospital staff, to understand that there are very real differences in health outcomes as they relate to race, demographics, and SDOH," said Dr. French. "These issues significantly impact how we can care for our patients. There is not yet a widespread engagement at the senior leadership and board level nationally on this issue." Dr. French believes that boards should be asking their senior management what they are doing to train staff on cultural competency. "Is there a level of comfort even having these conversations with patients? If staff don't feel comfortable bringing up equity and SDOH concerns, the data they gather won't be a true reflection of the patients and their needs."

4 Centers for Medicare and Medicaid Services (CMS), *CMS Equity Plan for Improving Quality in Medicare*, September 2015.

5 Dawn Hunter, "4. Implications of the CMS Framework for Health Equity," in "Top Ten Issues in Health Law 2023," American Health Law Association (AHLA), January 1, 2023.

Dr. French makes a direct connection between the organization's equity efforts with board diversity. "Does the racial and ethnic makeup of the board represent the racial and ethnic makeup of the communities? If not, what is the path to get there? We know that evidence-based medicine shows that clinics and medical departments provide better care when providers reflect their community. How can the conversations at the board level change now as their diversity journey is under way?"

The good news on this, according to Dr. French, is that there is already a lot of evidence-based backing for improving the health of individuals and the population when it comes to equity. "This is one of the really good things. This isn't just a requirement to report information or basic administrative burden, but rather something that can really add value to patients." More globally, when it comes to increasing regulations and the resource investment required to satisfy those, it can be harder to answer the question of whether that effort generates the appropriate outcomes for patients.

Last year Centura began screening all patients for SDOH and working to link them with an actual resource within their community to address them. Dr. French sees this effort picking up steam as they are working collaboratively with state programs to focus on certain at-risk populations. Over the past two years the organization has fully embraced a social justice framework and DE&I training for all leadership, which incorporates elements of health outcomes. "I believe that by fully embracing this as an organization, we will be able to continue to advance the health of our communities."

For related information on CMS expectations for hospital boards in implementing and overseeing the Quality Assessment & Performance Improvement (QAPI) Program, as of March 9, 2023, see www.cms.gov/files/document/qso-23-09-hospital.pdf.