

## **The Joint Commission Rebranding: How it Can Affect the American Health Care System**

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In 1951, the Joint Commission on Accreditation of Hospitals was created to allow the hospitals to get a golden seal of approval to participate with medicare reimbursement plans. Later on, a majority of state governments and private health insurance companies came to recognize joint commission accreditation as a prerequisite for their licensure and reimbursement. In this day and age a hospital can not financially survive without being accredited by JCAHO.<sup>1</sup>

In the late 1970's after providing many years of gold seal approval for the hospitals to bill government and private insurance companies for their services, the Joint Commission on Accreditation of Hospitals saw a new business opportunity. This was the growth in new ambulatory surgery centers and nursing homes all across America. In 1981 in order to expand their business and regulatory power to include these centers, the Joint Commission on Accreditation of Hospitals changed its name to the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), grandfathering itself as an accrediting authority for these nursing homes and ambulatory surgery centers.<sup>1</sup>

Everybody who works in a hospital, ambulatory surgery center or at a nursing home is very familiar with the acronym JCAHO. Although JCAHO was a nonprofit organization and its primary purpose was to focus on providing accreditation for large health care facilities, JCAHO, like many for-profit businesses, started to invest its money in stocks and trust funds. When the housing bubble burst, JCAHO lost millions of dollars in these investments.<sup>2</sup>

Facing a negative balance sheet, JCAHO started to look for opportunities to increase its income. This time the problem was quite complex because, with a huge recession looming in the country, no more new hospitals, big ambulatory surgery centers or nursing homes were being built. Some of the ones which were already operational were slowly being closed down or on the verge of closing. So the JCAHO board decided to again rebrand the organization to boost their bottom line.<sup>2</sup>

Many of my health care colleagues may not know that in 2007 the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) officially changed its name to **The Joint Commission**. This rebranding brought not only a new name for the organization but also a new logo, and a new tag line "Helping Health Care Organizations Help Patients."<sup>3</sup>

Soon after eliminating half of its name (Accreditation of Healthcare Organizations) the new entity "The Joint Commission" started to look for new clients to generate more income. They started to recommend that medical clinics, dental clinics, and urgent care centers should be accredited by The Joint Commission. To achieve their goal The Joint Commission approached a relatively new professional organization called "Urgent Care Association of America (UCAOA).<sup>4</sup> After making a sizable monetary contribution, The Joint Commission was able to convince UCAOA to team up with them to promote their accreditation program for urgent care centers all across America. This alliance between The Joint Commission and Urgent Care Association of America was a match made in heaven for both organizations. The Joint

Commission was looking for new clients to make up for their financial losses, Urgent Care Association of America was respectively looking to boost their name and appear as an authentic, solid, professional organization to attract more membership and recognition from other professional medical organizations.

This alliance between the two nonprofit organizations may appear to be another casual alliance between two professional organizations, but the goal is totally contrary to the new tagline of the joint commission "Helping Health Care Organizations Help Patients."

Urgent care centers are not large health care organizations. These are medical offices where doctors see their patients on a walk-in basis and have extended business hours. These so-called urgent care centers provide the same complexity of professional services which every family practice provider has been providing for ages all across America. In other words the scope of medicine which is being practiced in the walk-in clinics/urgent care centers is no different from a regular family medicine office.

Just a few years ago, typical family physicians would perform hospital rounds and see patients in their offices, managing their acute and chronic medical problems. This led to a massive growth in primary care practices in the early 1990s. Slowly, this practice model led to professional fatigue among the health care providers, and many young physicians lost interest in pursuing a career in primary care. This led to the emergence of hospitalists, freeing primary care providers to provide patient care only in their offices. The scheduled appointment model has not worked well for many of their patients. The health care consumers do not like to wait for their appointments to be seen by their primary care providers especially when they are acutely ill or injured. Health care consumers started to visit those doctors who would see them right away either through open access schedules or walk-in centers.

These trends have led to a growth in walk-in/urgent care clinics in last decade. These clinics are very different from hospitals or surgery centers because these clinics do not staff a pharmacist or anesthesiologist. They do not infuse IV medications and do not accept ambulance traffic and do not perform surgeries. These clinics offer a perfect alternative for minor medical problems for which a patient needs to be seen by a doctor but does not need to go to the ER. These clinics bill for their services just like any other doctor's office and do not charge any facility fee. All these walk-in/urgent care clinics have a state-licensed health care provider, state-licensed x-ray machine, CLIA-waived lab and a certificate of medical waste production facility. These clinics are regulated by OSHA standards and by the labor department, just like any other family medicine office.

These small medical practices do not need a golden seal of accreditation from The Joint Commission in exchange for thousands of dollars of fees. The Joint Commission accreditation for these medical practices will not add any value for the health care consumers, but it will make the readily available care more expensive, which is the last thing we need in the health care industry. If The Joint Commission's campaign for accrediting these urgent care clinics becomes a successful business venture, then the joint commission will go after other medical practices like family medicine practices and pediatric offices and will lose focus on its primary mission which is "Helping Health Care Organizations Help Patients."

About ninety nine percent of the hospitals reviewed by The Joint Commission win its accreditation, and in recent years it has missed glaring examples of poor care in which patients have been injured or killed. On July 25, 2005, the *Washington Post* staff writer Gilbert M. Gaul reported in great detail how The Joint Commission has been missing serious improvement opportunities in patient safety during its surveying process at major hospitals.<sup>5</sup> In November 2010, The *New England Journal of Medicine* published a study involving ten JCAHO-accredited hospitals in North Carolina which were followed for a six year period, and concluded that, “harm to patients resulting from medical care was common in North Carolina, and the rate of harm did not appear to decrease significantly during a six-year period ending in December 2007, despite substantial national attention and allocation of resources to improve the safety of care.”<sup>6</sup>

It is sad to say that The Joint Commission’s purpose is to regulate the hospitals but the federal government has no mechanism in place to oversee the performance of the Joint Commission. So far The Joint Commission has not been able to prove that it provides any meaningful improvement in our health care delivery system, but it continues to launch an aggressive campaign for every medical practice to get its expensive accreditation.

The Joint Commission should use its energy and resources to invent different mechanisms for evaluating complex and large health care organizations in a more effective manner where there is enormous room for improvement rather than wasting the available resources to start accrediting every doctor’s office in the country.

#### References:

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*This article was independently researched and written by Dr. Nasir Ali. The opinions expressed in the article are those of Dr. Ali.*