

The Joint Commission Disease-Specific Certification Program

Learn what this new initiative means for community cancer centers

Recent revelations by Elizabeth Edwards, wife of Democratic presidential hopeful John Edwards, and White House press secretary Tony Snow that their cancers have returned, but that they view the recurrences as chronic conditions to be managed have brought new public attention to the fact that a cancer diagnosis does not equal an immediate death sentence. As more Americans survive an initial cancer diagnosis, hospital-based cancer programs, oncology practices, and freestanding cancer centers play an increasingly important role in helping people manage this disease. At the same time, the healthcare field is addressing preventable causes of cancer, such as the use of tobacco, physical inactivity, and poor nutrition, along with the use of cancer screening tests to reduce the incidence of cancer.

Disease Management Programs

Providing quality care for individuals with chronic diseases, such as cancer, poses many challenges in today's competitive, constantly changing healthcare environment. Cancer management programs and other types of disease management programs are important components of this complex healthcare system, serving to:

- Coordinate services that meet the needs of patients with chronic conditions
- Identify at-risk groups and promoting early detection, compliance, and prevention
- Reduce overall care costs.

Successful disease management programs meet the needs of patients, purchasers, providers, and payers, and demonstrate that they offer the best-qualified services. Today, hospitals, health plans, and more than 150 disease management service companies offer disease management programs. Employers also have entered this arena, seeking to lower healthcare costs by contracting directly with disease management services. Despite the rapid growth of disease management efforts, national standards or oversight for these programs are still relatively new. The Joint Commission's Disease-Specific Care Certification Program meets this growing need for consensus standards and quality oversight by evaluating disease management and chronic care services. The Joint's Commission's certification standardizes national expectations for quality and safety and gives patients and employers valuable information that they can use to make care decisions

Certification as a Quality Improvement Tool

Certification is becoming increasingly important to providers because it demonstrates a public commitment to quality and safety by seeking an outside, independent review of compliance with state-of-the-art, optimal standards. In recent

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years, payers have also started to recognize certification as a method for ensuring quality services. The Joint Commission's Disease-Specific Care Certification Program helps providers integrate quality improvement principles into their daily operations and to improve safety and outcomes.

The Joint Commission patterned its standards for and approach to Disease-Specific Care Certification after Dr. Edward Wagner's Chronic Care Model. This patient-centered model focuses on the delivery of clinical care and the relationship between the practitioner and patient. In addition, The Joint Commission developed its program with expert guidance from 25 healthcare organizations representing hospitals, health plans, disease management organizations, integrated delivery systems, and primary healthcare providers, who reviewed the draft program model, program tools, and standards. Experts from the National Chronic Care Consortium, the Disease Management Association of America, and the Disease Management Purchasing Consortium also provided advice as part of a 21-member Certification Advisory Committee.

Currently, almost 500 disease-specific care programs are certified or are in the process of being certified by The Joint Commission, including five cancer programs. These organizations represent more than 40 disease-specific care programs including cancer, coronary artery disease, asthma, chronic obstructive pulmonary disease, depression, women's health, and Parkinson's disease. The Joint Commission has also developed an advanced level of certification, which has additional clinically-specific requirements and expectations, in the following clinical areas: chronic kidney disease; inpatient diabetes; primary stroke centers; lung volume reduction surgery; and ventricular assist device.


The Joint Commission's Disease-Specific Care Certification

This program is specifically designed for two types of programs. The first category are programs that provide clinical care directly to participants, such as services in hospitals, clinics, home care companies, long-term care facilities, rehabilitation centers, and physician groups. The second category is programs that provide comprehensive clinical support and interact directly with participants onsite, by telephone, or through online services or other electronic means. Examples include disease management companies and health plans with disease management services.

Cancer-specific Certification

Cancer is a complex group of diseases that requires a coordinated approach by a multidisciplinary team—medical, radiation, and surgical oncologists, cancer program administrators, oncology nurses, pharmacists, radiation therapists, oncology social workers, and others to provide safe, effective patient care. As new approaches to cancer treatment result in longer-term, complex care for patients, community cancer centers are seeking new methods to improve patient outcomes and produce greater business efficiencies.

The Joint Commission's cancer certification program recognizes the need for ongoing care coordination by evaluating the cancer treatment team's ability to provide systematic and balanced care for patients at all stages of their illness. The expectation is that there is a standardized, evidence-based process used to assess and deliver clinical care. Moreover, the standardized process will be tailored to meet the needs of participants for a customized plan of care. Finally, the standardized process is continually improved through ongoing collection and evaluation of data regarding variance from clinical practice guidelines. Effective care coordination across all relevant disciplines is clearly necessary to achieve compliance with these requirements in caring for a condition as complex as cancer.

In addition to improving patient outcomes and program efficiency, achievement of a disease-specific care certificate of distinction differentiates cancer and other chronic care management programs in the marketplace by giving consumers, payers, employers, regulators, physicians, and other clinical professionals highly valued, objective comparative information about a provider's ability to provide optimal patient care. 


The Joint Commission evaluation and resulting certification decision is based on three core components: 1) an assessment of compliance with consensus-based national standards; 2) the effective use of established clinical practice guidelines to manage and optimize care; and 3) an organized approach to performance measurement and improvement activities. Standards focus on key safety and quality issues that contribute to good care by disease-specific care providers. Standards cover five essential patient care areas related to delivery of clinical care; program performance measurement and improvement; and program, clinical, and self-management (see "Program Standards" box on this page).

Providing clinical care according to evidence-based medicine is at the heart of The Joint Commission's certification program. Clinical practice guidelines are to be selected, implemented, and fully integrated into the program. Our evaluation will assess the program's standardized method of delivering clinical care for all appropriate patients according to the clinical practice guideline.


The program identifies four process or outcome performance measures to monitor on an ongoing basis. These

Program Standards

The Joint Commission's Disease-Specific Care Certification Program focuses on five key standards:

- 1. Delivering or facilitating clinical care.** This standard addresses the need for qualified, competent practitioners; use of clinical practice guidelines that are evidence based; individualized care to meet each patient's needs; and use of performance measures to improve practices and services.
- 2. Performance measurement and improvement.** This area focuses on using a comprehensive approach to performance improvement that relies on measurement data to improve or validate clinical practices.
- 3. Supporting self-management.** Certified programs are expected to assess participants' self-management capabilities and provide support for self-management activities, as well as involve participants in developing a plan of care and help them to learn how to manage their disease.
- 4. Program management.** These standards focus on three key areas: designing, implementing, and evaluating a program that is relevant to participants; providing adequate access to care; and conducting the program in an ethical manner.
- 5. Clinical information management.** This area sets out expectations for gathering and sharing information across the continuum to coordinate care across all settings and providers; providing easy access to participant-related information; confidentiality; and maintaining data quality and integrity. 

measures should be related to the clinical practice guidelines for the program. The data collected on the performance measures are used as an input into performance improvement. They allow the program to review the effectiveness of its interventions over time.

The Joint Commission conducts an onsite review, typically a one-day evaluation of the disease management program and the chronic care services program. The reviewer evaluates compliance with The Joint Commission standards and emphasizes the management of patients with chronic conditions through clinical guidelines and performance measurement. The information-driven evaluation addresses the following key areas: qualifications and competence of practitioners; ongoing efforts to measure and improve processes and outcomes; encouragement of patient self-management; demonstrated leadership support for the program; and use of clinical information systems to monitor patient care management. 

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