

International Accreditation and Medical Tourism: The Value Equation

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Mission of Joint Commission International

- To improve the **safety and quality** of care in the international community through the provision of education, publications, consultation, evaluation, and accreditation services

The Joint Commission

- An independent, non-profit, non-governmental agency
- Accredits over 15,000 health care organizations in the United States

Ernest A. Codman: End Result Theory

- “So I am called eccentric for saying in public that hospitals, if they want to be sure of improvement,
 - Must find out what their results are.
 - Must analyze their results, to find their strong and weak points.
 - Must compare their results with those of other hospitals.
 - Must welcome publicity not only for their successes, but for their errors.”[\[1\]](#)



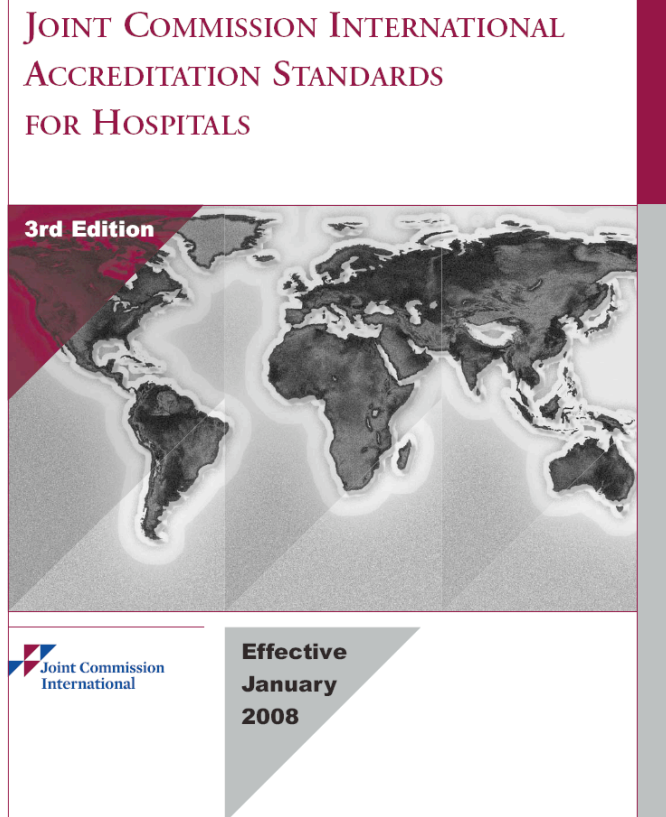
The American College of Surgeons described the need for standardization of hospitals through accreditation as the need to:

“Encourage those which are doing the best work, and to stimulate those of inferior standard to do better.”

Offices

- Headquarters
 - Oak Brook, IL, USA
- International
 - Europe
 - Ferney-Voltaire, France (edge of Geneva)
 - Milan, Italy (Project Office)
 - Middle East
 - Dubai Health Care City
 - Asia Pacific
 - Singapore

International Accreditation Programs



JCI Today

- Global knowledge disseminator of quality improvement and patient safety
- 247 accredited organizations in 36 countries
- ISQua-accredited
- WHO Collaborating Centre for Patient Safety Solutions

Regional Advisory Councils

- Asia-Pacific
- Europe
- Middle East
 - Provide advice and counsel to JCI management about standards and patient safety initiatives
 - Guidance on regional or cultural adaptations

European Regional Advisory Council

- BQS
- Coventry University
- Danish Institute for Patient Safety
- Danish Institute for Quality and Accreditation in Healthcare (IKAS)
- European Hospital Federation
- European Parliament
- European Society for Quality in Healthcare (ESQH)
- Fundación Acreditación Desarrollo
- Georgian Alliance for Patient Safety
- Haute Autorite de Sante
- International Hospital Federation
- International Pharmaceutical Federation (FIP)
- Ministry of Health, Turkey
- National Patient Safety Agency (NPSA)
- OECD Health Division
- Socialstyrelsen (Stockholm, Sweden)
- Swedish Medical Injury Insurance
- WHO Regional Office for Europe

Accredited Hospitals in Turkey

- Acibadem Healthcare Group:
 - Acibadem Bakirkoy Hospital, Bakirkoy-Istanbul
 - Acibadem Bursa Hospital, Bursa
 - Acibadem Kadikoy Hospital, Kadikoy-Istanbul
 - Acibadem Kocaeli Hospital, Kocaeli – Izmit
 - Acibadem Kozyatagi Hospital, Kozyatagi – Istanbul
 - International Hospital, Yesilkoy-Istanbul
- Alman Hastanesi/Deutsches Krankenhaus, Istanbul
- Anadolu Saglik Merkezi, Kocaeli
- Ankara Guven Hospital, Ankara
- Bayindir Hospital, Ankara
- Sisli (Caglayan) Florence Nightingale Hospital, Sisli, Istanbul
- Dunya Eye Hospital, Istanbul

Accredited Hospitals in Turkey, cont'd

- Ege Saglik Hastanesi, Izmir
- Gayrettepe Florence Nightingale Hospital, Gayrettepe, Istanbul
- Hacettepe University Adult Hospital, Ankara
- Hisar Intercontinental Hospital, Istanbul
- Istanbul Memorial Hospital, Istanbul
- Kent Hastanesi, Izmir
- Medical Park Healthcare Group:
 - Antalya Hospital, Antalya
 - Bahcelievler Hospital, Istanbul
 - Bursa Hospital, Bursa
 - Goztepe Hospital, Istanbul

Accredited Hospitals in Turkey, cont'd

- Mesa Hastanesi, Ankara
- Ozel Medicana Hospital Camilca, Istanbul
- Ozel Medicana Hospitals Bahcelievler, Istanbul
- Uludag Universitesi Saglik Kuruluslan, Bursa
- Vehbi Koc Foundation American Hospital, Istanbul
- Yeditepe University Hospital, Istanbul

More than any other country!

Accreditation – A Definition

- A government or non-government agency grants **recognition** to health care institutions which meet certain **standards** that require **continuous improvement** in structures, processes, and outcomes
- Usually a **voluntary** process

What is Accreditation Intended to Accomplish?

- Improve patient care processes and outcomes
- Enhance patient safety
- Strengthen the confidence of patients, professionals, and payors about the organization
- Improve the management of health services
- Enhance staff recruitment, retention, and satisfaction
- Provide education on better/best practices

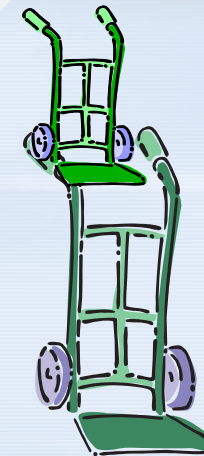
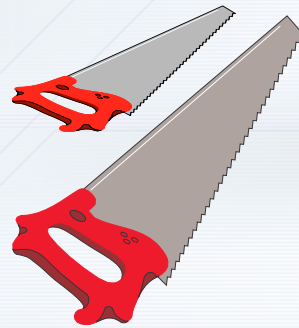
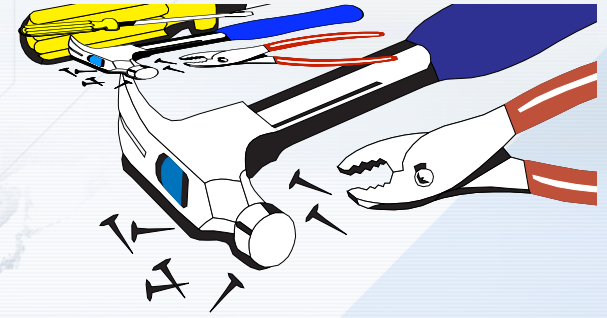
Joint Commission International Accreditation

International Accreditation Philosophy

- Maximum achievable standards
- Patient-centered
- Culturally adaptable
- Process stimulates continuous improvement

The Accreditor's Tools

- Standards
- Evaluation Methodology
- Patient Safety Goals and Tools
- Data on Performance and Benchmarks
- Education



Why International Standards?

The Joint Commission standards:

- Are filled with U.S. and state laws and regulations
- Include many “political” considerations such as requirements for an organized medical staff
- Use American jargon such as “advanced directives”
- Rely on National Fire Protection Association requirements for facility review—no international version of these requirements
- Have a U.S. cultural overlay for patient rights

Standards

- A system framework
- Address all the important managerial and clinical functions of a health care organization
- Focus on patients in context of their family
- A balance of structure, process, and outcomes standards
- Set optimal, achievable expectations
- Set measurable expectations

Standards are Continually a “Work in Progress”

- The heart of any accreditation program is the standards upon which all else is based – the evaluation methodology, decision process, evaluator training, and other operational elements
- Thus, a standard must be “good”, not just on the day the standard is written, but on a continuing basis

Evidence of Performance is Available

- Standards have multiple dimensions and thus have multiple sources of evidence
 - Policy – document review
 - Knowledge – staff training logs, interviews with staff
 - Practice – clinical observation, patient interviews
 - Documentation of practice – open and closed record review
- A good standard permits a convergent validity scoring process – all surveyors evaluating all types of evidence and reaching one score

Joint Commission International Standards

Organized Around Important Functions

- *Patient-Centered Standards*
 - Access to Care and Continuity of Care
 - Patient and Family Rights
 - Assessment of Patients
 - Care of Patients
 - Anesthesia and Surgical Care
 - Medication Management and Use
 - Patient and Family Education



JCI Standards, continued

- *Organization Management Standards*
 - Quality Improvement and Patient Safety
 - Prevention and Control of Infections
 - Governance, Leadership, and Direction
 - Facility Management and Safety
 - Staff Qualifications and Education
 - Management of Communication and Information



Environmental Forces Affecting Medical Travel

- Numbers of patients traveling abroad for treatment will increase to 6 million by 2010, reaching 10 million by 2012¹
- Such an increase could be worth \$21b per year to developing countries²
- Est. 60,000-85,000 medical travelers per year^{2,3}
 - 40% seek advanced technologies³
 - 32% seek better care than that provided in their own country³
 - 15% seek quicker access to medically necessary procedures³
- In 2008, more than 200,000 Americans traveled abroad for health care⁴

Medical Travel: New Perspectives^{5,6}

- Medical travel can be a catalyst for health care reform
- Medical travel can lead to job creation, encourage physicians and nurses to return to their host countries, spread know-how, and improve access to care for local patients
- Cost isn't the only factor—improved quality resulting from greater transparency and better information technology has moved to the forefront
- Medical travel can lead to better innovation, which can lead to better care

Are These Trends Sustainable?

- 2009 survey by Deloitte shows decrease in number of Americans willing to travel for health care:⁷
 - 10% of 2009 respondents* would travel abroad for care—this was 40% in 2008 survey
- The question: Could healthcare reform in the US impact the number of medical travelers?

Increasing Requests for Ensuring Quality and Safety for Medical Travel

- International Medical Travel Association issued position paper advocating that international health care organizations be held to high standards set by recognized accreditation authorities⁸
- American Medical Association adopted guiding principles on medical tourism⁹
 - Outline steps for care abroad for consideration by patients, employers, insurers, and third parties
 - Require patients to be made aware of their legal rights and have access to physician licensing and facility accreditation
- Increasing exposure in international trade journals highlighting the need to research quality when considering medical travel¹⁰
- Deloitte study mentions JCI in particular in reference to patients' increasing concerns about quality in international hospitals¹¹

JCI Standards Address Key Issues Relevant to Medical Travel

Communication Issues

- The organization seeks to reduce physical, language, cultural, and other barriers to access and delivery of services.
- The patient and family are taught in a format and language they understand.

JCI Standards Address Key Issues Relevant to Medical Travel

Rights as Patients

- Care is considerate and respectful of the patient's values and beliefs.
- Care is respectful of the patient's need for privacy.
- Patient information is confidential.
- Patient informed consent is obtained.

JCI Standards Address Key Issues Relevant to Medical Travel

Continuity of Care

- Continuity and coordination are evident throughout all phases of patient care.
- Referrals outside the organization are to specific individuals and agencies in the patient's home community.
- A copy of the discharge summary is provided to the practitioner responsible for the patient's continuing or follow-up care.

JCI Standards Address Key Issues Relevant to Medical Travel

Truth in admission policies

- Patients are admitted for care *only* if the organization can provide the necessary services and settings for care.
- At admission patients and families are provided information on the proposed care, expected results of care, and expected costs.
- The organization has established and implemented a framework for ethical management.

JCI Standards Address Key Issues Relevant to Medical Travel

Professional Competence

- The organization has an effective process to authorize all medical staff members to admit and treat patients and provide other clinical services consistent with their qualifications.
- The credentials of medical staff members are reevaluated at least every three years to determine their qualifications to continue to provide patient care services in the organization.

JCI Standards Address Key Issues Relevant to Medical Travel

Evidence of quality

- The organization monitors its clinical and managerial structures, processes, and outcomes including:
 - Laboratory and radiation safety and quality
 - Surgical procedures
 - Use of antibiotics and other medications
 - Use of blood and blood products'
 - Infections
 - And 13 other areas including patient safety

JCI Standards Address Key Issues Relevant to Medical Travel

Complaints

- The organization informs patients and families about its process to receive and act on complaints, conflicts, and differences of opinion about patient care.

International Patient Safety Goals and Tools

- Represent **proactive strategies** to reduce risk of medical error and reflect good practices proposed by **leading patient safety experts**
- Incorporating these new tools into our accreditation requirements is a **significant** step
- Organizations taking **responsibility** for using the IPSG to foster an atmosphere of **continuous improvement** is even more important

JCI International Patient Safety Goals

1. Identify patients correctly
2. Improve effective communication
3. Improve the safety of high-alert medications
4. Ensure right-site, right-patient, right-procedure surgery
5. Reduce the risk of health care-associated infections
6. Reduce the risk of patient harm from falls

JCI's Measurement Strategy

- Accreditation is continuous
- Accreditation status publicly disclosed
- Complements existing standards requirements
- International comparisons
- Meets needs of multiple stakeholders
- Develop and identify measures that address clinical and managerial dimensions
- Need for and rigor of data validation
- Measurement system supported by IT platform
- JCI currently has 20 performance measurement requirements

Sentinel Event Alerts

- Published by The Joint Commission
- Highlight significant risk areas in care
- Offer suggestions and recommendations for mitigating risk
- Latest *Sentinel Event Alert* focuses on information technology

Accreditation Represents a Risk Reduction Strategy

- That an organization is doing the right things and doing them well;
- Thereby significantly reducing the risk of harm in the delivery of care; and
- Optimizing the likelihood of good outcomes.



The Value and Impact of Accreditation

Impact of Accreditation: Some Examples

Medical Records

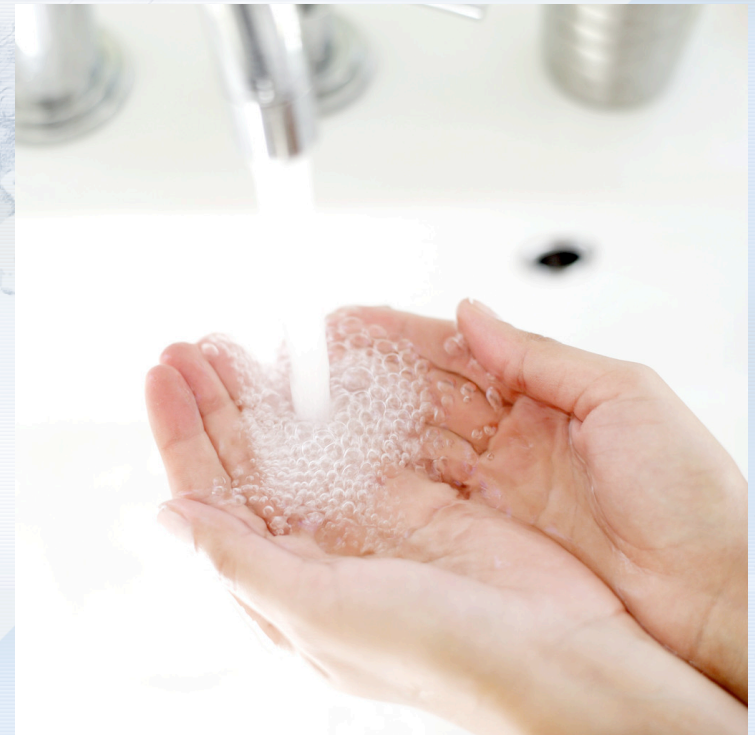
- First required in 1917, many considered the medical record unnecessary
- Today the medical record is inarguably the central point of information gathering for treatment decisions, research, patient monitoring, outcomes measurement, and even billing



Impact of Accreditation: Some Examples

Infection Control Programs

- In the mid-1950s, patients, especially surgery patients and newborns, acquired infections in epidemic proportions
- In the 1950s, hospitals were required to appoint infection control committees to direct activities aimed at curbing epidemics of infections
- Infection control programs were created that reduced the spread of devastating infectious agents



Impact of Accreditation: Some Examples

Fire Safety

- Non-smoking standards for hospitals were developed due to the adverse effects of passive non-smokers and significant fire hazards

Advance Directives

- Protects patients from a life or death they would not have wished
- Requires organizations to establish Do-Not-Resuscitate (DNR) standards and request an advance directive from each patient so the individual's wishes can be documented in the patient chart
- In the 1980s only 20% of hospitals addressed this issue; since the implementation of the standard, nearly 100% of accredited organizations are in compliance with the standard

Accreditation: The Value Equation

- JCI has conducted descriptive research with a sample of accredited hospitals to determine the value of accreditation
- Accredited hospitals report significant improvements in:
 - Leadership
 - Medical records management
 - Infection control
 - Reduction in medication errors
 - Staff training and professional credentialing
 - Improved quality monitoring

Recent Studies Support the Value of Joint Commission Accreditation

- Longo study showed that accreditation is a significant factor in whether facilities engaged in actions widely recognized to improve patient safety; advocates accreditation as a means for improving health care¹²
- *Health Affairs* report indicated that Joint Commission accreditation requirements influenced hospitals' efforts toward implementing patient safety initiatives¹³
- Study in *Hospital Topics* found accreditation to be effective in driving efforts to reduce errors¹⁴