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Telehealth Accreditation: Adding Value to Your Organization Through Independent Objective Value

Hosted by

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Learning Objectives

At the end of this session, attendees should be able to:

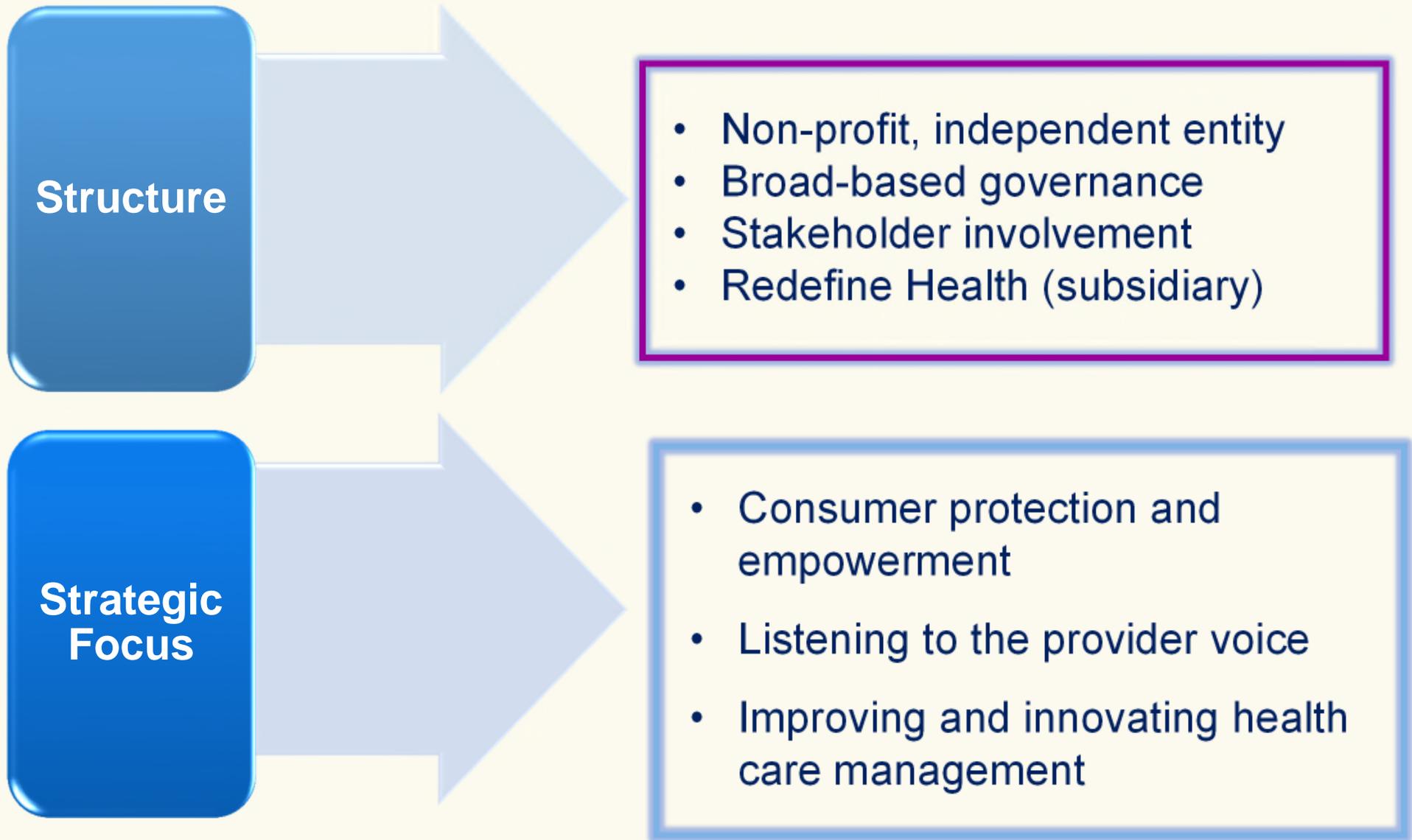|		
Understand the value proposition for URAC's Telehealth Accreditation	Describe the URAC accreditation process as it would apply to their organization	Determine the amount of effort needed to submit an application

URAC's mission is to promote continuous improvement in the quality and efficiency of health care management through accreditation, education, and measurement.

About URAC

Structure

- Non-profit, independent entity
- Broad-based governance
- Stakeholder involvement
- Redefine Health (subsidiary)

Strategic Focus

- Consumer protection and empowerment
- Listening to the provider voice
- Improving and innovating health care management

"Fast Facts" About URAC

An independent organization founded in 1990; originally chartered to accredit utilization review services.

URAC offers dozens of distinct accreditation programs across the entire continuum of care.

URAC currently accredits over 800 organizations operating in all 50 states and internationally.

URAC's accreditation programs are nationally utilized by state and federal regulators to ensure the highest level of quality is delivered to consumers.

URAC Board Member Organizations

The URAC Board also maintains at-large representatives from consumer groups, public organizations, and other industry experts.
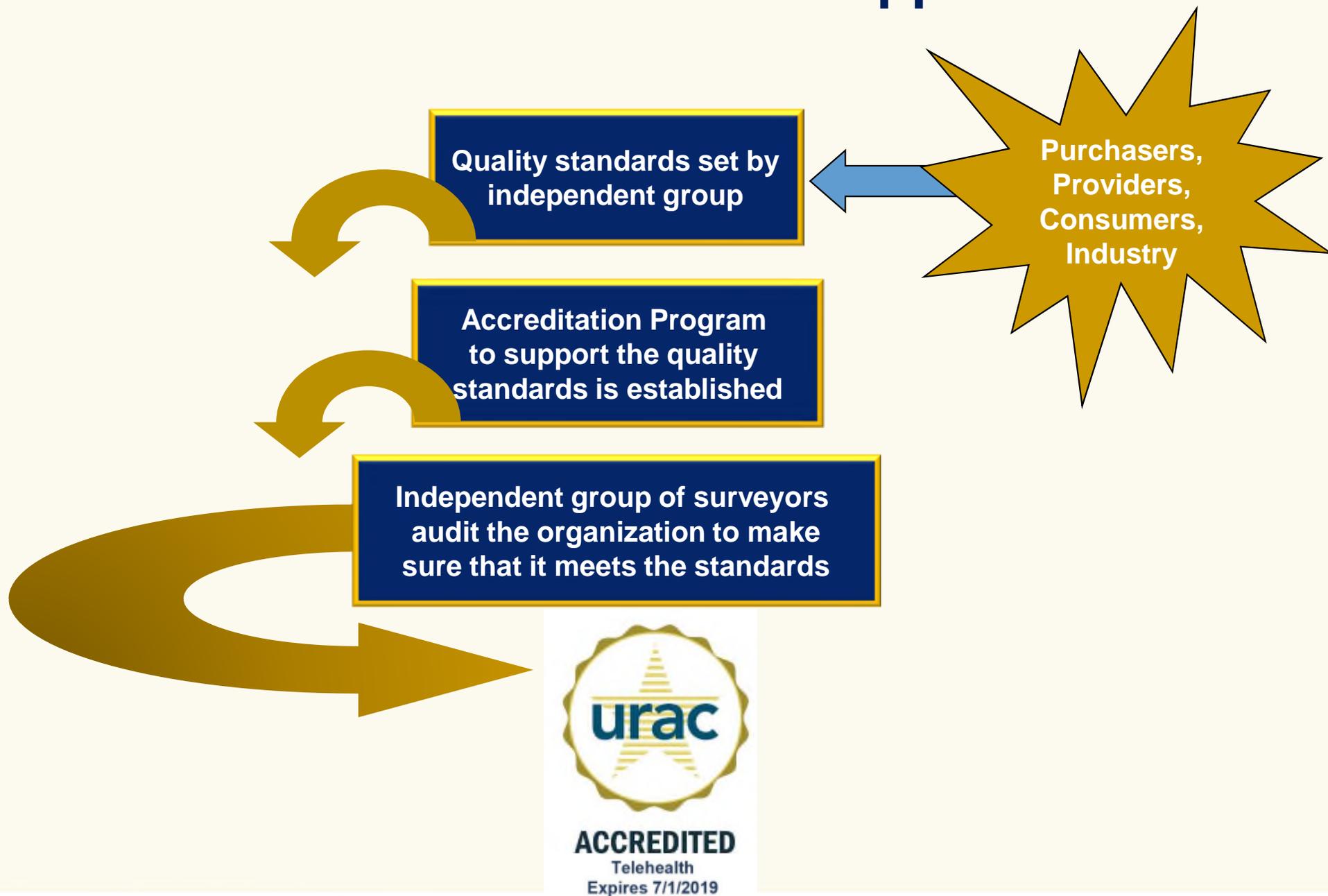
Features of URAC Accreditation

- URAC standards seek to improve American health care.

- Standards are developed with input from a broad range of stakeholders, incorporating emerging requirements and trends.

- URAC's independent, non-profit structure has been a trusted source of quality for over 25 years.

- An educational approach guides a validation of compliance.

- The URAC accreditation seal signifies quality and efficiency among federal and state regulators, insurers, providers, and purchasers.

Value of URAC Accreditation

- URAC is considered a leading authority for validating the quality of:
  - Pharmacy
  - Utilization management
  - Case management
  - Independent review organizations

- Clients say preparing for accreditation improves an organization.

- Accreditation helps make an organization stand out.

- Accreditation can demonstrate regulatory compliance and ease regulatory oversight burdens.

Accreditation is a "Seal of Approval"

Quality standards set by independent group

Purchasers, Providers, Consumers, Industry

Accreditation Program to support the quality standards is established

Independent group of surveyors audit the organization to make sure that it meets the standards

urac
ACCREDITED
Telehealth
Expires 7/1/2019

URAC Accreditation and Certification Programs

Health Care Management	Health Care Operations	Health Plan Accreditation	Pharmacy Quality Management	Provider
• Health Utilization Management • Case Management • Disease Management • Health Call Center • Independent Review Organization • Workers' Compensation Utilization Management	• Health Network • Health Content Provider/Website • Credentials Verification Organization	• Health Plan • Health Plan for Health Insurance Marketplace • Medicare Advantage Health Plan	• Specialty Pharmacy • Community Pharmacy • Drug Therapy Management • Mail Service Pharmacy • Pharmacy Benefit Management • Workers' Compensation Pharmacy Benefit Management	• Accountable Care • Clinical Integration • PCMH Practice Certification • Telehealth • Dental Network • Dental Plan

Measures

- Core accreditation is available as a stand-alone program.
- Certification is available to organizations providing support services to URAC-accredited organizations.

Four Steps of an Application for Accreditation

THE FOUR PHASES OF ACCREDITATION

1. Uploading the Application
2. Desktop Review
3. Validation Review
4. Committee Review

The URAC Difference

- Includes Core quality organization standards:
  - Risk management and regulatory compliance
  - Ethics
  - Leadership
- Telehealth models embraced:
  - Consultations, Provider to:
    - Other provider
    - Facility
    - Consumer
  - Many types of technology used to facilitate practice
- Aligns with Joint Commission on credentialing and privileging

Account Management Overview

URAC's Account Management (AM) staff act as the central URAC contact person for clients

AM staff build long-term client relationships throughout the life of the accreditation cycle(s):

- Improves client access to URAC staff
- Account Managers maintain contact with the accreditation reviewer(s) during accreditation and reaccreditation reviews
- Initial point of contact during the accreditation cycle

A URAC Account Manager is assigned to each client after the following are completed:

- Accreditation Application Agreement (AAA)
- Business Associate Agreement (BAA)
- Remittance

The URAC Way

- Validation of compliance is entirely online
  - No facility visit
- Validation review takes less than a day (eight hours)
- Applicants may take advantage of three rounds of educational Requests For [additional] Information as part of the desktop review process:
  - An educational, not punitive, approach
- A working relationship with the assigned reviewer(s)
- Rapid turn-around and notifications

Determination of Compliance

Desktop Review:

Proof of compliance is sought in policies and procedures, screen shots, program descriptions, meeting minutes, checklists, work flows, data reports or dashboards, or other official documents and is submitted to URAC through the AccreditNet web portal.

Validation Review:

For all elements of performance, follow-up on any unresolved issues identified during desktop review that may include further document review requests.

The Three Goals of Desktop Review

Submit important information about your organization

Make sure infrastructure, policies and procedures, and other documentation exists and is compliant with URAC standards

Prevent a premature validation review

Validation Review Activities: Traditional and Virtual

- Presentations by applicant organization
- Interviews of leaders and staff
- Observations (e.g. operating systems)
- Document review (e.g. QMC minutes, contracts)
- Review of performance data reports
- File audits (e.g. cases, personnel/credentials)

Look Back Period for Initial Applications = Date of Application Desktop Review Submission

Determining an Accreditation Category

If all mandatory standard elements are met:

≥ 95* points/100 and complies 100% on at least one "Leading Indicator" standard

- Include compliance with Leading Indicators on Accreditation Summary Report (ASR)

≥ 95* points/100 = **Full Accreditation**

≥ 90, but < 95 points/100 = **Conditional Accreditation**

≥ 85, but < 90 points/100 = **Corrective Action**

< 85 points/100 = **Denial**

* Required effective for programs launched in 2016

Accreditation Summary Report (ASR)

- Overall application scores
- Individual module score
- Description of the accreditation category
- Books of business excluded from the scope of the accreditation
- Locations of sites included within the scope of the accreditation
- Individual standard/element scoring category
- Terms of accreditation
- Notes

Monitoring Program and On-site Review Activities

Monitoring Review Activities

- A limited review of case files, complaints, quality management activities, policies and procedures, staff training, and credentials is conducted.
- A medical/clinical director is not generally required to participate.
- Staff are not typically interviewed.
- When applicable, if some work is performed at another site, the monitoring review will be limited to work performed at the selected site.

Anatomy of a URAC Standard

Focus Areas and Elements of Performance

■ A focus area is a major section of the accreditation that includes the guiding principles and rationale for addressing a particular area and its scope.

■ Each focus area consists of one or more standards and their elements of performance (EPs).

■ Standards or EPs include assigned weights for scoring. They may alternatively be mandatory or a leading indicator.

Elements of Performance Score Weights

- **M** = This element is **<u>mandatory</u>.** The element is a directly-linked indicator of essential quality organization accountability, stakeholder empowerment and/or consumer protection, and safety. It must be met to receive full accreditation status.

- **4** = A directly-linked indicator of effective operational capabilities that constitute a quality organization.

- **2** = A structural element or attribute for managing a quality organization.

- **L** = Leading Indicator: An optional performance element addressing forward-leading requirements that highlight effective practices not yet widely adopted by telehealth providers.

> **Accreditation scoring is calculated by # of points achieved/# of possible points. Required score for full accreditation status is 95% as well as compliance with all mandatory [M] performance elements.**

Example of the URAC Format for Standards and Elements of Performance

Standard CPE 2:
Health Care Ethics

Programs engage in methods to assure ethical practices that protect consumers.

CPE 2-1: Consumer Rights and Responsibilities

Consumer rights and responsibilities are defined and enabled:

a. Programs implement a mechanism for informing consumers of their rights and responsibilities; [4]

b. Consumer rights and responsibilities inform program policies, procedures and processes for services design and operation; [4]

c. Consumer rights and responsibilities address:

    i. Information disclosure; [4]

    ii. Access to services; [4]

    iii. Respect and nondiscrimination; [4]

    iv. Overcoming health disparities; [4]

    v. Confidentiality; [M]

    vi. Submission of complaints and appeals; [4]

    vii. Consumer responsibilities to engage and participate in decision-making and self-management, as applicable; and [4]

    viii. Purchase rights and limitations for direct to consumer services. [4]

CPE 2-2: Ethical Health Care Practices

Ethics in health care practices are explicit:

    a. Programs define ethical health care practices:

        i.   Consumer rights, per TH 4-1; [4]

        ii.   Consent; [M]

        iii.   Conflict of Interest; [4]

        iv.   Avoidance of discrimination; [M]

        v.   Commitment to reduction of health disparities; [4]

        vi.   Responsibility to study and prevent error; [L]

        vii. Ethical obligations of medical/clinical directors; [L]

        viii. Reporting of impaired, incompetent, or unethical practice; [M]

        ix.   Prudent stewardship of health care resources; [L]

        x.   Peer review; and [2]

        xi.   Professionalism in the use of digital media. [4]

URAC's Four Telehealth Foundations

1. **Access and Value of Services:** Telehealth seeks to expand access to high quality health care services that yield value in cost-effective outcomes and consumer convenience.

2. **Technology Enhanced Clinical Practice:** Telehealth combines top of license practitioner practices utilizing enabling technology to enhance a licensed practice.

3. **Safe Practices:** Telehealth promotes a culture that fosters safe practices that include customary expectations of patient evaluation, treatment, and education.

4. **Consumer Benefits and Protections:** Risk management and regulatory compliance by telehealth providers underscore consumer benefits and protections.

13 Telehealth Principles for URAC Standards

1. **Access and Value of Services:** Telehealth seeks to expand access to high quality health care services that yield value in cost-effective outcomes and consumer convenience.

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13 Telehealth Principles for URAC Standards

4. **Consumer Benefits and Protections:** Risk management and regulatory compliance by telehealth providers underscore consumer benefits and protections.

5. **State and Federal Compliance:** Provision of telehealth services shall be consistent with applicable federal and state laws and regulations and originating site institutions' operating policies and procedures.

6. **Safe Medication Practices:** Telehealth providers follow safe medication practices consistent with applicable jurisdictional laws and regulations.

7. **Continuity of Care:** Telehealth providers communicate with other members of the health care team to promote continuity of care whenever feasible.

13 Telehealth Principles for URAC Standards

8. **Data Safeguards:** Safeguards for data integrity, confidentiality, and information security telehealth protect consumers.

9. **Consumer Rights and Responsibilities:** All consumer rights and responsibilities for any other health care practice are afforded to telehealth care recipients.

10. **Consumer Empowerment:** There is access to services, opportunities for feedback, consent, engagement, and health literacy enabling consumers to actively participate in their care and practice responsible self-management.

13 Telehealth Principles for URAC Standards

11. **Credentialing and Privileging:** Clinicians engaged in telehealth must be credentialed and privileged, as appropriate, for the care setting and delivery of care consistent with any applicable organized medical staff bylaws.

12. **Standard of Care and Ethics:** Telehealth providers engage in evidence-based practices and adhere to professional ethical standards consistent with their specialty discipline.

13. **Continuous Quality Improvement:** Quality management activities support continuous improvements in telehealth practice based on provider performance data and program effectiveness indicators – including patient experience.

Core Quality Principles
Built Into Telehealth Standards

1. Leadership
2. Stakeholder Involvement
3. Consumer Protection
4. Culture of Quality
5. Regulatory Compliance

6. Quality Improvement
7. Process Optimization
8. Information Systems
9. Performance Measurement and Reporting

Eligibility for Telehealth Accreditation
In addition to URAC General Eligibility Requirements

- Entities that provide telehealth consultation services to:
  - Other providers
  - Facilities
  - Direct to consumers
- Consultation is provided through the use of enabling technology by a responsible provider:
  - Enabling technologies include store and forward images or other clinical data, remote patient monitoring, and digital medical devices that capture and transmit real-time clinical data.
- Consultation services include assessment, diagnostic studies when indicated, development of a plan of care, and patient education; and may include treatment and/or care coordination:
  - A provider-patient relationship is established for consultations between provider and patient.

URAC Telehealth Accreditation Standards

Risk Management v1.0

– RM 1: Risk Management Strategies

– RM 2: Regulatory Compliance Program and Internal Controls

Consumer Protection and Empowerment v4.0

– CPE 1: Information Systems Confidentiality and Security

– CPE 2: Confidentiality of Individually-Identifiable Health Information

– CPE 3: Healthcare Ethics

– CPE 4: Consumer Empowerment

– CPE 5: Consumer Protection

URAC Telehealth Accreditation Standards

Ongoing Credentialing and Maintenance of Practice Privileges of Clinical Staff v4.0

- OCM 1: Clinical Staff Credentialing

Performance Monitoring and Improvement v4.0

- PMI 1: Quality Oversight Procedures and Responsibilities

Operations and Infrastructure v4.0

- OPIN 1: Leadership
- OPIN 2: Staff Management
- OPIN 3: Process Optimization
- OPIN 4: Business Ethics

Telehealth Accreditation Standards

Telehealth Professional Practice v1.0

— TH-PP 1: Professional Practice via Telehealth

Telehealth Technology v1.0

— TH-TE 1: Information Systems

Consumer Education via Telehealth Media v1.0

- TH-CE 1: Health Information Content
- TH-CE 2: Decision Making Support Tools for Consumers
- TH-CE 3: Consumer Empowerment for Self-Management Participation
- TH-CE 4: Consumer Education Effectiveness Evaluation

Telehealth Accreditation Standards

Care Coordination via Telehealth Media v1.0

– TH-CC 1: Care Coordination Services

– TH-CC 2: Care Coordination Effectiveness Evaluation

Measures Reporting v1.0

– RPT 1: Reporting Mandatory Measures to URAC

Questions?

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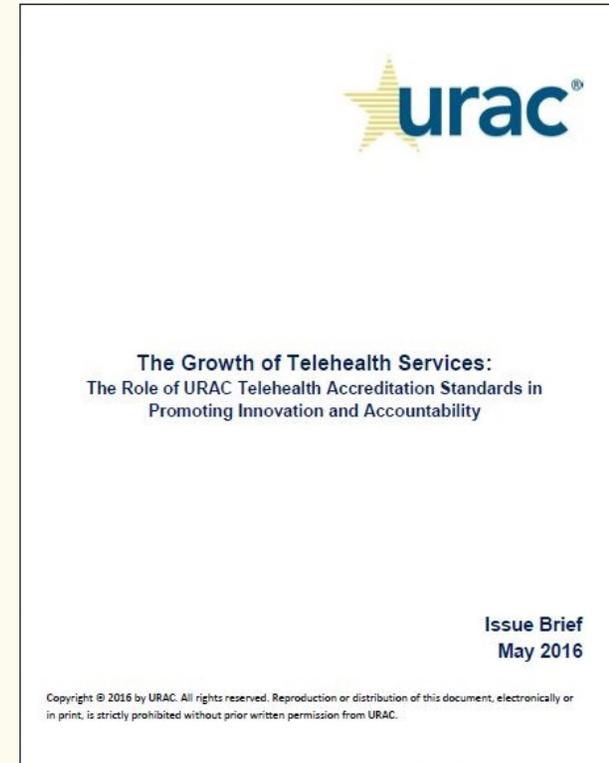Tel: 202-861-1888

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URAC's Telehealth Issue Brief

The Growth of Telehealth Services: The Role of URAC Telehealth Accreditation Standards in Promoting Innovating and Accountability

http://info.urac.org/telehealth-growth

Disclaimer

- The information contained in this presentation is intended to provide general education about URAC. It does not list all of the details found in URAC's accreditation guide or all requirements listed in URAC's Accreditation Application Agreement.

- URAC's Accreditation Application Agreement and accreditation guide supersede any information found in this presentation. Please review the latest accreditation guide, found in AccreditNet 2.0, for details about your specific URAC program.

Thank you!

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Telehealth
Expires 7/1/2019

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Visit URAC's Resource Center to submit your Standards Interpretations question.

For more information go to: www.urac.org/education