Mindful corporate citizenship is a top priority at ACHC. Our community-building and charitable outreach initiatives reflect the same principles that we leverage in our work with customers/clients every day. ACHC firmly believes in supporting the communities where we do business and where our employees reside. To achieve the most powerful impact in each of our key giving areas, we integrate our corporate charitable initiatives with the efforts of our employees and customers.

We are proud to have worked with the following inspiring organizations and charities:

- The Food Bank of Central and Eastern NC
- The Susan G. Komen Race for the Cure
- Haven House School Supply Drive
- Salvation Army Angel Tree
- Wounded Warriors Foundation
- Angels Among Us
- Flint, Michigan water crisis
In addition to partnering with these important organizations, in the last six months ACHC has contributed $30,000 to both national and local charities. In January, ACHC provided 115,000 bottles of water to the citizens of Flint, Michigan to ease the burden of their contaminated water crisis. And, on May 16, ACHC hosted its inaugural Charity Golf Tournament, “Chipping in for Charity,” at the Brier Creek Country Club in Raleigh, NC. This event raised and donated a total of $20,000 to support two important local charities: Big Brothers Big Sisters of the Triangle in support of its mission to provide greater opportunities to youth in need, and Inter-Faith Food Shuttle in support of its mission to create a hunger-free and healthy community.

ACHC is committed to providing the best possible accreditation experience, as well as to improving the well-being of our communities. We hope to continue our efforts to create a brighter future for not only our team members, but for our communities and the world we live in.
There are certain times of the year where I often think that things will slow down. It appears I am wrong. We have been very active with new initiatives, program support activities, and charitable community projects.

In April we launched the industry’s first Distinction in Oncology program as part of our Specialty Pharmacy Accreditation program. The reaction to this new accreditation by payors and providers has been overwhelmingly positive. Some payors that require two specialty pharmacy accreditations have said that this program, along with ACHC’s standard Specialty Pharmacy Accreditation, can serve as the dual accreditation. This program can serve to differentiate ACHC in the marketplace, as well as to simultaneously meet the needs of payors and reduce the cost to providers.

On the Compounding Pharmacy side of our business, both our PCAB Pharmacy Compounding Accreditation Board (PCAB) and our ACHC Inspection Services (AIS) programs continue to gain traction, as more boards of pharmacy adopt these programs as an independent confirmation of a pharmacy’s commitment to quality and safety. We now have well over 400 PCAB-accredited compounding pharmacies. PCAB Accreditation is the only compounding accreditation program in the industry built on and aligned with United States Pharmacopeia (USP) guidelines. We have spent a significant amount of time, resources, and effort educating representatives from the Senate and the House on Capitol Hill, payors, boards of pharmacy, and special interest organizations on the value of PCAB Accreditation and its importance in ensuring safer medications and work environments for patients and employees, respectively. Our interest is to continue to add value to those pharmacies that invest in PCAB Accreditation by expanding its acceptance and helping our providers to be distinguishable from their competition.

On a charitable contribution side of things, ACHC has donated over $90,000 during the past six months, by providing 115,000 bottles of water to help Flint, Michigan citizens through their contaminated water crisis. On May 16, 2016, we held our inaugural Charity Golf Tournament, where we were able to raise and donate a total of $20,000, to support Big Brothers Big Sisters of the Triangle and Inter-Faith Food Shuttle.

None of these activities would be possible without the support of the providers we serve. Thank you for your business and continued support, as we stay committed to providing the best possible accreditation experience in the industry.
SPOTLIGHT ON THE PROVIDER

Henley Medical
“A center of excellence”

I am the owner of Henley Medical, a complex rehabilitation company located in Chattanooga, Tennessee. I am taking the time to write a brief note of gratitude to ACHC. Those of us who have the privilege of serving the disabled community also face the daily challenges of providing a high quality of services. We have had a long-term, collaborative relationship with ACHC, and that has helped Henley Medical strive to be “A Center of Excellence.”

ACHC holds itself to the same high standards that it requires of its customers like us. Henley Medical has benefitted by our ACHC Accreditation experience and long-standing, loyal relationship with ACHC, and we work hard to associate with winners. ACHC is a winner.

ACHC’s requirements are fair and evidence-based. Because ACHC Surveyors are aware of the daily struggles healthcare companies deal with, they are professional and compassionate in their approach to fair-minded accreditation.

www.henleymedical.com

“I RECOMMEND ACHC HIGHLY AND AM PROUD OF BEING A PART OF ITS FAMILY.”
— THOMAS OTIS HENLEY, M.ED, ATP, CRTS, HENLEY MEDICAL

Transitions LifeCare provides physical, emotional, and spiritual care to those living with an advanced illness, their caregivers, and those who have lost a loved one. Services, provided in a nine-county area of central and North Carolina include caregiver support, hospice, palliative care, home health, and community bereavement for adults and children. Selected by Medicare for several pilot programs and demonstration projects, Transitions LifeCare (founded as Hospice of Wake County) has been a leader in delivering hospice care since 1979.

ACHC Accreditation surveys and Surveyors perform a valuable service by allowing accredited organizations to enhance best practices, go above and beyond healthcare compliance, and achieve quality outcomes. Recently, we underwent our fifth ACHC Hospice Accreditation survey, that was overseen by our Director of Hospice and Home Health Deb Norcross, RN, CHPN, and our Director of Regulatory Affairs Betty Sawyer, RN, BSN. Both found that ACHC Accreditation Surveyors willingly provided guidance and instruction, such as online resources to prepare staff for what is expected during the survey. “Our Surveyors were not hunting for fault; rather, they provided us with a positive experience, one that validated we are ‘doing the right thing’ for our patients and their families,” notes Sawyer.

“WE FOUND THIS SURVEY TO BE A TRULY POSITIVE EXPERIENCE. THE PROCESS IS ALL ABOUT MAKING US THE BEST HOSPICE WE CAN BE.”
— DEB NORCROSS, RN, CHPN

Transitions LifeCare continuously seeks ways to further our expertise as a leader in palliative and end-of-life care. The ACHC standards supply us with a “template” for future program development and keep us on the cutting edge of patient care and end-of-life services.

www.transitionslifecare.org
ACHC strives to partner with our providers, organizations, and associations in order to consistently offer the best service, resources, and industry expertise to our customers.

Through ACHC’s partnership program, we have collaborated with esteemed groups in order to provide potential customers with opportunities such as education and accreditation discounts. These partnerships are essential to achieving shared core business objectives and goals.

ACHC is dedicated to developing the partnership program to its full potential and continues to enhance our partners’ member offerings. We will be launching a new strategic outreach effort to provide continuous informative services to our partners’ networks, such as industry updates related to various healthcare topics ranging from consulting information, regulatory updates, best practices, and quality improvement measures. These items will be program-specific tools designed to aid in the providers’ patient care and business success. Together with our partners and providers, ACHC will continue to offer the best healthcare accreditation services available in the industry. “ACHC is committed to continued collaboration with our partners to ensure their members and our customers receive the most relevant and current information that will assist them in being successful healthcare providers,” said Matt Hughes, Director of Business Management and Customer Service.

As we embarked on our expansion into the accreditation and skilled care marketplace, we were fortunate to acquire ACHC as an accreditation partner. AHC’s dedicated resource team, ongoing training and support have been second to none!”

— Dana Rambow, Vice President, Always Best Care

Thank you to all of our valued partners:

Always Best Care
Association for Home & Hospice of NC
California Association for Health Services at Home
Community Oncology Pharmacy Association
Connecticut Association for Healthcare at Home
Essentially Women
Florida Association of Medical Equipment Services
Grove Medical, Inc.
Home Care Association of Massachusetts
IMCO Home Care
International Academy of Compounding Pharmacists
Managed Health Care Associates, Inc.

Indiana Association for Home and Hospice Care, Inc
Michigan Association for Home Care
NC Association of Medical Equipment Supply
Ohio Council for Home Care and Hospice
Professional Compounding Centers of America
PersonalMed
Rhode Island Partnership for Home Care
VGM Group
South Carolina Medical Equipment Services Association
Virginia Association for Home Care & Hospice
Texas Association for Home Care and Hospice
Vital Care

For more information on ACHC’s Partnership Program, please contact Lindsey Holder—lholder@achc.org.
PROGRAM UPDATES

HOSPICE — The Centers for Medicare & Medicaid Services (CMS) issued a proposed rule (CMS-1652-P) on April 28, 2016, that would update the Medicare hospice payment rates, hospice wage index, and cap amount for fiscal year 2017. This rule proposes changes to the hospice quality reporting program, including proposing new quality measures. As part of the Hospice Quality Reporting Program (HQRP), the new proposed measures would be: (1) Hospice Visits When Death is Imminent, assessing hospice staff visits to patients and caregivers in the last week of life; and (2) Hospice and Palliative Care Composite Process Measure, assessing the percentage of hospice patients who received care processes consistent with existing guidelines.

The proposed rule also solicits feedback on an enhanced data collection instrument. This new data collection instrument will be a comprehensive patient assessment instrument rather than a chart extrapolation as it is now, and will be more in line with other post-acute care settings. The proposed rule also describes plans to publicly display quality measures and other hospice data beginning in 2017, and includes information regarding the Medicare Care Choices Model (MCCM).

Overall, the proposed hospice rule emphasizes the focus on quality patient care. The entire proposed rule can be reviewed at www.CMS.gov.

HOME HEALTH — Is your Performance Improvement (PI) Program preparing your organization to be successful in the Home Health Value-Based Purchasing model (HHVBP)? Having a formalized program that systematically tracks, measures, and analyzes the appropriate data will be a necessity for home health agencies in face of the HHVBP model.

The intent of HHVBP model, which has been implemented in nine states (Arizona, Florida, Iowa, Maryland, Massachusetts, Nebraska, North Carolina, Tennessee and Washington) is to incentivize Medicare-certified home health agencies to provide higher quality and more efficient care, determine if a payment incentive significantly improves performance, test the use of new quality measures in the home health setting, and enhance the current public reporting process.

Compliance with Section 6 Quality Outcomes/Performance Improvement of the ACHC Accreditation Standards provides a framework that assists your agency in developing and implementing a PI Program that positions your agency to be successful in the HHVBP model.

In addition, compliance with Section 6 also prepares your agency for meeting the requirements of the proposed Medicare Conditions of Participation (CoPs), as the proposed CoPs have a Quality Assessment Performance Improvement (QAPI) component that requires agencies to have a formalized PI Program to address quality. The value of accreditation is measured in the objective evaluation of an industry expert.

More information about the HHVBP model and the proposed CoPs can be reviewed at www.CMS.gov.

PRIVATE DUTY — In recent years, many states have mandated non-Medicare, home care agencies to obtain accreditation, either as a licensure requirement or as a payment requirement of participating in the state Medicaid program. Over the past couple of years, the Office of Inspector General (OIG) has investigated several agencies participating in the state Medicaid program for compliance with state requirements. The OIG found multiple issues that resulted in refunding payment to the Medicaid program due to non-compliance with personnel requirements, such as insufficient staff credentials and training, and the lack of documentation to support that proper care was provided to Medicaid recipients.

Compliance with the ACHC Accreditation Standards encourages an agency to develop and implement policies and procedures that are in alignment with state requirements and commonly accepted standards of practice. In the absence of state requirements, the ACHC Accreditation Standards establish the criteria and/or framework for an agency’s best practices.

The value of ACHC Accreditation is the partnership established with ACHC. ACHC encourages you to seek clarification regarding any questions you may have regarding the intent of the standards and the expectations for the on-site survey.
DMEPOS — In April, ACHC released revisions to the ACHC DMEPOS Accreditation Standards. Two standards in particular had revisions resulting in less definitive requirements. The first standard affected is DRX4-5D, which defines supervision of respiratory services. In the prior version of this standard, respiratory service provision required supervision by a licensed Respiratory Therapist, Registered Nurse (RN), or Pharmacist. DRX4-5D has remained unchanged; however, it is now only applicable to providers of Clinical Respiratory Care Services (CRCS). In its place for Home/Durable Medical Equipment (HME) providers is standard DRX4-5E, which only requires respiratory equipment services supervision by an individual with extensive experience in respiratory equipment and related uses of the equipment. This can be a non-licensed individual with the appropriate experience to supervise these services, as long as your state respiratory care laws, rules and regulations allow it.

The second standard affected is DRX4-7A. This standard covers personnel competency assessment requirements. In the prior version of this standard, all personnel were required to have a competency assessment initially as part of orientation, annually, and prior to performing new tasks independently. The revised standard now only requires competency assessments for personnel who set up, train, and/or demonstrate the use of equipment and/or supplies. Competency assessments are still required within the same time frames. The requirement for annual observation of direct care personnel has been added to this standard, and also applies only to personnel who set up, train, and/or demonstrate the use of equipment and/or supplies.

For more information on ACHC Programs & Services, please contact ACHC’s Account Services Team—customerservice@achc.org.
INFUSION/SPECIALTY PHARMACY

Re-categorization of Sterile Compounds – how might this affect your pharmacy?

Proposed revisions to United States Pharmacopeia (USP) General Chapter <797> Compounding – Sterile Preparations were released in September 2015, and were open for stakeholder comments until January 31, 2016. This chapter is not yet in effect and will likely undergo further revisions before a final version is released. However, it is not too early to anticipate what the USP <797> changes will be and to strategically plan for how these changes may impact your practice. One area that will potentially have an impact is how the compounding risk levels are defined. Currently, USP <797> categorizes compounding sterile preparations (CSP) as low-, medium-, and high-risk compounds, each with its own unique Beyond-Use Date (BUD) criteria. These risk levels are based on criteria such as number and quality of ingredients used, and time between compounding and sterilization. In the proposed revision this hierarchy is eliminated and CSPs are broken down into two categories simply named Category 1 and Category 2. Categories 1 and 2 are differentiated by the conditions under which they are compounded and the time within which they are administered. There are many proposed changes – shorter BUDs, more stringent requirements on cleanrooms, and placement of primary engineering controls (PECs) – all of which can have a dramatic effect on what is currently considered a compliant practice.

PCAB – Can accreditation serve as a template for national oversight of compounding?

The regulation of pharmacy practices – including pharmaceutical compounding – has historically been under the jurisdiction of the state in which the pharmacy resides or does business. As commerce between states and the practice of compounding has grown, there has been increasing emphasis on the concept of developing standards of practice, that can be applied on a national level. In March 2016, The PEW Charitable Trusts published the findings of a committee that convened to review and compare state compounding regulations and to develop practice concepts. Among the suggested practices were harmonized quality standards, pharmacist training, and inspections by qualified personnel. Interestingly, the origins of Pharmacy Compounding Accreditation Board (PCAB) can be traced back to this same concept. In the early 2000s compounding pharmacies began seeking a method to demonstrate that they were voluntarily compounding according to United States Pharmacopeia (USP) standards, which in many cases, was a more stringent set of standards than what was required by states. As PCAB has evolved over the years, its core principles and standards have been consistent with the same best practices recently identified in the report by PEW Charitable Trusts. This begs the question - can accreditation serve as a guideline for uniform standards that can be applied on a national level?
AIS – PCAB GAINING ACCEPTANCE BY PHARMACY BOARDS

State boards of pharmacy face varied challenges in ensuring that safe practices are followed by pharmacies engaged in trade in their respective states. These state policy-makers recognize the value of ACHC’s compliance solutions. While PCAB, a service of ACHC, remains the gold standard for compounding pharmacies, ACHC provides a range of customizable compliance solutions that allow boards of pharmacy to manage risk and compliance in order to meet or exceed industry standards and state-specific requirements.

These solutions include:

ACHC Inspection Services (AIS) is a solution that meets the needs of state boards of pharmacy and that is compliant with USP General Chapters <795> and <797> for compounding pharmacies. AIS inspections are highly customizable and are performed by experienced registered pharmacists with specific expertise in the practice of compounding.

PCAB Accreditation is a comprehensive accreditation program with emphasis on performance improvement, and includes a thorough review of the compounding process. Its standards and observations are compliant with USP General Chapters <795> and <797>. As with AIS, PCAB surveys are performed by experienced registered pharmacists with specific expertise in the practice of compounding.

As of June, 2016, the following states have accepted AIS, PCAB, or both as evidence of compliance for non-resident pharmacies seeking to ship into the states: Texas, Florida, Ohio, Oklahoma, Maryland, Michigan, South Dakota, and Connecticut. Compounding pharmacies that ship into these states can obtain more information by calling (855)-937-2242 or visiting aisinspections.org.

For more information on ACHC Programs & Services, please contact ACHC’s Account Services Team—customerservice@achc.org.
ACHC launched Accreditation University (AU) as a separate division within ACHC in 2015. With more than 30 years of experience as a nationally recognized accreditation organization partnering with healthcare providers to deliver an educational accreditation service, ACHC places great value on continuing education as a means of achieving and maintaining an accredited status. ACHC recognizes the need for healthcare organizations to have access to comprehensive educational resources that facilitate quality patient care, efficient business operations, and compliant practices. For this reason, AU has focused resources within ACHC to create a diverse menu of exceptional educational offerings aimed at meeting the individual needs of providers.

AU offers educational products in the form of program-specific ACHC Accreditation Guide to Success, and on-site workshops offered at various locations throughout the U.S., as well as an expanding menu of online resources. Additional products and services are available to help support providers where they may be experiencing challenges with resources or expertise.

Additionally, providers have access to a full line of customized consulting services delivered by ACHC’s highly qualified network of Certified Consultants. AU consulting solutions are highly personalized to meet the needs of individual providers and the healthcare sector. These customized consulting solutions include: policy and procedure manuals, remote or on-site coaching/training, readiness assessments, gap analyses, and mock surveys. AU makes consulting options more accessible to more providers, enhancing organizations by helping to implement sound policies, procedures, and practices.

For more information about Accreditation University products and services, please visit our website at AccreditationUniversity.com.

"Our entire organization is committed to partnering with organizations and healthcare professionals to facilitate the highest-quality healthcare. The expansion of our educational products and services is a natural extension of our accreditation foundation, allowing us to leverage our expertise to better help providers achieve success."

— José Domingos, CEO
USP <800> COMPLIANCE WORKSHOP

The Accreditation University (AU) team will begin offering a comprehensive workshop on implementing United States Pharmacopeia (USP) <800> - Hazardous Drugs – Handling in Healthcare Settings. Visit AccreditationUniversity.com to learn more about the USP <800> Compliance workshop offerings.

“IT COULD NOT HAVE BEEN BETTER TIMED,” ADDS JON PRITCHETT, ASSOCIATE DIRECTOR OF PHARMACY. “USP <800> HAS BEEN PUBLISHED IN ITS FINAL FORM, AND EVERYBODY IS ASKING THE QUESTION, ‘HOW DO I IMPLEMENT THIS?’ WE HAVE SEEN MANY WORKSHOPS THAT COVER THE <800> STANDARDS, BUT LEAVE THE AUDIENCE LACKING REAL-LIFE APPLICATIONS. OUR GOAL WITH THIS PROGRAM IS TO HELP PROVIDE A ROAD MAP TO SUCCESSFUL COMPLIANCE.”

ACHC CERTIFIED CONSULTANT PROGRAM

ACHC’s Accreditation University (AU) offers a training program that provides industry professionals with a comprehensive overview of the ACHC Accreditation process. The Certified Consultant training program gives participants insight into the ACHC standards, survey approach, and survey process.

ACHC Certified Consultants receive:

- ACHC Certified Consultant recognition
- Company listing on ACHC’s website
- Access to ACHC Accreditation Standards
- ACHC Accreditation Guide to Success workbook
- Continuous promotion and referral by ACHC at trade shows and events

Contact the ACHC Marketing Department for additional information about the ACHC Certified Consultant Program and upcoming trainings.

UPCOMING CERTIFIED CONSULTANT WORKSHOPS

- Home Health, Hospice & Private Duty
  - November 29, 2016
  - Cary, NC

- DMEPOS & Pharmacy
  - November 30, 2016
  - Cary, NC
2016 WORKSHOP SCHEDULE

HOME HEALTH
- September 14
- December 7

PRIVATE DUTY
- September 15
- December 8

HOSPICE
- December 6

SPECIALTY/INFUSION PHARMACY
- August 30–31
- November 15–16

COMPOUNDING PHARMACY
- August 17–18
- December 13–14

DMEPOS
- August 16

USP <800> COMPLIANCE
- July 29, Las Vegas, NV
- August 18

All workshops are held in Cary, NC, unless otherwise noted. Dates are subject to change. Please visit AccreditationUniversity.com for the most current workshop dates or email Accreditation University for more information — customerservice@AccreditationUniversity.com.