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The Joint Commission's Prescription

CEO Aims to Improve Equity, Sustainability, Performance and Streamline Processes

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Meet Chicago's New Public Health Commissioner

Apathy Rises toward COVID Shots

Biowearables: The Next New Thing in Medical Devices and Remote Monitoring

The Joint Commission's Push to Measure Quality



WE HAVE all been aware of The Joint Commission's unique role as the intermediary between the Centers for Medicare and Medicaid Services and healthcare organizations that range from hospitals and medical groups to clinics and long-term care facilities.

Nearly 75 years after the organization was started by physicians and the American Hospital Association in Chicago, this month's *Chicago Medicine* cover story reports how the organization is working and evolving to "bring a strong clinician voice to advocacy for safe, effective, efficient, equitable and compassionate care in the United States and 76 other countries," according to The Joint Commission's Chief Executive Jonathan Perlin, MD.

Dr. Perlin's early four-pronged focus in less than two years on the job has been on healthcare equity; environmental sustainability; healthcare learning; and performance improvement.

When it comes to "healthcare learning" in particular, Dr. Perlin says the powerful accreditor is "committed to assuring that the standards that originate from The Joint Commission are evidence-based, data-driven and outcomes oriented."

"We have retired more than 400 obsolete, non-evidence based, redundant standards and measures whose burden exceeds their benefit," Dr. Perlin added. "This streamlines processes for our accredited healthcare organizations and reduces the burden on clinicians whose priority is patient care."

All of this was good to hear from Dr. Perlin at a time when other large healthcare organizations—whether they are big hospital systems, government payers or commercial health insurance companies—often ignore the impact quality processes and standards have on the daily lives of physicians.

The Chicago Medical Society is well aware of the overburdened healthcare system. We hear the frustrations of physicians who are burned out and want to see more unnecessary measures and outdated standards eliminated. After all, inefficiencies take more time away from patient care, and that has a direct impact on quality and outcomes.

When you consider the electronic medical record (EMR) systems, for example, they often aren't set up in an efficient way for doctors to participate in quality care programs; they take time away from patient care. Some EMR systems cannot talk to each other, which can force physicians to waste valuable patient care time tracking down information that is supposed to be handled seamlessly.

Said Dr. Perlin of a requirement that The Joint Commission got rid of: "This requirement was redundant, so The Joint Commission removed it. Another risk with this requirement was that it could result in healthcare organizations creating high-burden, low-value checklists from which important components get lost."

To be sure, CMS commends The Joint Commission for its continued push to make healthcare safer and higher quality for physicians and patients by taking out redundancies and other processes that are "high-burden" and "low value."



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The Next New Thing in Medical Devices: Biowearables

Healthcare industry hopes biowearable devices like Abbott's Lingo trigger better patient-physician conversations about health **By Bruce Japsen**

North Chicago-based Abbott Laboratories Chief Executive Robert B. Ford speaks about biowearables for a keynote at the high-profile HLTH 2023 conference in Las Vegas.

THE NEXT EVOLUTION in medical devices to help patients adhere to physician orders are on the near horizon.

Abbott Laboratories wearables with a biosensor are performing well with consumers in the United Kingdom, a test market that precedes an eventual U.S. regulatory filing and possible 2024 approval for these devices known as "biowearables."

Abbott Chief Executive Robert B. Ford said he sees "a world where we, as consumers, can better speak the language of our bodies in a way we can understand without needing to go to medical school."

For physicians, the rise in biowearables is expected to mean more meaningful conversations with patients. And information will come via the biowearables from patients that will reach physicians and other medical care providers in real time. Thus, the quick access to data from the patient could also minimize errors.

"It allows us to have better conversations about our health with each other and with our doctors—creating a true health care system rather than the 'sick care' system we have today," Ford said in a keynote speech in October at the annual HLTH 2023 conference in Las Vegas. "The potential for this future—one where our body's information is clear and understandable and where we can make better informed decisions at our finger tips . . . and a future that pairs health with technology to put us all in greater control—that future is here."

North Chicago-based Abbott, which already has a top-selling continuous glucose monitor for diabetes management known as Libre that generates more than $4 billion in sales annually, is developing

a new line of biowearables known as Lingo that tracks glucose levels, ketones and lactate.

This new category of consumer biowearables, which attach beneath the skin to give more precise and accurate data about what is going on in someone's body, is the latest evolution in medical devices for Abbott. The healthcare company is already known for its nutritionals franchise led by Similac baby formula, established pharmaceuticals and diagnostic tests for everything from the HIV virus and cancer to its top-selling array of tests for COVID viruses and its latest variants.

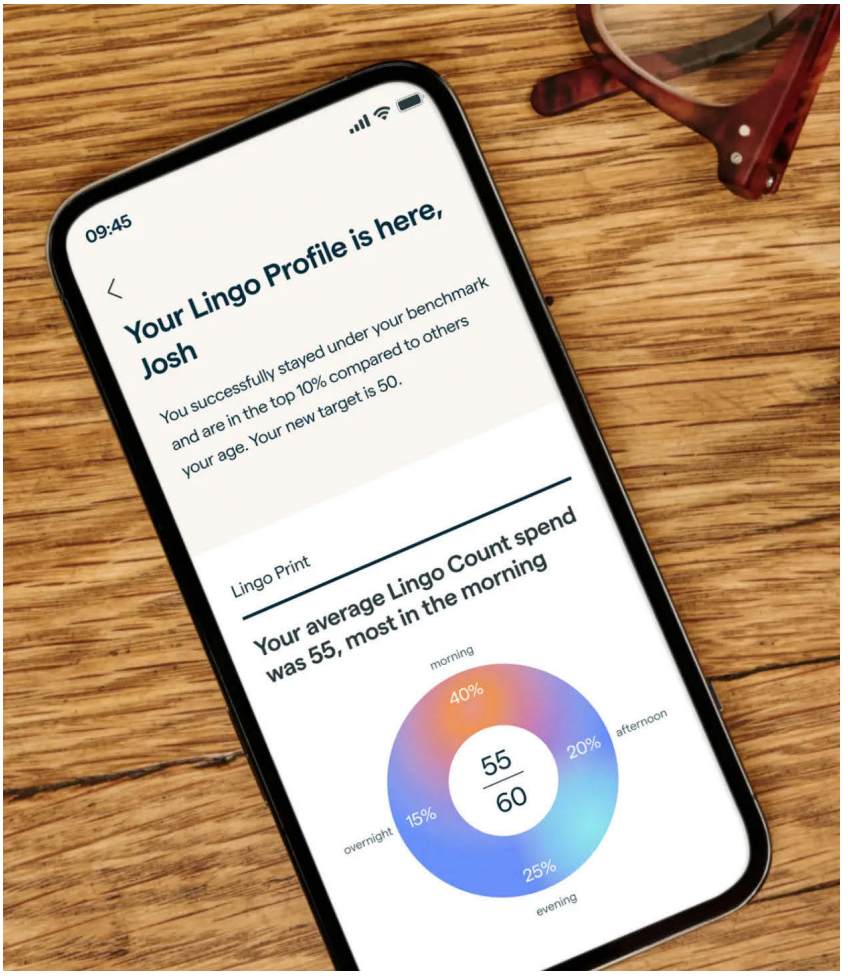
"We're taking medical and scientific information that we used to post on a website or in an app, where we expected consumers to figure out how to absorb it themselves," Ford said. "We're working to translate that information — including their health data — into people-speak, instead of healthcare-company, corporate-speak in a way that is easily digestible and much more relevant to them. We're empowering them to have more productive conversations with their doctors and, importantly, to make decisions about their health that can lead to lasting behavioral change."

A $27 Billion Market in the U.S. Alone

The market including biowearable devices is growing rapidly, according to industry reports.

Currently, the global wearable medical device market has been valued at nearly $27 billion in annual sales as of the end of 2022, according to Grand View Research. It is expected to grow at a compound annual growth rate of 25.7% from 2023 to 2030, Grand View said in a report earlier this year. That would put the market in the U.S. alone at $168 billion by 2030.

"The growth of industries such as home health healthcare and remote patient monitoring devices is anticipated to influence market growth," Grand View said in report issued last year. "In addition, increasing focus on fitness and a healthy lifestyle orientation are also expected to impact the market. A surge in product demand during the COVID-19 pandemic and increasing awareness about personal health monitoring are expected to be some of the major market drivers."



Abbott's Lingo "biowearable" uses artificial intelligence to deliver a personalized coaching plan that assists physicians in helping patients develop healthier habits.

"We are creating a new consumer biowearable that not only tracks your glucose levels, but, using AI, delivers a personalized coaching plan to help you develop healthier habits, and motivate you to do the hardest thing: modify and adapt your behaviors and habits," Ford said.

"We call it Lingo, because it helps you speak the language of your body and what it's telling you. This is not futuristic stuff—in fact, Lingo has been released in the U.K. and we intend to make it available across

What Are Biowearables?

THOUGH WE increasingly see wearable technology in the form of watches or rings and notice people using them during workouts, biowearables go "a bit deeper," Abbott and other companies in the medtech space say.

Biowearables are a type of wearable tech that reaches beneath the skin to measure biomarkers such as ketones, glucose and lactate, combining data and insights that can be acted on to support healthy choices and lifestyles.

Biowearables are composed of two primary components:

- The biosensor measuring data. To gather this data, biowearables collect information from interstitial fluid found in the space between cells via a tiny—the width of three human hairs—flexible filament inserted painlessly below the skin's surface.
- From there, the data is sent to a smartphone app via Bluetooth where the data from those biomarkers is translated into actionable insights.

Source: Abbott Laboratories and The Advanced Medical Technology Association (AdvaMed)

"Biowearables like Abbott's Lingo allow us to have better conversations about our health with each other and with our doctors."

the globe, including here in the U.S."

Ford highlighted the differences between Lingo and the company's already top-selling Libre franchise.

"Lingo starts by establishing a baseline reading of your body's glucose levels and their fluctuations through the sensor that is worn on your arm," Ford said. "The tech assesses how your diet, exercise, sleep, and other factors affect your glucose. And that is unique to each person."

A.I. Involved in Biowearables

A "coaching algorithm" highlights for the patient or user where they can improve, offering recommendations and an individualized plan of action for their ongoing healthcare decision-making in what Abbott executives refer to as the "Lingo count."

"Core to this coaching is something we call the 'Lingo Count,'" Ford said. "The Lingo biosensor tracks your glucose levels in real time and assigns each glucose spike with a value. The more you spike, the more Lingo counts you accrue. And your goal each day is to not go over your daily Lingo Count."

Given Lingo is more than merely a device for people with diabetes, Abbott is stressing the long-term potential of "health and tech converging" beyond the already gigantic diabetes market.

"We believe access to this kind of knowledge will motivate us to act—to make better decisions in the best interests of our health and wellness," Ford said. "And if we can make the experience intuitive—even enjoyable and gratifying—we can help affect behavior change and create healthier people and societies."

Over time, biowearable devices will get better, Abbott executives say.

"We know we have a lot of work to do to be great at this and that's exactly the work we're doing because people need us to be great and will demand it," Ford said. "We're working hard to transition to a system that focuses on keeping us healthy rather than treating us only when we're sick. A healthcare system that's more responsive, more connected, and more tailored to our needs in language we all can understand."

U.S. Healthcare Spend Hits $4.5 Trillion

U.S. healthcare spending grew 4.1% to reach $4.5 trillion in 2022, slightly ahead of the 2021 increase of 3.2%.

HEALTHCARE spending last year was much slower than the rate of 10.6% in 2020. "The growth in 2022 reflected strong growth in Medicaid and private health insurance spending somewhat offset by continued declines in supplemental funding by the federal government associated with the COVID-19 pandemic," the Centers for Medicare & Medicaid Services said in its annual report, released in December.

Health Spending by Type of Service or Product

Hospital Care (30% share): Spending for hospital care services increased 2.2% in 2022 to reach $1.4 trillion; but, this was a slower growth rate compared to the 4.5% experienced in 2021. The slower growth in 2022 reflected a slowdown in spending for hospital care by private health insurance, Medicare, and Medicaid and by a decline in other private revenues.

Physician and Clinical Services (20% share): Spending on physician and clinical services increased 2.7% to $8,84.9 billion in 2022, slower than the increase of 5.3% in 2021.

Retail Prescription Drugs (9% share): Retail prescription drug spending increased 8.4% to $405.9 billion in 2022.

Other Health, Residential, and Personal Care Services (6% share): This category includes expenditures for services generally delivered by providers in non-traditional settings, such as schools, community centers and residential mental health and substance abuse facilities.

Nursing Care Facilities and Continuing Care Retirement Communities (4% share): Spending for services provided at freestanding nursing care facilities and continuing care retirement communities rose in 2022 by 5.6% to $191.3 billion, compared to a decline of 7.8% in 2021.

Dental Services (4% share): Spending for dental services increased just 0.3% in 2022 to $165.3 billion following much faster growth of 18.2% in 2021.

Home Health Care (3% share): Spending for services provided by freestanding home health care agencies increased 6.0% in 2022 to $132.9 billion, accelerating from growth of 0.3% in 2021.

Other Professional Services (3% share): Spending for other professional services includes establishments of independent health practitioners (except physicians and dentists) that primarily provide services, such as physical therapy, optometry, podiatry, or chiropractic medicine.

Other Non-durable Medical Products (3% share): Spending for other medical products, over-the-counter medicines medical instruments increased 8.5%.

Durable Medical Equipment (2% share): Retail spending for DME, which includes items such as contact lenses, eyeglasses, and hearing aids, increased 5.1% in 2022 to $67.1 billion, following much faster growth of 18.6% in 2021.



Dr. Jonathan Perlin addresses employees during a town hall at the Joint Commission headquarters in Oakbrook Terrace, a suburb west of Chicago. The Joint Commission accredits more than 22,000 health facilities and organizations around the world.



A Physician's Take on Equity, Sustainability and Improvement

Chicago Medicine interviews Joint Commission CEO Dr. Jonathan Perlin for insight on the accreditor's four new areas of focus known as the HELP agenda

CHICAGO MEDICINE: Can you describe the current state of The Joint Commission since you became the organization's leader in March 2022? Describe one area of focus in detail?

Dr. Perlin: The Joint Commission is a venerable organization, started by physician leadership organizations and the American Hospital Association nearly 75 years ago. Today, we continue to bring a strong clinician voice to advocacy for safe, effective, efficient, equitable and compassionate care in the United States and 76 countries.

Domestically, The Joint Commission is, of course, known as the intermediary between the Centers for Medicare and Medicaid Services (CMS) and healthcare organizations. In that regard, our mandate has an accountability function. The Joint Commission, however, focuses the clinical voice on safety and quality through additional standards.

My early focus has been on the HELP agenda:

- Healthcare Equity
- Environmental Sustainability
- Learning Healthcare
- Performance Improvement

We have made positive strides in each focus area. In Learning Healthcare, we are committed to assuring the standards that originate from The Joint Commission are evidence-based, data-driven and outcomes oriented. We have retired more than 400 obsolete, non-evidence based, redundant standards and measures whose burden exceeds benefit. This streamlines processes for our accredited healthcare organizations and reduces burden on clinician's whose priority is patient care.

Chicago Medicine: Before you continue with the other focuses, can you give an example of an obsolete standard you had that physicians would understand?

Dr. Perlin: The Joint Commission standard below was recently eliminated. While initially well-intended, the standard was removed to make requirements clearer to follow and to remove redundancies.

"Standard UP.01.01.01, EP 3" "Match the items that are to be available in the procedure area to the patient."

This requirement was related to the preprocedural verification process for Universal Protocol: Preventing Wrong Site, Wrong Procedure, and Wrong Person Surgery.

However, the requirement was too vague… which makes it unmeasurable and lends itself to inconsistent evaluation of compliance. There were already directive requirements in place which were related to verification of patient, procedure, consent, medication labeling, and safe blood verification. This requirement was redundant, so The Joint Commission removed it. Another risk with this requirement was that it could result in healthcare organizations creating high-burden, low-value checklists from which important components get lost.

Chicago Medicine: Please continue with your other three focuses.

Dr. Perlin: We need to strengthen our Performance Improvement, so we recently embarked on an affiliation with the National Quality Forum (NQF) to create a dynamic synergy that allows us, together, to change the focus from satisfying competing measures to standardizing measures for improved outcomes and payer recognition.

In the area of Environmental Sustainability, we are listening to our accredited hospitals that admirably lead the way. As a reflection of their progress, we are creating a voluntary Sustainable Healthcare Certification that aims to help them accelerate their sustainable practices and reduce greenhouse gas (GHG) emissions.

But for now, let me expand on our progress in Health Equity.

While it is self-evident that resolving healthcare disparities is a moral and ethical requirement, it may not be clear that inequities are fundamentally patient safety and quality-of-care imperatives. Martin Luther King's words remain true, "Of all the forms of inequality, injustice in health is the most shocking and inhumane, because it often results in physical death."

With those words in mind, and appreciative of the exacerbation of disparities in the wake of COVID-19, The Joint Commission's new Healthcare Equity accreditation requirements became effective in January 2023. These requirements were elevated to a National Patient Safety Goal (NPSG) on July 1, 2023—further signaling the utmost importance to reduce disparities.

The Joint Commission aims to equip our accredited healthcare organizations with the necessary



resources and tools to meet our new requirements. Most importantly, we believe that these requirements will help healthcare organizations provide high-quality and equitable healthcare for all. The initial elements of performance include:

- Designating a leader
- Assessing health-related social needs
- Stratifying quality and safety data
- Creating an action plan
- Evaluating the action plan's effectiveness
- Keeping stakeholders informed

What is notable, as well, is that these goals are not prescriptive in terms of what to do; they're directional and responsive to the reality that healthcare organizations and clinical leaders are



Founded in 1951, The Joint Commission headquarters and conference center opened in 1990 in Oakbrook Terrace, Illinois, about 20 miles west of downtown Chicago, where previous headquarters had been located.

best positioned to identify priorities most relevant to the populations they serve. This notion of directional standards is a new approach for The Joint Commission and is responsive to clinicians asking for help integrating the "have to do" aspects of accreditation with the "want to do" elements of their own organization's performance improvement goals.

We know that many organizations are at different points along their healthcare equity journey. The road is not always smooth, and there will be many challenges along the way. Our goal is to meet healthcare organizations wherever they are and support them with appropriate resources.

Responding to input from healthcare organizations and clinical leaders stems, in part, from my background as a clinical leader. Not surprisingly, I have taken a "hands-on" approach. I have had the opportunity to observe several on-site surveys from start-to-finish. The surveyors were excellent; they were up to date, caring, respectful, and definitely not the surveyors of "yesteryear." I observed that they balanced education and accountability. The most frequent phrase I heard to test a concept was, "show me."

I must admit I wish I had previously attended a survey from start-to-finish. You really see the interconnection of standards and especially subordinate elements of performance—allowing for a comprehensive view of performance to emerge. This is particularly true for areas like fire safety or infection prevention, where a miss here or there may be minor, but a bunch of small misses together create risk for catastrophe.

That said, I am using my past experience and current hands-on approach to calibrate the accreditation and survey process to the most critical, compelling, and durable issues. This is the best way for The Joint Commission to honor its mission to continuously improve healthcare.

Chicago Medicine: Has the Joint Commission always been led by a physician? Why are physicians so critical to quality, measurement, and accreditation of U.S. health facilities?

Dr. Perlin: Physicians are, indeed, critical, but as you know, we cannot do it alone. Today, The Joint Commission is governed by a 21-member Board of Commissioners that includes 11 physicians, as well as administrators, nurses, employers, quality experts, a consumer advocate, and educators. All roles are imperative to informing our organization's work, as well as key advocates for patient safety and quality.

Achieving Joint Commission accreditation demonstrates a commitment to continuous improvement in patient care. Much like all of our frontline workers are committed to "Do no harm," Joint Commission accreditation communicates to patients that a facility is dedicated to testing itself against the highest standards for providing safe, high-quality care.

But historically speaking, yes, it was a group of physicians who founded our organization in 1951. In fact, The Joint Commission's name ties into the inspiration that originated from within healthcare and the medical community, based on the concept that who would know better than clinical leaders what's necessary to assure safe operations.

The Joint Commission's predecessor organization was founded by Ernest Codman, who also founded the American College of Surgeons, to ensure that hospitals have the capacity to offer safe surgery and medical care. Subsequently and jointly with the American Medical Association, the American College of Physicians, the American Dental Association, and the American Hospital Association, the American College of Surgeons chartered the new entity, The Joint Commission. Its goal is and was to inspire and improve care. These professional organizations are not just founders but remain governing members of The Joint Commission who continue to nominate leadership and actively contribute to our mission.

Chicago Medicine: What do physicians who practice in accredited facilities need to know most about The Joint Commission?

Dr. Perlin: Physicians should know that The Joint Commission shares with them the goal of improving outcomes for patients served within its accredited healthcare organizations each day. This means that accreditation is fundamental to higher quality, more equitable, and safer care.

Joint Commission accreditation standards augment Centers for Medicare and Medicaid Services (CMS) Conditions of Participation (CoPs). Both are rooted in supporting safer care through requirements like assessing and reassessing patients. Additionally, Joint Commission standards that go beyond CMS CoPs support important focus areas such as reducing workplace violence in the healthcare setting. which has increased seven-fold since before the pandemic. Our workplace safety standards allow healthcare organizations to implement behavioral expectations to keep not only their patients safe, but their healthcare workers, as well.

Chicago Medicine: When you were in executive roles at hospitals like your most recent work at HCA Healthcare—one of the nation's largest hospital operators—what worried you most when Joint Commission accreditors came calling?

Dr. Perlin: Certainly, there is some anxiety that is natural during any visit from The Joint

What is The Joint Commission?

FOUNDED IN 1951, The Joint Commission seeks to continuously improve healthcare for the public, in collaboration with other stakeholders, by evaluating healthcare organizations and inspiring them to excel in providing safe and effective care of the highest quality and value.

The Joint Commission accredits and certifies more than 22,000 healthcare organizations and programs in the United States, including hospitals and healthcare organizations that provide ambulatory and office-based surgery, behavioral health, home health care, laboratory and nursing care center services. An independent, not-for-profit organization, The Joint Commission is the nation's oldest and largest standards-setting and accrediting body in healthcare.

The Joint Commission has a nonprofit affiliate organization: Joint Commission Resources (JCR) offers educational services, publications, and software to complement your accreditation experience. Joint Commission International, a division of JCR, accredits and certifies international healthcare organizations.

To earn and maintain The Gold Seal of Approval® from The Joint Commission, an organization undergoes an on-site survey by a Joint Commission survey team at least every three years (Laboratories are surveyed every two years).

The Joint Commission is governed by a 21-member Board of Commissioners that includes physicians, administrators, nurses, employers, quality experts, a consumer advocate and educators.

The Joint Commission employs approximately 1,000 people in its surveyor force, at its central office west of Chicago in Oakbrook Terrace, Illinois, and at an office in Washington, DC.