Quality, Risk & Compliance – Building a Program That Goes Beyond “Putting Out Fires”

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Prepared for: Community Health Centers of Burlington
Aug 28, 2019
Objectives:

• Today we will discuss and review key components for Building a Comprehensive Quality, Risk & Compliance Program
  • Do’s & Don’ts
  • Answering the Questions of How, Why, What
  • 5 Domains of Focus
  • Common Pitfalls & Barriers
  • Accountability
  • Alignment
  • Building Your 3- Tiered Program
  • Teams – Structure, Leadership, Membership
Building Your Program…

Reactive vs. Proactive

(*form follows function!)*
Don’t Be a Firefighter!

• Balance task-focus (getting things done) with people-focus (inspiring, developing, and empowering others)
The first question we face is – HOW?

• Proactively plan and prepare for potential pitfalls and challenges

• The most highly recommended strategy is to build and implement a comprehensive program that envelops each of the essential domains relevant to our Health Center environment
5 Essential Domains – “Pillars” of Focus

1. Clinical
2. Operational
3. Financial
4. Compliance
5. Quality
Common Pitfalls

• Allowing complacency or indifference
• Fear of conflict
• Absence of trust
• Inadequate accountability
• Lack of commitment to common goals
• Poor understanding of the vision
• Failure to communicate proactively and openly
• Allowing roadblocks to remain
• Lack of adequate planning and training
• Inattention to results
• Declaring victory prematurely
• Failure to plan for and support sustainability

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## Identifying Barriers – Potential & Actual

<table>
<thead>
<tr>
<th>Barrier to Success</th>
<th>Real-or-Potential</th>
<th>Intervention/Strategy</th>
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Avoid Blame

• Improvement work targets processes and workspaces, not people.

• When changes are made, it is important to frame them in terms of what was gained or learned and not to point fingers at the person or people who designed the old process.

• People will be much more likely to engage in Kaizen practices if improvement efforts don’t feel punitive.
Establish a Culture of Accountability

RACI -

**Responsible**
- The person who actually carries out the process or task assignment
- Responsible to get the job done

**Accountable**
- The person who is ultimately accountable for process or task being completed appropriately
- Responsible person(s) are accountable to this person

**Consulted**
- People who are not directly involved with carrying out the task, but who are consulted
- May be stakeholder or subject matter expert

**Informed**
- Those who receive output from the process or task, or who have a need to stay informed
Accountability = Sustainability

• Ask the “W-W-W” questions –
  • WHO will do WHAT by WHEN?

• WHO – What group or individual will have accountability for ongoing progress/performance?
• WHAT – What metrics/process/forum will be used to demonstrate/measure/report on the performance moving forward?
• WHEN – When or how often will the performance be reassessed, remeasured and reported out?
The next question is naturally – WHY?

- Organizational alignment
- Resource optimization
- Outcomes oriented
- Evidence based
- Proactive
- Measurable
- Efficiency
- Effectiveness

...how many hats do you wear?
The Importance of Alignment – Getting Our Ducks in a Row!

- As a core strategy to Quality, Risk & Compliance, there should be a focus on optimizing the impact across the organization.
- Aligning priorities across Clinical, Operational, Financial and Quality performance will maximize resources and produce optimal output.
  - Example:
    - Selecting opportunities for intervention that will improve operational efficiency, clinical care delivery, quality performance and financial stability.

*Can you think of some examples in your organization of ways to align priorities? Or examples of times when progress has suffered due to a lack of alignment?*

*See “Organizational Alignment Tool”*
# Organizational Alignment

<table>
<thead>
<tr>
<th>Proposed Change</th>
<th>Does this change improve operational efficiency? (how?)</th>
<th>Departments impacted by proposed change? (positive/neg?)</th>
<th>Does this change drive improvement for patients? (how?)</th>
<th>Does this change promote improved quality performance? (how?)</th>
<th>Does this change potentially impact revenue/finance? (generate $ or save $)</th>
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That leads us to the question of – WHAT?

**A 3-Tiered Program!**

- **Tier 1 –**
  Compliance Advisory Team

- **Tier 2 –**
  Quality Improvement/ Quality Assurance Team

- **Tier 3 –**
  Risk Mitigation/ Risk Management Team
Building Your Program

• Start with Compliance… Form follows function....
Compliance Program Definition Sample:

A Compliance Program is an effective, systematic, pragmatic and integrated tool that establishes clear and defined goals and procedures designed to create a culture of compliance, reduce the risk and occurrence of errors, and to prevent intentional violations of applicable health care statutes and regulations.

An effective Compliance Program provides the health center and its employees with tools for acting ethically and maintaining compliance with applicable laws and regulations.

Goal:
1. To create a “Culture of Compliance” throughout the FQHC by showing a commitment from the leadership and enforcing compliance standards throughout the entity.

Benefits:
1. By focusing attention on processes and reinforcing standards through systematic processes, the health center can maintain and improve high quality of care.
2. By minimizing potential compliance errors; detecting and correcting any errors that do occur, the health center will help keep such errors from becoming significant and mitigating the risk of adverse impact to the organization, its employees and its patients.
## Compliance Plan Components

<table>
<thead>
<tr>
<th>Component</th>
<th>Description</th>
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<tbody>
<tr>
<td>Conducting</td>
<td>• Conducting internal monitoring and auditing</td>
</tr>
<tr>
<td>Tracking and trending</td>
<td>• Tracking and trending of incidents, near misses, etc</td>
</tr>
<tr>
<td>Implementing or approving</td>
<td>• Implementing or approving compliance and practice standards</td>
</tr>
<tr>
<td>Designating</td>
<td>• Designating a compliance officer</td>
</tr>
<tr>
<td>Organizing</td>
<td>• Organizing a Compliance Advisory Team comprised of key cross functional stakeholders/leaders (core and ad hoc members)</td>
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<tr>
<td>Recommending</td>
<td>• Recommending, facilitating and/or overseeing appropriate training and education</td>
</tr>
<tr>
<td>Responding</td>
<td>• Responding appropriately to detected offenses and developing corrective action plans</td>
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<tr>
<td>Developing</td>
<td>• Developing open lines of communication with necessary stakeholders, committees, and leaders across the organization</td>
</tr>
<tr>
<td>Enforcing</td>
<td>• Enforcing disciplinary standards through clearly defined and communicated guidelines.</td>
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Strategies for Compliance

Utilizing the Compliance Officer and Compliance Advisory Committee as mechanisms for clarifying requirements and reporting potential issues/breaches

Reviewing and understanding written policies and procedures

Maintaining effective lines of communication with executive leadership, management and staff members

Participating in training and education opportunities

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Role of Compliance Officer

The Compliance Officer’s main duties include coordination and communication of compliance plan; this involves planning, implementing, and monitoring the program.

- Overseeing and monitoring the implementation of the compliance plan
- Assist in developing, coordinating, and participating in a multifaceted training program
- Regular reporting to the CEO and/or BOD on the progress of implementation of compliance plan; helping establish methods to reduce the organization’s vulnerability to fraud, abuse and/or waste
- Maintaining and revising the compliance program, policies and procedures, as needed
- Coordinating with HR leadership on personnel issues related to compliance
- Developing policies and programs that encourage managers and employees to report suspected fraud and other improprieties without fear of retaliation
- Assist in coordinating the organization’s financial management in organizing internal compliance review and monitoring activities, including annual or periodic reviews
- Responding to reports of suspected problems or violations and assisting with corrective action planning
Code of Conduct

The central element of an effective Compliance Plan is the formal commitment to compliance embodied in the Code of Conduct, which should:

- Include a statement of your ethical and compliance principles
- Include a summary of the broad ethical and legal standards under which the you and your administration, personnel and Medical Staff ("Personnel") should operate
- Reflect your Mission, Vision and Values

The Code of Conduct should be:

- Reviewed thoroughly with each new employee upon hire during the orientation process and annually thereafter
- Followed by and reviewed by all Personnel
- Updated periodically by the Compliance Advisory Team and reviewed by your Board of Directors for approval

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Initial Risk Assessment

A Risk Assessment assists in the finding of compliance areas that may be of greatest concern the organization as it relates to Compliance and Risk.

The initial Risk Assessment should be based on the type of services provided and the applicable compliance statutes, regulations, rules and agency guidance.

The Risk Assessment should guide the priorities and focus areas for the Compliance Advisory Team.
Hazard Vulnerability Analysis

• Risk Assessment Focused on Identification and Mitigation of Risk – (Internal & External)
  • Step 1: Identify the hazards.
  • Step 2: Decide who might be harmed and how.
  • Step 3: Evaluate the risks and decide on precautions.
  • Step 4: Record your findings and implement them.
  • Step 5: Review your assessment and update if necessary
Emergency Preparedness Plan

• In 2016, the Centers for Medicare and Medicaid Services (CMS) issued final Conditions of Participation (CoP) for 17 types of Medicaid and Medicare providers that became effective November 15, 2017

• Requirements included: (All Providers)
  1. Develop Emergency Plans based on a Risk Assessment
  2. Develop Policies and Procedures
  3. Create Communication Plan
  4. Conduct Training and Plan Testing
Establish Compliance Hotline

- It must be confidential

- It must be monitored/checked routinely

Keep a log of calls (report to Compliance Advisory Team)

Investigate all calls

The hotline may be used to report personnel problems; discuss those issues with Human Resources

Do Not discourage the use of the Compliance Hotline

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Compliance Advisory Team – Suggested Focus Areas:

1. HRSA Program Requirements Compliance
2. FTCA/Credentialing
3. Human Resources Compliance/Workforce Compliance - Labor Law, Staff Education & Training
4. OSHA/Staff Safety
5. Financial Compliance - Billing and Collection, Fraud Prevention, Grants Management
6. HIPAA/Privacy & Information Security
7. Incident Reporting – Tracking & Trending Incidents & Near Misses
8. CMS Emergency Management & Business Continuity Plan
Compliance Advisory Team

- Your Compliance Advisory Team is made up of a group of senior leaders with strategic level insight and decision-making authority
- Suggested team size – not to exceed 8-10
Board Subcommittee Leadership

- Reports to Board of Directors
- Meet quarterly as a team

Compliance Advisory Team

- CEO/COO
- CMO
- CFO/Finance Director
- Board Member(s)
- Compliance Officer
Board Subcommittee Membership

- Reports to Board of Directors
- Meet quarterly as a team

Compliance Advisory Team

CEOC/COO  CMO  CFO/Finance Director  Board Member(s)  Quality Manager  Risk Manager  Compliance Officer  Director of Clinical Ops  HR Director/HRO  Medical Director

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The Role of Your QI/QA/Risk Program –

To develop organizational infrastructure, standardize, address, monitor, & maintain Health Center performance:

• 6 Dimensions of Quality:
  1. Patient-Centeredness
  2. Effectiveness
  3. Efficiency
  4. Timeliness
  5. Safety
  6. Equity

• 9 Dimensions of Risk:
  1. Patient Experience
  2. Care Team Experience
  3. Patient Safety
  4. Workforce Safety
  5. Information Security
  6. Data/Reporting
  7. Quality Improvement
  8. Compliance, FTCA, Credentialing
  9. Claims Management
Efficiency + Effectiveness = QUALITY

**Efficiency:** The ability to accomplish something with the least amount of waste (time, effort & resources); competency in performance

**Effectiveness:** Producing the intended or expected result
QI/QA Program
Suggested Focus Areas:

1. Data & Reporting
2. Clinical Quality Performance (UDS, HEDIS, VBC)
3. Operational Quality (Efficiencies & Effectiveness)
4. Process Improvement Initiatives (Work Group/Subcommittee Oversight)
5. Patient Experience
6. Patient Safety
7. Staff/Provider Experience
8. Human Resources (Onboarding, Training, Professional Development, Competencies, etc.)

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Quality Improvement/Quality Assurance Team

- Your QI/QA team supports alignment, resource optimization, & outcomes
- Core group of interdisciplinary and cross functional members who serve in management or supervisory roles – as well as – a group of ad hoc members who contribute as subject matter experts as needed
- Suggested team size – not to exceed 10-12
Team Structure/Leadership

- Executive Sponsor (CEO/COO)
- Quality Team
  - Quality Manager
  - Director of Clinical Ops
  - Director of Admin Ops
  - Medical Director
- Interdisciplinary/ Cross Functional Team Members
  - Reports to Board Subcommittee
  - Meet monthly as a team
  - Meet quarterly with Risk & Compliance

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Risk Management Program Suggested Focus Areas:

1. Clinical Risk Mitigation
2. Operational Risk Mitigation
3. Financial Risk Mitigation
4. Patient Safety
5. External Claims Management
6. Incident Report Processing
Your Risk Mitigation/Management Team is conjoined with the QI/QA Team – sharing some members, collaborating on projects, etc.

- Meets collectively with QI/QA at least quarterly
- Core mid-level management or director level members
- Ad hoc members as needed
- Suggested team size – not to exceed 6-8
**Team Structure/Leadership**

- **Executive Sponsor (CEO/COO)**
- **Risk Team**
  - **Risk Manager**
  - **Director of Clinical Ops**
  - **Director of Admin Ops**
  - **Compliance Coordinator**
  - **Medical Director**

- **Interdisciplinary/ Cross Functional Team Members**

  - Reports to Board Subcommittee
  - Meet monthly as a team
  - Meet quarterly with Risk & Compliance

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Questions?
Thank You!

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Regulatory Guidance Resources

- Office of the Inspector General – OIG
  http://oig.hhs.gov/

- Health Resources and Services Administration – HRSA
  http://www.hrsa.gov/index.html

- Office of Civil Rights – OCR
  http://www.hhs.gov/ocr/index.html

- HRSA Program Requirements
  https://bphc.hrsa.gov/about/requirements/hcpreqs.pdf

- HRSA/Quality Improvement

- FTCA –
  https://bphc.hrsa.gov/ftca/healthcenters/healthcenterpolicies.html

- HRSA Risk Management –
  http://www.nachc.org/health-center-issues/risk-management/

- CMS Emergency Management –
  https://asprtracie.hhs.gov/cmsrule

- Hazard Vulnerability Analysis –
  https://asprtracie.hhs.gov/technical-resources/3/hazard-vulnerability-risk-assessment/1

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Preparedness Resources

1. CMS Surveyor Training

2. HCC State Listing

3. Ready.gov

4. Center for Disease Control (CDC)
   1. https://emergency.cdc.gov

5. National Resource Center on Advancing Emergency Preparedness for Culturally Diverse Communities