



## Physician Compliance and Risk Assessment: A Two-Year, PI CME Model To Improve Quality and Compliance

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### Speaker's Disclaimer

- **D. Scott Jones, CHC** has no financial conflicts to disclose.
- This presentation is not meant to offer medical, legal, accounting, regulatory compliance or reimbursement advice, and is not intended to establish a standard of care, for any particular situation. Please consult professionals in these areas if you have related concerns.
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## Objectives

- Develop and deliver a high quality compliance, quality, and risk assessment process that rewards providers for improvement!
- Use the Performance Improvement Continuing Medical Education (PI-CME) process to foster risk identification and measure quality improvement.
- Learn how to combine PI-CME, quality, risk, and compliance in a patient and provider centric program – for long term buy in and achievement.

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## Objectives

- Presentation time: 10:30 a.m. – 12:00 noon
- Descriptive Slides
- Resources / References
  
- Defining your Provider Compliance Landscape
- AACME PI CME process description
  - CME Applications
  - Documentation
  - CME awards
- Compliance Assessment Tool Development
- Compliance Assessment Guidebook Development

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What's Your Compliance Landscape?

Powerful Medicine,  
Tender Touch.

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50 BEST  
HOSPITALS™  
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## What's Your Compliance Landscape?

- Augusta Health is a Health Grades Top-50 acute care hospital serving Augusta County, VA, at the intersection of the I-81 and I-64 corridors
- Growing and successful network of employed and independent providers associated with a Clinically Integrated Network – Augusta Care Partners (ACP) Accountable Care Organization (ACO) MSSP
- Augusta Medical Group (AMG) is a growing Multi-specialty group of 150+ employed physicians and APP's
- 34 owned locations, including 4 freestanding Urgent Care Centers (UCC's)
- Physician CEO and APP COO, dedicated to expanding clinical capability, expanding service reach, recruiting specialists, improving quality of care, growing patient access, and ensuring compliance
- 340,000 outpatient visits annually

## AMG Compliance

- Independent, third party quarterly audits of Evaluation and Management (E&M) patient visit documentation and coding. Sample size = 15; individual provider meetings if accuracy < 87%
  - Primary Care
  - Hospitalists
  - Specialists
  - Urgent Care
- American Academy of Procedural Coders (AAPC) audits of procedure coding from note by in house coding staff
- Compliance Audit team dives problems areas and provides guidance
- 2018-2020: AMG / ACP Compliance, Quality, Risk Self Assessment

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## Leadership and Provider Buy In

- AMG leadership and the Board made the Quality, Compliance, and Risk Self Assessment a designated quality improvement goal
- To meet 100% of annual quality goals, providers must participate
- Quality goals impact bonus / salary
- Multiple Educational Presentations made to:
  - All AMG and ACP Providers
  - AMG Key Leadership (practice Managers, multi-location Administrators)
  - AMG CEO, CCO
- Implementation Toolkit developed for manager and provider use
- PI-CME accreditation obtained for 20 CME credits

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## Obtaining Performance Improvement Continuing Medical Education (PI-CME) For Your Compliance Program

### CME – General Information

- CMS' emphasis on quality, and the far-reaching scope of Federal regulation, makes Compliance CME an accessible and important part of your Compliance toolkit
- CME is a learning format providers already understand and use
- Providers must accomplish a prescribed number of CME credits
- CME gives providers an added incentive to learn about compliance issues
- CME can be obtained via:
  - Hospital based CME program, frequently housed in the Medical Staff office
  - A Co-Sponsor (a GME institution, medical school, medical specialty association, or commercial CME co-sponsor)
  - Direct application to AMA or other accrediting bodies

## PI-CME

- **Performance Improvement Continuing Medical Education:**
- “The accredited CME provider structures a PI CME activity as a 3-stage process by which a **physician or group of physicians learns** about specific performance measures, **assesses their practice** using the selected performance measures, **implements interventions** to improve performance related to these measures over a useful interval of time and then **reassesses their practice using the same performance measures.**”
- American Medical Association (AMA) <https://www.ama-assn.org/education/cme/performance-improvement-continuing-medical-education-pi-cme>

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## PI-CME: 3 stages, 20 credits

- **Stage A:** Learning from Current Practice Performance Assessment
- **Stage B:** Implement intervention(s) based on the results of the analysis
- **Stage C:** Learning from the Evaluation of the PI CME Effort Reassess and reflect on performance in practice measured after the implementation of the intervention(s), by comparing to the original assessment and using the same performance measures
- **Each PI CME activity is designated for 20 AMA PRA Category 1 Credits™.**
- Physicians completing Stage A are awarded 5 *AMA PRA Category 1 Credits™*; Stages A and B, 10 credits; A, B and C, 20 credits.
- American Medical Association (AMA) <https://www.ama-assn.org/education/cme/performance-improvement-continuing-medical-education-pi-cme>

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## PI-CME

- **The PI-CME program must:**
- Have an oversight mechanism that assures content integrity of the selected performance measures
- Provide clear instruction to the physician that defines the educational process of the activity (documentation and timeline)
- Provide adequate background information so that physicians can identify and understand the performance measures that will guide their activity and the evidence base behind those measures
- Validate the depth of physician participation by a review of submitted PI CME activity documentation
- American Medical Association (AMA) <https://www.ama-assn.org/education/cme/performance-improvement-continuing-medical-education-pi-cme>

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## PI-CME

- **American Academy of Family Practice (AAFP) Credit System Department and Commission on Continuing Professional Development (COCPD)**
- ***“This Performance Improvement activity, Quality, Compliance and Risk Self Assessment, has been reviewed and is acceptable for up to 20.00 Prescribed credit(s) by the American Academy of Family Physicians. Term of approval begins 06/13/2018. Term of approval is for two years from this date. Physicians should claim only the credit commensurate with the extent of their participation in the activity. “***
- **AMA/AAFP Equivalency:**  
*“AAFP Prescribed credit is accepted by the American Medical Association as equivalent to AMA PRA Category 1 credit(s)<sup>TM</sup> toward the AMA Physician’s Recognition Award. When applying for the AMA PRA, Prescribed credit earned must be reported as Prescribed, not as Category 1.”*

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## CME Application Process

- **Your CME sponsor or co-sponsor will provide a specific application.**
- **Example, approved application information:**
- 
- **Title:** Quality, Compliance and Risk Self-Assessment
- **Dates:** 6/13/2018-6/13/2020
- **Credits:** Total 20
- **Activity Directors:** Chief Compliance Officer, ACO Medical Director
- **Activity Directors Activities:** Serve on Activity Planning Committee, review content for medical practice, and have the opportunity to change content.
- **Commercial Sponsors:** None

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## CME Application Process

- **Activity Level Details 1:**
- ACCOUNTABLE CARE ORGANIZATION AUGUSTA CARE PARTNERS, INCLUDING AUGUSTA MEDICAL GROUP, RECOGNIZE THE NEED TO ESTABLISH AN ASSESSMENT OF QUALITY, RISK MANAGEMENT AND HEALTHCARE COMPLIANCE IN THE MEDICAL PRACTICE. USING A PROPRIETARY ASSESSMENT METHODOLOGY AND TOOL, ACP AND AMG ADDRESS ENTERPRISE PRACTICE RISK IN A FOUR PART PROCESS, SPANNING NO MORE THAN 24 MONTHS:
- **SELF-ASSESSMENT:** PROVIDER AND MANAGEMENT PARTICIPANTS COMPLETE A SELF-EVALUATION TOOL THAT RECORDS INFORMATION ON PRACTICE BASED CLINICAL SUPPORT SYSTEMS, ADMINISTRATIVE SUPPORT SYSTEMS, RISK EXPOSURES AND REGULATORY COMPLIANCE REQUIREMENTS.

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## CME Application Process

- **Activity Level Details 2:**
- **FEEDBACK:** THE INITIAL ASSESSMENT IS REVIEWED AND SPECIFIC RECOMMENDATIONS ARE PROVIDED TO IMPROVE AREAS OF RISK EXPOSURE. A BOARD CERTIFIED HEALTHCARE COMPLIANCE OFFICER AND RISK MANAGER MEETS WITH PROVIDERS AND MANAGEMENT TO ANALYZE ASSESSMENT RESULTS, PROVIDE INFORMATION AND GUIDANCE, AND ASSIST WITH CORRECTIVE IMPLEMENTATION.
- **IMPLEMENTATION:** PROVIDERS AND MANAGEMENT IMPLEMENT CORRECTIVE ACTIONS, BASED ON THE ASSESSMENT AND PRACTICE-SPECIFIC RECOMMENDATIONS.
- **RE-ASSESSMENT:** PROVIDERS AND MANAGEMENT RE-ASSESS IMPROVEMENTS AND COMPARE PERFORMANCE AGAINST THE ORIGINAL ASSESSMENT.

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## CME Application Process

- **Statement of Purpose:**
- THE PURPOSES OF THIS SELF-ASSESSMENT ARE TO IMPROVE QUALITY, REDUCE RISK AND ENSURE COMPLIANCE WITH LAWS AND REGULATIONS RELATIVE TO PATIENT CARE. PARTICIPANTS SELF-EVALUATE RISK ISSUES, PARTICIPATE IN EXPERT LED ANALYSIS, IMPLEMENT CORRECTIVE ACTIONS, AND RE-ASSESS PERFORMANCE IN FOUR SEQUENTIAL STEPS.

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## CME Application Process

- **Specific Learning Objectives:**

- ASSESS AND IDENTIFY RISKS THAT EXIST IN THE MEDICAL PRACTICE ENVIRONMENT, INCLUDING PATIENT VOLUME MANAGEMENT, PEER REVIEW AND NEW PROVIDER PROCTORING, ADEQUATE POLICY AND PROCEDURE, EFFECTIVE STAFF AND PROVIDER COMMUNICATIONS, SAFE PRACTICE FACILITIES, ADA ACCESS AND OSHA BLOODBORNE PATHOGENS SAFETY, FIRE AND EMERGENCY EVENT SAFETY, ADHERENCE WITH CMS REQUIRED COMPLIANCE PROCESSES, EFFECTIVE PATIENT COMMUNICATIONS, MEDICATION MANAGEMENT, AND APPROPRIATE MEDICAL RECORDS DOCUMENTATION.
- UNDERSTAND SPECIFIC ACTIONS THAT CAN BE TAKEN TO REDUCE RISKS IN THESE AREAS OF EXPOSURE. PARTICIPATE IN DISCUSSION THAT MAY IDENTIFY ADDITIONAL AREAS OF EXPOSURE.
- IMPLEMENT RISK REDUCTION STRATEGIES IN ALL IDENTIFIED AREAS OF RISK.
- RE-ASSESS RISK PROFILES AFTER RISK REDUCTION STRATEGIES HAVE BEEN IMPLEMENTED.

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## CME Application Process

- **List of Faculty or Authors:** CHIEF COMPLIANCE OFFICER

- **Principal Audience:**

- PHYSICIANS, ADVANCED PRACTICE PROVIDERS, AND PRACTICE MANAGERS AND ADMINISTRATORS.

- **Method of Activity Evaluation and Evaluation Results:**

- INITIAL QUALITY, RISK, AND COMPLIANCE SELF EVALUATION TOOL CONSISTING OF 141 BINARY QUESTIONS AND 18 DATA SHARING QUESTIONS, PLUS IDENTIFIED "AREAS OF CONCERN" WITHIN EACH SECTION OF THE ASSESSMENT TOOL.
- EACH STAGE OF THE ACTIVITY WILL INCLUDE A STAGE ACTIVITY EVALUATION.
- FINAL QUALITY, RISK AND COMPLIANCE SELF-EVALUATION TOOL WITH SIMILAR CONTENT TO THE INITIAL TOOL, FOR COMPARITIVE PERFORMANCE EVALUATION OF PROCESS IMPROVEMENT.

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## CME Application Process

- **Performance Improvement: Method and Means**
- **STAGE A: LEARNING FROM PI**
- PROVIDERS AND MANAGERS WILL EXAMINE AND LEARN FROM IDENTIFICATION AND SELF-ASSESSMENT OF SPECIFIC PRACTICE BASED RISKS, BY USING A DETAILED SELF-EVALUATION TOOL.
- **STAGE B: LEARNING FROM APPLICATION OF PI**
- PARTICIPANTS WILL LEARN FROM RISK AND COMPLIANCE RECOMMENDATIONS THAT ARE SPECIFIC TO THEIR IDENTIFIED ISSUES, AS WELL AS OTHER ISSUES IDENTIFIED IN A REVIEW OF THE INITIAL EVALUATION.
- **STAGE C: LEARNING FROM EVALUATION OF EFFORT**
- PARTICIPANTS WILL LEARN FROM A COMPARITIVE SELF ASSESSMENT, IN WHICH THEY REVIEW THE INITIAL ASSESSMENT, RECOGNIZE CHANGES TO PRACTICE PATTERNS, AND COMPLETE A SECONDARY EVALUATION WHICH WILL FURTHER IDENTIFY UNRESOLVED RISKS.

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## CME Application Process

- **Describe Process and Interventions Used to Support the Number of Credits Requested 1:**
- PARTICIPANTS WILL CONDUCT AN ASSESSMENT OF QUALITY, RISK MANAGEMENT AND HEALTHCARE COMPLIANCE IN THE MEDICAL PRACTICE. USING A PROPRIETARY ASSESSMENT METHODOLOGY AND TOOL, ACP AND AMG ADDRESS ENTERPRISE PRACTICE RISK IN A FOUR PART PROCESS, SPANNING NO MORE THAN 24 MONTHS:

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## CME Application Process

- **Describe Process and Interventions Used to Support the Number of Credits Requested 2:**
- **SELF-ASSESSMENT:** PROVIDER AND MANAGEMENT PARTICIPANTS COMPLETE A SELF-EVALUATION TOOL THAT RECORDS INFORMATION ON PRACTICE BASED CLINICAL SUPPORT SYSTEMS, ADMINISTRATIVE SUPPORT SYSTEMS, RISK EXPOSURES AND REGULATORY COMPLIANCE REQUIREMENTS. ASSESS AND IDENTIFY RISKS THAT EXIST IN THE MEDICAL PRACTICE ENVIRONMENT, INCLUDING PATIENT VOLUME MANAGEMENT, PEER REVIEW AND NEW PROVIDER PROCTORING, ADEQUATE POLICY AND PROCEDURE, EFFECTIVE STAFF AND PROVIDER COMMUNICATIONS, SAFE PRACTICE FACILITIES, ADA ACCESS AND OSHA BLOODBORNE PATHOGENS SAFETY, FIRE AND EMERGENCY EVENT SAFETY, ADHERENCE WITH CMS REQUIRED COMPLIANCE PROCESSES, EFFECTIVE PATIENT COMMUNICATIONS, MEDICATION MANAGEMENT, AND APPROPRIATE MEDICAL RECORDS DOCUMENTATION. THE INITIAL QUALITY, RISK, AND COMPLIANCE SELF EVALUATION TOOL CONSISTS OF 141 BINARY QUESTIONS AND 18 DATA SHARING QUESTIONS, PLUS IDENTIFIED "AREAS OF CONCERN" WITHIN EACH SECTION OF THE ASSESSMENT TOOL.

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## CME Application Process

- **Describe Process and Interventions Used to Support the Number of Credits Requested 3:**
- **FEEDBACK:** THE INITIAL ASSESSMENT IS REVIEWED AND SPECIFIC RECOMMENDATIONS ARE PROVIDED TO IMPROVE AREAS OF RISK EXPOSURE. A BOARD CERTIFIED HEALTHCARE COMPLIANCE OFFICER AND RISK MANAGER MEETS WITH PROVIDERS AND MANAGEMENT TO ANALYZE ASSESSMENT RESULTS, PROVIDE INFORMATION AND GUIDANCE, AND ASSIST WITH CORRECTIVE IMPLEMENTATION.
- **IMPLEMENTATION:** PROVIDERS AND MANAGEMENT IMPLEMENT CORRECTIVE ACTIONS, BASED ON THE ASSESSMENT AND PRACTICE-SPECIFIC RECOMMENDATIONS.
- **RE-ASSESSMENT:** PROVIDERS AND MANAGEMENT RE-ASSESS IMPROVEMENTS AND COMPARE PERFORMANCE AGAINST THE ORIGINAL ASSESSMENT, USING A SIMILARLY DETAILED TOOL INCLUDING AT LEAST 141 BINARY QUESTIONS AND 18 DATA SHARING QUESTIONS, PLUS IDENTIFIED "AREAS OF CONCERN" WITHIN EACH SECTION OF THE ASSESSMENT TOOL.

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## CME Application Process

- **Means of Verifying Learner Participation:**

- EACH PARTICIPANT MUST PARTICIPATE IN THE INITIAL SELF ASSESSMENT AND CERTIFY / SIGN THE ASSESSMENT INSTRUMENT.
- EACH PARTICIPANT MUST PARTICIPATE IN THE PRESENTATION OF FINDINGS AND RECOMMENDATIONS WITH THE MANAGING AUTHOR / COMPLIANCE OFFICER AND SIGN AN ATTENDANCE SHEET.
- EACH PARTICIPANT MUST SIGN AN ATTESTATION OF IMPLEMENTATION OF CORRECTIVE ACTIONS AS RECOMMENDED DURING THE ASSESSMENT EVALUATION.
- EACH PARTICIPANT MUST EVALUATE EACH STAGE OF THE PROCESS AND SIGN EVALUATION INSTRUMENTS AT EACH STAGE OF THE PROCESS.
- EACH PARTICIPANT MUST PARTICIPATE IN THE SECOND SELF ASSESSMENT AND CERTIFY / SIGN THE ASSESSMENT INSTRUMENT.

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## CME Application Process

- **Method Used to Determine the Number of Credits Requested:**

- ESTIMATES OF PARTICIPANT TIME BASED ON PAST EXPERIENCE.
- ESTIMATES INCLUDED INITIAL ASSESSMENT / RESPONDING TO QUESTIONS AND PROVIDING REPORTS; EVALUATION OF ASSESSMENT RECOMMENDATIONS, MEETINGS, AND PRESENTATIONS ON FINDINGS; IMPLEMENTING CORRECTIVE ACTIONS; AND RE-ASSESSMENT OF PERFORMANCE IMPROVEMENT.
- ESTIMATES INVOLVE ASSESSMENT OF TIME, EFFORT AND ANALYSIS BY PROVIDERS AND MANAGERS TO ENSURE COMPLETE AND ACCURATE ASSESSMENT AND IMPLEMENTATION.

- **Primary Media Delivery Formats:**

- SLIDES, PDF, TEXT AND GRAPHICS, AND INTERACTIVE MEDIA.

- **Contact Information:**

- CHIEF COMPLIANCE OFFICER E-MAIL, PHONE, ADDRESS

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## Assessment Tools and Resources

### Assessment Tools and Resources

- **Assessment Tool Goals:**
- Any assessment process must engage and interest participants
  - Clinical quality, patient safety, and compliance aspects needed
  - Completion meets quality and financial incentive criteria
- Clinical and management staff should work as a team
  - Toolkit should be “right size” and easy to use
  - Information sharing should be possible in regularly scheduled team meetings
- Achieve positive education and reward
  - CME accreditation and professional management association accreditation
- Usable across medical specialties and practice settings

## Assessment Tools and Resources

- **When designing our proprietary assessment tool, we found great value in several well known tools –**
  - Physician Practice Patient Safety Assessment (Medical Group Management Association / Health Research and Educational Trust / Institute for Safe Medication Practices). Available from the Agency for Healthcare Research and Quality:
    - [http://www.hret.org/quality/projects/resources/assessing\\_where\\_you\\_stand.pdf](http://www.hret.org/quality/projects/resources/assessing_where_you_stand.pdf)
  - Ambulatory Patient Safety Toolkit (HealthPartners Health Plan)
    - [https://www.healthpartners.com/ucm/groups/public/@hp/@public/documents/documents/vgn\\_pdf\\_56420.pdf](https://www.healthpartners.com/ucm/groups/public/@hp/@public/documents/documents/vgn_pdf_56420.pdf)
  - American Health Information Management Association (AHIMA) toolkits for clinical documentation, telemedicine, external HIPAA audit
    - <https://my.ahima.org/search/toolkits>

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## Assessment Tools and Resources

- **Concerns with existing Tools:**
  - **Size:** Existing toolkits ranged from 30-100+ pages
  - **Scope:** Many were beyond the scope of a provider-engaging self assessment process
  - **Focus:** Many were highly focused or specialized in particular risk areas (medication management, for example)
  - **Quality and Compliance:** Few sufficiently connected quality and compliance
  - **So, we created our own....**

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## Compliance and Risk Assessment Tool Overview

### Assessment Tool Composition

- 13 pages
- 141 “Yes / No” questions
- 18 questions requiring data (i.e., number of patients seen)
- Opportunities to write in additional Areas of Concern
- CME sign-in sheets
- MS Word format, fillable and expandable fields
- Accepted in electronic or written form
- *Areas of concern represent an opportunity to identify and address issues. Feedback is the most important part of the process!*





## Assessment Tool Sections

- **List of Providers and staff participating**
- **Part 1: Assess Patient Volumes, clinicians and staff**
  - APP practice agreements
  - Proctoring new providers
  - Peer review in the practice
  - Number, tenure and consistency of staff members
  - Is staffing adequate to serve the needs of patients and providers?



## Example

- **Patient Volumes**
- The practice includes \_\_\_\_ FTE physicians and \_\_\_\_ FTE Advanced Practice Providers (APP's)
- The practice averages \_\_\_\_ total patient encounters /visits per year.
- Providers average approximately \_\_\_\_ patient encounters /visits per day.
- Providers perform \_\_\_\_ practice-based procedures per year.
- Providers perform \_\_\_\_ hospital-based procedures per year.
- Compare individual provider encounter and procedure volumes. Are some providers outliers in terms of numbers of patients or procedures? Can you identify why?
- **The number of Providers is adequate to meet patient needs.** \_\_\_\_Yes \_\_\_\_No



## Assessment Tool Sections

- **Part 2: Assess Practice Support and Safety Systems**
  - Policy and Procedure
  - Staff Communication and Training
  - Practice facilities
  - Patient access, ADA and OSHA Safety
  - Fire and Emergency Safety



## Example

- **PART 2: ASSESS PRACTICE SUPPORT AND SAFETY SYSTEMS**

- **Assess Policy and Procedure**

- P&P manuals are complete and customized to the practice.                      Yes                      No

- Practice staff members have access to policies that address the following:

• <i>Medical Record Release and Confidentiality</i>	Yes	No
• <i>Patient Grievance or Complaint</i>	Yes	No
• <i>Patient Dismissal or Non-Compliant Patient</i>	Yes	No
• <i>Patient No-Show for appointments</i>	Yes	No
• <i>Fire or Disaster Evacuation</i>	Yes	No
• <i>Code or Life-Threatening Event</i>	Yes	No

- **Assess Staff Communication and Training**

- |  |     |    |
|--|-----|----|
| • Staff meetings are held regularly.                     | Yes | No |
| • A schedule of training is available.                   | Yes | No |
| • Staff is adequately trained and functions effectively. | Yes | No |



## Assessment Tool Sections

- **Part 3: Assess Practice Compliance Program**
  - Compliance Standards of Conduct
  - Education
  - Exclusion Database checks
  - Anonymous hotline and reporting
  - Protecting PHI
  - Notice of Privacy Practices (NPP)
  - Advance Beneficiary Notices (ABN)
  - Pre-Authorization processes
  - OSHA Compliance



## Example

- **PART 3: ASSESS PRACTICE COMPLIANCE PROGRAMS**
- **Assess Your DHHS Required Compliance Program**
- 
- We follow written Standards of Conduct and compliance policy.      Yes      No
- 
- We have a compliance officer and know how to contact them.      Yes      No
- 
- We provide annual compliance education to staff members.      Yes      No
- 
- New employees are checked against Federal exclusion      Yes      No
- databases before hiring.
- 
- We have an anonymous compliance hotline and reporting system.      Yes      No
- 
- We participate in compliance audits of coding and billing.      Yes      No



## Assessment Tool Sections

- **Part 4: Assess Provider Communication, Medication Management, and Documentation**

- Communicating abnormal test results to patients
- Patient education
- Informed consent
- Medication management
- Medical Records Documentation
- Medication and problem lists
- Medical consult documentation
- Appropriate documentation and coding



## Example

- **PART 4: ASSESS PROVIDER COMMUNICATION, MEDICATION MANAGEMENT, AND DOCUMENTATION**

- **Assess Quality of Patient Communication**

- Patients are immediately notified when abnormal test results are received. Yes No
- Abnormal test patient notifications are documented. Yes No
- Is there a process for reporting missing or lost to follow-up test results? Yes No
- Providers oversee or provide patient education. Yes No
- Providers obtain and document informed consent. Yes No
- Outdated medications and supplies are identified, removed, and destroyed in regular monthly rounds.
- Outdated medication rounds are conducted on medication refrigerators as well as exam rooms, storage areas, and clinical treatment areas. Yes No
- All prescriptions are issued as electronic prescriptions (eRx). Yes No



## Assessment Tool Sections

- **Part 5: Discuss your Findings**
- As a team, discuss your findings and concerns
- What areas of risk do you want assistance with?
- What other concerns do you have?
  
- The more information you provide, the better job we can do to assist you.



## Compliance and Risk Assessment Process

## Why Assess Compliance?

- **DHHS Office of Inspector General:**
- *The following seven components provide a solid basis upon which a physician practice can create a voluntary compliance program:*
  1. **Conduct internal monitoring and auditing.**
  2. **Implement compliance and practice standards.**
  3. Designate a compliance officer or contact.
  4. Conduct appropriate training and education.
  5. **Respond appropriately to detected offenses and develop corrective action.**
  6. Develop open lines of communication with employees.
  7. Enforce disciplinary standards through well-publicized guidelines.
- *With the passage of the Patient Protection and Affordable Care Act of 2010, **physicians who treat Medicare and Medicaid beneficiaries are required to establish a compliance program.***



## OIG Compliance Guidance

- **OIG Compliance Program for Individual and Small Group Physician Practices**
  - 65 F.R., Vol. 65, No. 194, 59434 – 59452
  - <https://oig.hhs.gov/authorities/docs/physician.pdf>
  - *Step One: Auditing and Monitoring 59437*
  - *An ongoing evaluation process is important to a successful compliance program. This ongoing evaluation includes not only whether the physician practice's standards and procedures are in fact current and accurate, but also whether the compliance program is working....*



## What is the best way to complete the Self-Assessment?

- **Identify your assessment team**
  - Providers, Practice Managers, Nurses, Quality
- **Discuss the Assessment Tool and process with all team members**
- **Divide the Assessment Tool into sections**
- **Assign a schedule completion tasks and dates**
- **Complete the process one section at a time**
- **Discuss your findings and best solutions**



## What about Documentation and Coding Audits?

- AMG practice providers participate in a regular documentation and coding review process.
- A sample of medical records for each provider is assessed for documentation supporting medical necessity and coding accuracy.
- An independent auditor reviews findings and meets with providers to improve processes.
- Those falling under an 87% accuracy threshold are re-audited.



## What about denials?

- The Augusta Health Compliance Team manages denials / appeals with providers
  - Recovery Audit Contractor (RAC) denials
  - Comprehensive Error Rate Testing (CERT) denials.
  - Additional Documentation Requests (ADR's)
  - Administrative Law Judge (ALJ) Hearings
- We manage a robust appeals process on behalf of the billing provider.



## What about HIPAA Privacy?

- Our PHI Coordinator
  - Audits medical record access
  - Investigates PHI disclosure events
  - Responds to requests from patients for accounting of medical record access.
- PHI breaches must be reported to the Secretary, DHHS, and may be investigated or fined by the Office of Civil Rights (OCR).





## Is this a complete process?

- The Self-Assessment is an entry-level, medical enterprise risk assessment process
- We also provide ongoing documentation, coding and denial reviews
- We audit and Practices must monitor PHI disclosures
- Each health care staff member should be checked against Federal Exclusion Databases
- Federal Agencies hold us to a “Knew or should have known” standard of compliance



## Stages of the Assessment

- **Stage I:** AMG, ACP and Augusta Health provide a Self-Assessment Tool
  - Primarily Yes / No questions
  - Some data requests (patient volumes)
  - Opportunities to list your Areas of Concern
- Providers complete the tool during their regular business meetings (Four 15-minute increments)
- Please add additional feedback on Areas of Concern you would like addressed
- The complete assessment is returned to your Compliance Officer



## Stages of the Assessment

- **Stage II:** Your compliance team meets with you and provides analysis, presentation and recommendations, based on the information you provided.
- Providers and managers review the recommendations and information given.



## Stages of the Assessment

- **Stage III:** Approved recommendations are implemented by the practice.



## Stages of the Assessment

- **Stage IV:** A second self-assessment tool identifies performance improvement, based on the initial assessment and implementation of recommendations.
- **Practices have up to two years to complete all stages of the assessment.**



## Provider and Manager Participant Toolkit

- The ToolKit includes:
- CME Sign in sheets
- The Self-Assessment Tool in electronic fillable format (MS Word)
- Step-by-step instructions
  - Description and List of Assessment Activities / Meetings
  - CME sign-in reminders
  - Recommended Timeline for completion
  - Support and Help contact information





## Compliance and Risk Assessment Process: Are We There Yet?

### Update

- Initial launch meetings with providers and managers June –Sept 2018
- Meetings provided CME credit for attendance and met ACP HQEP meeting requirements
- Follow-up meetings with AMG managers, key leaders January 2019
- Step-by-Step Toolkit provided all practices

## Update

- Site visit fosters communication, allows review
  - Meeting with managers, providers to review assessment findings
  - Observe patient flow, communication processes, and patient volumes
  - Assess physical plant safety
  - Assess infection control
  - Assess medication management
  - Assess patient education and informed consent,
  - Interact with staff members
    - Patient communication
    - Patient volumes
    - Documentation needs
  - Identify additional recommendations

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## Update

- Process Steps:
- Receive initial Assessment report
- Site visit
- Review findings; compile all recommendations
- Develop recommendations report and guidance, with timelines
- Meet with providers, managers, team members to discuss recommendations and implementation
- Elicit feedback, provide guidance and support
- Agree to timelines for implementation
- Schedule follow up discussion and observation
- Schedule re-assessment

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## Update

- Today's Update:
- Stage 1 Assessment
- Stage 2 Findings, Recommendations Meeting
- Stage 3 Implementation of Recommendations
- Stage 4 Re-Evaluation
- CME Awards
- Great Catches

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### Questions? Answers!



## Resources and References

- **PI-CME**
- AMA CME Assistance:
  - [cme@ama-assn.org](mailto:cme@ama-assn.org)
  - AMA PI-CME information:
    - <https://www.ama-assn.org/education/cme/performance-improvement-continuing-medical-education-pi-cme>
  - AMA PI-CME FAQs:
    - [https://www.ama-assn.org/sites/ama-assn.org/files/corp/media-browser/public/cme/picme-faq\\_0.pdf](https://www.ama-assn.org/sites/ama-assn.org/files/corp/media-browser/public/cme/picme-faq_0.pdf)
  - PubMed PI-CME Search Index:
    - [https://www.ama-assn.org/sites/ama-assn.org/files/corp/media-browser/public/cme/pubmed-qi-cme\\_0.pdf](https://www.ama-assn.org/sites/ama-assn.org/files/corp/media-browser/public/cme/pubmed-qi-cme_0.pdf)

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## Resources and References

- **Assessment Tools**
  - Physician Practice Patient Safety Assessment (Medical Group Management Association / Health Research and Educational Trust / Institute for Safe Medication Practices). Available from the Agency for Healthcare Research and Quality:
    - [http://www.hret.org/quality/projects/resources/assessing\\_where\\_you\\_stand.pdf](http://www.hret.org/quality/projects/resources/assessing_where_you_stand.pdf)
  - Ambulatory Patient Safety Toolkit (HealthPartners Health Plan)
    - [https://www.healthpartners.com/ucm/groups/public/@hp/@public/documents/documents/vgn\\_pdf\\_56420.pdf](https://www.healthpartners.com/ucm/groups/public/@hp/@public/documents/documents/vgn_pdf_56420.pdf)
  - Accreditation Association for Ambulatory Health Care, Inc. (for purchase)
    - <https://www.aaahc.org/en/institute/patient-safety-toolkits1/>
  - American Health Information Management Association (AHIMA) toolkits for documentation, coding, telemedicine, and external HIPAA audit
    - <https://my.ahima.org/search/toolkits>

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## Resources and References

- **OIG Compliance Program for Individual and Small Group Physician Practices**
  - 65 F.R., Vol. 65, No. 194, 59434 – 59452
  - <https://oig.hhs.gov/authorities/docs/physician.pdf>
  - *Step One: Auditing and Monitoring 59437*
  - *An ongoing evaluation process is important to a successful compliance program. This ongoing evaluation includes not only whether the physician practice's standards and procedures are in fact current and accurate, but also whether the compliance program is working....*

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## Resources and References

- **HIPAA for Professionals**
  - <https://www.hhs.gov/hipaa/for-professionals/index.html>
- HIPAA Privacy, Security and Enforcement Rule Information
- Breach Notification Portal
- Searchable FAQs for almost every PHI Privacy, Security, and Enforcement question

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## Resources and References

- **Federal Exclusion Databases**
  - <https://exclusions.oig.hhs.gov/>
- Online, searchable databases for excluded individuals and entities

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### **Physician Compliance and Risk Assessment: A Two-Year, PI CME Model To Improve Quality and Compliance**

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**Thank you!**

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