Population Health, Quality and Compliance: A Look at the Process

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Objectives

At the conclusion of this activity, participants will be able to:

- Establish what population health means to the compliance office
- Identify the role of patients, providers and payors in population health
- State patient, provider and payor roles in a qualitative compliant process
- Define strategies to improve the process of population health through care coordination and quality/performance

Population Health

Population health isn’t new, we’ve been progressing toward this end since PPO’s and HMO’s.

The Institute of Healthcare Improvement (IHI) states:

“Population health is defined as the health outcomes of a group of individuals, including the distribution of such outcomes within the group. These groups are often geographic populations such as nations or communities, but can also be other groups such as employees, ethnic groups, disabled persons, prisoners, or any other defined group.”
Compliance of Population Health

• Population health results in:
  • provider’s compliance in data collection
  • physician contracts
  • quality of patient care
• Providing clinical documentation of treatment based on the care of a patient with a chronic illness can be difficult
  • can be managed with the appropriate provider to provider communication

Compliance of Population Health, cont.

• Compliance Officer Role
• Supply Chain - Patient
• HIPAA in High tech
• Technical Updates
• Trial and Error - process improvement
• Population Health management
  • New skill sets for delivering of care
  • Collaboration
  • Structured process
Universal Standard - Patient

- Principles
  - Trustworthiness - Patient access via electronic devices
  - Respect - human dignity, effectiveness
  - Responsibility - duty to self
  - Caring - display kindness and concern for self
  - Fairness - just treatment or behavior without favoritism or discrimination.
  - Citizenship - inclusion without bias, equality

Universal Standard - Provider

Principles

- Trustworthiness - Provide health services to patient and maintain health information about them with integrity, medically necessary, effective based on standards
- Respect - Patient centered culture, patient has right to participate in care, understands boundaries
- Responsibility – Due no harm, Competency - Safety is priority, Timely reducing waits and sometimes harmful delays
- Fairness - medically necessary, efficient
- Caring - Patient advocacy, appreciation of patient’s rights, shared decision making
- Citizenship - operationalize care delivery in the policy framework equitable - does not vary in quality
Universal Standard - Payor

Principles
- Trustworthiness - Fiduciary duty to the consumer (marketplace)
- Respect - Protect from unethical practices
- Responsibility – Treat everyone the same
- Fairness - *Equitable* coverage to marketplace consumers
- Caring - Provide quality clinical suppliers for the consumer, credentialing
- Citizenship - Match documentation with the standard and care provided

Health Dimensions Throughout the Life Continuum

![Diagram showing seven dimensions of wellness across life stages: Social, Emotional, Spiritual, Environmental, Occupational, Intellectual, Physical]

- Infancy
- Childhood
- Adolescence
- Adulthood
- Old Age
Lifetime Patient Care Approach

<table>
<thead>
<tr>
<th>Early Life</th>
<th>Mid Life</th>
<th>Later Life</th>
</tr>
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<tbody>
<tr>
<td>Preventive</td>
<td>Unknown</td>
<td>Preventive</td>
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</table>
| • Education - provided to parents and guardians  
• Immunizations  
• Structured and standardized by National and State Health organizations (Health dept., CDC) | • Unknown variables  
• Patient Adhoc as needed | Medicare Structure  
• Education – Welcome to Medicare  
• Core Measures  
• Structured by Federal Government (CMS) |

Medical Necessity  
Treating Based on Need

• Medical Necessity – healthcare services and supplies must be necessary and appropriate for the evaluation and management of a given disease, condition, illness or injury  
• The care must be considered reasonable when judged against current medical standards of care
Evidence - Based Coverage Determination

- Professional Expertise Standards with Clinical Practice Guidelines - i.e. American Academy of Pediatrics (AAP), American Academy of Family Practice (AAFP), Agency for Healthcare Research and Quality (AHRQ)
- Structured interpretation – Milliman and Interqual
- Good quality decision should be based on a combination of critical thinking and the best available evidence
- Evidence based practice seeks to improve the way decisions are made

Bottom line - Bad decisions, poor outcomes, and limited understanding of why things go wrong

Treatment - Standard of Care

Evidence - Based Determination

Clinical Expertise

Patient Preferences

Best Available Evidence
Clinical Provider Logistic - Providing Services

Communication and Awareness to Patient, Payor, Provider

Three Key Aspects

1. Evidence-Based Standards
   - Evidence-Based Practice
   - Patient Population

2. Data Collection
   - Organization data
   - System wide Standardization

3. Improved Care and Health Outcomes
   - Performance Improvement
   - Pay 4 Performance, Public Reporting

Who - Receiver of Care
Patient Presentation

Presentation
- Health complaint
- Physical Indicators
  - Where does it hurt?
  - Change in activity level?

Standard
- History and Physical
- Problem List
- Medication Reconciliation
- Plan of Care
Standard of Care

**Primary Prevention Core Measure**
- Design System for high quality and safety, Low Risk
- Healthy lifestyle
- Don’t start smoking
- Sunscreen
- Exercise - Silver Slippers
- Diet

**Secondary Prevention**
- Screening for risk factors
- Control of risk factors
- Genetic Testing

**Tertiary Prevention**
- Recover and learn Management after event
- Optimizing Management

**Who - Clinical Provider of Care**

- Comprehensive
- Patient & Family Centered
- Coordinated
- Continuous
- Accessible
- Accountable

Medical Home
How Clinical Care is Provided

Standards and Payors Expectation
Proactive identification of issues
Quality of Care for Patient
Patient Engagement

Timing for Clinical Treatment and Decision Routine
 Planned
 Urgent
 Emergent

Level of Care
PCP
Urgent Care
Telehealth
Specialist
Institutional Care - i.e. (Hospital, ER, ASC)

Level of Care, You Decide!
Provider Duty - Patient Right

• Who - Documented by Credentialing
  • Competent clinicians (Formal education/ organizational training)
  • Scope of Practice
• What - Standard of Care - Evidence - Based
  • Professional Standards
  • Clinical Practice Guidelines
• Where - Environment of Care
  • Safety - environment meets ability to provide level of care
  • Level of care
• When - Urgency
  • Proactive
  • Reactive

Standard of Care

Episode of Care - All services provided to a patient with a medical problem within a specific period of time across a continuum of care in an integrated system

Encounter - An interaction between a patient and healthcare provider(s) for the purpose of providing healthcare service(s) or access the health status of a patient

• Pre - Trigger Services
• Episode Trigger
• Post - Trigger Services

• Acute
• Chronic
How to Pay - Financial Provider

\[ V = \frac{Q + S}{\text{VALUE}} \]

Awareness and Empowerment

- Purpose
  - Patient - Wellness
  - Payor - Compliance with managing external influencers
  - Clinician - Primary duty

- Roll up of roles for compliance and quality
  - Commitment - Consistent flow
  - Compliance - Quality care
  - Conflict - Non - value added
IHI Quadruple Aim
Patient Care, Health, Cost and Provider Care

Institute of Healthcare Improvement (IHI) Goal:
1. Simultaneously improving the health of the population
2. Enhancing the experience and outcomes of the patient
3. Reducing per capita cost of the care for the benefit of communities
4. The Joy of Practice for the healthcare practitioner

Institute of Medicine (IOM)

Six Domains of Health Care Quality
- **Safe**: Avoiding harm to patients from the care that is intended to help them.
- **Effective**: Providing services based on scientific knowledge to all who could benefit and refraining from providing services to those not likely to benefit (avoiding underuse and misuse, respectively).
- **Patient-centered**: Providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions.
- **Timely**: Reducing waits and sometimes harmful delays for both those who receive and those who give care.
- **Efficient**: Avoiding waste, including waste of equipment, supplies, ideas, and energy.
- **Equitable**: Providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status.

Reference: Crossing the Quality Chasm: The IOM Health Care Quality Initiative
What Treatment Coding - Documentation of Care

- Why is it important? To establish a single language
  - Clinical documentation
    - Comorbidities
    - Complications
  - Proper payment
  - Reduce claim denials
  - Ensure accurate measures of quality and efficiency
  - Ensure accountability and risk transparency
  - Capture the level of risk and severity

Thorough, detailed documentation leads to accurate coding, and accurate coding leads to appropriate and timely claims for payment for hospitals and physicians. Most importantly, accurate documentation can lead to better, more effective, safer patient care.

Quality is Free - Zero Defects
Approach to Quality - Phillip B. Crosby

Four Quality Absolutes
1. Definition of quality is conformance to requirements
2. The aim of quality management is prevention not inspection
3. Zero defects is the performance standard
4. Quality is measured by the price of nonconformance “Make it Right the First time”

The price of nonconformance is around 30% of the revenue of an organization. Who is responsible for this waste?
Clinical Outcome - Patient

To improve our health and our nation’s healthcare system, we need to define and measure patient outcomes.

Patient outcomes require collaboratively documenting
  Patient Status for all services
  Care Plans for all services

Clinical Outcome - Patient Complications

  • Comorbidity
  • Complication – an unfavorable evolution or consequence of a disease, a health condition or a therapy
    - Healthcare Acquired Condition (HAC)
    - Patient Induced Condition
    - Natural disease progression
  • Post Benefit approval

About 80% of Medicare spending is devoted to patients with 4 or more chronic conditions, with costs increasing exponentially as the number of chronic conditions increases.
Clinical Outcome – Patient Comorbidities

• Clear documentation with ICD10 could affect potential future pay - for performance programs
• If certain conditions are present on admission or certain comorbidity conditions exist and are not documented, it could affect the observed - to - expected death ratio for morbidity and mortality
• If a provider under - codes a case, then the observed ratio may fall below the expected average for his or her colleagues

Clinical Outcome - Provider

• Quality Care - Core Measures
  • Well Check - up
  • HEDIS - Healthcare Effectiveness Data and Information Set
  • CMS - Core Measures

• Complications - Safety Reporting in a Just Culture Environment
  • To Err is Human - Human Error
  • Sentinel Events - Never Events
  • Near Misses - Process Improvements
  • Proper encounter documentation
Clinical Outcome - Patient

• Focus of care
• Technology to promote engagement – patient portal
• Knowledge and information is shared freely
• All members of care team - including patient need to be aware of the patient’s status and care plan
• Care is provided in a healing family centered environment
• Families and friends are part of the care team

What Outcome - Organization

• All team members are considered caregivers - part of the patient's care experience
• Care is based on continuous healing relationships
• Continuum of care for patients rather than episodes of care
• Not just providing care, also providing healing
• Care is customized Indicators - reflects patient needs, values and choices
• Patient safety is a visible priority
• All caregivers cooperate with one another
• The patient is the source of control in their care
Feedback to Payors and Public

• Healthcare Grades
• Centers of Excellence
• Leapfrog Hospital Survey

Outcome
Patient, Provider, Payor

Principles
• Trustworthiness
• Respect
• Responsibility
• Fairness
• Caring
• Citizenship

*Use Principles to focus on the purpose not the problem*
Take Away

• Paradigm shift to ensure all stakeholders understand the purpose and are heard
• The patient, provider and payor are lifetime learners in the healthcare system
• Healthcare navigation in changing environment
• Shared responsibility for the quality of care

*Collaboration!*
Thank You

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