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The Role of Compliance in Driving Improvement in Patient Outcomes

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Who is Allina?

- Allina Hospitals & Clinics is a not-for-profit system of hospitals, clinics and other health care services.
- We have 23,000 employees, 5,000 physicians and 2,500 volunteers working to meet the health care needs of communities throughout Minnesota and western Wisconsin.

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Allina Hospitals and Clinics

- 11 hospitals (5 metro/6 rural)
- 60 Free Standing Clinic sites
- 25 hospital-based clinics
- 15 community retail pharmacies
- 3 ambulatory care centers
- Home Care, Hospice & Palliative Care
- Allina Transportation
- Home Oxygen & Medical Equipment
- Reference Laboratory

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Objectives

- Use compliance knowledge to influence quality improvement work
- Expand your scope beyond billing compliance and connect with the work of providing quality patient care
- Get tips on how to build an effective partnership between compliance and quality

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Current Structure

- Quality, Measurement, Risk/Safety, Regulatory Accreditation (JC) reports to VP Quality & Safety Resources who reports to the Chief Medical Officer
- Audit, Compliance and Regulatory Affairs reports to Executive Vice President for Strategy and Business Development, who reports to the CEO

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Function Versus Structure

- Why is a relationship necessary?
- Allina model established through sharing work and not through a reporting structure

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Assessment

- What is the strategic “driver” in your organization?
- What is the level of understanding, commitment and engagement in a quality agenda?
- What are your organizational strategic initiatives around quality?
- What is your current involvement in pay for performance initiatives?
- How does your quality performance stack up against your competitors?
- What do the consumers know about your quality?

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Cost + Quality = Value

- Improved quality + avoidance of unnecessary cost = value
- Value based purchasing
- Better patient outcomes

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Goals of VBP Program

- Financial viability
- Payment incentives
- Joint Accountability
- Effectiveness
- Ensuring Access
- Safety & Transparency
- Smooth Transitions
- Electronic Health Records
- Improve care!


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The Connection

- Pay for Reporting
 - Inpatient Hospital
 - RHQDAPU expansion of measures
 - MS-DRGs
 - POA
 - Hospital Acquired Conditions
 - Never Events
 - Outpatient Hospital
 - HOP-QDRP-expansion of measures
 - Health Care Associated Conditions
 - POA
 - Never Events

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The Connection

- Physicians
 - PQRI
 - Electronic Prescribing
 - Never Events
- HH Quality Reporting
- Nursing Home Quality Reporting
- ESRD Quality Reporting
- Demonstration Projects (Medical Home, Pay for Performance, Acute Care Episode, Post Acute Care Payment reform, Hospital/Physician Gain Sharing)
- ASC Quality Reporting
- DMEPOS Quality Standards and Competitive Bidding

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The Connection


- Pay for Performance
 - Performance Thresholds
 - Performance Improvement
 - VBP Program Hospitals
 - VBP Program Physicians

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The Connection

- Transparency
- Risks and Consequences

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Quality Measurement Goals

- Safety
- Effectiveness
- Smooth Transitions of Care
- Transparency
- Efficiency
- Eliminating Disparities


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Measurement


- Today - a tool to support quality improvement programs, improve transparency, and enhance value
- Future - a tool to improve coordination and integration of care beyond a single practitioner or setting of delivery

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Types of Measures

- Efficiency
 - Resource use
- Structure
 - Is the mechanism/system in place? Electronic health record, e-prescribing
- Process
 - Performance of a particular action (beta blocker for MI diagnosis)
- Intermediate Outcome
 - Targets a specific test result (HgbA1C value <7)
- Outcome
 - What was the end result from a patient perspective? (Mortality, morbidity)
- Patient Experience

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Future Measures

- Expect greater focus on
 - Outcome measures
 - Efficiency
 - Transitions
 - Measures that address disparities
 - Condition Specific Measures across all settings
 - Condition-Independent Measures

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Risks


- Payments
 - No payment for never events
 - No payment for hospital acquired conditions (no payment for poor quality)
 - Financial incentives for evidence based practices
 - Financial incentives to improve measured outcomes

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Risks

- Enforcement
 - Conditions of Participation
 - Exclusion
 - Survey and Certification
 - Accreditation Issues
 - False Claims, Whistleblower Cases (quality issues make good stories)
 - Malpractice
 - Federal, State (OIG, Attorney General, Department of Health, etc.)


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Risks

- Public Response
 - Reputation, Reputation, Reputation
 - Market share
 - Program viability
 - Organizational viability

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Develop Solid Partnerships


- Quality, risk, patient safety, clinicians, measurement, compliance, finance, coding, charging, claims management, registration
- Understand roles and scope of work
- Appreciate the knowledge and expertise of all
- Share information early and often
- Create a connection between quality measurement and claims management processes

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Role Definition

- Who does what?
 - Scan
 - Organize
 - Analyze
 - Design
 - Implement
 - Evaluate

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Scan

- Compliance & Regulatory Affairs
 - Federal Registers
 - Proposed Rules
 - Final Rules
 - CMS
 - Transmittals
 - Press Releases
 - Open Door Forum Calls
 - Listening Sessions
 - Quality & Compliance List Serves

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Scan

- State Medicaid
 - Bulletins
 - State Registers
 - Legislative Updates
- National and State Organizations (Influence Strategy)

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Organize

- Compliance & Regulatory Affairs
 - Identify key stakeholders
 - Understand intersections
 - High level impact
 - Distribution
 - Communication

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Analyze

- Partnership Compliance & Quality
 - Solicit input, feedback
 - Analyze key work processes
 - Identify gaps
 - Define key activities
 - Core
 - Shared
 - Business unit
 - System level functions
 - Risk Assessment
 - Compliance
 - Financial
 - Quality

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Design

- Quality
 - Identify deliverables
 - In depth SWAT analysis
 - Cost/benefit analysis
 - Data and systems
 - Metrics
 - Outcome measures
 - Validate with Key Stakeholders
 - Test
 - Report


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Implement

- Partner Quality & Compliance
 - Put plan into action
 - Monitor for commitment to action
 - Follow up communication as to progress
 - Monitor Measures
 - Ongoing validation
 - Organizational Advocacy

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Evaluate

- Partnership Compliance & Quality
 - Assess outcome measures
 - Breakdowns
 - Successes
 - Learning
 - Ongoing Monitoring


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Pay for Performance

- Catalyst for improvement focus
- Catalyst for operational, clinical and overall organizational culture change
- Vehicle to improve patient outcomes
- Vehicle to improve financial outcomes
- Compliance

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Transparency

- Internal Scorecard
- External Scorecard
- Public
 - CMS Hospital Compare
 - CMS Physician Compare
 - CMS Nursing Home Compare
 - Independent Sites (Healthgrades, etc.)
 - State
 - Other Payers

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Challenges

- Complexity and Instability
- Multiplicity of Measures
 - Clinical (evidence based)
 - Satisfaction
 - Safety/Risk
 - Efficiency
- Measurement specification inconsistencies
- Performance standards variability
- Scope of measurement - service/stay versus episode of care

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Challenges

- Administrative burden
- Process improvement versus measurement and reporting
- Reward not always significant enough to influence behavior change or recognize burden in reporting
- Financial management systems
- Clinical Data Management systems
- Attribution of Care

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Questions?

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Resources

- Roadmap for Quality Measurement in the Traditional Medicare Fee for Service Program
http://www.cms.hhs.gov/QualityInitiativesGenInfo/downloads/QualityMeasurementRoadmap_OEA1-16_508.pdf
- Roadmap for Implementing Value Driven Healthcare in the Traditional Medicare Fee for Service Program
http://www.cms.hhs.gov/QualityInitiativesGenInfo/downloads/VBPRoadmap_OEA_1-16_508.pdf

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