

**Health Ethics Trust
& Florida Hospital Association
Empower Your Compliance Program**

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Quality of Care – Attention by Government

- Evolution of Focus
- Cases
- Government Guidance, such as OIG Work Plan

Quality of Care – Role of Compliance

- Model Compliance Guidance
- OIG/HHS/AHLA
- Training Materials
- Other

Quality of Care

- Readmissions
- Value-Based Purchasing
- HACs

Readmissions

Why is this important?

“Focusing on readmissions is a great way to tackle inappropriate use of hospital stays,” ... [Readmissions are] “the intersection of three things we care about: cost, quality, and patient safety.”

Jane Brock, M.D., Medical Officer for the Colorado Foundation for Medical Care, the QIO that performed the study for CMS on reducing readmissions

Certain Compliance Issues

OIG Work Plan – FY2012

- Safety and Quality of Post-Acute Care for Medicare Beneficiaries. We will review the quality of care and safety of Medicare beneficiaries transferred from acute-care hospitals to postacute care. We will evaluate the transfer process and also identify rates of adverse events and preventable hospital readmissions from post-acute-care settings. We will focus on three postacute settings: SNFs, IRFs and long-term-care hospitals. Average hospital stays for Medicare beneficiaries have fallen steadily over several decades, resulting in increased transfers to postacute-care facilities. Patients recovering in these facilities often require substantial clinical care, and the capabilities of the facilities to care for residents vary by facility type and access to appropriate equipment and staffing. The hospital discharge planning process and the degree of communication and collaboration between acute-care and postacute-care providers also affect a beneficiary's experience and the ability of providers to ensure a smooth and safe transition.

Certain Compliance Issues

OIG Work Plan – FY2012

- Hospitalizations and Rehospitalizations of Nursing Home Residents. We will review the extent to which Medicare beneficiaries residing in nursing homes have been hospitalized and rehospitalized. We will also assess CMS's oversight of nursing homes whose residents have high rates of hospitalization. Hospitalizations and rehospitalizations of nursing home residents are costly to Medicare and may indicate quality-of-care problems at nursing homes. A 2007 OIG study found that 35 percent of hospitalizations during a SNF stay were caused by poor quality of care or unnecessary fragmentation of services.
- Hospital Same-Day Readmissions: We will review Medicare claims to determine trends in the number of same-day hospital readmission cases. Based on prior OIG work, CMS implemented an edit (a special system control) in 2004 to reject subsequent claims on behalf of beneficiaries who were readmitted to the same hospital on the same day. If a same-day readmission occurs for symptoms related to or for evaluation or management of the prior stay's medical condition, the hospital is entitled to only one diagnosis related group payment and should combine the original and subsequent stays into a single claim. (CMS's Medicare Claims Processing Manual, Pub. No. 100-04, ch. 3, § 40.2.5.) Providers are permitted to override the edit in certain situations. We will test the effectiveness of the edit. This work may also be helpful to CMS in implementing provisions of the Affordable Care Act.

Certain Compliance Issues

- OIG – Model Compliance Program Guidance for Hospitals and Supplemental Guidance
 - Risk Areas
- OIG/HHS/AHLA Guidance for Boards on Governance: “Corporate Responsibility and Health Care Quality: A Resource for Health Care Boards of Directors”
- Cases involving quality of care
- Civil Monetary Penalty Law
- False Claim Act

Other Considerations

- QIO 10th Statement of Work
- Program Integrity Manual

Other Considerations

- Medicare Rules, such as Medicare Conditions of Participation
- Joint Commission
- State Rules
- Medicaid Rules

Other Considerations

- RAC
- Hospital Compliance Initiative
- Other

Root Causes and Practices

Root Causes

- Inpatient
 - Medication reconciliation and problem list
 - Communication between teams
 - Care plan (such as patient involvement)
 - Information Technology
- Discharge
 - Not receive appropriate referral
 - Discharge documentation
 - Communication with PAC
 - Physician coordination
- Post Discharge
 - Minimal mechanism for patient update post discharge
 - PAC expectations

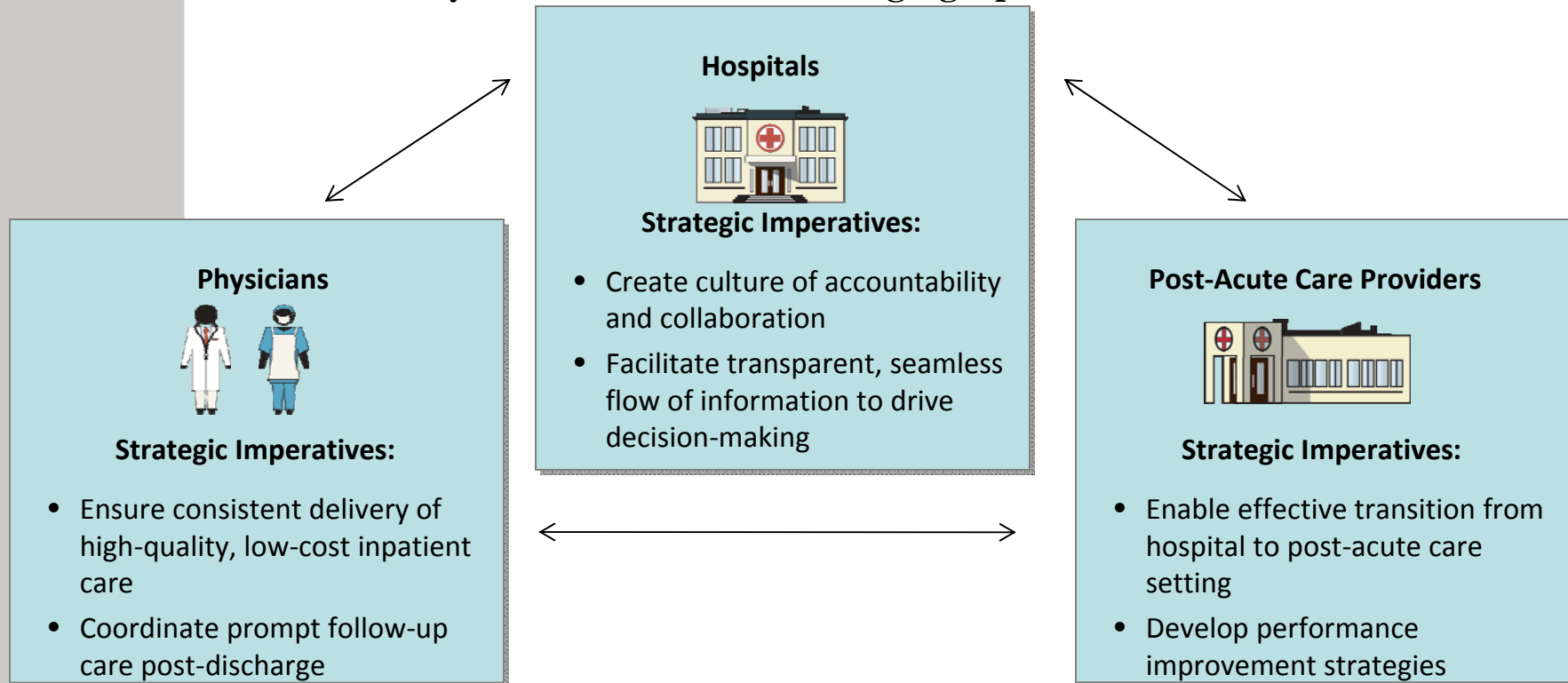
Practices

- Inpatient
 - Medication reconciliation
 - Coordinated care
 - Identification of high risk patients
- Discharge Planning
 - Information
 - Parties involved
 - Transition with post acute provider
 - Early assessment
- Follow-up Care
 - Appointments (schedule/attend)
 - Care transition

Collaboration Essential to Mitigate Performance Risk

Bearers of Risk Must Craft Effective Relationships Across Continuum

Key Clinical Partners in Managing Episodic Performance Risk



Compliance Issues

- When taking various steps to address readmissions, hospital executives should consult attorneys and compliance officers as appropriate.
- Depending on the measure, appropriate review should take place.
- The fact that a measure is determined to be a “best practice” from an operational perspective does not mean that it has been reviewed from a legal risk perspective.

Compliance Issues

Some additional issues to consider:

- Fraud and Abuse
- Patient Steering
- Patient Choice
- Patient Confidentiality/Privacy

Compliance Issues

Some additional issues to consider:

- Civil Monetary Penalties Law
- State specific laws
- Licensure

Compliance Issues

Some additional issues to consider:

- Consent/Treatment/Orders
- Credentials
- Liability
- Other

Value-Based Purchasing and HAC

- Quality of Care
- Role of Compliance

Questions ? ?

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