

Letter from the CEO

ROY SNELL

Just say “yes” –Everything I know about compliance I learned in kindergarten

Save “no” for critical success factors only.

Nancy Reagan may have had the right idea about drugs but she must not know much about being a compliance professional. Compliance professionals who just say “no” all the time can develop a bad reputation and have lousy relationships.

People who say “no” too much can become ineffective. There are times when

you must say “no” and any compliance professional who can’t stand up to the pressure should go drive an ice cream truck where the job stress is manageable. There are billing, refunding, and other serious issues that cannot be compromised. The problem comes in when we just say “no” too often.

I have worked with many compliance professionals who have complained that no one listens to them. Sometimes compliance professionals take their job too seriously. Everything has to be their way all the time. They are always complaining. They are always telling people what they should be doing and what they are doing is wrong. Eventually they get excluded from meetings and not included in the decision making process. The great irony is that they become the biggest impediment to the success of the compliance program. They believe that management is standing in the way and are against compliance. What has happened is that the compliance officer has overcooked the importance of every decision made that relates to compliance.

What I am talking about is the millions of decisions that are made each month that can go either way or, in fact, can go one of many ways. You would be amazed how many decisions that you can disagree with, let go of, and still have an acceptable outcome. There are great rewards for choosing the other person’s way. And by the other person I mean anybody you come in contact with.

Examples

Let me give you some examples of the types of questions that I

think you need to seriously consider just saying “yes” to.

- How long the class is.
- What should be on the poster?
- What the new language should be on the updated version of the code of conduct.
- Who should go to the conference?
- Where the education should be conducted.
- Which random methodology you use.
- From whom should the memo come?
- How many steps should the Hot Line procedure be?
- Who should communicate to the Board?
- Who should do the audit?
- Who should do the investigation?

Effective leadership

Some people are having cardiac arrest at this point telling me, “You can’t let them make that decision!” The irony here is that they say “no” so often people stop asking them questions. How effective can you be then? What you should not allow is unacceptable outcomes. How you get to that outcome often does not matter. If you focus on outcomes you can forget the detail and be able to say “yes” to many more things than you have said to in the past. For example, you can let them educate their department any way they want, however you develop a 60 day post test that will tell you if the student knows the basics. If they don’t pass the test you agree on another round of education and another post-test until they pass. You just say “no” to one question, “Can my people remain ignorant of the regulations?” You can say “yes” to every other question related to that education process if you conduct a post-test.

The just say “yes” principle is effective for all elements of compliance including, auditing, monitoring, discipline, education, etcetera.

Benefits

You would be amazed how often your colleagues know a better way to accomplish a particular outcome. Listening to them can actually help make things more effective. Another benefit is that you have more time to accomplish



Editor's note: The following listing will help you through the health care acronym maze. The information is provided by Erin O'Donnell, an Associate with PricewaterhouseCoopers.

other tasks if you delegate the little decisions. By the way, delegation in this sense means delegating the decision-making process. When I have shared this philosophy with micro managers they tell me, "I will delegate but I have to make every decision or the process will take too long." They believe this even if you have a measurable outcome such as a 60-day post test. I believe that it takes too long when you are an insufferable pain in the neck and they end up fighting you all the way.

The most effective compliance professionals I have worked with know when to say "no!" and when to say, "Whatever you want is fine with me." The greatest benefit of this strategy is that when you say "no" it is an event that it makes people sit up and listen. If you say "no" all the time and are constantly frustrated because they won't do it your way they have no way of knowing when "no" really means "no!"

There is a theory that we all get little "no" chits of paper at the beginning of each year. You can use "no" chits every time you have to say "no." People have to listen to you when you use one of your "no" chits. You are supposed to make them last the entire year. It's kind of like a get out of jail free card but more like you have to listen to me card. If you use them up in January come February you are in trouble. By March you are getting resistance to the simplest requests because people are mad and as a matter of principle are not going to let you have your way. This is one of the more common death spirals I see compliance professionals get into. I think the reason we have more than our share of Chicken Littles in compliance has to do with our sense of urgency, whistle-blowers, settlements, and people going to jail. Regardless of the justification for becoming intolerable there is no way to win at the game. Some people get extra "no" chits during the course of the year because people respect their judicious use of the "no" chits. It is called respect—which is critical to our success.

Despite what Nancy Regan says, it is often hard to just say "yes" but it may be the best thing for the good of the compliance program. Don't fall into a trap of arguing over the details. Make it a point to seek out opportunities to say "yes." The just say "no" melody has befallen educators, auditors, compliance officers, in house and outside counsel. Unlike other health-related maladies, you can opt out of this one. ■

ACC - Ambulatory Care Center

The purpose of some Ambulatory Care Centers is to provide quality care to patients requiring same-day surgery as well as to provide care and observation for specific outpatient procedures, including chemotherapy and gastroenterology. Services are provided to one-day surgical patients and non-surgical outpatients. Patients treated in the ACC include pediatric, adolescent, adult, and geriatric. For more info. visit: <http://wupa.wustl.edu/record/archive/1997/12-11-97/1164.html>

ACR - Adjusted Community Rate

Health plans and insurance companies estimate their ACRs annually and adjust subsequent year supplemental benefits or premiums to return any excess Medicare revenue above the ACR to enrollees. These are the estimated payment rates that health plans with Medicare risk contracts would have received for their Medicare enrollees if paid their private market premiums, adjusted for differences in benefit packages and service use. Visit: <http://www.os.dbhs.gov/progorg/oas/whatsnew.html>.

ADPL - Average Daily Patient Load

The average number of inpatients, including live births, in the hospital, receiving care each day during a reported period. Want more info - visit: www.pasba.amedd.army.mil/amis/meprs/meprsbackgrd.html

EPO - Exclusive Provider Organization

A plan which limits coverage of non-emergency care to contracted health care providers. It operates similar to an HMO plan but is usually offered as an insured or self-funded product. Sometimes looks like a managed care organization that is organized similarly to a PPO [preferred provider organization] in that physicians do not receive capitated payments, but the plan only allows patients to choose medical care from network providers. If a patient elects to seek care outside of the network, then he or she will usually not be reimbursed for the cost of the treatment. EPOs use a small network of providers and has primary care physicians serving as care coordinators (or gatekeepers). Typically, an EPO has financial incentives for physicians to practice cost-effective medicine by using either a prepaid per-capita rate or a discounted fee schedule, plus a bonus if cost targets are met. Most EPOs are forms of POS [point of service] plans because they pay for some out-of-network care. To read more check out: <http://www.behavenet.com/capsules/reimblepo.htm> ■