Medical Group Compliance Auditing and Monitoring Effectiveness

October 13, 2014
9:30 - 10:30 a.m.

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The Permanente Medical Group

Learning Objectives

- Provide an overview of Kaiser Permanente’s structure
- Describe the audit program and the role of the Physician for Compliance in completing audits
- Outline operational steps used to develop the audit plan and metrics
- Understand the Physician for Compliance role at the medical center
Our Story of Collaboration

Who We Are

The Audit Program

Physician Leadership

Who We Are

- History of Kaiser Permanente
- Kaiser Permanente’s Integrated Delivery System
- Regional Compliance Reporting Structure
- TPMG Compliance Program Structure
Who We Are
Dr. Sidney Garfield’s “Dream of Healthcare for all Americans”

Who We Are
Kaiser Permanente Integrated Delivery System

Kaiser Foundation Health Plan (KFHP)
The Permanente Medical Group (TPMG)
Kaiser Foundation Hospitals (KFH)
Who We Are

Regional Compliance Organizational Reporting Structure

The Audit Program

- Conducting a Risk Assessment
- TPMG Compliance Audit Plan
- TPMG Compliance Work Plan
- Monitoring and Auditing
The Audit Program
Conducting A Risk Assessment

Step 1:
Develop a Risk Assessment Tool

6. Prioritize the Results

2. Survey Stakeholders

5. Review Legislation, National and Regional Compliance Risks

3. Collect Survey Results

4. Analyze Survey Results

9. Develop a Work Plan and an Audit Plan

10. Communicate Highest Risks to TPMG Leaders and ECC

8. Develop a Risk Profile for Each Risk

11. Communicate Risks to Stakeholders in Work Plan and Audit Plan

Step 7:
Review Prioritized Risks with Stakeholders

10. Communicate Highest Risks to TPMG Leaders and ECC

9. Develop a Work Plan and an Audit Plan
The Audit Program

TPMG Compliance Audit Plan

- Developed from High Risks
- Audits Performed by Audit Staff
- Audit Results Reported to
  - TPMG Executive Sponsors
  - Medical Centers
  - TPMG Board

The Audit Program

Monitoring and Auditing

- Monitoring
  - Department Managers/Chiefs Review Reports
- Auditing
  - Outside of the Department
  - Formal Structured Process
The Audit Program
TPMG Compliance Work Plan

- Developed Annually
- Based on Survey Risks
- Revise Plan as Necessary

Physician Leadership

- Compliance Committee Membership
- Role of Physician for Compliance
- Leading Compliance
- Creating the Culture
Physician Leadership

Compliance Committee Membership

- Leads TPMG Compliance
- Co-Chairs the Compliance Committee
- Ensures Training for Physicians
- Provides Oversight for Monitoring and Auditing
Physician Leadership
Leading Compliance

- Collaborate with Medical Center Leaders
- Assess and Mitigate Compliance Risks

Physician Leadership
Creating the Culture

- Address Physician and Medical Group compliance issues
- Interact with Leaders across the program
- Model “modern” compliance in all venues
Welcome to TPMG Compliance
This site provides information about Regional TPMG Compliance, including news, information, updates, resources, and contact information.

- Included on TPMG Compliance Wiki:
  - Audit results for Leaders (password protected)
  - Links to important internal and external resources
  - Contact lists for compliance questions
  - Training links

Questions

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Appendix

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Physician for Compliance Role Description

1. Compliance Program Oversight
   - Co-Chair and attend the Medical Center Compliance Committee Meetings.
   - Participate on other committees addressing compliance issues as needed.
   - Ensure that TPMG department auditing results and corrective action plans, as needed, are submitted to the Medical Center Compliance Committee, reviewed and discussed with the appropriate action taken.
   - Provide leadership, resolve issues locally and report systemic problems or unresolved issues to Regional TPMG Compliance.
   - Provide consultation on compliance issues.

2. Train Physicians and Employees
   - Ensure staff and physicians receive all appropriate compliance training (general as well as specialized).
   - Deploy required annual Physician Compliance Training.
   - Conduct the in person Physicians for Compliance training at the Medical Center sites.
   - Participate in the development and modification of the annual Physicians for Compliance training.

3. Standards of Conduct/Policies and Procedures
   - Principles of Responsibility is supplemented by the TPMG Physician Policy Manual.
   - Ensure Regionally-approved policies are adopted locally, as needed.
   - Ensure that policies and procedures are updated and followed or modified as needed.
Physician for Compliance Role Description

4. Perform Monitoring and Auditing

Performance Monitoring/Risk Assessment
- Annually evaluate the effectiveness of the medical center compliance program with the Service Area Compliance and Privacy Officer.
- Conduct risk assessments at the Medical Center, as needed.
- Actively participate in the annual TPMG Compliance Risk Assessment.
- Escalate compliance issues to the Medical Center Compliance Committee when remediation is ineffective.

Prepare for survey readiness by:
- Reviewing department monitoring and auditing.
- Ensuring training and competencies are completed.

Auditing
- Ensure that audits are completed and results are reported timely to the Medical Center Compliance Committee and Regional TPMG Compliance as needed.
- Review auditing results from departments and ensure timely completion of corrective action plans.

5. Reporting and Investigation

- Encourage staff and physicians to first report concerns or questions to their manager and chief, working their way up to the next level of management, as necessary.
- Physicians and staff have access to the compliance hotline which is answered 24 hours a day.
- Work with Physician HR and Compliance as appropriate in investigating complaints.

6. Taking Corrective Action

- Review, approve, and ensure the timely completion of Corrective Action Plans, as described in the annual Regional TPMG Compliance Audit Plan and Work Plan and other CAPs impacting TPMG as directed.

7. Enforcement and Discipline

- Facilitate resolution of compliance issues.
- Work with the Service Area Compliance & Privacy Officer to ensure consistency of policy interpretation.
- Work with the Physician Human Resource Consultant (PHRC) to ensure all investigations and resolutions are communicated to the PIC.
- Ensure that discipline is fair and consistent.

Kaiser Permanente

2014 Regional TPMG Compliance Audit Plan

Background:
- Regional TPMG Compliance develops an annual audit plan consisting of audits to be completed by Regional TPMG Compliance or the Medical Center Physician for Compliance’s designation.

Audit Process:
- For each audit, relevant material (e.g., policies, notices, controls, monitoring tools, and instructional tools) are distributed to the operational stakeholders.
- The score of each audit is determined by Regional TPMG Compliance - additional scoring weight may be added.
- Prior to each audit, Regional TPMG Compliance distributes an audit item to the Physician for Compliance and other practitioners at each Medical Center.
- For audits performed by the Medical Center, Audit Tool training sessions are held after the audit tool is distributed.
- Audit dates are set by Regional TPMG Compliance. Audits will be conducted and results distributed by the end of the quarter noted on this plan.

Compliance:
- Regional TPMG Compliance provides audit requirements and process consultation to operational stakeholders and Physician for Compliance audit designees.

Audit Follow-up:
- The TPMG audit plan may require follow-up audits if the baseline audit results do not meet the compliance target of 95%. The need for follow-up will be determined by the CoE.

<table>
<thead>
<tr>
<th>Compliance Rate</th>
<th>Status</th>
<th>Next Stage (Applicable to baseline/annual audit)</th>
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<tbody>
<tr>
<td>95% to 100%</td>
<td>Green</td>
<td>Regional TPMG Compliance conducts next annual audit based on Regional TPMG Compliance Audit Plan.</td>
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<tr>
<td>90% to 94%</td>
<td>Yellow</td>
<td>Additional review and monitoring with staff and stakeholders. A follow-up audit may be completed up to six months after the initial audit. The benchmark to determine the Regional TPMG Compliance.</td>
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<tr>
<td>Below 90%</td>
<td>Red</td>
<td>The Medical Center identifies barriers to compliance and develops an action plan to correct the noncompliant factors. Department managers and chiefs determine the root causes and implement a plan to ensure TPMG Compliance is met. The Regional TPMG Compliance shall conduct an additional audit as required up to four months after the initial audit. The benchmark to determine the Regional TPMG Compliance.</td>
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Audit Results:
- Audit results are to be submitted to the Medical Center Compliance Committee, audits of Regional TPMG Compliance. Regional TPMG Compliance will certify the Audit results in the Executive Compliance Committee and the TPMG, audit and Finance Committee of the Board.
- Updates to the audit plan are distributed quarterly and as needed.
2014 Regional TPMG Compliance Work Plan

Background:
- Regional TPMG Compliance develops an annual compliance work plan to outline the compliance focus areas requiring monitoring and reporting.
- Work plan focus areas are based on risks identified from the annual HCO risk assessment and the annual Regional TPMG Compliance risk assessment.
- The work plan is not a static document and may be revised quarterly to ensure oversight of compliance issues affecting TPMG managed departments in both the Medical Office buildings and in hospital licensed space.

Workplan Purpose:
- The work plan defines the oversight activity and the compliance stakeholders with oversight responsibilities.
- The work plan includes training and education requirements, assessment schedules, reporting schedules, and targeted distribution of toolkits.

Workplan Objectives:
1) Oversight of radiology Imaging Services and Laboratory Services in licensed hospital departments managed by TPMG through the Continuous Performance Assessments (CPA), compliance training, and the implementation of privacy and security policies.
2) Implementation of new state and federal laws and regulations.
3) Oversight responsibilities for other compliance initiatives as directed by Regional Compliance, TPMG Executive Leadership, and Executive Compliance Committee Risk Assessment.

Updates to the work plan will be distributed quarterly and/or as needed.

Individual Medical Center Results

Regional TPMG Compliance
Compliant Releases 2013 Audit Tool

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<th>Elements</th>
<th>Sample 1</th>
<th>Sample 2</th>
<th>Sample 3</th>
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<tr>
<td>MBN</td>
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<tr>
<td>Date Released</td>
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Scored Questions

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<tr>
<th>Question</th>
<th>Total Compliance</th>
<th>Total Non-Compliance</th>
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<tbody>
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Perfect Score 100% 100% 100%

Date: October 2013
Completed by: Regional TPMG Compliance

Compliance Rate

Green = 95%
Yellow = 60-94%
Red = 0-59%

Next Steps

Green = 95%
- Conduct next annual audit. If necessary, tasked an Regional Compliance Audit Plan.

Yellow = 60-94%
- Discuss outcome with Manager/Chief. Consider additional training with staff and/ or physicians. Conduct follow-up audit every 6 months until green status is achieved, then revert to annual audit.

Red = 0-59%
- Department Manager and Chief to determine the root cause and implement a system to ensure 95% compliance. Department Manager and Chief to develop a written action plan to include defined timeframes and training for staff. Action plan must be submitted to the Medical Center Compliance Committee and Regional TPMG Compliance. Physician for Compliance to ensure written action plan has been developed and submitted to the Medical Center Compliance Committee and Regional TPMG Compliance.
Audit Executive Summary

Executive Summary – Example

Audit Title and Date Prepared

Purpose of Audit

Audit Methodology

Summary of Results

<table>
<thead>
<tr>
<th>2014 Regional Average</th>
<th>2013 Regional Average</th>
<th>Top Performing Medical Center(s)</th>
<th>Medical Centers with Increase from 2013</th>
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Overall Audit Results

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Observations:

Audit Trend Results:

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Actions Required:

- Indicate corrective actions to be taken by the medical center to improve their compliance rate

Regional Follow-up and Additional Resources:

- The next scheduled audit for all medical centers will be conducted by Regional TPGM Compliance in 2015.
- Directors may contact Regional TPGM Compliance if there are questions about the audit findings.

Annual Audit Results

<table>
<thead>
<tr>
<th>Regional TPGM Compliance</th>
<th>2014 Audit &amp; Follow-up Audit Results</th>
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</thead>
<tbody>
<tr>
<td>Q1</td>
<td>Q2</td>
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Legend:

- 95% = Excellent
- 90-94% = Good
- 85-89% = Fair
- 80-84% = Below
- N/A = Not Applicable