Medical Group Compliance Auditing and Monitoring Effectiveness

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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
The Audit Program

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

Step 1: Develop a Risk Assessment Tool

1. Prioritize Risk Factors
2. Survey Stakeholders

The Audit Program
Conducting A Risk Assessment
The Audit Program

Conducting A Risk Assessment

Step 7: Review Prioritized Risks with Stakeholders

8. Develop a Risk Profile for Each Risk

9. Develop a Work Plan and an Audit Plan

10. Communicate Highest Risks to TPMG Leaders and ECC

11. Communicate Risks to Stakeholders in Work Plan and 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
Role of Physician for Compliance

- 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
TPMG Compliance Wiki

Welcome to TPMG Compliance
This site provides information about Regional TPMG Compliance, including tools, information, contacts, and links to important internal and external resources.
- 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.
   - Review and approve any TPMG department auditing results and corrective action plans, as needed, submitted to the Medical Center Compliance Committee, reviewed and discussed with the appropriate action taken.
   - Provide leadership, notice 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 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.

4. Perform Monitoring and Auditing

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 Human Resource Consultant (PHRC) to ensure all investigations and resolutions are communicated to the PIC.
   - Ensure that discipline is fair and consistent.

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

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.

2014 Regional TPMG Compliance Audit Plan
## Annual Audit Results

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*Note: The table above represents the annual audit results for the years 2014 to 2022.*