Delivering Powerful Compliance Messages in Web, Print and Video

What Is the Compliance Message?

*The Best Messages Educate and The Best Education Has a Message.*

What Is a Powerful Message?

*Plan Messages that You Can Build on Year to Year.*

How Do You Package the Message in Web, Print and Video?

How Do You Effectively Deliver the Message?

presented by Karie Rego

www.compliantfilms.com
Where do you deliver compliance messages? Everywhere & anywhere you can!

- In-person meetings
- In-person education
- Telephone
- Internal website
- Email
- Newsletters
- Learning Management System
- Advisories

Who do you deliver the messages to? Everyone who needs to know, but consider everyone’s tolerance factor, based on available time.

Less time available = More Preparation and Creativity by the Presenter
How Do You Effectively Deliver the Message?

Make it Mandatory:

Pros: Don't have to market the education

Cons: Competing with mandatory clinical education. Too much will not be appreciated.

Make it Financially Worthwhile:

Pros: Continuing education, RVUs, performance bonuses or other incentives, like small prizes

Cons: If not an employee, other than CME, there may be Stark considerations

Make it Convenient:

Deliver in as many forms as possible to increase penetration and make it easy for people to see. This includes:

1. In-person lunches with food
2. On the compliance internal website
3. On a separate secure website for home access for those who can’t access internet at work
4. In handouts, newsletters and posters
5. On the learning management system with education credits
6. In small laminates to take with them

Make it Fun:

1. Contests and themes. Make it easier to get recognition of your compliance program.
2. Lighten up the message. Adding humor, using comic strips or amusing videos can increase retention and appreciation for making dry topics more interesting.

www.compliantfilms.com
What Does Powerful Mean?

Powerful = Effective

Effective = Producing the Intended Effect

The Effect You Want = Compliance

The Right Tone: Not what you say but how you say it.

Old school compliance “making them fear it” vs. new school compliance or “making them appreciate the help”

Standing behind the common message of “Do the Right Thing” is helping people in your organization know what is the right thing.

Many clinicians and administrators recognize that compliance, particularly with the reimbursement and the fraud and abuse rules, is very complicated and would welcome information, especially in the form of a powerful message.

Powerful = Compliance
Make it Concise

Too long = too confusing

Summarize key points: Everything can be boiled down further

Use the 25% Rule for Key Points: People remember 25% of what they hear. So rather than tell them 20 things and have them remember 5, tell them 5 and they’ll probably remember 5.

Consider when making a rule: If you can’t summarize it down to one page using bullets then it’s not worth saying because it will create more confusion

(Page intentionally concise.)
Consider Your Audience

Give clinicians the information on what they need to do only, copying the non-clinical staff and giving the non-clinical staff the information on actual billing requirements. This doesn’t overwhelm the clinicians and creates more of a partnership.

Give Real Life Examples: examples help people remember because they relate to their experience. It also can be useful to model the best discussion someone can have with a patient about a topic or in a meeting among administrators.

Examples from OPPS 2110:

Pulmonary Rehab:
Check your pulmonary treatment rehab plans to make sure they document: (1) physician prescribed exercise; (2) education and training (e.g., smoking cessation, etc) (3) psychosocial assessment; and (4) outcomes assessment

Outpatient Hospital Supervision:
Physicians or mid-levels (if appropriate) should be immediately available to address a patient emergency related to therapeutic services delivered on the campus. Off-campus sites should have a physician or mid-level on-site. A physician (not a mid-level) should be in the same building when cardiac and pulmonary rehab services are rendered. Everyone should operate within their scope of practice and, in certain instances, more direct supervision may be necessary.
Messages “should be” carefully worded

Regulations and interpretations of regulations can change. Single words could even be the subject of court cases. Using “should” is a strong word and in some dictionaries, no different than “will,” but leaves flexibility for a different interpretation.

When discussing a regulation, be sure to cite the regulation. If the agency interpretation is inconsistent with the regulation, or if you make a mistake in description, you could create a higher standard for your organization.

This diagram illustrates what should never happen inadvertently: provider guidance that extends beyond the requirements of a regulation and its interpretation.
OIG Work Plans
Pro – Identifies many issues
Con – Doesn’t identify whether the issue is important or not.

Internal Audits
Pro – Real time assessment of a particular issue
Con – Doesn’t always identify the dollar impact and may be too black and white

Risk Assessments
Pro – Chance to listen to administrators and staff issues
Con – Administrators and staff don’t know which regulatory requirements are important

The Bottom Line
Pro – Changes can assist fiscally
Con – May miss high risk issues

Other Provider Investigations
Pro – Something the government cares about now.
Con – Your provider might not have a similar issue of the same magnitude.

Hotline Calls and Questions
Pro – Reduce qui tam potential
Con – Might not be widespread issue

RAC Issues
Pro – Reduce future government investigation risk
Con – People learn best where it hurts ($) without additional help

Agency Issuances
Pro – Agency thinks it’s a concern so it must be
Con – Agencies have many, many concerns that sometimes get too much coverage by the legal and consulting industries.
Compliance Risk Triage
Rate the following five issues based on their level of risk:

AGE OF RULE: How long has the rule been around?
The longer a rule has been around in its current, unrevised form the greater the risk. Government commentary to regulation, proposed and even newer rules make difficult topics as the rule or interpretation could change after you have put the message out. Rate this from 1 to 5, based on age with 1 being new and 5 being old.

NEW 1 2 3 4 5 OLD

DIFFICULTY: How hard is the rule to understand?
Simple rules and rules that agencies have spent time making clear are riskier. These rules are easier arguments for the government and qui tam relators leading to larger settlements. Rate this from 1 to 5, based on difficulty with 1 being easy and 5 being hard.

EASY 1 2 3 4 5 HARD

MONEY: How much government money is involved?
Small services that get billed many times are high risk. On the other side of the spectrum, high dollar single items like investigational devices or case rates for entire stays and certification problems. Fraud and abuse issues could impact every service ordered. Rate this from 1 to 5, based on money with 1 being little and 5 being much.

$ 1 2 3 4 5 $$$$ 

QUALITY IMPACT: How is quality impacted?
Most Risk: An item or service is having bad outcome for the patient.
Less Risk: Something necessary for the patient is not being provided.
Lesser Risk: The patient is receiving something that they don’t need (medical necessity)
Rate this from 1 to 5, based on impact with 1 being less and 5 being more.

LESS 1 2 3 4 5 MORE

FREQUENCY: How often is the rule cited?
The more times a rule has been cited by agencies, in investigations or internally, the greater the risk. Rate this from 1 to 5, based on citation frequency with 1 being seldom and 5 being often.

SELDOM 1 2 3 4 5 OFTEN

TOTAL RISK SCORE: Add the individual ratings. Use to compare relative risk.
How to Filter Competing Messages of Same Risk Triage Level

AUDIENCE
Who is the audience? – Spread the risk and save limited resources by choosing topics that appeal to different groups (i.e., provider based clinicians, coding staff or administrators).

DOCUMENTATION
Focus on documentation as it can be the reason for half or more of RAC payments and is the basis for showing care was needed (i.e., orders, certifications).

“Q” PRINCIPAL
The “Q Principal” - when deciding between competing topics, chose “Q”uality based topics and traditional compliance topics that allow for incorporating quality messages through a patient interaction or discussion.

Accept that resources and time might not allow coverage of all topics. It’s worse to plan something and not do it. Look for outside resources to augment your program that you can afford or get for free.
Several patients have a bad reaction to a new drug provided off-label after extensive marketing by the manufacturer.

A therapist was excluded from the Medicaid program in another state for quality issues. Someone on staff found out about the exclusion a month ago but didn’t say anything because he was the only therapist available that month.

The provider has one on-call agreement for pediatric cardiology even though there are other area physicians. The agreement doesn’t limit the number of other call agreements and patients have suffered bad outcomes from delays.

A medical group uses the “incident to” rules to bill NP and PA services. The physicians are often not in the office. A patient has a bad outcome due to lack of follow-up for a new problem.

A radiology department provides over hundreds of MRIs a year with contrast. The department’s protocol provides for the radiology tech to administer the protocol but orders don’t mention providing the contrast per the protocol. A patient has a severe reaction to the contrast.

www.compliantfilms.com
Importance of Branding:
To showcase your expertise and encourage questions, all written and visual messages coming from your department should have a good slogan. Some examples include:

- Compliance – Your Partner No Matter What;
- Integrity in Action;
- Ethics for Everyone.

www.your-compliance-website.com

Use of a Compliance Website:
Have an internal compliance website and put your messages on it. Consider frequently asked questions, blogs (must be short!)
New Media Options

E-Learning Authoring Software:
Software like Articulate Studio or Adobe’s E-learning Suite used with PowerPoint is easy to use and can add multimedia and interactive elements to traditional presentations.

Theatre groups:
As an alternative to a regular speaker on a topic, hire a theater company to perform live action simulations of compliance issues to get attention for key issues. Really fun to promote and for people to attend. Cost effective --- actors usually need work.

Viral videos:
These are short, entertaining web-based videos that seek to capture attention and then spread like a virus. They work best when there is an internal venue (usually a website) to show them. Good to deliver an important message or as PR for the department. Should be cute, funny and short (less than 1 minute). Can be done very cheaply by in-house or outside vendors for under $1,000.

Video Programming:
More extensive programs focused on informing and training can be a very effective means to deliver messages. This can range from videotaping presentations to creating original full-length educational programs for both web and DVD distribution. Both in-house and outside resources can be used.

In-house production – Expertise and quality may be an issue. Still, it’s possible to use lower quality for video blogs, presentations and interviews.

Outside production – Higher quality at a higher cost, with typical costs being from $2,500 to $10,000. For larger productions, a script, production budget, contract and large crews may be required. For smaller productions, the needs are fewer and costs are lower, for instance videotaping a live seminar with one camera operator could cost less than $200 an hour. If hiring outside production companies or actors, their website is a usually reliable gauge of their work.