

# HOW BIAS AND PERCEPTION IMPACT COMPLIANCE

AHMED SALIM JD, CHC, CHPC, CHFP  
WALTER E. JOHNSON, CHC, CHPC

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**Ahmed Salim**

Ahmed is an experienced compliance and privacy officer specializing in regulatory compliance, coding and billing audits, conducting investigations, developing policies and procedures, and completing privacy work plan items. He has served as chair of multiple Privacy and Security Committees. Ahmed has worked directly with the Office of Civil Rights (OCR) on investigations and has helped implement multiple electronic health record (EHR) access monitoring systems to oversee daily privacy activity.

Ahmed is an author and frequent speaker on health care compliance, he has published and spoken on the topics of compliance program effectiveness and privacy. An alumnus of DePaul University and Western Michigan Law School, Ahmed earned his undergraduate degree in business administration and his Juris Doctorate. Ahmed is Certified in Health care Compliance (CHC), Privacy Compliance (CHPC) and Certified Healthcare Financial Professional (CHFP).



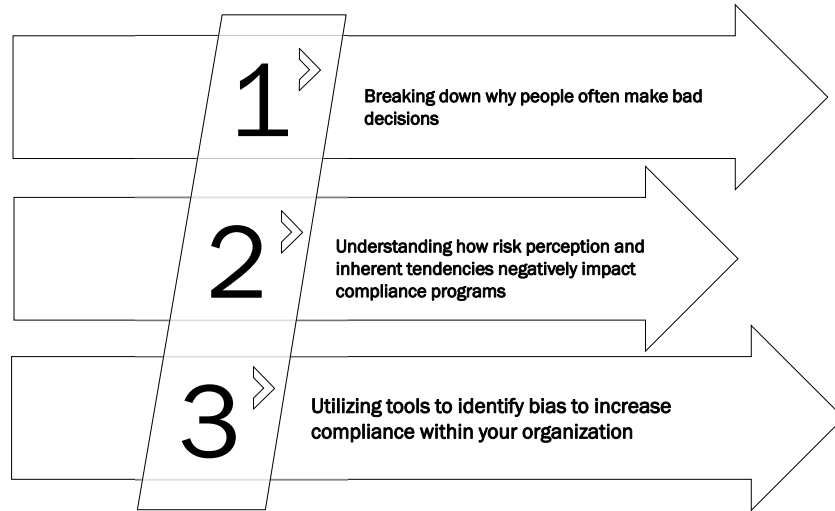
**Walter E. Johnson**

Walter has experience establishing and managing regulatory compliance programs in health care and federal contracting (Civilian/DoD). As an active member of the Health Care Compliance Association and Society of Corporate Compliance and Ethics, he is an advocate for contributing to the compliance profession by mentoring compliance professionals and sharing experiences. Walter serves on the HCCA/SCCE Board of Directors, HCCA/SCCE Regional Conference Planning Committees, and as Session Track Chair for the CI and CEI. He's the author of 30+ articles available in Compliance Today, Ethikos, and Compliance and Ethics Professional.

Walter earned an undergraduate degree in Business Administration from Bowie State University and a graduate degree in International Business from Central Michigan University. Certifications include Certified in Healthcare Compliance (CHC), Certified in Healthcare Privacy Compliance (CHPC), Certified Compliance & Ethics Professional (CCEP), and Certified Compliance & Ethics Professional - International (CCEP-I).

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## Objectives



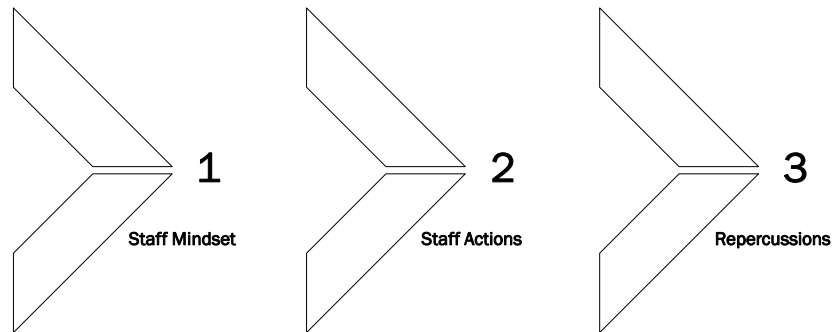
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## A Story of Perception



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# Why Should We Care About Bias and Perception?



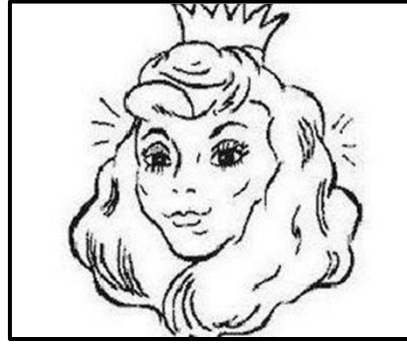
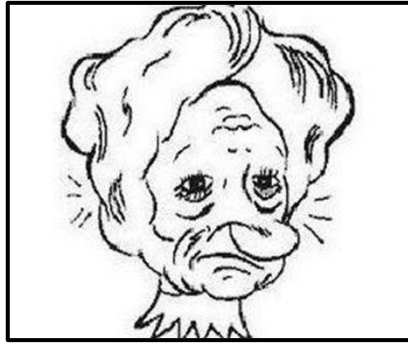
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## Here's Why...



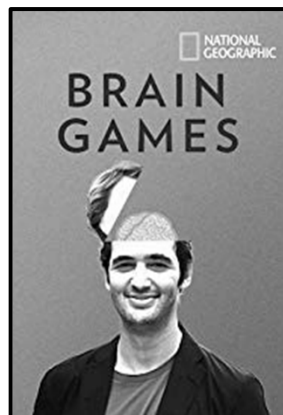
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## Another Story of Perception



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## Another Story of Perception (continued)



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# What is Bias?

**Bias:**

Prejudice in favor of or against one thing, person, or group compared with another, usually in a way considered to be unfair.

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# Why Do People Make Often Bad Decisions?



“We judge ourselves by our intentions,  
and others by their actions.”

— J. M. S. M.

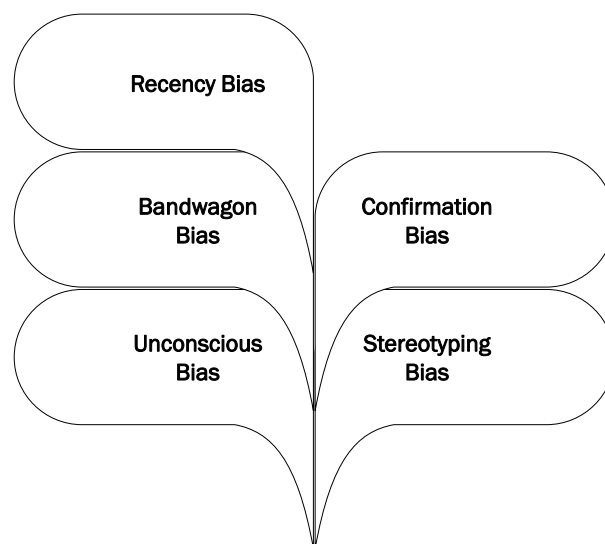
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## Why Do People Make Often Bad Decisions?

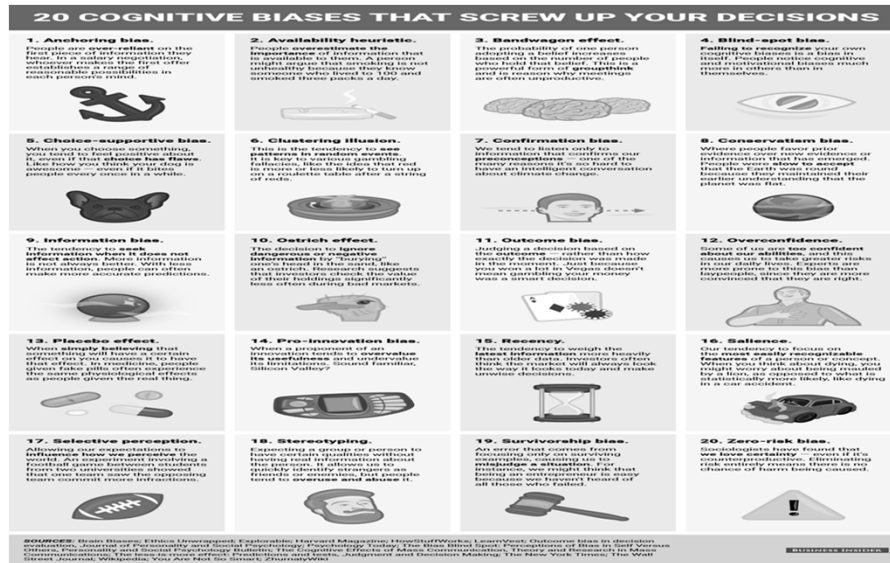


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## Factors Leading to a Bad Decision



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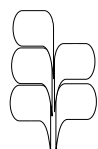
## Recency Bias

### What is Recency Bias?

Tendency to weigh the latest information more heavily than older information.

### What does that mean:

Staff will tend to rely on situations and facts that has recently occurred, as opposed to relying on issues and facts that may have occurred previously.



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# Recency Bias

## **Hypothetical:**

Ahmed is an employee of Hospital A. Ahmed has recently accessed a co-worker's medical record inappropriately, but when the concern was brought forward to compliance the reporter was informed there was not a breach. Compliance was incorrect, but now the reporter will assume Medical record access is appropriate and alert their fellow co-workers.

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# Recency Bias

## **Common characteristics of Recency Bias:**

- Unwillingness to accept the validity of evidence that disproves new information provided
- Placing greater emphasis on facts that are recent and not the facts as a whole
- Seeking information that is current and possibly disproved opposed to consistent fact

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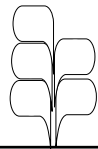
# Bandwagon Bias

## What is Bandwagon Bias?

Probability of an individual's belief increasing based on the number of individuals who hold that belief.

## What does that mean:

Staff will typically rely on information, even if incorrect, when a larger group of their peers hold the same belief.



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# Bandwagon Bias

## Hypothetical:

Walter and Ahmed are discussing Compliance hot topics at work. Sally joins their conversation and overhears the two discussing the appropriateness of certain medical procedures. Walter states that the hospital can always perform a medically unnecessary procedure on a patient without penalty, so long as the patient alerts the hospital after the procedure of the error. According to Walter, the hospital can still bill the patient but must notate the error within the patient's chart. Ahmed nods and agrees with Walter. Sally doesn't feel the information is correct but goes along with Walter and Ahmed since two minds are greater than one.



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# Bandwagon Bias

## **Common characteristics of Bandwagon Bias:**

- Tendency to overlook fact for what the standard is within their group or department
- Willingness to take risks and ignore rules based on popular opinion
- Desire to "fit in" within their group or department
- Loyal to a department or leader



<https://youtu.be/TYlh4MkcfJA>

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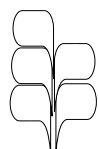
# Unconscious Bias

## **What is Unconscious Bias?**

Occurs automatically and without the person being aware of it. The bias has been ingrained into the individual's thinking and mindset.

## **What does that mean:**

Staff will have a desire not to buy into compliance no matter what is said due to a certain way of thinking for years.



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# Unconscious Bias

## Hypothetical:

Ahmed has always had a problem following rules. He never has followed the rules and never will. There is no blatantly obvious why he refuses to follow the rules, but he continues to do so. When Ahmed starts working at Hospital A, he refuses to read or look at any Policies and Procedures regardless of the expectations set in advance. To avoid losing a new employee His manager informs him he doesn't need to do the training.



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# Unconscious Bias

## Common characteristics of Unconscious Bias:

- Unwillingness to accept the validity of evidence that disproves previously held beliefs
- Placing greater emphasis on no facts and only on their understanding opposed to facts presented
- Unwillingness to listen to facts or any form of education
- Selective recollection of events or facts

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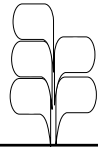
# Confirmation Bias

## **What is Confirmation Bias?**

Favoring information that aligns with your existing beliefs and discounting information that does not

## **What does that mean:**

Staff will ask questions in the hopes to get the answers they are seeking more than trying to understand and follow the rules put in place.



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# Confirmation Bias

## **Hypothetical:**

Walter wants to access his wife's medical records, but has been informed by a member of the compliance team that he may not do so. Instead of giving up, Walter decides to ask his Supervisor. His Supervisor informs Walter that access of family charts is appropriate. Walter immediately views his wife's medical records.

<https://www.persuasivelitigator.com/2017/08/fight-confirmation-bias.html>

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# Confirmation Bias

## **Common characteristics of Confirmation Bias:**

- Unwillingness to accept the validity of evidence that disproves previously held beliefs
- Placing greater emphasis on facts that benefit their argument
- Actively seeking information that proves their point of view
- Selective recollection of events or facts

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# Stereotyping Bias

## **What is Stereotyping Bias?**

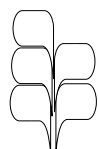
Having an expectation without real information about the person or group

## **What does that mean:**

Set in a mindset regardless of actual knowledge or opportunity to see the other side's position.

## **Hypothetical:**

Ahmed has heard stories of how the compliance department often fires his fellow coworkers. Ahmed has not directly dealt with the compliance department but does not trust them as a result. He refuses to attend any trainings presented by compliance. His goal is to stay away from the compliance department as a whole, since anyone within the department could try and fire him at any time.



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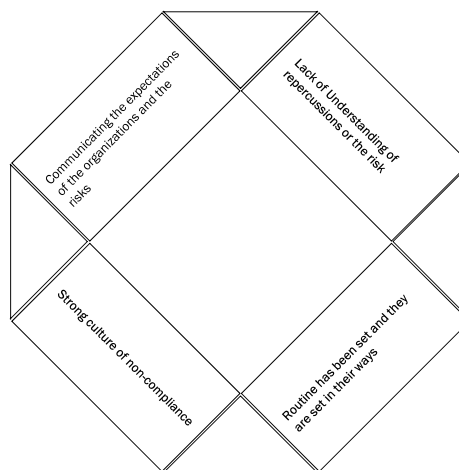
# Stereotyping Bias

## Common characteristics of Stereotyping Bias:

- Set predisposition on viewpoint they believe in
- Based on no evidence but instead on personal experience
- Typically harder to change and provide resources to help a change of opinion
- Lack of interest or desire to make changes in viewpoint

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# Understanding Risk Perception and Inherent Tendencies



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## Risk Perception – What is it?

- An individual's perceived susceptibility to a threat
- Greatly impacts our actions, and therefore our adoption – or rejection - of practices

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## Risk Perception Gap

- How we perceive risk is highly personal process of decision making that has been developed over a lifetime
- The most pressing threat is not what we always worry about
- "Something bad" doesn't mean the same thing to everyone

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## How We Process Risk

- We are better adapted to process more obvious and direct risks than abstract ones (especially if they include statistics)
- We generally weigh risk for consequences vs benefit of action

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- Risk as feelings vs risk as analysis
  - Intuition, instincts – fast
  - Logic, reason, scientific – slow
- Feelings > facts and instinct > intellect

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## Everyday Risks



What are some risks we take everyday?  
How do you decide if the risk is worth it?

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## Lack of Understanding of Repercussions or Risk

### **Potential concerns:**

- Staff inability to follow policies and procedures
- Staff consistently taking risks
- Difficulty providing discipline due to a lack of understanding lack of appropriateness
- Serious culture issues

### **Possible warning signs:**

- Types of issues or questions brought forward to compliance
- Pattern of behavior out of a department
- Widespread questions or concerns

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# Inherent Tendencies

**What is Inherent Tendencies?**

An inclination towards a certain nature or habit

**What does that mean:**

Staff's behavior will be dictated by

**Hypothetical:**

Ahmed has always been a gossip. He works at a hospital so he can tell great stories to his friends and family. Unfortunately, Ahmed has a tendency to tell stories of friends and family who are patients at the hospital inappropriately.

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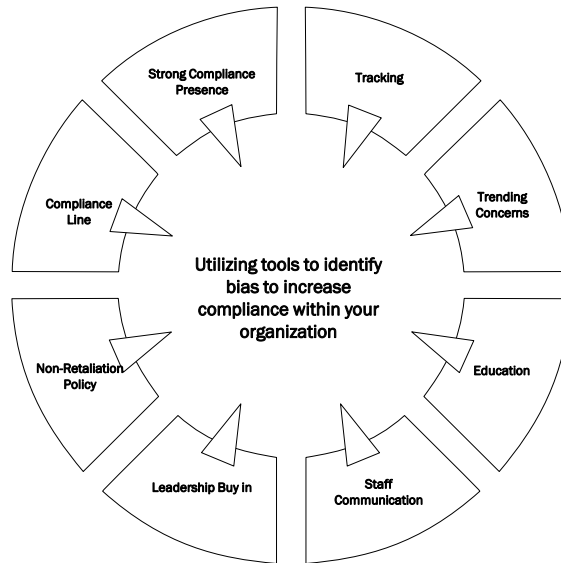
## Routine has been set and they are set in their ways

**Identifying potential routines:**

- Identify cultural issues early
- Provide training and education
- Pay attention to concerns being brought by department to identify any potential trends
- Repeat offenders individually or within a department
- Strong culture of non-compliance
- Communicating the expectations of the organizations and the risks

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## What Tools Can Be Utilized



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## Questions



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