


### HHS OIG – Updates and Key Priorities

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**HCCA**  
Clinical Practice  
Compliance Conference  
October 8, 2018

**Ruth Ann Dorrill, MPA**  
Regional Inspector General

Office of Evaluation and Inspections  
Office of Inspector General  
U.S. Dept of Health and Human Services

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### HHS OIG – HCCA Session Topics

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- I. HHS OIG Organization  
Mission, people, and framework
- II. Key Priorities
  - OIG Work Plan
  - Focus Area Examples: adverse events, nursing homes, opioids
- III. HHS and OIG Looking Forward – 2018-2020:
  - HHS Top Management and Performance Challenges
  - Compliance Tools and Resources

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### HHS Office of Inspector General

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### HHS Inspector General – Daniel Levinson



- USC Phi Beta Kappa, Georgetown Law
- General Counsel of the U.S. Consumer Product Safety Commission – 1982
- Appointed by Pres. Reagan to Chair U.S. Merit Systems Protection Board - 1986
- Appointed by Pres. George W. Bush to IG of the U.S. GSA - 2001
- Appointed by Pres. George W. Bush to IG of HHS - 2005

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### HHS Office of Inspector General



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- Mission: protect the integrity of HHS programs and the health and welfare of beneficiaries **“Prevent – Detect – Enforce”**
- Components
  - Office of Counsel to the IG
  - Office of Investigations
  - Office of Audit Services
  - Office of Evaluation and Inspections
- Scope
  - Largest OIG at 1600
  - **\$1.3** Trillion,  $\frac{1}{4}$  of U.S. budget, **300** programs

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### OIG Daily Work

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- Authority and Access  
Direct access to all records pertaining to Federally-paid programs
- Partnerships  
OIG partners in Congress, DOJ, U.S. Attorney's Office, DEA, Medicaid Fraud Control Units, and local law enforcement
- Data Analytics  
Enhanced screening to ID poor billers, predictive models, anomaly detection, social network analysis
- Hot Line – **800-HHS-TIPS**  
1000s of actionable tips each year, option for anonymous reporting

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**Wilber J. Cohen Federal Building**



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**Wilber J. Cohen – “Mr. Medicare”**



1913 – 1987

**Social Reformer**

- Social Security Act – 1935
- Medicare – 1965

**Secretary of HEW**

- End of LBJ administration – 1968
- 249 days – 1968

**Later Evaluations**

- Social Security – 1972
- *New Deal “50 years later”* – 1986

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**Fraud – *whack-a-mole dilemma***

“Solving fraud has no definitive end. When one problem is solved, fraud goes somewhere else. OIG is developing new approaches to identify unknown, undetected and emerging patterns...”

The whack-a-mole approach ... how do we get ahead of that? How do we counter both existing and new fraud, waste and abuse?”

— Caryl Brzymialkiewicz  
*OIG Chief Data Officer*

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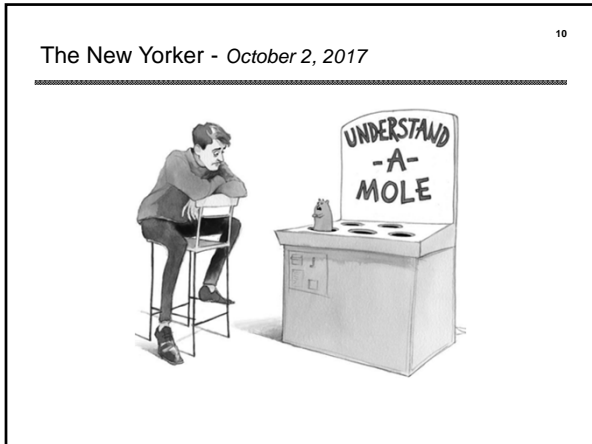
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Medicare Fraud Strike Force 11

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- Geographic "hot spots" and high dollars  
Focus in areas and providers most likely to generate fraud, even at opportunity cost to full coverage
- Data analytics married with field work  
Recent work has focused on joining quantitative with qualitative more effectively build a case
- Takedowns  
Focused law enforcement effort conducted in a single day

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OIG Focus Example: *Opioid Misuse* 12

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A black and white photograph of a long, brightly lit hallway. The hallway is lined with many tall, dark columns that create a strong sense of perspective. The floor is made of large, light-colored tiles. The lighting is dramatic, with strong shadows and highlights. In the bottom right corner, there is a small logo that says "LEE ADLER".

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Opioid – use and misuse, growing impact

- Narcotics to manage pain from surgery, illness or injury
  - Estimated 100M living in chronic pain
  - 1 in 3 Medicare patients
- HHS pays for most prescription opioids
  - Medicare Part D – 40M beneficiaries (\$8B)
  - Medicaid – 72M beneficiaries (\$14B)
- System is broken
  - IOM estimates only 10 percent receive treatment
  - Half of opioid deaths from prescriptions

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OIG Work –opioid use and misuse

22,000 Medicare Part D patients got high amounts


- 4+ prescribers
- 4+ pharmacies

Example patient:  
2,800 pills  
73 scripts  
11 providers  
20 pharmacies  
... in 1 year

Exhibit 1

**1 in 3**

Part D beneficiaries received at least 1 prescription opioid



Source: OIG analysis of Medicare Part D data, 2017.

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“Takedown” – July 2010-July 2018

**Stage 1**

Focused investigation, data analytics, and partnership

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**Stage 2**

One-day strike force effort to fell healthcare criminals across the nation

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Takedown target day 16

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OIG – June 16, 2018 takedown 17

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- Focused largely on **opioids**
- 58 jurisdictional districts
- 600 defendants
- 165 medical professionals
- 32 physicians

} \$2.1 billion

- 67 physicians issued exclusions
- 402 nurses issued exclusions

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OIG Focus Example: *Nursing Homes* 18

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**OIG Work: Quality of Care in Nursing Homes**

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**OIG Area 1: Resident Harm**

- Adverse Events = 33% harmed
- Abuse and Neglect = lack of reporting

**OIG Area 2: Emergency Preparedness**

- Homes met requirements, but were unprepared
- New requirements since 2017

**OIG Area 3: State Agency Oversight**

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**HHS – Top Management Challenges**

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*12<sup>th</sup> Secretary of HHS Alex Azar*

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**HHS – Top Management Challenges 2018**

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- Delivering System Reform and Cost Reduction
  - Value-based purchasing, incentives/penalties
  - High cost areas – pharma, preventive, end of life care
- Maximizing health IT capability
  - CMS and OCR: interoperability, telehealth
  - NIH: Precision Medicine Initiative
- Quality, Safety and Access for Vulnerable Populations
  - Maintaining quality and access – Medicaid, IHS
  - Huge influx to Medicare and long-term care

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### HHS Shift in Management – 4 observations


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Observation 1:  
"Ruthless prioritization"

Observation 2:  
Communication with providers

Observation 3:  
Business-caliber accountability

Observation 4:  
Maximizing data analytics



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### OIG – Compliance Tools and Resources

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➤ Toolkits

- Measuring Compliance Program Effectiveness
- Adverse Events Trigger Tools
- Identifying Patients at Risk of Opioid Abuse

➤ Provider Compliance Resources and Training

- Videos and Audio Podcast
- Compliance Program Guidance and Presentations

➤ Website Documents

- "Living" Work Plan – *planned and completed studies*
- Unimplemented Recommendations

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### Contact and Reading Links

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• Ruth Ann Dorrill  
[ruth.dorrill@oig.hhs.gov](mailto:ruth.dorrill@oig.hhs.gov), 214-767-2325

• Suggested Reading

- Health Affairs  
*Federal Healthcare News, Research, and Data*  
[www.healthaffairs.org](http://www.healthaffairs.org)
- Modern Healthcare  
*Healthcare Business News, Research, and Data*  
[www.modernhealthcare.com](http://www.modernhealthcare.com)
- The Incidental Economist, *Austin Frakt and Aaron Carroll*  
<http://theincidentaleconomist.com/>



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