



## Mayo Clinic's Journey to Develop Compliance Program Maturity and Effectiveness Measures

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### Agenda

- Background
- Tools and data collection
- Challenges, limitations and lessons learned
- Next steps



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## Background – About Us

- Large academic medical center
  - 1.3M people from all states and 136 countries
  - \$12B Revenue
- Employees:
  - Staff physicians / scientists: 4,729
  - Administrative / allied health staff: 58,405
  - Total Employees: 63,134
- Mayo Clinic locations in Rochester, MN, Scottsdale/Phoenix, AZ, Jacksonville, FL
- Mayo Clinic Health System locations in MN, WI, and IA



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## Background

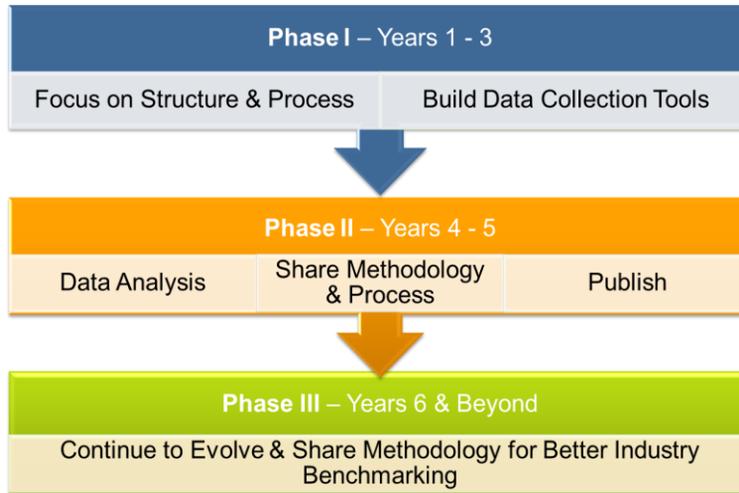
- 2014 – Create data driven measures to demonstrate the value and effectiveness of the compliance function
- Internal Use
  - Resource allocation
    - Benchmark FTEs and value
  - Identify strategic goals
- External Use
  - Industry Benchmarking
    - Start with healthcare, work toward broader industry use
  - Office of Inspector General (OIG) expectation



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## Background - Project Goals



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## Background: Dashboard Content

### Effectiveness

#### Six components

- Seven element design, Integration, Proactive/Reactive, Root Cause Management, Awareness and Integrity

### Program Maturity

#### Based on Seven Elements

- Program Scored as Incomplete, Emerging, Established, Mature, and Innovative

### Shared Services

#### Internal integration efforts

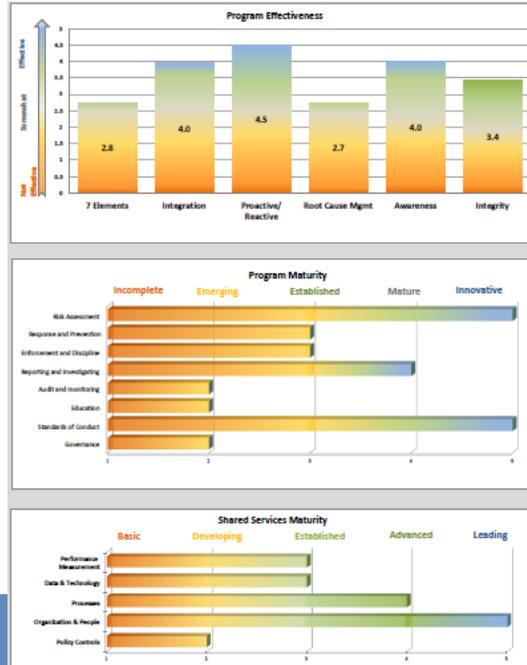
- Organizational structure and standardized processes



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## Background – Dashboard Content



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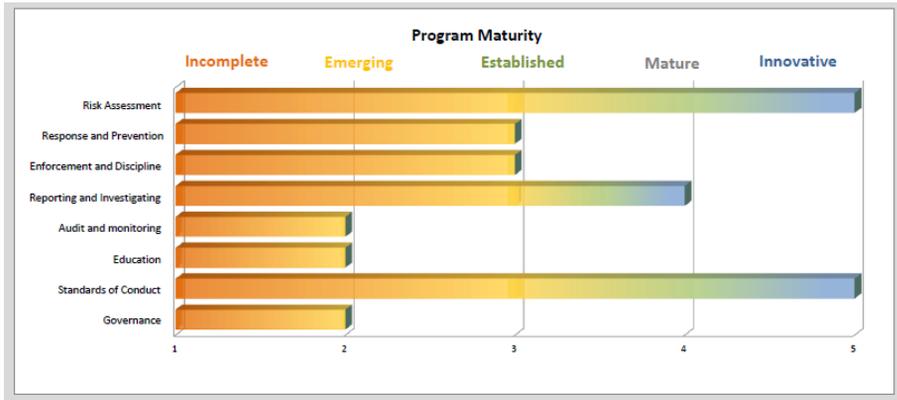
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## Tools and Data Collection - Program Maturity



\*Actual Mayo Clinic Data Not Depicted\*



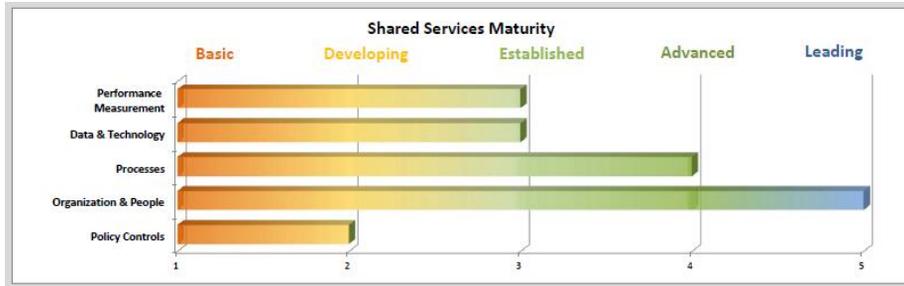
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## Scoring Program Maturity

Level 1	Level 2	Level 3	Level 4	Level 5
Incomplete	Emerging	Established	Mature	Innovative
<ul style="list-style-type: none"> <li>Lack of Governance or infrastructure</li> <li>Little to no program development (lack of established/consistent roles and responsibilities)</li> <li>Practices are ad hoc, chaotic, and reactive with no ability to prioritize efforts</li> </ul>	<ul style="list-style-type: none"> <li>Beginning program development with established compliance roles</li> <li>Conducted an initial program assessment</li> <li>Efforts are mainly reactive</li> <li>Designing program infrastructure</li> <li>Respond/react to issues, inability to prioritize efforts</li> </ul>	<ul style="list-style-type: none"> <li>Board-issued guidance</li> <li>Program developed with compliance roles established</li> <li>Processes are consistent across the department</li> </ul>	<ul style="list-style-type: none"> <li>Well functioning with infrastructure and process</li> <li>Active program improvement – collecting and using and trending data</li> <li>Program scorecard/dashboard with measures of success</li> <li>Majority of efforts remain reactive</li> <li>Program efforts designed to respond to particular issues – detection with some prevention but no anticipation</li> <li>Responds to organizational issues rather than industry</li> </ul>	<ul style="list-style-type: none"> <li>Highly functioning, maximizing dedicated resources</li> <li>Technology and business tools used to create competitive advantage</li> <li>Compliance is viewed as a business catalyst</li> <li>Efforts are significantly proactive</li> <li>Ability to analyze trends in culture and predict issues</li> <li>Processes and tools designed and enhanced to respond to proposed regulations</li> <li>Measures of success demonstrate program status with regular reporting to leadership</li> <li>Leading industry standards</li> </ul>

# Tools and Data Collection - Shared Services



\*Actual Mayo Clinic Data Not Depicted\*



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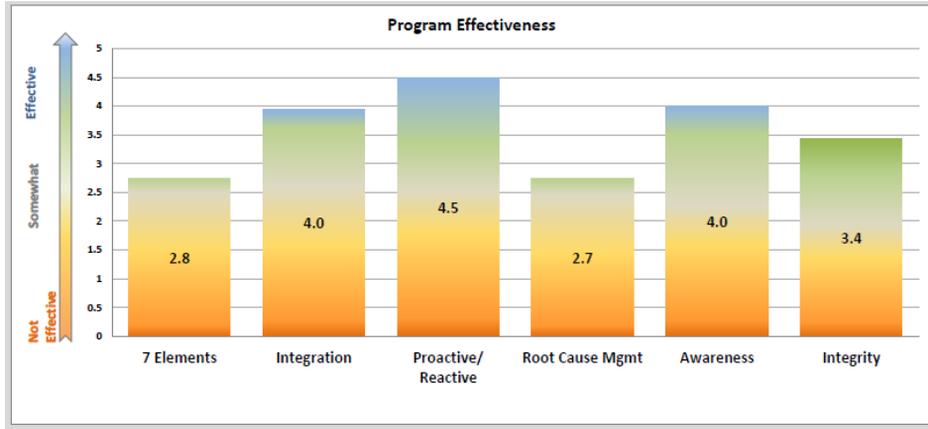


## Scoring Shared Services

	Basic (1)	Developing (2)	Established (3)	Advanced (4)	Leading (5)
Policy & Controls	Policies and controls are defined locally with no central oversight.	Policies and controls are set locally with some consistency due to informal networking external requirements.	Major policies and controls are set and owned at the enterprise department level and policies are complied with at all locations.	Majority of policies and controls are defined centrally, regularly reviewed, and are consistently followed across all locations.	Policies and controls are defined centrally, regularly reviewed, standardized at all locations and linked to the organization-wide risk management process
Organization & People	Organized on a local level and unique by site. Staff roles and responsibilities vary by location and business area.	Organized at a site level with some local shared services. Staff responsibilities are defined across some sites.	Department shared services are being organized consistently across sites. Most staff are fully aligned in a common organization.	Organization is based on enterprise consolidation of shared services functions using a common structure with aligned reporting relationships for majority of staff at all sites.	All necessary functions are fully organized within an enterprise structure. All staff is fully aligned to a common reporting structure with consistent roles and responsibilities.
Process	Processes are not clearly defined or standardized and are delivered and owned locally.	Some standardization has been introduced across locations and shared across areas.	Department processes are standard across sites. Shared services are in place and process owners across locations.	Processes are identified and managed formally across locations. Shared services are formally defined with enterprise process owners at all locations.	Enterprise has defined a global process inventory applied across all functions. Each process is standardized and has a process owner who provides visible leadership and improvements.
Data & Technology	Data is organized on a local level with no consistent approach. Systems are duplicated across sites inconsistently.	Some data standards are in use locally. Systems are duplicative but may be interfaced across sites.	Data standardization is in place for critical data elements. Major systems are coordinated and fully integrated across sites.	Data standardization occurs across major functions. Active system convergence is in progress with major systems fully implemented and standardized.	Data governance and standardization are embedded across the enterprise. Common systems are consistently implemented at all sites
Performance Measurement	Measures are produced locally for information with no central oversight and not actively used to drive performance improvements.	Performance is measured and managed at a process level by local management and used to drive improvements on an ad-hoc basis.	Performance is measured and managed at a functional level by local management, with regular management information available for central review. Targets set for improvements.	Performance is managed through shared services departments. Standard KPI's and performance measures are reported regularly. Targets are set and used as the basis for improvements,	Performance is managed consistently across enterprise using a well-defined set of measures for comparison. Targets are set for planning and used to drive improvements at all sites.

Adapted from Ernst & Young

## Tools and Data Collection - Effectiveness



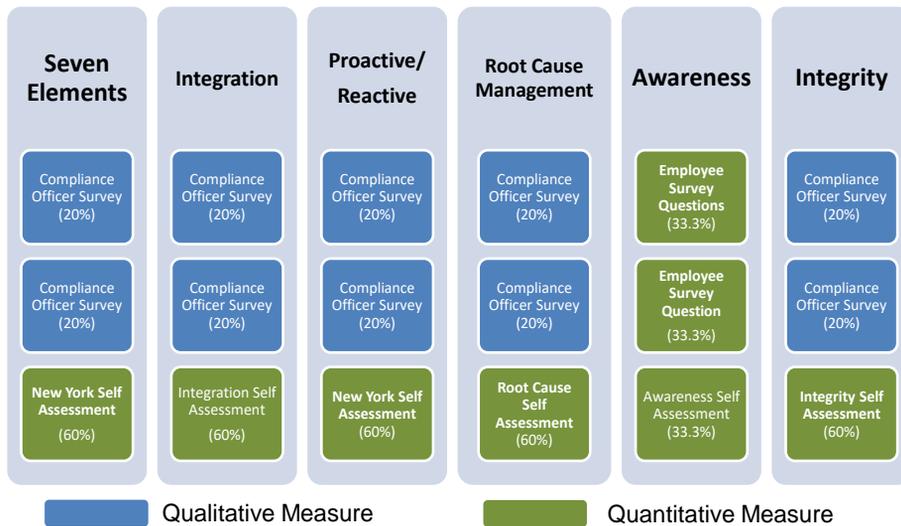
\*Actual Mayo Clinic Data Not Depicted\*



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## Tools and Data Collection – Effectiveness



## Tools and Data Collection – Qualitative (Compliance Officer Survey)

<b>Seven Elements</b>	<ul style="list-style-type: none"> <li>• How effective are we at emphasizing all seven elements as part of the foundation of our planning and daily work?</li> <li>• How effective is the commitment/emphasis we place on the seven elements in reducing compliance risks (e.g., is our level of commitment to the seven elements working)?</li> </ul>
<b>Integration</b>	<ul style="list-style-type: none"> <li>• How satisfied are you with the communication within our department?</li> <li>• How effective is the integration of our department at addressing compliance risks?</li> </ul>
<b>Proactive/ Reactive</b>	<ul style="list-style-type: none"> <li>• How effective is our use of reactive issues to influence proactive initiatives.</li> <li>• How effective are our departmental proactive efforts at addressing noncompliance throughout the organization?</li> </ul>
<b>Root Cause Management</b>	<ul style="list-style-type: none"> <li>• How effective are we at using compliance investigation findings to identify the root cause of the issue?</li> <li>• How effective are we at coordinating with the practice our response to root cause findings?</li> </ul>
<b>Integrity</b>	<ul style="list-style-type: none"> <li>• How effective are we at emphasizing principles of integrity as a deliberate part of our planning and daily work?</li> <li>• To what extent does the department emphasize principles of integrity in communicating with others external to our department?</li> </ul>

**Respondent Scale:** 1-Not At All, 2-Minimal, 3-Somewhat, 4-Good, 5-Excellent



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## Tools and Data Collection – Quantitative (Integration Self Assessment)

Integration Self-Assessment	Yes	No
<b>Administrative</b>		
Common accountability (Shared Leadership)		
Job descriptions for like functions (Consistent JD's for CO/POs, Analysts, etc.)		
Regular cadence of formal department meetings (All reporting staff and subject matter specific)		
Single Shared Budget		
Uniform departmental staff guidelines/expectations (Travel, use of systems, etc.)		
<b>Strategic integration</b>		
Common reporting (All site/region staff reporting locally to like committees/leadership)		
Standardized reports (Local and enterprise reporting include standardized format and content)		
Collective risk assessment		
Shared priorities/goals		
Subject Matter Experts not geographically limited		
Standardized communication (Standardized format and content for organizational publications, education, website, common templates)		
<b>Technological</b>		
Shared Hotline		
Shared Issue Management System		
Shared Document Management System		
<b>Total</b>		
Actual Yes Answers Divided by Total Yes Possible (14) = %		
<b>Final Score 1 - 5:</b>		
80 – 89% = 5		
70 – 79% = 4		
60 – 69% = 3		
50 – 59% = 2		
< 50% = 1		



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## Tools and Data Collection – Quantitative (Root Cause Management Self Assessment)

Root Cause Management Self-Assessment	Yes	No
Conduct root cause but do not have a formal process established		
Criteria outlined for when RC is required - when		
Criteria outlined for who conducts RC – who		
Established policies & procedures on how to conduct an RC- how		
Criteria outlined for Communication Plan		
<b>Total</b>		
Actual Yes Answers Divided by Total Yes Possible (5) = %		
<b>Final Score 1 - 5:</b> 80 – 89% = 5 70 – 79% = 4 60 – 69% = 3 50 – 59% = 2 < 50% = 1		



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## Tools and Data Collection – Quantitative (Awareness Self Assessment)

Awareness Self-Assessment	Yes	No
<b>Standardized Reporting to Leadership</b>		
Strategic partner representing compliance (Senior Leadership, Compliance Committee, Board of Directors, Board of Governors, Administrative Teams, etc.)		
<b>Strategy to Build Awareness at All Levels</b>		
Education and resources provided for prospective employees		
Education and resources provided for new employees		
Education and resources provided for existing employees		
Education and resources provided for Physicians and Providers		
Education and resources provided for management		
Education and resources provided for vendors		
<b>Strategy to Build Awareness of Compliance Issues</b>		
Education and resources developed for recurring and/or high-risk topics (Political activity, gifts, reporting concerns, etc.)		
Education and resources provided in response to hotline reports		
Education provided during department walkthroughs		
<b>Total</b>		
Actual Yes Answers Divided by Total Yes Possible (10) = %		
<b>Final Score 1 - 5:</b> 80 – 89% = 5 70 – 79% = 4 60 – 69% = 3 50 – 59% = 2 < 50% = 1		



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## Tools and Data Collection – Quantitative (Staff Survey Results)

- All staff survey compliance questions:
  - I am aware of how I can make anonymous reports to the Compliance Hotline
  - I know how to contact a Compliance Officer with a concern



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## Tools and Data Collection – Quantitative (Integrity Self Assessment)

Integrity Self-Assessment	Yes	No
<b>Messaging</b>		
Defined protocol and consistent use of integrity focus for Integrity and Compliance Office communications		
<b>Intentional Violations</b>		
Established policy for sanctions		
Evidence of enforcement of violations (Categories include: Privacy, substance abuse, diversion, fraud/thefts, sexual/other harassment, workplace violence, mutual respect issues, etc.)		
<b>Integrity Metrics</b>		
Established metrics for measuring integrity (i.e., Staff survey questions)		
Regular reporting of integrity measures to organizational leadership		
<b>Total</b>		
Actual Yes Answers Divided by Total Yes Possible (5) = %		
<b>Final Score 1 - 5:</b> 80 – 89% = 5 70 – 79% = 4 60 – 69% = 3 50 – 59% = 2 < 50% = 1		



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## Tools and Data Collection – Quantitative (New York State Self-Assessment)

- New York State, Department of Health (2016):  
COMPLIANCE PROGRAM SELF-ASSESSMENT FORM
  - Seven Elements – Evaluated Mayo Clinic’s program against 143 criteria for final score
  - Proactive/Reactive - Categorized criteria into four quadrants and evaluated Mayo Clinic’s program for final score
    - Assessment offered a standard for optimal balance of proactive and reactive efforts



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## Tools and Data Collection – Quantitative (New York State Self-Assessment)

	<b>Detect</b>	<b>Prevent</b>
<b>Pro</b>	Scored as 1	Scored as 2
	Comp initiated activities to seek out incidents of violations/misconduct <ul style="list-style-type: none"> <li>• Iatric</li> <li>• Monitoring/auditing</li> </ul>	Comp initiated activities to avoid, inhibit, and preclude incidents of violations/misconduct <ul style="list-style-type: none"> <li>• Risk assessment</li> <li>• Training/education</li> <li>• Policies and processes</li> </ul>
<b>Re</b>	Scored as 3	Scored as 4
	Comp initiated activities in response to reports of violations/misconduct <ul style="list-style-type: none"> <li>• Investigations</li> <li>• For cause audits</li> <li>• Root cause analysis</li> </ul>	Comp activities arising out of an incident of noncompliance to avoid, inhibit, and preclude further/similar violations/misconduct. <ul style="list-style-type: none"> <li>• Training/education</li> <li>• Policies and processes</li> <li>• Stakeholder/partner communication plan</li> </ul>



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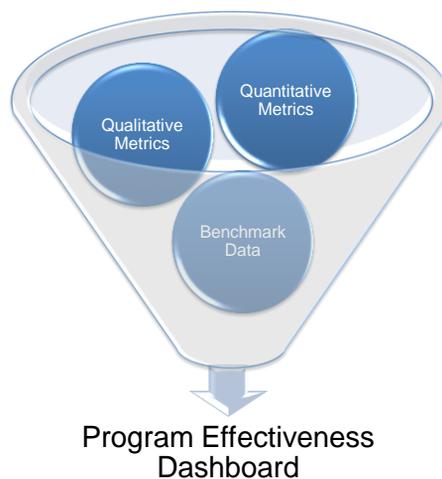
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## Challenges, limitations and lessons learned



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## Challenges, limitations and lessons learned

Benchmark Data	Qualitative Metrics	Quantitative Metrics
<ul style="list-style-type: none"><li>• No publically available industry standard</li><li>• Commonly reported measures reflect volumes/effort rather than "effectiveness"</li></ul>	<ul style="list-style-type: none"><li>• Define &amp; determine collection method</li><li>• Determine content for self assessments and meaningful measures</li></ul>	<ul style="list-style-type: none"><li>• Define &amp; determine collection methods</li><li>• Validate data and determine ability for future industry benchmarking</li></ul>



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## Next Steps

- Finalize and share methodology for better industry benchmarking
  - Validate data
  - Move towards outcome based measures
- Identify shared platform
  - Database available to industry for regular input and benchmarking



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## Resources

- Office of Inspector General. (1998a). OIG compliance program guidance for hospitals: Notice. 63 Federal Register 35(23 February 1998), pp 8987-8998. Retrieved from <https://oig.hhs.gov/authorities/docs/cpghosp.pdf>
- New York State, Department of Health (2016): COMPLIANCE PROGRAM SELF-ASSESSMENT FORM. Retrieved from [https://www.health.ny.gov/health\\_care/medicaid/redesign/dsrip/2015-02-12\\_cp\\_self-assessment\\_form.htm](https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/2015-02-12_cp_self-assessment_form.htm)
- Otte KK, Hartman KA, Mudler, LM, Potter JH. Compliance Program Maturity and Effectiveness: Developing a Common Measure. Journal of Health Care Compliance, 2018; 20(3):5-17



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## Questions & Discussion

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