



Physician Compliance and Risk Assessment: A Two-Year, PI CME Journey of Quality and Compliance

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Speaker's Disclaimer

- **D. Scott Jones, CHC, CHPC** has no financial conflicts to disclose.
- This presentation is not meant to offer medical, legal, accounting, regulatory compliance or reimbursement advice, and is not intended to establish a standard of care, for any particular situation. Please consult professionals in these areas if you have related concerns.
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Objectives

- Learn what worked - and what didn't - in an ongoing, two year assessment of provider and medical group compliance and risk.
- Go Behind the Scenes: How did we identify and address compliance concerns, communicate with providers, and enhance compliance and partnerships?
- Learn to use Performance Improvement Continuing Medical Education (PI-CME) as a compliance education tool, how to apply for PI-CME, and how to ensure providers earn the CME benefits.

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Resources and Handouts

- This Presentation: Descriptive and Detailed Slides with references
- Resources / References provided in a separate PDF Handout from the Compliance Institute 2019:
 - AACME PI CME process description
 - CME Application Language
 - Documentation Recommendations
 - CME Award Description
 - Compliance Assessment Tool Development Information
 - Compliance Assessment Guidebook Development Information

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What's Your Compliance Landscape?

- **Augusta Health** is a nationally recognized acute care hospital serving Augusta County, VA, at the intersection of the I-81 and I-64 corridors
- Growing and successful network of employed and independent providers associated with a Clinically Integrated Network – **Augusta Care Partners (ACP) Accountable Care Organization (ACO) MSSP**
- **Augusta Medical Group (AMG)** is a growing Multi-specialty group of 190+ employed physicians and APP's
- 34 owned locations, including 4 freestanding Urgent Care Centers (UCC's)
- Physician CEO and APP COO
- 430,000 outpatient visits; 60,000 ED visits; 70,000 UCC visits; 11,000 IP admissions annually

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Audits: AMG Provider Compliance

- Independent, third party quarterly audits of Evaluation and Management (E&M) patient visit documentation and coding. Sample size = 15; individual provider meetings if accuracy < 93%
 - Primary Care
 - Hospitalists
 - Specialists
 - Urgent Care
- American Academy of Professional Coders (AAPC) audits of procedure coding from note by in house coding staff
- Compliance Audit team dives problems areas and provides guidance
- 2018-2020: AMG / ACP Compliance, Quality, Risk Self Assessment

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Leadership and Provider Buy In

- AMG leadership and the Board made the Quality, Compliance, and Risk Self Assessment a designated quality improvement goal
- To meet 100% of annual quality goals, providers must participate
- Quality goals impact bonus / salary
- Multiple Educational Presentations made to:
 - All AMG and ACP Providers
 - AMG Key Leadership (practice Managers, multi-location Administrators)
 - AMG CEO, CCO
- Implementation Toolkit developed for manager and provider use
- PI-CME accreditation obtained for 20 CME credits

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What Worked!

What Didn't?

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What Worked! What Didn't?

- **Create and distribute an easy to follow, step by step Toolkit!**
 - What if they didn't use the Toolkit?
 - Or, failed to use Sign In Sheets for each CME activity?
 - Or, told the Practice Manager to Just Do It!
 - And, when Managers or Providers leave mid-program....
 - Fantastic results are reported!

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What Worked! What Didn't?

- **On site meetings with Compliance, Providers, and Managers!**
 - Do the Homework - KNOW the Practice and providers!
 - Preferred meeting times: 7 a.m. and Lunch. Bring more sign in sheets!
 - What about the provider still seeing patients at 12:15?
 - Or not arriving until 7:30?
 - Be prepared for gripes – like Central Scheduling....

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What Worked! What Didn't?

- **Reports and Recommendations based on findings.**
 - Did they read it?
 - Present and discuss the Report findings in detail. Be prepared....
 - How do you know if Recommendations were implemented?
 - Reports and Communication with Practice Managers is key.
 - Follow up on important issues or findings.

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What Worked! What Didn't?

- **Implement recommendations!**
 - What do you do with those enterprise-wide initiatives?
 - Expect the question:
“How are we supposed to implement this?” Make it real-world.
 - And you will hear, “This hasn't been a problem before....”
 - Monitor and track implementation and improvement.

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The logo for Augusta Health, featuring the word "Augusta" in a red script font and "HEALTH" in a smaller, red, sans-serif font below it.

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Behind the Scenes: Best Practices

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Best Practices

- **Standardized Best Practices:**

- Supplies
- Equipment
- Facility setup



- **Set Processes for:**

- Checking outdated medications
- Checking medication refrigerators
- Training for new providers and new team members
- Communicating important information - like abnormal lab results

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Best Practices

- **External review of sample of E&M visits**

- Primary Care, Specialists, Urgent Care, Hospitalists

- Sample size = 15; individual provider meetings if accuracy < 93%
- Follow up review and continued audit.
- Audit holidays for 100% scores.

- **External review of procedures coded from note**

- American Academy of Professional Coders (AAPC) audits of procedure coding from note by in house coding staff.
- Compliance Audit team dives problems areas and provides guidance.

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Best Practices

- Creating the Relationship with Providers.
- Empowering the provider and manager with the driver's seat with compliance and risk assessment.
- Meeting with providers and office managers in their own space, at their regular meeting time.
- Explaining PI-CME benefits.
- Learning about their frustrations...
- Establishing communication channels!
- Becoming a resource.
- Recognizing the good things they do....

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Behind the Scenes: Those Things You Don't Expect

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Findings

- Time Based Office Visits
 - Time based services should not exceed the time patients were on site
 - Providers may not understand the time spent reviewing records does not roll into the time spent face to face with the patient
 - Voluntary Repayment to CMS

- New Patient vs. Established Patient
 - Patients present across multiple service locations
 - Establishing “new patient” status requires attention to last visit date, last provider seen, and correct patient identity
 - Voluntary Repayment to CMS

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Findings

- Hospice visits using GV and GW Modifier
 - Ensure hospice care is billed correctly for care associated with the per diem Hospice benefit
 - Ensure medical care not related to the Hospice qualifying diagnosis is correctly identified with the correct modifier and billed to MC Part A
 - Voluntary Repayment to CMS

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Findings

• Facilities

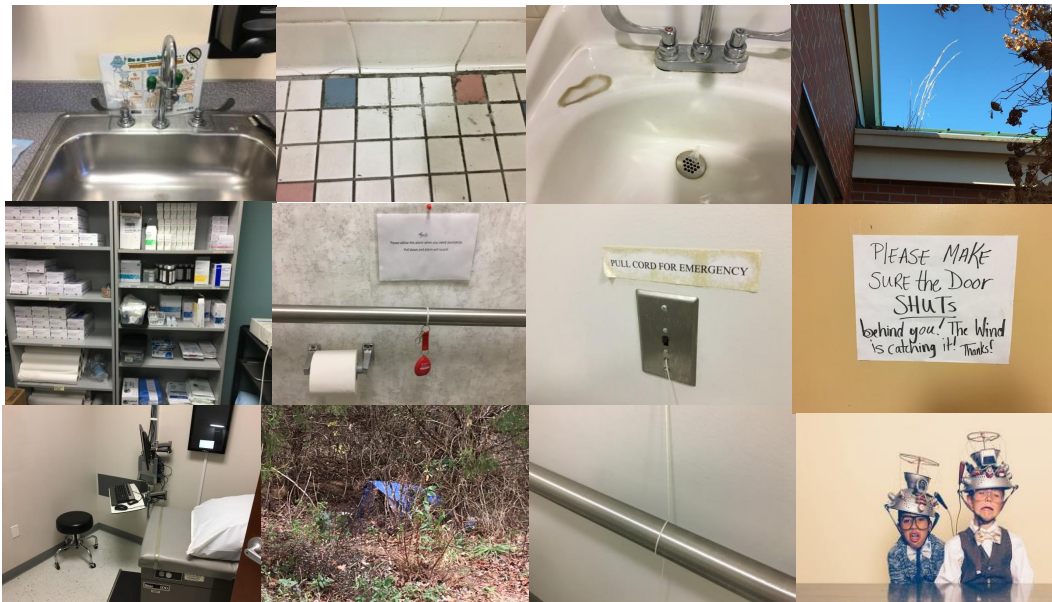
- Dead shrubs by the office sign.
- Really tall grass growing from the building gutter.
- Icicles hanging above the front entry.
- No parking bumpers in the parking lot overlooking that big ditch.
- Bathroom cleanliness – sink stains, grout damage.
- Bathroom pull cords tied up to grab bars – just out of reach from the floor.
- Damaged or rolled entry mats – trip hazards.
- Lots and lots and lots of unreadable signs in lobbies, exam rooms, and hallways....

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Photo Findings....



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Some things need cleaning!



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Yes. Grass will grow in your building gutters. Like hydroponic gardening.



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Don't tie pull cords onto rails...or put them too high to reach.



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An upset patient pulled a knife out of their purse. Our provider workstation was in the wrong place.



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Patients complained about feral cats in our parking lot. We found someone had set up little cat tents and feeding bowls in the underbrush.

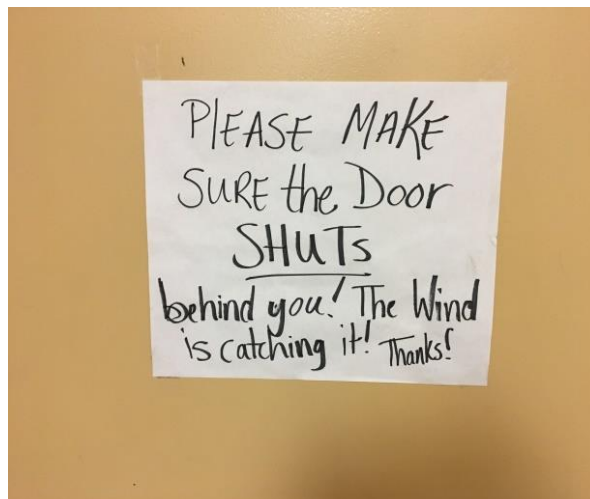


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And, we had to do some work on professional signage.



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This is not a photo of our Providers or Compliance auditors after the Compliance Risk Assessment.



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Findings

- **HIPAA Privacy concerns!**
- Check in, check out discussions audible in lobbies.
- What happens when you hand a patient someone else's discharge documents?
- Offer patients a private place to discuss sensitive diagnoses – not the front window.
- Documents scanned into the wrong medical record?
- Don't change a patient demographics without a triple check!
- Patients with same names, and twins with almost same names....

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Findings

- **The PI Re-Assessment tool:**

- May need more - or different – questions.
- Ensure providers complete the re-assessment as a team.
- Ensure you obtain sign in sheets for each activity.
- Track completion of the original assessment, each activity, and the re-assessment for all 15 CME credits plus the bonus 5 CME credits.
- Assign CME credit to providers based on their actual activities.
- Completing all activities in order earns the extra 5 CME credits!
- What about the provider who left?
- What about the new provider joining mid-program?

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**Obtaining Performance Improvement
Continuing Medical Education
(PI-CME)
For Your Compliance Program**

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CME – General Information

- CMS' emphasis on quality, and the far-reaching scope of Federal regulation, makes Compliance CME an accessible and important part of your Compliance toolkit
- CME is a learning format providers already understand and use
- Providers must accomplish a prescribed number of CME credits
- CME gives providers an added incentive to learn about compliance issues
- CME can be obtained via:
 - Hospital based CME program, frequently housed in the Medical Staff office
 - A Co-Sponsor (a GME institution, medical school, medical specialty association, or commercial CME co-sponsor)
 - Direct application to AMA or other accrediting bodies

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PI-CME

- **Performance Improvement Continuing Medical Education:**
- “The accredited CME provider structures a PI CME activity as a 3-stage process by which a **physician or group of physicians learns** about specific performance measures, **assesses their practice** using the selected performance measures, **implements interventions** to improve performance related to these measures over a useful interval of time and then **reassesses their practice using the same performance measures.**”
- American Medical Association (AMA) <https://www.ama-assn.org/education/cme/performance-improvement-continuing-medical-education-pi-cme>

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PI-CME: 3 stages, 20 credits

- **Stage A:** Learning from Current Practice Performance Assessment
- **Stage B:** Implement intervention(s) based on the results of the analysis
- **Stage C:** Learning from the Evaluation of the PI CME Effort Reassess and reflect on performance in practice measured after the implementation of the intervention(s), by comparing to the original assessment and using the same performance measures
- **Each PI CME activity is designated for 20 AMA PRA Category 1 Credits™.**
- Physicians completing Stage A are awarded 5 *AMA PRA Category 1 Credits™*; Stages A and B, 10 credits; A, B and C, 20 credits.
- American Medical Association (AMA) <https://www.ama-assn.org/education/cme/performance-improvement-continuing-medical-education-pi-cme>

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PI-CME

- **The PI-CME program must:**
- Have an oversight mechanism that assures content integrity of the selected performance measures
- Provide clear instruction to the physician that defines the educational process of the activity (documentation and timeline)
- Provide adequate background information so that physicians can identify and understand the performance measures that will guide their activity and the evidence base behind those measures
- Validate the depth of physician participation by a review of submitted PI CME activity documentation
- American Medical Association (AMA) <https://www.ama-assn.org/education/cme/performance-improvement-continuing-medical-education-pi-cme>

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PI-CME

- **American Academy of Family Practice (AAFP) Credit System Department and Commission on Continuing Professional Development (COCPD)**
- ***“This Performance Improvement activity, Quality, Compliance and Risk Self Assessment, has been reviewed and is acceptable for up to 20.00 Prescribed credit(s) by the American Academy of Family Physicians. Term of approval begins 06/13/2018. Term of approval is for two years from this date. Physicians should claim only the credit commensurate with the extent of their participation in the activity. “***
- **AMA/AAFP Equivalency:**
“AAFP Prescribed credit is accepted by the American Medical Association as equivalent to AMA PRA Category 1 credit(s)™ toward the AMA Physician’s Recognition Award. When applying for the AMA PRA, Prescribed credit earned must be reported as Prescribed, not as Category 1.”

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CME Application Process

- **Your CME sponsor or co-sponsor will provide a specific application.**
- **Example, approved application information:**
- **Title:** Quality, Compliance and Risk Self-Assessment
- **Dates:** 6/13/2018-6/13/2020
- **Credits:** Total 20
- **Activity Directors:** Chief Compliance Officer, ACO Medical Director
- **Activity Directors Activities:** Serve on Activity Planning Committee, review content for medical practice, and have the opportunity to change content.
- **Commercial Sponsors:** None

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COVID-19 UPDATE

- The COVID-19 Emergency Pandemic declarations began just as we were completing site visits, provider meetings and final work on the Assessment program.
- We asked our CME Sponsor, AAFP, to extend our completion deadline from June 2020 to December 31, 2020.
- AAFP was very understanding and accommodated our request. We will complete the program later this year, and award all earned CME credits to our providers.

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Questions? Answers!



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**Physician Compliance and Risk
Assessment:
A Two-Year, PI CME Model
To Improve Quality and Compliance**

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Thank you!

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