

Compliance Programs as a Practical Tool to Improve Quality of Care

By Mark A. Bonanno, Esq.

IF CURRENT FEDERAL EFFORTS at health insurance reform are passed into law and include provisions which require health care providers to implement internal compliance programs, physicians will need to be prepared to either start up a program or review what they already have in place. No, the sky will not be falling, and a program will not need to be burdensome.

Many physician practices are familiar with the concept of compliance programs in their businesses. A compliance program basically entails identifying what risks may affect a business and putting in appropriate controls to minimize those risks.

Any compliance program, whether implemented voluntarily or otherwise, should be thought of as a tool to improve not only the administrative side of the medical business but the clinical side as well. After all, clinical standards should be what drive a physician's practice, not simply legal standards.

Compliance Program Basics

In a nutshell, an internal compliance program usually has seven basic elements. These elements are viewed by federal regulators as the building blocks of an effective program, and include: (1) internal monitoring and auditing; (2) developing written standards and procedures;

(3) designating a compliance officer; (4) conducting staff and physician training; (5) responding to clearly identified problems; (6) developing open lines of communication; and (7) enforcing the standards that are adopted within the program.

The elements are not a mystery and the Office of Inspector General within the Department of Health and Human Services provided some basic guidance for physician practices back in 2000. Almost ten years later, the guidance remains relevant, and can be used as a starting point for practices just getting going and which want to build a program cost-effectively. This is not rocket science here, but a practice will want to be careful not to put something in place that is too cumbersome, irrelevant, or sets the practice up for big problems.

Compliance and Quality of Care


While compliance programs generally are not a legal requirement, the implementation of even a simple program can assist the practice with keeping abreast of changes in the law or standard of care and responding to problems identified within the business. A responsive business is more likely to stay out of trouble and provide better care. The key to any program, however, is to tailor it to the business and use it as a tool to improve the business rather than bog it down in paperwork.

Most physician practices probably view compliance programs as an administrative burden imposed on them only to deal with laws like the

7 Basic Elements of an Internal Compliance Program

- 1 Internal monitoring and auditing
- 2 Developing written standards and procedures
- 3 Designating a compliance officer
- 4 Conducting staff and physician training
- 5 Responding to clearly identified problems
- 6 Developing open lines of communication
- 7 Enforcing the standards that are adopted within the program

Health Insurance Portability and Accountability Act. Legal compliance indeed may be the main focus of physician compliance programs. Compliance programs can do more though, if thought about as a method to monitor adherence to standards of care or even improve the quality of care for the patients of the practice.

One example of how a compliance program could improve quality of 

care is to identify relevant clinical standards applicable to a practice's patient population. For instance, many pediatric practices look to the American Academy of Pediatrics for updated recommendations on vaccination schedules. A scheduled annual review of those recommendations would pick up on changes to the recommendations. Practices also might want to communicate annually with the local public school district to see what changes the school may be implementing, given that districts require documentation of student vaccinations.

When a significant change is identified, the practice can decide whether to update its own in internal medical forms, review charts of patients potentially affected by the change, or provide information to parents about the change by mail, email, or on the practice website. How that type of proactive review translates into quality of care may be that parents are assured their child's vaccinations are up-to-date. Further, a parent might take some comfort in learning about the change from their pediatrician's office first versus a phone call from a school nurse telling the parent that their child missed a recommended vaccination.

Conclusion

Health insurance reform may require the adoption of compliance programs. Whether the concept is mandated or not, a program that is viewed as a tool to improve not only compliance with health care laws but also improve the quality of care provided by the practice, should end up being a benefit rather than a burden. ●

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