VIRTUAL 2020 MHA HEALTH SUMMIT

MHA Montana Hospital Association

Striving For Quality

Maximizing the Effectiveness, Structure and Policy Approach

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HALL RENDER
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"Large healthcare institutions may be the most complex in human history, and even small healthcare organizations are barely manageable."

Peter Drucker

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Overview

A. New Normal?
B. Increasing Emphasis on Quality
C. Sources of Guidance
D. Purpose of Policies
E. Policy and Procedure Content
F. Best Practices in Policy and Procedure Development
G. Policy Pitfalls to Avoid

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If nothing else, remember:

1) QA/PI programs will continue to take on a greater significance
2) Think about whether you actually need a policy
3) There's a big difference between a policy and a good policy
4) Details matter (this is not the same as *being* detailed)
5) Be consistent
6) "If a policy is sitting on a shelf and no one knows it exists, do you really have a policy?"
7) A best practice you follow is better than a policy you don't (have)
8) Policies are not the law but they play one on TV
9) It's not a problem until it's a problem – policies and procedures should be logical and workable

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Pressure is Mounting

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A Perfect Storm

- 20 year story around shifting emphasis on quality
- Future of Medicare?
- CMS Initiatives
- Dramatic advancements in HIT
- Increased fraud & abuse compliance enforcement
- Corporate negligence/negligent credentialing
- Market trends and patient expectations
- Our current situation

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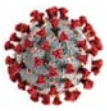
COVID-19

"I think people haven't understood that this [the COVID-19 pandemic] isn't about the next couple of weeks ... This is about the next two years."

- The Atlantic, April 14, 2020



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Shifting Focus

- Most early efforts at tackling utilization and quality did not emphasize quality or value-adjusted reimbursement … until the Affordable Care Act*
- Today, annual healthcare spending in the U.S. is greater than $3.5 trillion
- This spending is projected to increase 5% per year over the next few years, reaching nearly 20% of the nation's total economic output
- The U.S. healthcare system is often ranked at or near the bottom of most developed nations

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The Broader HHS Quality Strategy

- **Goal #1: Medicare Payments Tied to Quality Through Alternative Payment Models**
  - 2016 – Goal of 30%
  - 2018 – Goal of 50%
- **Goal #2: Medicare FFS Payments Tied to Quality or Value**
  - 2016 – 85%
  - 2018 – 90%
- **CMS Commentary**:
  - *This rule is needed to propose policies to improve physician payments by changing the way Medicare incorporates quality measurement into payments and by developing new policies to address and incentivize participation in alternative payment models.*
- **Details aside – this is a trend**

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CMS's Quality Strategy 2.0

- Announced February 25, 2020
- Three objectives:
  - Improve the quality and affordability of healthcare for all Americans;
  - Drive American healthcare towards payment for value, not volume; and
  - Lower the rate of growth in America's healthcare spending.
- Sweeping strategy affects all provider types

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Reimbursement policy **drives** delivery system change

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Golden Strategy

- To deliver high-quality, cost-effective care, that produces value for patients and payers
- Harness information to the collective advantage of physicians, hospitals, patients, providers and the finance department
- Individually and collectively become a "Preferred Provider"

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The **Ask** is a Paradigm Shift

Providers must now improve/maintain quality for business purposes, not just for patient care

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Sources for QA/PI Policy Guidance

- Medicare Conditions of Participation
- State Hospital Licensure Laws and Regulations*
- State Professional Licensure Laws and Rules
- Accrediting Organization Standards (e.g., Joint Commission, HFAP, DNV, etc.)
- State Case Law
- Local Standard of Care/Recognized Best Practices
- Leadership Preference
- Prior Mistakes and Areas of Risk

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Common Approaches To Quality

- There are few basic ways to accomplish the quality related goals being imposed on hospitals and other providers (standardize clinical processes, simplify operational processes, establish uniform high standards and improve care coordination, etc.):
  - Hope and coincidence that providers agree or land on the best way to deliver and manage care, implement evidenced-based processes, etc.
  - Providers voluntarily and/or contractually agree, i.e., CIN participation
  - Pay $$$ for it
  - Medical Staffs facilitate it or require it (or even undermine it)
- All but one of these approaches requires a policy-based framework

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Context: A Starting Point

Traditional Approach

Generally speaking, today we focus on a broad concept of "standard of care" – not exactly medical malpractice but not what an increasing emphasis is seeking to accomplish

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Culture Eats Strategy (and Ideals) for Lunch

- Progressive quality/peer review projects are typically well intentioned and based on sound principles
- But many of these projects are doomed before they begin because of lack of education, cultural hurdles or unwillingness to change or be transparent
- Credibility of quality champion(s)
- The goal is to lift all boats – this needs to be known and believed

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Policies and Procedures

- 746+ references to policy and policies (347 for CAHs) with the Medicare Conditions of Participation
- From Administrative to Human Resource to Information Management, Hospitals are policy factories
- Not all are required

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Purpose of Policy and Procedures

- Formalized, written policies and procedures fulfill a number of important purposes:
  - Simplify complexity of health care
  - Promote compliance with applicable law and accreditation requirements (e.g. CMS Conditions of Participation, HIPAA, EMTALA, JC, DNV, etc.)
  - Reduce practice variability that results in substandard care and patient harm
  - Facilitate adherence to recognized best practices

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Purpose cont.

- Important purposes cont.:
  - Standardize practices across multiple providers and entities within a single a health system or across disparate care sites
  - Serve as a resource for staff and as an orientation tool
  - Reduce reliance on memory or need to make it up every time
  - Punishment for getting it wrong the first time
  - Survey references
  - Tool for litigation defense

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Policy and Procedure Development

- Consider the following questions prior to developing or revising a policy/procedure:
  - ❑ Is this policy required? Who benefits?
  - ❑ Who should be consulted when developing policy?
  - ❑ Does compliance with this policy create/minimize risk to the organization or patients?
  - ❑ Can this policy be monitored and measured/reported?
  - ❑ Is there a clear responsible party for implementing the policy?
  - ❑ Can employees be trained on or to this policy?
  - ❑ How disruptive will implementation be?

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Policy Structure

- Create a template
- Establish a recognizable outline
  - ❑ Header: Title, #, responsible office, department or location, date
  - ❑ Purpose statement
  - ❑ Policy statement
  - ❑ Definitions
  - ❑ Procedures
  - ❑ Allowed/Prohibited/Required conduct
  - ❑ Reporting requirements
  - ❑ Sources

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Policies and Procedures Definitions

- **<u>There is no required format and definitions are not uniform</u>**
- **Policy statement**: A concise statement outlining the context, goal, governing principle or purpose of a specific policy or procedure – this speaks to the "spirit" of the policy and/or procedure
  - Can be combined with a purpose statement
- **Procedure**: The preferred action steps to be taken by specific individuals or roles to achieve a stated objective in a defined scenario or set of circumstances

Adapted from PSQH resource

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Definitions cont.

- **Protocol**: AKA/synonymous with procedure. Often used for addressing clinical and patient care-related subject matter
- **Guideline**: Recommended actions for a specific situation/case

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Specific Advice

- Your goal: Reaching your intended audience with a policy that that is clear, easily read, and provides the right level of information to the individuals specifically affected by its content
- **Purpose**: A purpose statement should answer the question as to why the policy exists:
  - Legal or regulatory reasons, e.g.., specific law
  - Overall benefits and objective/do not include the history or procedural steps
  - "It is the purpose of this policy to outline procedural steps for this awesome hospital to comply with EMTALA."

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Advice cont.

- **Policy**: A policy statement is often considered the most important section of a policy:
  - Guiding principle, at minimum
  - What situation(s) does the policy apply and not apply and intended outcome
  - Any major conditions or restrictions
  - Exclusions
  - Do not include background details or procedural steps
  - "It is the policy of this awesome hospital to make available necessary emergency medical services regardless of the patients ability to pay."

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Policy Development Best Practices

- Use simple titles
- Be mindful of absolutes, e.g., shall, must, etc. – is it a mandate or is there a choice?
- Avoid use of subjective descriptors and superlatives, e.g., highest, best – "I'm begging you to hold me accountable"
- Use active voice – "Place label on…"
- Identify responsibility by title, etc. (but omit names)

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Best Practices cont.

- Combine same subject policies
- Track adoption and revision dates
- Cite applicable regulatory and industry sources and authority
- Use disclaimers to allow for situational application (aka consistent application of good judgment)
- Consider use of policy czar – a central reviewing or development resource

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Best Practices cont.

- Stakeholder (or *special interest*) buy-in – who does this touch?
- Stress test the policy, procedure or protocol before implementation

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Implementing Policies

- Distribution plan (post approval)
  - ❑ Distribute the policy for feedback and iteration
  - ❑ Distribute the policy to all staff, employees, part-time, PRN, etc.
  - ❑ Include executive summary
  - ❑ Maintain evidence of training, if applicable
  - ❑ Remove existing policy from circulation (but maintain*)

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Policy Pitfalls to Avoid

- Narrative heavy/jargon heavy
- Duplication and redundancy
- Prioritizes ease of compliance over effectiveness or patient safety
- Does the policy primarily fulfill a regulatory requirement or does it actually advance your organization?

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Policy Pitfalls cont.

- Avoid cross-referencing guidelines not incorporated into policy
- Exceeding recognized standard of care
- Carefully apply priority classifications
- It's 10:00 p.m., do you know where your policies are?

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Overarching Policy Goals

- Be a user-friendly tool
- Be informative and self-explanatory
- Be definitive
- Be practical
- Clear, understandable and unambiguous
- Quality-focused (risk reduction)
- Compliant w/ applicable standards

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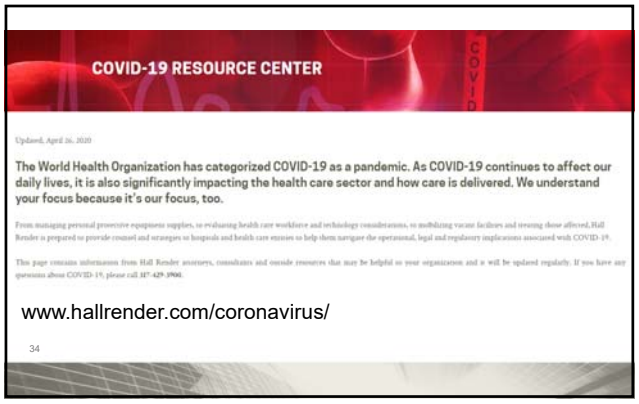
COVID-19 RESOURCE CENTER
COVID
Updated, April 26, 2020
The World Health Organization has categorized COVID-19 as a pandemic. As COVID-19 continues to affect our daily lives, it is also significantly impacting the health care sector and how care is delivered. We understand your focus because it's our focus, too.
www.hallrender.com/coronavirus/
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Please visit the Hall Render Blog at http://blogs.hallrender.com for more information on topics related to health care law.
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