

Compliance Corner



QUALITY STANDARDS ▶

Embracing Quality as an Integral Aspect of Health Care Compliance

By Julia Weisner, LifeLong Medical Care

Many attorneys pursue careers in health care compliance to help promote patient safety, quality, and access to care. These motivators also are central to health care quality department work. Despite this clear alignment, there exists a chronic disconnect between programs. Closing the gap between compliance and quality may require a larger organizational culture shift. However, there are several specific avenues to take to initiate the process and yield rewarding results for the organization and patients. At the very least, I can attest from personal experience that achieving this alignment can improve job satisfaction.

Quality improvement plans, or “QIPs” as they are called within the quality arena, are often a mandate of federal regulators. They are a component of the Federal Tort Claims Act (FTCA) deeming process as well as an auditing element for the Centers for Medicare & Medicaid Services’ Programs of All-Inclusive Care for the Elderly (PACE), and Medicare Advantage Plans. Accordingly, they are a central focus of the Board of Directors and executive leadership in health care organizations and have the potential to garner resources and spark real change.

In contrast, compliance plans are typically developed separately, based on considerations such as the federal Office of Inspector General (OIG) work plan and internal risk analyses. Isolation of a compliance plan from the organization’s QIP further divides programs for which motivations and resources could be powerfully combined. Why not take the force of compliance to call out enforcement trends while leveraging the attention and resources paid to the QIP?

I am the Compliance and Legal lead at a federally qualified health center and, for the first time in my career, have developed my work plan in coordination with my organization’s quality program. For example, my Department developed an auditing tool for our health centers to support onboarding of new clinic managers and create an internal auditing program. We included this program in the QIP under the elements of *Improving Staff Satisfaction* and *Risk Management*. This alignment gave additional credence to the impact of Quality’s work, drew additional attention from executive leadership, and highlighted the underlying basis for the program.

Investigating incidents can be the most challenging, and even disheartening, aspect of a compliance professional’s role. During review of a case that “went wrong,” one can easily lose sight of the beneficial health care services and resources being provided to the community by the organization. Also, during an investigation, compliance leaders can appear threatening to those operational partners who are critical to solving the problem.

The traditional compliance approach is to conduct a root cause analysis, report the findings to operations, and oversee corrective action. But what about looking at corrective action in the form of quality programming?

Consider incidents where providers have not received critical test results due to a combination of human and technical error. Rather than remaining in the weeds of electronic medical records and their functions, consider engaging quality partners to see whether data can be utilized to track when these misses

occur. Compliance and quality teams can then utilize that data to make a case for broad system change or to create reports to serve as additional safety measures. This approach also shifts focus from traditional, often isolating compliance methodologies to more impactful quality-based approaches.

Compliance is often involved in organizational risk management; yet, patient complaints are typically managed elsewhere in the organization and only come to compliance when there is an accompanying high-risk incident that suggests legal or regulatory non-compliance. While complaints are often subjective in nature, there is a potential to use a complaint as an opportunity to identify larger, systemic issues that, if addressed, could mitigate future risk and improve overall quality. For example, when a patient files a complaint about care received and also notes being upset with how a provider made him or her feel, compliance could consider engaging leadership from the department that manages grievances to review previous complaints and identify trends. Perhaps compliance could also partner with clinical management and consider a continuing medical education (CME) course to train providers on interactions with patients, potentially where those of a specific population are impacted.

Health care compliance lawyers have a unique skill set to offer. They are trained to hone in on the right questions to ask to help identify the central issue, how to negotiate an effective and practical compromise, and how to define a clear and organized corrective plan. Their impact to the organization and patients can be much greater and personal job satisfaction increased if they work outside of traditional silos and use their skills in alignment with quality colleagues. Try applying these measures in your role and observe the difference it can make.



Julia Weisner received her Juris Doctorate from UC Hastings, College of the Law, with a concentration in Law and Health Sciences and is a member of the California Bar. She specializes in health care regulatory compliance, privacy law, Medicare and Medicaid reimbursement, and organization risk management. Julia currently works at LifeLong Medical Care, a federally qualified health center in Northern California, as the legal and compliance lead. She is also a member of the AHLA's Young Professionals Council.

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