

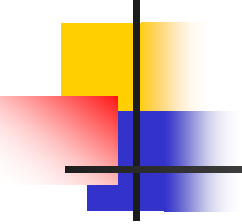


# HAPPY TRAILS

## Insurance Carrier Risk Consultant Roundtable

July 15, 2008

**Moderated by:**  
**Deana Allen**  
**RN, BSN, CPHRM, ARM, AIC**  
**VP, Sr. Clinical Risk Consultant**



*"Some trails are happy ones,  
Others are blue.*

*It's the way you ride the trail that counts,  
Here's a happy one for you."*

*Dale Evans Rogers*

Leading insurance carrier Risk Consultants  
will update us on how  
they view our journey along the trail  
to innovative and sound  
risk management practices.



# Panel Members:

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Bruce Dmytrow, BS, CMD, MBA, CPHRM  
VP, CNA Specialty Lines  
Risk Control



Susan Salpeter, RN, ARM, FASHRM  
VP, Risk Management



Sue Chmielecki, APRN, CPHRM, FASHRM, JD  
SVP, Healthcare Product and Risk  
Management Lead



Theresa Essick, RN, CPHRM  
VP, Clinical Risk Management





# Susan Salpeter

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What do I want to be when I grow up?

...the changing role of Risk Management



# The Changing Role of RM

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- 80's – Limited role of RM – disjointed function
- 90's – Expanding responsibilities
- Early 00's – Integration of role
- Late 00's – “dis” - integration of role????



# The Changing Role of RM

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- Current models –
  - Chief risk officer/enterprise risk management
    - All risk related functions under one roof
  - “Retro”
    - Patient safety/quality responsible for clinical risk reduction
    - Risk financing to CFO
    - Claims to GC/outside attorney



# The Changing Role of RM

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- How do insurers evaluate programs?
  - Who performs
  - How is information shared
  - Right people involved in process
  - Results
    - On claims
    - On quality
    - On finances



# The Changing Role of RM

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- Time for a new model?
- Think outside the traditional
  - Cost of care vs. reimbursement for care
  - Reputational risk
- Never events



Theresa Essick

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# Challenging Times for Physicians



# Challenges Generating Risk for Physicians

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- The Changing Access to Healthcare
- Shrinking Reimbursement
- Advances in Technology
- Demands for Increased Transparency



# Access to Health Care

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- **Physician Availability**
  - Early Retirement or Part time status.
  - Increased focus on specialty-specific medicine.
  - Mid-level providers.
- **New Practice Models**
  - Hospital owned practices.
  - Minute clinics/urgent care centers, etc.
  - Intensivists, Hospitalists, Laborist, etc.
  - Continued shift to outpatient care.
- **Changing Patient Dynamics**
  - Increased pt. volume due to “Graying of America”.
  - Diverse pt. populations.
  - Under or uninsured.
  - Increase in chronically ill patients.



# Shrinking Reimbursement

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- **CMS**

- Payments held/decreased.
- Physician Quality Initiative (P4P).
- Never/Adverse Event impact.

- **Health Insurance Carriers**

- Requesting additional documentation.
- Follow CMS lead.



# Advances in Technology

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- **Electronic Communication and Data Access**
  - Electronic Health Record (EHR).
  - E-mail, Voice Mail, Voice Recognition.
  - Intranet, Web Tools, E-visits.
- **Equipment, Processes, and Interventions**
  - Telemedicine.
  - Constantly changing for surgical and medical specialties.

**Enables Enhanced Performance Monitoring**



# Increased Transparency

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- **Everyone Affected**
  - Physician, Patient , Payors, Hospitals.
- **Focus on Disclosure**
  - Cultural Change.
  - Early Intervention Programs.
  - 'I'm Sorry'.
- **Consumer Awareness**
  - Personal Health Information.
  - Physician Data/office contracts.
  - Google/Yahoo research.



Sue Chmielecki

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# Miscellaneous Medical Facilities



# Ambulatory Surgery Centers

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- Consents
- Global procedures
- Surgical site marking
- Infection control
- Pathology specimens
- Discharge
- Patient follow up



# Urgent Care – Retail Clinics

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- Urgent vs. primary care
- Midlevel practitioners – scope of practice
- Triage
- Treatment algorithms
- Patient follow-up



# Imaging Centers

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- Consent for contrast
- Fall prevention
- Emergency management
- MRI safety
- Preliminary vs. final reads
- Patient follow up
- Tele-radiology / Discrepancies



# Medi-spas

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- Credentialing and privileging
- Consent
- Infection control
- Equipment



# Miscellaneous Medical Facilities

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- Incidents and near misses
- Claim trends
- Types of liability and insurance policies
- How will you know if the price is right?



# Bruce Dymtrow

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## The Future of Aging Services and Public Reporting



# The Future of Aging Services

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## **Market Segmentation – One Size No Longer Fits All!**

- Aging services healthcare delivery segments have traditionally included senior housing, independent living, assisted living, skilled nursing and continuing care retirement communities.
- While a two-tier delivery system will likely continue, increasing lifespan and complexity of patients with both long-term chronic disease and episodic acute illness will tax the healthcare system to its limits.
- In an effort to address the demands for increasingly complex healthcare, the aging services industry must respond by implementing new models, with accompanying reimbursement options.
- Market expansion with new aging services delivery models is anticipated as a result of the above factors, coupled with the personalized expectations of the aging baby boomer generation.



# The Future of Aging Services

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## Demographic Diversity (Tier One) – One Size No Longer Fits All!

- This population has provided for financial or third-party reimbursement resources to, at least, partially subsidize their personal delivery model choices for aging services.
- Factors empowering the new wave of aging services clients include the following:
  - Reasonably affordable long-term care insurance
  - Fear of “ending up like Mom”
  - Preparation for cessation or reduction of social security benefits
  - Increased motivation for growing personal wealth in the face of diminishing or absent employer-provided retirement benefits



# The Future of Aging Services

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## Demographic Diversity (Tier Two) – One Size No Longer Fits All!

- An economically distressed population, many of whom will have no financial or third-party reimbursement resources to subsidize their choice of aging services delivery model.
  - Chronically ill or physically/mentally impaired
  - Indigent or undocumented immigrant
  - Socially isolated without support systems
  - Chronically unemployed
  - Incarcerated/imprisoned
  - All other uninsured or underinsured without personal wealth
- Societal failure to provide healthcare services to this group jeopardizes the health and well-being of the community at large and will result in injudicious use of healthcare resources via emergency departments and other high-cost venues.



# The Future of Aging Services

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## Transformational Drivers for Aging Services

**Resident- and family-driven**

**vs.**

**Cost-driven and staff-driven**

**Healthy Aging Services**

**vs.**

**Aging Services**

**Tender, loving care**

**vs.**

**Institutional care**

**Humanity as major motivator**

**vs.**

**Pure efficiency/profitability motive**

**Dining**

**vs.**

**Feeding**

**Creative expression**

**vs.**

**Time-killing activities**

**Inter-generational community**

**vs.**

**Segregated senior “ghetto”**



# The Future of Aging Services

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## Emerging and Innovative Aging Services Solutions

- Aging at home with supportive services
- Increased need for subsidized senior housing
- Increased segmentation within the assisted living industry
- National designation for senior housing benefits to facilitate mobility/migration of seniors with family members
- Early entry into senior living communities and continuing care retirement communities with “healthy aging services” such as socialization, recreational activities and community living
- Cooperative living and pooled apartments/homes
- Subsidized group homes for mentally/developmentally impaired seniors
- The Programs of All-inclusive Care for the Elderly (PACE) – Medicare/Medicaid-funded medical and social services for frail seniors aging at home
- Smaller neighborhood nursing homes in both urban and non-urban settings
- End-of-life care and home-based hospice services



# The Future of Aging Services

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## Searching for the Ideal Insured

- Delivers services in accordance with its mission statement and vision
  - Talk it
  - Walk it
  - Breathe it
  - Feel it
  - Nurture it
- Demonstrates creative leadership with recognition of staff abilities and empowers patient care workers
- Seeks providers who view patients as individuals with feelings and preferences rather than objects to be diagnosed and managed
- Emphasizes development and enhancement of human resources to ensure staff are technically competent and fosters a culture of professional excellence
- Provides a reward system that promotes compassion, loyalty and innovative thinking
- Nurtures a holistic approach to patients, families and communities



# Public Reporting

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- Public reporting is providing data and information that may be used by the government, corporations and consumers to review quality of services
  - Required
  - Voluntary
- Strategic goals and data reporting
  - Align voluntary reporting initiatives with mission and strategic plan
  - Allocate resources to effectively collect and report reliable and accurate data
  - Utilize data to drive appropriate changes in the organization and publicize action plans to achieve transparency
  - Maximize published information to gain market share



# Public Reporting

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- Ramifications of data reporting
  - General impact upon reputation
  - Market share and financial results
  - Ability to attract and retain high-performing clinical and administrative leadership
  - Perception in the marketplace as an innovator and guardian of patient safety
- Risk control practices and protocols
  - Appoint a designated professional to understand and communicate data
  - Ensure accuracy and completeness of data
  - Develop system redundancies to collect data and monitor its accuracy
  - Monitor the dissemination of and its use
  - Submit amendments to address inaccuracies
  - Manage community expectations resulting from data publication and use



Each Panel Member:

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**Hospital Acquired Injuries  
Present on Admission  
Never Events  
No Pays**



# “One Thing” to Improve RM Program

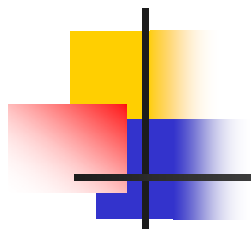
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- Bruce: The quality of communication with patients and families.
- Sue: Documenting the impact of risk management with data.
- Theresa: Tracking and follow up to labs/referrals.....  
"closing the loop".
- Susan: OB Patient Safety Initiatives – OB continues to be loss leader – but outcomes improving.



# Questions?

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Thank you!