Health Center FTCA Program CY 2021 Re-Deeming Application Webinar

March 20, 2020

Office of Quality Improvement
Federal Tort Claims Act (FTCA)
Bureau of Primary Health Care (BPHC)
Health Resources and Services Administration (HRSA)

Learning Objectives

1. **Provide an overview of the FTCA deeming application requirements**

2. **Detail the risk management section requirements**

3. **Review technical assistance**

Agenda

- **Deeming Application Overview**

- **Highlights**

- **Risk Management Specifics**

- **Risk Management Technical Assistance**

- **Tracking Procedures**

Deeming Application Overview

Health Center Deeming Statistics

Year In Review

Number of Health Center Redeeming Applications Submitted: Over 1,100

Number of Health Center Volunteer Applications Submitted: Nearly 300

Strongest Application Element:
- Risk management position descriptions

Weakest Application Elements:
- Risk management Training Plans and evidence of implementation

Types of Applications

The EHB System will open on April 13, 2020

There are two types of deeming applications for FTCA coverage:

- **Initial**
  - Accepted on a rolling basis
  - Coverage will begin once officially approved and typically includes coverage for CY 2020 and CY 2021

- **Annual Redeeming**
  - All redeeming applications are due on or before **May 14, 2020**

Preparing for Submission

- **Review the CY 2020 Program Assistance Letter (PAL) 2020-02**

- **Begin collecting and reviewing documents that must be submitted**

- **Prepare your documents in advance in order to submit a complete application by May 14, 2020**

- **Submit the redeeming application starting April 13, 2020**

Application Highlights

- **Required attachments include:**
  - Credentialing & privileging procedures
  - Quality Improvement/assurance (QI/QA) operating procedures
  - Risk management quarterly assessments
  - QI/QA quarterly assessments

Application Highlights

- **Health Center Volunteer Health Professionals (VHPs):**
  - VHP redeeming applications are required to be submitted with the Health Center annual redeeming application which is due on or before May 14, 2020
  - Initial VHP applications can also be submitted with the Health Center annual redeeming application or submitted at a later time during the year when the system is open to accept applications
  - After the Health Center redeeming process is completed VHP supplemental applications become available for those wishing to add additional VHPs later in the year
  - VHP application resources are available online on HRSA's Health Center VHP FTCA Program website

Risk Management Highlights (1/2)

- **Attest that the health center maintains and has implemented risk management program and procedures**
- **Attest that the health center maintains and tracks an <u>annual health care risk management training plan</u> for staff members based on identified areas/activities of highest clinical risk**
- **Upload clinical tracking policies and procedures**

Risk Management Highlights (2/2)

- **Upload assessments, reports, and other documentation**

- **Provide information on the health center's risk manager**

QI/QA Highlights (1/2)

- **Attest that the health center maintains and has implemented:**
  - QI/QA board-approved policies
  - QI/QA operating procedures

- **Upload documentation of QI/QA assessments performed by physicians or licensed health care professionals**

- **Upload documentation that confirms board decision-making and oversight responsibilities:**
  - Most recent QI/QA report
  - Board meeting minutes that document that the most recent QI/QA report was shared with and the board

QI/QA Highlights (2/2)

- **Upload the position description describing the responsibilities of the individual overseeing QI/QA:**
  - Implement QI/QA operating procedures and related QI/QA assessments
  - Monitor QI/QA outcomes
  - Update QI/QA operating procedures
  - Describing QI/QA activities as part of the individual's daily responsibilities

- **Attest to the maintenance and security of patient health records:**
  - Maintenance of a retrievable health record
  - Implementation of systems for protecting the confidentiality of and safeguarding patient information

QI/QA Lessons Learned

- **QI/QA assessments must be done at least quarterly, and your documentation should demonstrate activities for each quarter of the reporting period**
  - To assist the reviewer clearly state what the timeframe is for your reporting period. For example: Calendar Year vs Federal Government Fiscal Year
  - It is possible for QI/QA assessments and Risk assessments to overlap

Credentialing and Privileging Highlights

- **Attest that the health center maintains a credentialing and privileging process and has implemented:**
    - Credentialing operating procedures
    - Privileging operating procedures

- **Upload the credentialing and privileging operating procedures**

- **Attest that the health center maintains credentialing and privileging files for all clinical staff**

- **Attest that if the health center has contracts/written agreements with provider organizations, the health center ensures the credentialing and privileging of their providers**

Claims Highlights (1/3)

- **Attest that the health center has a claims management process for addressing any potential or actual health or health-related claims, including medical malpractice claims, that may be eligible for FTCA coverage**

- **Attest that the health center's claims management process ensures the following:**

  - The preservation of all health center documentation related to any actual or potential claim or complaint

  - Any service of process/summons that the health center or its provider(s) receives relating to any alleged claim or complaint is promptly sent to the HHS, Office of the General Counsel, General Law Division

Claims Highlights (2/3)

- **Provide a summary of each allegation filed within the last five years, as well as related risk management activities completed to alleviate future occurrences:**
  - Name of provider involved
  - Area of practice/specialty
  - Date of occurrence
  - Summary of allegations, if the claim is closed
  - Status/outcome of claim
  - Documentation that the health center cooperated with the Attorney General for this claim
  - Summary of health center internal analysis and steps taken to prevent future occurrences

Claims Highlights (3/3)

- **Upload the position description for the individual designated as responsible for the management and processing of claims-related activities and serves as the claims point of contact**

- **Attest that the health center informs patients using plain language that it is a deemed federal Public Health Service employee**

Claims Lessons Learned

- **Please ensure that each closed claim includes a description of mitigating actions that have taken place within the health center to prevent or mitigate the occurrence of similar future claims. Please see**
  - Investigations and root cause analysis,
  - Credentialing and privileging actions,
  - Training,
  - Risk management/QI/QA projects and/or assessments, and
  - Policy and procedure development

- **Please ensure that your claims management procedure includes a clear and detailed process on how FTCA specific claims will be handled.**
  - This process should align with the claims elements outlined in the FTCA Policy Manual and Chapter 21 of the Health Center Compliance Manual.

Risk Management Section Specifics

Risk Management: Program and Procedures (1/2)

- **The health center will attest that the health center maintains and has implemented the following to reduce the risk of adverse outcomes that could result in medical malpractice or other health or health-related litigation:**
  - Risk management program
  - Risk management procedures

Risk Management: Program and Procedures (2/2)

- **As an upload, the health center will provide the risk management procedures on tracking that address mitigating risk:**
  - Referral
  - Diagnostic
  - Hospitalization

Risk Management: Training

- **The health center will attest that it maintains an <u>annual health care risk management training plan</u>, including:**
  - Obstetrical services
  - Infection control and sterilization
  - HIPAA medical record confidentiality requirements
  - Specific trainings for groups of providers that perform various services which may lead to potential risk

- **The health center will upload the following:**
  - The annual health care risk management training plan
  - All tracking/documentation methods or tools used to ensure trainings have been completed

Risk Management: Assessments and Reports (1/2)

- **Quarterly risk management assessments**

- **Documentation provided to the board and key management staff showing that any related follow-up actions have been implemented**

- **Proof that the health center board has received and reviewed this report**

Risk Management: Assessments and Reports (2/2)

- **Annual comprehensive report:**
  - Provided to the board and key management staff
  - Focuses on health care risk management activities and progress in meeting goals
  - Contains data (e.g. trends, analyses) from information over the past year

Risk Management: Risk Manager

- **Position description describing the individual responsible for the coordination of health center risk management activities and any other associated risk management activities**
    - o The job description must clearly detail what risk management activities are a part of the risk manager's daily responsibilities

- **Evidence that the risk manager has completed health care risk management training in the last 12 months**

Risk Management Lessons Learned (1/3)

- **Risk management assessments must be done at least quarterly, and your documentation should demonstrate activities for each quarter of the reporting period**
  - To assist the reviewer clearly state what the timeframe is for your reporting period. For example: Calendar Year vs Federal Government Fiscal Year
  - Clinical and care related risk assessments
    - We encourage and believe it is important for health centers to do assessments that focus on thing such as security, grounds safety/inspections, fire alarms, etc, HOWEVER the risk assessments that must be submitted for FTCA are clinical/care risk management assessments

Risk Management Lessons Learned (2/3)

- **Annual risk management training plans must include, at a minimum, topics on OB Services, HIPAA, and Infection Control**
  - OB Services must be addressed even if the health center does not perform labor and delivery directly
  - Must provide evidence of training for all levels of staff
  - Must provide evidence that trainings were completed by staff
  - Training plan must clearly outline required trainings for the year, staff required to complete the trainings, and whether the trainings have been completed

Risk Management Lessons Learned (3/3)

- **The Risk Management Report must be a comprehensive report for the reporting period (example calendar year, fiscal year)**
  - The report must include all risk management activities for the year
  - The report must include analysis and trending of data
  - The report must include recommendations and next steps for the upcoming calendar year
  - At a minimum the report must include:
    - Claims information
    - Incident information (Near misses, adverse, and sentential)
    - Patient satisfaction
    - Risk assessments
    - Risk management trainings
    - Risk management projects
    - Risk management procedures an policy development
    - All other relevant risk management information

Risk Management Technical Assistance

What is a Risk Management Program?

- **It is a program designed to:**

    o Identify potential events that may affect the health center

    o Protect and minimize risks to patients, services, and employees

    o Ensure the continuity of safe operations

    o Mitigate legal, medical liability, and higher litigation costs

    o Comply with applicable laws and regulations

Risk Management Program Benefits

- **Your health center can:**

  o Secure organizational commitment to improvement

  o Review patient injuries and near misses to minimize future occurrence

  o Promote system improvement and liability reduction

  o Encourage open communication regarding patient adverse outcomes

  o Improve the reliability of patient care processes

  o Establish a culture of safety, one that is fair-minded but holds individuals accountable

What Are the Key Components of a Risk Management Plan? (1/2)

- Claims and insurance management
- Complaint resolution
- Confidentiality and release of information
- Compliance efforts
- Safe and secure use of technology
- Event investigation, root-cause analysis, and follow-up
- Proactive analysis

- Provider and staff education
- Competency validation
- Credentialing and privileging requirements
- Systems for monitoring and tracking referrals
- Reporting and management of adverse events and near misses
- Trend analysis
- Performance improvement strategies

What Are the Key Components of a Risk Management Plan? (2/2)

- Incident report summaries

- Reports and trends of adverse events or unsafe conditions

- Medical record review/peer reviews

- Patient satisfaction surveys

- Patient complaints

- Patient safety alerts

- Policy/procedure development

Risk Management Training Program

- **The main goals of a training plan are to create a culture of safety:**
    - Promote safe and effective patient care practices
    - Minimize errors, events, and system breakdowns
    - Minimize effects of adverse events when they occur
    - Minimize losses to the health center by being proactive
    - Maintain a safe working environment
    - Facilitate compliance with regulatory, legal, and accrediting agencies
    - Protect the health center's financial resources
    - Protect human and intangible resources

Risk Management Training Program Elements

- **Outline the process for selection of training requirements**

- **Outline a process for tracking training attendance and completion**

- **Show how training is connected back to performance reviews and credentialing and privileging**

- **Include process for addressing non-compliance with training requirements**

- **Include sources of training**

Who Needs Risk Management Training?

- **Risk management is everyone's responsibility:**
  - Providers
  - Clinicians
  - Managers
  - Volunteers
  - Staff

- **Risk management spans the entire operation and most functional areas**

- **Risk management program is administered through the risk manager**

Where to Start

- **Write a plan**
  - What topics will be covered?
  - Which staff will complete training?
  - Which training programs will be used?
  - How many training programs will be required?

- **Specialized training**
  - Based on position or specialty

- **Include source of training and mode of delivery**

- **For planning assistance see ECRI's website**

Risk Management Training Documentation

- **Documentation of the training plan includes the following:**
  - Staff name, title, type of training
  - Process for tracking training attendance and completion
  - Process for dealing with non-compliance with training requirement

Staff Name	Staff ID Number	[Name of Training Program]			[Name of Training Program]		
		Date Completed	CEUs Earned	Retraining Due	Date Completed	CEUs Earned	Retraining Due
Clinical Providers (Family Practice)							
Great Provider, MD		5/2/2015	1	5/2/2018			
Tracy Practitioner, CRNP							
[Staff member name, designation]							
Nursing							
Pat Smith, RN							
Maria White, LPN							
[Staff member name, designation]							
Administration							
[Staff member name, designation]							
Behavioral Health							
[Staff member name, designation]							

Staff Training Completion and Monitoring

Staff Name	Staff ID Number	[Name of Training Program]			[Name of Training Program]		
		Date Completed	CEUs Earned	Retraining Due	Date Completed	CEUs Earned	Retraining Due
Clinical Providers (Family Practice)							
Great Provider, MD		5/2/2015	1	5/2/2018			
Tracy Practitioner, CRNP							
[Staff member name, designation]							
Nursing							
Pat Smith, RN							
Maria White, LPN							
[Staff member name, designation]							
Administration							
[Staff member name, designation]							
Behavioral Health							
[Staff member name, designation]							

Tracking Procedures Overview

- **Documentation and implementation of the following tracking procedures are aspects of risk management that demonstrates how the health center mitigates risk:**

  o Referral tracking

  o Hospitalization tracking

  o Diagnostic tracking

Referral Tracking System Elements

- **Tracking system**
  - Referral origin
  - Monitoring status
  - Administrative and clinical details

- **Timely provider follow-up**
  - Specific process and time frames for transmission and receipt of results
  - Specific process and time frames for follow-up of untimely receipt of results

Referral Tracking Procedure Elements (1/3)

- **Procedure purpose**

- **Defining referral types**

- **Initiation**
  - By whom
  - Process

- **Referral tracking**
  - Frequency
  - Responsible party
  - Documentation
  - Patient follow-up
  - Status reports

- **Documentation**
- **Patient compliance**

Referral Tracking Procedure Elements (2/3)

- **Tracking system may include:**
  - Referral origin
  - Monitoring status
  - Administrative and clinical details

- **Timely provider follow-up to include:**
  - Specific process and time frames for transmission and receipt of results
  - Specific process and time frames for follow-up of untimely receipt of results

- **Staff knowledge of processes**
  - Ensure that all staff know the procedure and it is available in accessible place
  - Ensure that all staff are fully implementing procedure via audits

Referral Tracking Procedure Elements (3/3)

- **Documentation may include:**

    o Use of medical records/EHR

    o Follow-up efforts

    o Missed referral appointments

    o Frequency of attempts

    o Attempt methods

Hospitalization Tracking Elements (1/2)

- **Tracking and monitoring system for receiving information regarding hospital or emergency department (ED) admissions. At a minimum the tracking system must include:**
  - o Patient information
  - o Date of admission or visit
  - o Date of notification
  - o Reason for visit, if known
  - o Documentation received
  - o Documentation requested (includes date requested)

- **Documentation of follow-up initiated with hospital and/or patient (includes date initiated)**

Hospitalization Tracking Elements (2/2)

- **The health center has identified:**
  - Staff members responsible for receiving ED and hospital admission information
  - A monitoring mechanism for receiving hospital and ED admission information
  - A mechanism to follow up with the patient, provider, or outside facility to request pertinent medical information

Diagnostic Test Tracking Procedures (1/5)

- **Specific test result time frames**
- **Communication of test results**
- **Contingency plans**
- **Follow-up system**
- **Accountability**
- **Addressing patient compliance**
- **Documentation**

Diagnostic Test Tracking Procedures (2/5)

- **Diagnostic procedures may include:**

  o Patient information

  o Date test ordered

  o Ordering provider

  o List of test orders

  o Date test results received

  o Provider who reviewed results

  o Follow-up recommended by provider

  o Communication of results to patient

Diagnostic Test Tracking Procedures (3/5)

- **For <u>normal results</u>, the elements reviewed include:**

  - o Communication to the provider

  - o Verification that results are within therapeutic range

  - o Communication to patient through established processes for routine results

  - o Patient contact efforts to include date, time, method, and person contacted

  - o Documentation of successful & unsuccessful attempts

  - o Other clinical information as appropriate

Diagnostic Test Tracking Procedures (4/5)

- **For <u>abnormal results</u>, the elements reviewed include:**

  - Communication to the provider

  - Time frame of communication to patient

  - Patient contact efforts to include date, time, method, and individual contacted

  - Documentation of successful & unsuccessful attempts

  - Other clinical information as appropriate

- **Differentiating abnormal versus critical results is key**

Diagnostic Test Tracking Procedures (5/5)

- **For <u>critical values</u>, the following elements should be present:**

    o Time frame to communicate to patient

    o Acceptable means to communicate to provider

    o Procedures to contact back-up provider

    o Measures to contact patient

    o Documentation of patient contact attempts

    o Other clinical information as appropriate

    o Tracking and monitoring of critical values

    o Audit reports to QI/QA

ECRI: Clinical Risk Management Services

- **Risk management services provided on behalf of HRSA**

- **Services are provided at <u>no cost</u> to health centers, free clinics, and look-alikes**

- **Examples of risk management topics:**
  - Special patient concerns – newborns, minors, elderly, pregnant patients
  - Communication – including test results reporting and tracking, e-mail, physician-to-physician communication, patient education
  - Obstetrical risk management

- **Additional services:**
  - Evidenced-based reviews on patient safety issues, self-assessment tools, no-cost CMEs, online electronic fetal monitoring training, quality and tracking toolkits, and various procedure templates and tools

ECRI: Clinical Risk Management Resources

- **Sample resources are available through ECRI at the following website: http://bphc.hrsa.gov/ftca/riskmanagement**

- **These resources include:**
  - Toolkits
  - Sample policies and tools
  - Education and training tools
  - Self-assessment questionnaires
  - Guidance articles
  - Monthly Get Safe! assessment checklists

Sample ECRI Tracking Policies & Toolkits

Clinical Risk Management Services - Tools

Test Tracking and Follow-Up Toolkit

Published 2/9/2017

SAVE

PRINT

DOWNLOAD

Your browsing history

Because the processes related to ordering and following up on diagnostic tests are complex and involve multiple individuals—including patients, physicians, other providers, administrative staff, and laboratory personnel—there are many opportunities for errors to occur. Such errors may result in missed or delayed diagnoses or delayed interventions to improve care, thus putting patients at risk for adverse outcomes.

The toolkit contains a sample policy, lists of critical tests, test tracking logs, sample letters to patients about test results, and other tools and resources that health centers and free clinics can download and adapt for their own use.

Toolkit Documents

- Sample Policy: Reporting Test Results
- Algorithm for Outpatient Critical Value Reporting Process
- Algorithm for Outpatient Testing Process
- Critical Test Value Communication: Adult Blood Gases and Chemistry
- Critical Test Value Communication: Adult Cardiology
- Critical Test Value Communication: Adult Radiology
- Diagnostic Test Tracking and Follow-Up
- Sample Letter to Patient about Test Results
- Test Tracking Log for Physician Practices
- Tracking Hospitalizations: Patient Card and Procedures

RELATED RESOURCES

- Test Tracking and Follow-Up

HRSA Health Center Program

Additional Resource Information

Ambulatory Care Risk Management Certificate Program

- **Course topics include the following:**
  - Introduction to risk management and patient safety
  - Risk identification
  - Culture of safety
  - Risk evaluation and analysis
  - Developing and maintaining a patient safety program
  - Engaging staff in patient safety programs
  - Integrating safety into daily operations
  - Measuring and monitoring safety

Contact: email Clinical_RM_Program@ecri.org or call 610-825-6000, ext. 5200

HRSA/FTCA Resources

- **Policy and Application Resources**

- **Phone:**
  - Health Center Program Support (formerly the BPHC Helpline)
  - 1-877-464-4772, option 1
  - 7:00 AM to 8:00PM (ET) M-F (except Federal holidays)

- **Online:**
  - Contact form

Questions

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Thank You!

Federal Tort Claims Act (FTCA) Program

Bureau of Primary Health Care (BPHC)

Health Resources and Services Administration (HRSA)

✉ Health Center Program Support

☎ 877.464.4772

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