

HealthCare TRENDS

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Potential Quality Issues Overview – What and Why PQI

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Health care service providers seeking compliance through State regulations, NCQA, Medicare, or Medicaid requirements, need to have processes in place in order to ensure quality care and take necessary actions to correct and prevent quality issues. These issues include access to care and inappropriate treatment and/or services. The goal is to make sure that the quality of care is consistently at its highest level for each individual.

Every health plan, provider, provider group, and facility is responsible for ensuring the safety and implementation of care for each and every enrollee/patient it serves. Identification of potential quality issues (PQI) is an essential first step. Monitoring and corrective actions must be performed on a continual basis in order to take the appropriate actions necessary to achieve improvement and prevention of egregious issues. However, when it comes to PQI, many people are still unclear as to what a PQI actually is and how it should be reviewed, determined to be an actual quality issue, and how it should be addressed. The following is a PQI overview to help clarify and better understand the PQI process.

A **Potential Quality Issue (PQI)** is any suspected provider quality of care or service issue that has the potential to impact the level of care being provided to the enrollee/patient. Providers may include independent physicians, medical groups, hospitals, nurses, ancillary providers and their staff as well as health plan staff.



An **Actual Quality Issue (AQI)** is a PQI that has been reviewed and investigated by the appropriate level of staff, and based on that review and investigation, determined to be a quality issue that requires further action to resolve.



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PQIs may be identified through many sources, including:

- Grievances and appeals
- Site visits
- Medical record audits
- Satisfaction surveys
- Utilization review information and encounter data
- Phone logs/Inquiries

“It is imperative that accurate assessments of PQIs are made to ensure that all quality issues are identified, appropriately handled, and monitored in order to prevent future occurrences.”

Examples of issues which impact enrollee/patient Quality of Care include the following:

- Access issues (obtaining appointments, appointment in-office wait time, telephone availability, provider office hours, etc.)
- Lack of or delays in specialty provider referrals by the treating provider
- Lack of identification of necessary care
- Care provided which does not meet the standard of care
- HIPAA violations
- Bedside manner of provider or provider staff
- Cleanliness issues
- Language assistance issues
- Lack of diagnosis and/or Coordination of Care for enrollee/patient behavioral health issues

PQIs from Grievances

PQIs may originate from a variety of sources such as enrollees/patients, provider and health plan staff, etc.

Many PQIs result from grievances, so it is important to keep in mind that all issues involving quality that originate from grievances should be considered PQIs and elevated to PQI review based on the perspective of the complainant. While the review and investigation may reveal that an AQI did not exist in the first place, a potential quality issue must always be reviewed and investigated as a PQI to make that assessment and demonstrate that all quality issues are being considered. When in doubt whether or not something is a quality issue that should be elevated to a PQI, always elevate, review, investigate, and document the grievance as a PQI to be sure. Include the full grievance file, medical records, and any other documentation as supporting background information in the PQI file. This will help anyone reviewing the file to be able to see the full picture.

PQI Assessment

PQIs can be anything and everything. Suspected PQIs need to be elevated for review in order to determine if an AQI actually exists. A review of relevant documentation and medical records along with discussions with all parties involved should be conducted and thoroughly documented in the PQI file, regardless of whether or not the PQI is identified as an actual quality issue or not. Proper documentation will demonstrate that the PQI has been thoroughly and appropriately assessed for an actual quality issue. All clinical PQIs must be assessed by a clinical reviewer such as a Medical Director, Chief Medical Officer, Dental Director, Optometric Director, etc. When in doubt as to whether or not an issue should be elevated for PQI review, always err on the side of caution. It is better to have taken the time to thoroughly consider the facts than to have missed an opportunity to correct or prevent a quality of care issue.

Accurate Assessment of PQIs - Benefits and Potential Risks

It is imperative that accurate assessments of PQIs are made to ensure that all quality issues are identified, appropriately handled, and monitored in order to prevent future occurrences. Inaccurate assessments of PQIs will likely result in a failure to assign the appropriate level of corrective actions to address

current issues. Another risk is that quality issues will not be thoroughly identified or addressed. For example, if a member requests a provider change, they may be satisfied once the change has been implemented; however, the issue(s) that caused the change may remain unaddressed. Was there an issue with timely access to appointments, in-office wait times, and/or the quality of care or service provided by the provider? Without a complete investigation of all quality issues there will be missed opportunities for identification and correction, resulting in ongoing, unidentified problems.

Severity Levels and Corrective Actions for AQIs

Severity Levels:

If the PQI has been reviewed and determined to be an AQI, the PQI should then be assigned an appropriate severity level based on the alleged issue. These severity levels should be defined and determined by the level of corrective actions required. This assists you and anyone reviewing the file to understand why certain actions were taken on the AQI and to ensure consistency with all AQI reviews.

For example:

Quality Issue – Patient complained that the provider’s staff member placed a caller on hold for a lengthy amount of time.

Severity Level I – No harm to the enrollee

Corrective Actions – Investigate the issue, contact complainant and provider and staff member in question to gather facts. Refresh both parties on timeliness to prevent future issues with lengthy call hold times. Monitor, track and trend.

Quality Issue – Patient underwent surgery to amputate a leg. Provider amputated the wrong leg.

Severity Level V – Issue has a direct and severe impact to the patient as a result of the negligence of the provider (death, loss of limb or bodily function, etc.)

Corrective Actions – Review by Peer Review Committee and reporting to Credentialing, the Quality Assurance Committee, and Board of Directors. Immediate suspension during case review followed by immediate termination and 805 reporting to the Medical Board, or

reporting to other appropriate licensing agency, for confirmed egregious provider negligence. Opportunity for provider appeal.

Corrective Actions:

Corrective actions must be appropriate for the level of severity of the issue(s).

Corrective Actions are not limited to, but may include the following:

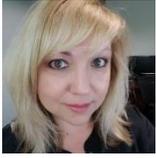
- Required education and/or training
- Ongoing monitoring
- Tracking and trending
- Focused Audits
- Suspension
- Termination

Corrective actions should be assigned deadlines for completion, which are monitored for both completion and follow-up. This should be conducted to ensure that corrective actions have resulted in improvement of the quality issue. Corrective actions could potentially be a one-time training or a long-term training that includes tracking and trending. Include all review notes and document all verbal and written contacts made related to AQI investigation as well as corrective action efforts and follow-up completed to document that appropriate steps have been taken to address the issue(s).

Summary

Appropriate and constant PQI identification, corrective actions, and follow-up are key in successfully identifying opportunities for improvement and ensuring that the quality of care provided to enrollees/patients consistently meets the established care standards. When quality issues are consistently monitored and efficiently addressed, you can be confident that patients/enrollees are provided the best care possible and that requirements are met for ongoing quality improvement.

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