The Ultimate RFP Guide for Integrated Delivery Networks to Achieve Successful CMS CoP Compliance

How to Select a Policy and Procedures Automation Solution to Overcome Six Challenges to CMS Conditions of Participation (CoP) Compliance

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A Note From The Author

Over the last three decades, I have spent my career committed to improving the accessibility to clinical data and information, patient safety, clinical quality, cost, and inefficiencies within healthcare systems. As a physician, medical informatics expert, and business leader, my focus has been on increasing the efficiency and effectiveness of care management through technology - ultimately enabling healthcare providers to live their mission of providing better care for their patients and keeping them safe.

My understanding of risk mitigation within the healthcare industry provides me with a unique perspective when influencing the development of automation and information technology solutions at PolicyMedical. My team knows firsthand the challenges that Integrated Healthcare Delivery Networks (IDNs) face when navigating the complexities of regulations, standards, and payer requirements from entities such as the Center for Medicare & Medicaid Services (CMS) and The Joint Commission (TJC).

That's what this guide is about. It's about how best to overcome the burdensome challenges of working with and managing policies and procedures within an increasingly complex healthcare organization. We understand that policy and procedure management can be burdensome and organizational resources to manage them efficiently are shrinking. Daily, we work collaboratively with providers to help simplify compliance so they may easily demonstrate, meet, and/or exceed the growing number of requirements from regulatory agencies, accreditation bodies, and payers.

We developed this resource as a guide for you when outlining a RFP and/or deciding on best practice automation solutions. Highlighted are key capabilities and features to consider in order to achieve adherence to regulatory requirements and overcome your challenges with ease. As you consider possible automation and information technology solutions, this resource will guide you to select the right solution for your healthcare organization.

My team and I look forward to hearing your thoughts on this guide. We are here to help in any way that we can!

Sanjaya Kumar, MD, M.Sc., MPH
Chief Medical Officer & Product Strategist at PolicyMedical, Inc.

Author of Demand Better! Revive Our Broken Healthcare System
The Struggle is Real

The past decade has ushered in a number of changes to regulatory, payer, and accreditation standards in our industry. We’ve witnessed the introduction of the Affordable Care Act, overhaul of HIPAA, evolution of Accountable Care Organizations, and changes to The Joint Commission (TJC) survey process. All of this translates into mandatory policies and procedures that IDNs have to review, revise, develop, and disseminate across their organizations.

Perhaps the most burdensome is the Conditions of Participation (CoP) from CMS due to the breadth and complexity of compliance. Adherence to CoP standards has become increasingly challenging for IDNs for several reasons:

1. Compliance is mandatory... but not easy.

In order to be paid by CMS, providers participating in the Medicare and Medicaid programs must meet certain requirements determined necessary to ensure the health and safety of those receiving services. In essence, these Conditions of Participation are performance standards that must be enacted through IDN policies and procedures that are formally adopted by the healthcare organization’s board.

Clearly, policies and procedures are a good thing – especially in a high risk environment such as our clinical workplaces. They bring order and safety to the healthcare setting. Policies and procedures aim to improve care outcomes, limit spending, ensure compliance with specific requirements, and decrease fraud and abuse.

While policies and procedures have their purpose, oversight can be onerous for care providers. To complicate matters further, the 510 pages of CMS CoP guidelines can change with little to no notice. For example, in 2013, CMS released a revision to its State Operations Manual outlining 144 specific survey procedures related to discharge planning alone that took place without forewarning. It was required that facilities communicate and train their staff within 30 days, and hospitals were evaluated against the newly enacted requirements retroactively. The administrative burden that this type of process imposes within an already constrained healthcare work environment is huge - lots of time and money are spent to achieve compliance.

2. IDNs are getting larger and more complex.

The healthcare industry is undergoing significant consolidation. Most hospitals are transitioning to the Integrated Delivery Network model in order to establish themselves as ACOs and provide more accessible multidisciplinary care. The industry is shifting away from traditional mergers and acquisitions to more affiliations, joint ventures, and partnerships. In 2015 alone, there were 939 deals in which healthcare providers banded together to gain purchasing power and efficiency. The results are more complex operational environments that necessitate easy access and sharing of policies while at the same time complicating the process.
3. Non-compliance risks the entire financial wellbeing of the IDN.

As scrutiny of national healthcare spending has increased, the focus on CMS compliance has intensified. Provider compliance with the CMS CoPs is monitored through periodic onsite or electronic reviews by accrediting bodies such as TJC, DNV, or state licensing agencies. In the event of an audit, all staff must be able to demonstrate an understanding of current policies and procedures. The IDN must also provide appropriate documentation... or risk being deemed “non-compliant.”

Non-compliance is not unheard of, and it has serious consequences for the organization. For example, in 2016, 92 mental health facilities in New Jersey were non-compliant due to deficient documentation and improper assessments. Failure to comply puts Medicare and Medicaid payments at risk. CMS payments often make up over 55% of total reimbursements, and hospitals already operate on very small margins (1-4%). Therefore, a citation from CMS or denial of coverage can pull the facility under.

How do IDNs manage it? Manual and paper-based processes are time consuming and prone to error. Many IDNs have home grown systems or use file sharing portals and applications such as SharePoint, but these no longer cut it. As IDNs continue to grow in size and complexity, the pace of policy management and compliance measures continues to increase as well. These combined forces essentially mandate the use of a better system to manage the policy process and subsequent outcomes.

The solution is to automate key workflows related to policy management.

Not all automation solutions are created equal. There are key attributes you should look for that make it easy for IDNs to demonstrate compliance with CMS Conditions of Participation and other regulatory requirements. In this guide, we’ll evaluate common challenges to CMS CoP compliance and outline the key functionalities needed in any automated policy management solution.

“We were struggling with updating and maintaining our policies and keeping them current. We had several different copies of one policy throughout the organization. All five of our homes needed identical and up-to-date versions.”

Executive Assistant, Senior Nursing Team, Responsive Health Management
An excerpt from the Centers for Medicaid and Medicare's Conditions of Participation Manual Applicable to IDNs:

...A system governing body may wish to adopt identical policies and procedures for many aspects of a hospital’s operations across all of its hospitals within the system. It has the flexibility to do so, but the documentation of such policies and procedures must be clear that the governing body has chosen to apply them to specifically named hospitals. Also, each hospital must be able to present for inspection the system governing body policies and procedures that clearly apply to that hospital.

For example: A document that says “XX Healthsystem has adopted the following policy” is not acceptable. Instead, the document must be more specific, such as, “XX Healthsystem adopts the following policy and procedure for Hospital A, Hospital B, and Hospital C.” Furthermore, the names of each hospital (Hospitals A, B, and C in this example) must correspond to the names used for their provider agreements. For example, if Hospital C is one Medicare-certified hospital with two inpatient campuses, one called “East” and one called “West,” it is not acceptable for the policy document to state, “XX Healthsystem adopts the following policy and procedure for Hospital A, Hospital B, and Hospital East and Hospital West.” It would be acceptable to state, “XX Healthsystem adopts the following policy and procedure for Hospital A, Hospital B, and Hospital C.”

It also is not acceptable for the policy document to state, “XX Healthsystem adopts the following policy and procedure for Hospital A, Hospital B, and Hospital East, but not Hospital West.” Since “Hospitals” East and West refer to separate campuses of Hospital C, which participates in Medicare as one multi-campus hospital, it is not appropriate to refer to these separate campuses of C as “hospitals,” since the XX Healthsystem made a business decision to enroll them as parts of one multi-campus hospital in Medicare. CMS recognizes that, depending on the particular policy topic, it may be acceptable to have policies that vary by type of unit/department within a hospital. The system governing body could achieve this as follows: “XX Healthsystem adopts the following policy and procedure requiring that a physician be on-site 24 hours per day, seven days per week on the inpatient campuses of Hospital A and Hospital B, but within Hospital C, only for the East inpatient campus.”
CHALLENGE #1
Collective Understanding

Maintaining a Current and Accurate Understanding of All Applicable Policies & Procedures Throughout the Organization

"The ability for employees to go into an application and attest to specific policies is very important."

Policies & Procedures Specialist, Baptist Health System
Every facility that accepts payment for Medicare or Medicaid patients must comply with the Centers for Medicare & Medicaid (CMS) Conditions of Participation (CoP). This is a lengthy manual with periodic memos that must also be addressed. The first challenge for IDNs is to develop an understanding of each regulation… across the entire organization.

The CoP contains multiple conditions, each with detailed requirements. The facility must review each one, identify which facility(s) it applies to, assess how well they currently meet the requirements, and develop a plan to close the gap in compliance. This requires diligent research of all applicable and appropriate federal, national, and state regulations and standards. It takes a knowledgeable team that is skilled in deciphering the dense, sometime unclear language of these regulations and then creating policies and procedures that address the requirements.

The number of policies and procedures to comply with is extensive, which makes it challenging to ensure that all of the required regulations are met and actively implemented. Every IDN is required to have an appointed Chief Medical Officer (CMO), who is responsible for ensuring policy compliance and understanding. This is not an easy job, because IDNs are often a fragmented network of diverse care providers.

Integrated Healthcare Delivery Networks (IDNs) need a better way of “preparing for the test” (which is always changing) and ensuring that their increasingly complex organization is compliant. When different understandings of compliance regulations exist within Integrated Delivery Networks, it hinders patient care because processes and communication are not aligned. Automation tools make the process and policies easier to digest.

“Organizations struggle with keeping track of their policies and procedures. There are so many other tasks that we have to do, and maintaining compliance with federal and state programs can be challenging.”

Development and Compliance Coordinator, OMNI Family Health
RFP CONSIDERATIONS

✓ Keeping up with policies from various entities is time consuming but necessary. Does the solution link to regulatory requirements such as CMS, TJC, CDC, FDA, etc. and alert administrators to regulation changes that may impact the IDN and/or local facility policies and procedures?

✓ There are rigid guidelines for how local facilities adopt policies approved by the corporate entity. Does the solution support compliant processes for disseminating policies and procedures to the various facilities within the IDN?

✓ Different staff need to understand different policies. Does the solution allow for different libraries to be established? For example, can an organizational hierarchy be established within the software that allows local facilities to access their library and also the corporate library? Can libraries be created for different roles or departments?

✓ Ensuring that staff have read and understand applicable policies (and documenting this) can be tricky. Are updates flagged for front-line staff to increase awareness and understanding of the changes? Does the tool notify users when there are new policies to attest to? Are managers alerted when they need to sign off on a policy that impacts their team? Are you able to run reports that confirm staff compliance?

✓ Policies and procedures often have a training or learning element involved. Does the tool integrate with your learning management system? Can you link videos, documents, or other resources to support deeper understanding and workflow education?

✓ Often, the policy needs to be understood within the broader context of the CoP or other regulation. Are you able to link policies to applicable regulatory requirements to ensure that staff have a complete understanding of compliance? Are users able to access outside news articles of relevance to their work?
CHALLENGE #2
Universal Accessibility

Ensuring Policies & Procedures are Easily Accessible throughout the Entire IDN

“Our home-grown system was not very user friendly. We had to search policies through numbers, because if you searched by a word it would result in a hundred searches, it just was not effective.”

Patient Advocate, St. Anthony’s Medical Center
One thing in the back of every CMO’s mind at all times is the possibility of an audit. IDNs must ensure that staff have a means of accessing policies and procedures in a timely matter in the event of a site visit by surveyors or auditors.

Historically, most facilities have managed policies and procedures either manually on paper, in an electronic file management system, or on shared sites such as SharePoint. During a potential compliance audit, it’s not enough to just have policies stored in a central location – they must also be systematically arranged for easy identification, and versions need to be clearly marked as well.

This is next to impossible with manual methods when automated systems made outside of the healthcare industry’s domain fail to meet the specialized needs of providers. Providers need all staff to be able to access some policies very quickly, but only certain users to be able to access others. Archived and retired versions must also be easily accessible.

Accessibility isn’t only a priority during audits. In healthcare, time isn’t just money- it can mean lives. Healthcare professionals often find themselves in a situation where there’s not much time and vital information is needed quickly, so a comprehensive search function is crucial and even life changing for those in healthcare. One 1000 bed acute care facility reported that there are over 3500 policy and procedure searches conducted every month by staff. The longer it takes a staff member to access the information they need the more risk is involved. Universal accessibility to active policies across the enterprise is of paramount importance for IDNs to ensure patient safety and quality care.

“We were really struggling with SharePoint as a document retention tool. We used to send documents around the country for manual signatures, and it might take a couple weeks just to get something signed off on. However, we needed a solution built for healthcare, not a different environment.”

Manager of Patient Safety & Risk Management, Premise Health
RFP CONSIDERATIONS

The most basic functionality of a policy management automation software is a central repository of policies and procedures that is accessible to all staff within the IDN. Roughly 90% of users are front-line staff searching for policies related to their job. Are they able to find what they need quickly with limited clicks and searching? Beyond that, are you able to organize the library by hierarchy or custom groupings? Are you able to create unique collections of content that are frequently used by certain groups (physicians, pathology dept, etc.) without duplicating the content itself?

Users often waste a lot of time searching for what they need. Does the solution have a robust “Google-like” search engine? If needed, are you able to refine your search further by multiple parameters such as date, regulation/standard, author, etc.? When new documents are added, are they automatically indexed for search? Are frequently accessed policies ranked higher in search results? Do search results provide an excerpt of the policy and associated metadata to quickly identify if it is the desired policy?

Often, staff need to revisit specific policies another time – perhaps in the case of a legal or audit investigation. Can staff create custom tags for easy future access?

Can you set permission rights to make certain policies view-only for certain users?

IDNs use multiple IT systems for different purposes. To ease user burden, does the solution integrate with other systems, such as learning management systems, electronic medical records, or shared drives?
CHALLENGE #3
Ongoing Management

Efficient and Effective Management of Policy & Procedure Creation, Updates, and Periodic Reviews

“"It is difficult to manage and update the policies when everyone has their own policy book and they are not all in one place.""

Director Laboratory Quality, Baylor Scott & White Health
Perhaps one of the greatest challenges of policy and procedures management is that its success relies not just on one or two people within the IDN but the entire community of providers and multi-disciplinary staff. The adoption and implementation of policies and procedures is in constant flux and requires the cooperation of the whole network or system.

A healthcare organization can benchmark their ongoing policy management by how well they:

1. Delegate responsibility for different tasks
2. Document changes with a chronology of events for auditing purposes
3. Control governance and adoption protocols at local levels
4. Organize the policy library logically so it is easy to navigate
5. Provide central access to staff
6. Communicate policies and procedures clearly
7. Share updates in a timely manner to all staff
8. Document and test compliance of staff through tests and/or attestations
9. Encourage feedback from staff on current policies and procedures in place
10. Force periodic review based on pre-determined schedules to ensure ongoing compliance

In addition to managing at the system or corporate level, each policy and procedure must be appropriately standardized at each facility. When a new system policy is pushed, the sites still have to go through their local committees to adopt and “approve” each one by their boards. IDNs are often cited for non-compliance when this is not executed properly. In fact, a review of citations from CMS surveys of IDNs highlight that this is often because the date of adoption is not clearly documented, the licensed name of the affiliate is not used properly, or the review and approval process is not properly indicated.

Just when a facility gets current on existing policy requirements, those requirements change. For example, effective January 17, 2017, TJC instituted a new survey process that has impacted a large number of standards and performance measurements.

There’s no doubt that the entire process can feel burdensome and time consuming. Keeping up with the changing requirements and managing the policy upkeep processes can be a drain on resources. If we consider the time it takes for multiple authors, reviewers, and approvers to search for the document in the “policy binder,” make changes and email (or mail!) to the next person, it is obvious why manual policy approvals are so time consuming and burdensome.

CMOs need an efficient process for ongoing policy management that smooth’s the bumps along the policy implementation journey – from creation, editing, approval, and execution – fully supporting regulatory and accreditation activities. The system must facilitate and track workflow with precision in order to address compliance requirements and potential audit questions.

“Version control can be a nightmare when you’re using email. Things get lost in someone’s department drive, and we can’t always get to them.”

System Director, CoxHealth
RFP CONSIDERATIONS

- Compliance audits often involve providing documentation that staff have read and understand the policies. They also need to demonstrate that actions are regularly taken to confirm that the policies and procedures are followed in patient care. Does the solution provide employee compliance measurement and reporting? Are you able to generate reports of testing results, work in progress, work on hold, policies requiring review, and changes to existing policies?

- Policies need to be reviewed and updated on a regular basis to maintain compliance. Does the system alert administrators when policies are in need of review? Are owners or admins able to delegate responsibilities to committees or users as needed?

- Every two years, 20% of healthcare staff turns over. This creates an expensive upkeep challenge for policy management. Does the solution have a “find and replace” function to transfer policy responsibilities to new staff? Are new managers required to “sign off” on policies that impact their team to ensure compliance? Is ownership of policies trackable and maintained over time?

- Data security and privacy are of utmost importance across the IDN. Does the system have features to protect the healthcare system’s data and information from any unauthorized access? Are you able to define user access and permissions at a granular level both within and across facilities to protect data as necessary?

- To save valuable time, users need flexibility in how policies are developed and created within the system. Does the system have the ability to upload, attach, edit and print multiple file types? Does it allow for easy online document creation and collaboration? Are customizable policy or procedure templates available to save time? Does the system accept digital signatures?
CHALLENGE #4
Effective Communication

Effectively communicating policies and procedures within CMS constraints

“Being able to see where a policy is anywhere in the system and the content linkage with the Joint Commission is a key benefit.”

Director of Education and System Administrator Policy Admin, Dignity Health
“If it’s not documented, it didn’t happen.” This is a common statement in healthcare and also describes CMS’s approach to CoP compliance. Documentation and effective communication of policies and procedures are at the heart of these regulations.

CMS Conditions of Participation state that, in order for a hospital to have successfully instituted compliant policies and procedures, there cannot be any flaws within the documentation that supports the adopted policies across the IDN. The Chief Medical Officer and members of the facility’s health board need to approve and adopt all the policies and procedures that apply to each facility. IDNs are naturally a mix of different care settings and providers that operate differently historically and by definition. New policies don’t just apply to hospitals - they apply to any physician group or outpatient center that is part of the IDN. In other words, there are many layers of communication that must take place at every step of the policy management process, which also leaves many potential points along the way for things to fall between the cracks.

Perfect, uniform documentation is time consuming. To meet this need, many IDNs have hired compliance specialists or teams to facilitate the process, but smaller organizations often lack a department devoted to managing the policy process and disseminating information appropriately to all staff. Small and midsize IDNs may also lack the healthcare IT infrastructure that would make facilitating this process and remaining compliant at least a little easier.

There are consequences of poor communication that go beyond non-compliance. When staff are unaware of an update to a policy or procedure, confusion arises for the medical and nursing staff as well as the patient and their family. Although a central goal of an IDN is to unify multi-disciplinary treatment, ineffective dissemination of policies creates fragmented communication that is counterproductive to this mission. Effective communication is timely and also proactively addresses questions users may have in order to limit confusion and potential questions asked in a one-off manner. To address this need, IDNs must find a solution that streamlines and standardizes the communication process so that it is error (and fool) proof.
RFP CONSIDERATIONS

System administrators often need an efficient way to communicate with users of the policy management system. Is there a way to display announcements to users? Are administrators able to run user reports to gauge the effectiveness of their communication efforts?

Each IDN is unique and has different communication protocols and needs. Does the solution allow you to customize email notification and alerts to staff? Does it allow you to customize search functions and fields?

Often, standard users need easy access to common policies and procedures. Does the solution allow immediate view-only and searchable access to the general policy library? Does the automation solution allow for customizable homepage design to display commonly used links?

To maintain compliance across the organization, users must know when updates are made to policies and when they must attest to new policies. How does the solution notify users via email and also within the system itself?

Policy management software users within an IDN have diverse needs. For example, the heavily regulated lab department has different needs than non-direct patient care areas such as the HR department. Are users able to view dashboards unique to their user profile and view information they need quickly – such as their assigned work, shortcuts to frequently used content, and reporting?

Policies can only be improved upon with feedback from those that use them. This requires two-way communication between users and policy creators. Does the system support an easy way for staff to provide feedback on current policies and procedures for administrators and managers to review?

It’s well known that “what gets measured gets done.” How does the solution measure compliance to policies and procedures? What type of reporting is available to management and system administrators?

Executing a certain policy or procedure may require access to additional resources. For example, a hand washing poster that’s required for each nursing unit or a required HR notice that should be printed and posted on a bulletin board. Does the system allow you to link related resources (files, videos, other resources) to support execution of the policy?

Often, staff members working to develop and implement a certain policy or procedure may be located in different facilities. When a manual process is used, this process can be extremely time consuming and burdensome. How does the solution support policy development workflow and collaboration to speed up the process? Are electronic signatures and approvals allowed to and appropriately tracked? How are collaboration activities tracked for audit processes?
When new policies are executed, old versions must be appropriately archived. Does the system handle this automatically? How does it manage retired policies?

Healthcare providers are commonly not at their desk. Therefore, to improve the likelihood of successful execution of a new system or individual policy, it may be important that users are able to access the platform wherever they are. Does the solution allow for mobile access? Is hardware required? Must software be downloaded or is it a cloud-based system that allows users to access their work on different devices? On the flipside, if an IDN wishes to place limitations on access, is it possible to limit access by IPN?

No two IDNs are alike, and each has different needs to support successful policy and procedure execution. Does the solution provide maximum flexibility?

Ultimately, successful policy execution hinges on staff engagement. What training and support is provided for users? Is a second wave of training provided to increase user adoption? Are users able to create custom dashboards to improve their user experience and therefore engagement with the tool?
CHALLENGE #5
Flawless Execution

Easily executing policies and procedures across the system to adhere to regulations

“Managing policies across the organization can seem daunting. You can end up with five different versions of the same policy. You have to get streamlined and organized across the organization in order to achieve consistency.”

Development and Compliance Coordinator, OMNI Family Health
Of course, like anything else, it all comes down to execution. Once an IDN has devised a method of organizing and updating policies and procedures, it’s time for each entity within the IDN to carry out the responsibilities and care protocols in accordance with these policies.

The challenge here is again one of time. Healthcare professionals have many responsibilities to fulfill that extend far beyond their own patients and departments. Often, learning about the latest updates to policies and procedures is low on their priority list. At the same time, increasing regulatory and payer measures are putting pressure on IDNs to execute policies flawlessly. There is no room for error. A small number of errors can have a big impact on the financial health of the network or system.

In today’s complex healthcare environment, especially for Integrated Delivery Networks (IDNs), it is not just enough to have compliant policy content - there must also be processes in place to ensure compliance to the standards themselves - from the system level down to the affiliates.

A recent study published in the PSQH journal provided insight into the execution challenges that large acute care facilities face. Management typically have over 5,000+ active policies that must go through an annual approval. Each policy and procedure averages two approval steps per policy to manage, and each step takes on average 4-5 days to complete. This implies that the facility staff has over 10,500 approval steps per year, with each lasting about four days. This is only the approval process!

To address this challenge, IDNs must identify a solution that smooth’s the execution process by providing standardized workflows and job aids within a digital environment.

“Document control and policy management is absolutely, in my opinion, vital for a quality management system. I don’t believe you can have a well functioning quality management system without good document control and being able to manage those documents, including your policies. In a system as large as ours, it would be absolutely impossible to adequately manage documents without a robust document management system.”

Administrator Quality Management and Regulatory, Advocate Health
CHALLENGE #6
Limited Resources

Managing policies and procedures with limited resources but high stakes

“We needed a better way to edit and keep track of our policies. SharePoint was not working.”

Executive Assistant,
Clinic Administration,
CoxHealth
It’s clear that the challenges of complying with CMS Conditions of Participation necessitate an automated policy management tool, and yet many facilities are still trying to make manual or restrictive tools work. In some facilities, you’ll find hundreds of three-ring binders. Others have developed home grown file-sharing systems to store their hundreds (or thousands!) of policies, procedures, guidelines, protocols, checklists, and reference documents.

All of these solutions struggle to meet the increasing complexity of adhering to standards. Lack of IT support and the need for workarounds are common complaints. Processes are repetitive, time-consuming, and prone to error. Because policies are difficult to understand or access, they are also not fulfilling their mission of improving care.

With all of the technological advancements and options available today, why are IDNs still struggling with this? For many, it comes down to resource constraints – both the potential cost of a new system and also the staff time needed to transition and implement.

Let’s also be clear that this isn’t the only IT challenge that leadership has on their plate. Dealing with EHRs and meaningful use requirements are taking precedent over replacing these outdated, manual policy management systems. Internal IT staff resources are maxed out, leaving policy managers to figure it out on their own.

The ease of implementation and accessible support make cloud-based solutions attractive – but, with so much at stake, not just any solution will do. It must also address all of these challenges, which essentially requires that it be built specifically for healthcare policy compliance management.

The truth is that taking no action is costing IDNs in many ways – hours of highly paid staff time, potential costly compliance errors, and gaps in safety and quality standards. Staff time used to search for or manage policies is time not spent in caregiving activities. With 60% of healthcare dollars going to administrative overhead, a bit chunk is devoted to compliance activities. Automation provides efficiencies that end up saving IDNs significant dollars and, perhaps even more importantly, an even greater number of staff hours.

“We were using our SharePoint site, and we needed to make things more user-friendly. Also, there was no report capability.”

ADA Representative / Policy and Procedure Manager, Baptist Health System
**RFP CONSIDERATIONS**

- There are often a lot of hidden costs involved in legacy systems. How does the cost of the automated solution compare to cost of the current system in terms of upkeep, staff time, and potential financial risk?

- Transitioning to a new system can feel overwhelming. What type of training and implementation support is available to reduce time commitments for internal staff?

- When internal IT support is already maxed out at many IDNs, the solution should not require a great IT investment. How involved is the setup process? Does the solution allow mass uploading of existing policies and custom organization? Are policy management staff able to create custom branding, user experiences, user profiles, libraries, and workflows without IT interference?

- When a new facility or entity joins the IDN, it should be seamless and cost effective to add them to the policy management system. What is the process for doing this?
Industry Best Practices

The IDN’s regulatory environment, business complexity, and focus on accountability requires the effective management of a broad range of governance, risk, and compliance initiatives across the organization. However, due to the shortcomings of inadequate legacy systems, policies such as CMS Conditions of Participation and others are often managed in silos - increasing the potential risk for the organization.

As IDNs grow larger and more complex, compounding the number of policies and procedures that require management and oversight, automation has become a necessity. It’s no longer a “nice to have.” IDNs have historically attempted to achieve policy centralization through complex manual processes and/or large departments that ease the burden for others. More and more, organizations of all sizes are turning to technology solutions that automate inefficient workflows – shortening the policy development and execution process while improving outcomes and ensuring compliance with CMS CoPs. To be successful and feel confident in your compliance, the solution your IDN selects needs to address all of these challenges.

Does your organization face one or more of the challenges we have outlined here? Does your policy management process have room for improvement? You’re not alone. Most of the organizations we talk to are struggling to keep up with the fast pace of policy and procedure updates in order to mitigate risk and maintain compliance – and the stakes are higher than ever before. Use this resource during your RFP process to find the solution that’s best for your IDN’s needs, and let us know how we can better assist you.
Additional Resources

Healthcare Policy Management Software RFP Guide
The Guide outlines the best practices for structuring an RFP Process including:
- Recommended timelines
- Committee members who should be involved in the process
- Sample Questions

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“This biggest joy comes from seeing clients achieve their goals and objectives through the solutions we design, develop, and deploy.”

--Sanjaya Kumar, MD

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Fatal Care: Survive in the US Health System (2008)

Dr. Kumar joined the team at PolicyMedical in 2011 as the Chief Medical Officer & Product Strategist. At PolicyMedical, Dr. Kumar works with their growing client base and the product development team to guide the evolution and development of PolicyMedical’s products.

Dr. Kumar has over 25 years of clinical informatics experience, strong business and leadership capabilities, and a proven track record in the software development industry. He is recognized as an industry pioneer in healthcare data analytics, clinical decision support, clinical quality measurement, patient safety, and compliance programs. Dr. Kumar is also the founder and managing director of the Synepta Group, a consultancy firm, incubator, and business accelerator with a primary focus on healthcare information technology.

Prior to founding Synepta, Dr. Kumar was the Founder & President/CEO of Quantros. In this role, Dr. Kumar was charged with transforming the company through the development and deployment of innovative cloud-based “big data” analytics and decision support healthcare IT solutions. Quantros solutions addressed hospitals’ and healthcare providers’ most pressing needs: improving patient safety, monitoring quality of care, improving productivity and efficiency of care providers, and clinical point-of-care decision support. When purchased by a PE firm in 2010, Quantros partnered with over 2,300 US healthcare facilities.

In his career, Dr. Kumar has also furthered the advancement of national healthcare quality improvement initiatives with the Centers for Medicare and Medicaid Services (CMS) through his work with the Quality Improvement Organizations. Dr. Kumar’s work is widely recognized through numerous publications, presentations at conferences, and media interviews. He has participated in a multitude of scientific and epidemiologic studies as well as authored two books and several monographs for the American Hospital Association. Dr. Kumar is an internist by training. In addition to his clinical training, Dr. Kumar has a Master of Science in Health Planning and Financing from the London School of Economics and Political Science and a Master of Public Health from the University of Massachusetts at Amherst in Epidemiology and Biostatistics.
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About PolicyMedical
Trusted by more than 3000 healthcare organizations, PolicyMedical is a leading provider of cloud-based enterprise-class healthcare regulatory compliance software solutions designed to reduce administrative burden and enhance patient safety. We were founded in 2001 with the vision to make people happy and healthy by reducing the stress, and anxiety related to policy, contract, vendor and employee management. Our customers include Dignity Health, Kindred Healthcare, Baylor Scott & White Health, Advocate Health Care and others.

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