



AR 40-68, Chapter 13: Pending Changes



MEDCOM Risk Manager

16 September 2010



References



- Department of Defense Directive 6025.13 (Under revision)
Medical Quality Assurance in the Military Health System
- Department of Defense Manual 6025.13-M (Under revision)
Military Health System Clinical Quality Assurance Program
Regulation



AR 40-68, Clinical Quality Management



- Revision (partial) released 22 May 2009
- Rapid action revision #2, slowed waiting for release of DoD 6025.13.
 - Discussed at MHS Quality Summit
 - Final input/corrections by Services
- Draft finalized before end of CY 2010.



DA Form 4106

“Incident Report”



Used to record the adverse/harm event:

- Standardized data collection tool.
- Being replaced by Patient Safety Reporting System.
- AHRQ* Harm Scale “score” identifies PCE.
- Patient Safety and Risk Management application.
- Are these documents kept on file? Where? For how long?
- QA protected; do not duplicate!!

*Agency for Healthcare Research and Quality



CCQAS Documentation



- Initiated within 7 days of harm event identification.
- All significantly involved providers are entered.
 - Including staff in training status.
 - Regardless of SOC determination.
 - Regardless of system or process attribution.
- Review data for accuracy; correct if necessary, before release to OTSG (MEDCOM).



Medical Records



Records related to the event are:

- Sequestered to ensure integrity, completeness (paper)
 - The electronic medical record is less prone to tampering
 - Data entry is readily tracked to user
- Duplicated by PAD: RM, SJA, provider
- Reviewed, sorted, organized by RM
- Secured in a limited access area; in locked files
- May be digitally scanned and stored



Legal vs. Clinical Review



Parallel processes for claim with different focus.

- Legal review (AR 27-20) determines if payment is warranted.
 - Establishes patient injury.
 - Injury may be related to a recognized complication or risk.
 - May be more cost effective to settle than to litigate.
- Clinical review (AR 40-68) determines SOC; if Not Met, is a report to the National Practitioner Data Bank warranted?
 - For AD related events the report is now made to the National Practitioner Data Bank.
 - CCQAS will “tag” the Credentials Record to reflect a report.



Special Review Panel (SRP)



MEDCOM's senior level SOC review:

- Meets ~ every 4 weeks
- Most every paid claim reviewed by SRP
- SRP participation is in-person or by VTC
- Represent the specialties of providers being considered
- Senior military members (or civilian SME)
- Understand the military healthcare system
- Render SOC determination with recommendations to TSG



Special Review Panel



Deliberations are based on:

- Allegation(s) of injury by the claimant
- The statement(s) of the involved providers
- The medical record contents
- MTF peer review findings
- MAXIMUS* peer review findings
- The standard of care at the time of the event

*DoD's external peer review agency—soon to be Ke-Pro.



Contacting Providers



- Even those no longer at your MTF
- By mail – forwarding address at PCS/ETS
 - Attempts to locate, noted in RM minutes
 - Certified, return receipt requested
 - Unable to locate—may still conduct a peer review
- By e-mail – contact to request home/work address
- MODS – for AD providers
- Other RMs may be helpful
- Credentials CCQAS data is critical





Supervision

AR 40-68, Chapter 5 & 13



- Residents and all new employees require oversight
 - Not held to the same standard as individual who is fully trained
 - Definitely part of the PCE/claim review
- Supervisor responsible, if trainee acted in a reasonable and prudent manner, i.e., within their scope
- Supervisor (attending) named to the NPDB/DPDB

NOTE: If new employee, resident acted *outside* their scope, he/she may be named to the NPDB.



180-Day Claim Processing Timeline



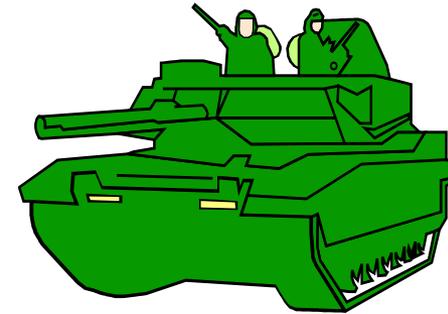
- For paid malpractice claims and Incident to Service/AD cases with death or disability payment.
- All phases of review thru TSG must be completed within **180 days** of notification of payment.
- If no final SOC decision made **w/in 180 days**, HCP's name is submitted to NPDB; may be withdraw later, if SOC = Met.
- If TSG disagrees with MAXIMUS review, his rationale will be submitted to HA via the DoD Risk Management Committee.



Deployed Providers



- Not addressed in AR 40-68.
- HCPs deployed before/during an RM investigation
 - May notify and engage in process
 - Use e-mail and AKO to provide case documents
 - Wait until individual is Stateside
- Does quality of care matter in a deployed setting?
 - Same standards apply
 - Integrity of process
 - QA reviews of in-theatre care performed by MEDCOM





Feres-Barred Claims



Service Member or family may submit a claim (SF 95) for injuries related to health care.

Claim will be Feres-Barred...

Service Member or his/her family member is barred from suing under the Federal Tort Claims Act – because military disability or other compensation applies.

Event recorded in CCQAS...in the Disability sub-module*.

Disability payments or payment related to death of member of the Uniformed Service when SOC “Not Met” are reportable to the NPDB.

*Will be re-named the Active Duty module.



How Does Your RM Program Measure Up??



- Are you tracking & trending PCE and claim data?
- Are there recurrent issues? How do you know?
- Do you provide RM feedback to your leadership?
- Do you provide RM feedback to your HCPs? How?
- Is your process working? How do you know?
- What is your average time to release a claim in CCQAS to OTSG?



Questions??

