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If you build it, they will comply: One system's physician compliance program implementation journey

by Alexis Grzymkowski, CHC

I love sports, particularly baseball, so when I submitted my presentation to the Health Care Compliance Association (HCCA) for consideration as a session at the 2022 Clinical Practice Compliance Conference, [1] I knew that it had to be based on a baseball metaphor, hence the title as a reference to *Field of Dreams*. The analogy works perfectly when considering what it takes to build a compliance program of any kind; it resonated with me when I reflected upon my journey to build and implement a physician compliance program at Orlando Health, a comprehensive health system headquartered in Orlando, Florida.

I have divided this article into five sections: The field, the players, the playbook, the bench, and the on-deck circle. The field briefly discusses the Orlando Health landscape; the players describe the key operational leaders and departments who contribute to the success of the physician compliance program; the playbook summarizes key components of the program; the bench offers some thoughts on the initiatives that were ultimately (and appropriately) shelved, and the on-deck circle outlines our plans for 2023.

The field

The timing for hiring the senior director of physician compliance role came at a perfect time as the practices employed by Orlando Health were moving under the umbrella of Orlando Health Medical Group (OHMG). Prior to use of the OHMG name, practices were branded differently, and affiliation with Orlando Health was not always apparent to the public. Additionally, different reporting structures, policies, and disparate medical records systems created inconsistency for providers and patients.

Since I became the senior director of physician compliance in July 2017, Orlando Health has acquired two hospitals with employed physician groups, three large multispecialty practices, a multitude of smaller practices, and implemented two new services lines where practice acquisitions and additional hiring of providers occurred.

Today, OHMG has over 275 practice locations and 10 different service lines with over 1,400 physicians and advanced practice providers in nine counties.

The players

Senior director of physician compliance

My hiring process included meetings with the chief compliance and ethics officer and other directors in the compliance and ethics department responsible for internal audit, hospital and corporate compliance, and privacy

and information security. I also submitted a 90-day action plan that outlined the steps I wanted to take should I be selected for the role. I was brand new to compliance, as my previous experience had been as an administrative fellow, a project manager, process improvement specialist, manager of operations for a clinically integrated network in South Florida, and then as the manager of physician enterprise administration for Orlando Health's clinically integrated network. Most of my roles had included work with physicians, though, and the chief compliance and ethics officer and I made a deal: if he was willing to teach me compliance, then I was willing to learn.

I leaned heavily on my fellow directors and their teams, especially during my first few months on the job. I still do. We are now a department of 17 and a pretty close-knit group. I had a goal to obtain my Certification in Healthcare Compliance, which I did 15 months after starting my role. I also attended an evaluation and management (E/M) coding workshop offered by the local chapter of the American Academy of Professional Coders and the HCCA Clinical Practice Compliance Conference. These steps were crucial cornerstones for building my foundation of compliance knowledge.

I was a team of one—with support from the compliance and ethics department—until July 2021, when we hired our manager of physician compliance. As much work as there was to do, I am glad we strategically waited to make that first hire, as I had to build a program to give a person something to step into and develop a plan for growth so we knew where we needed to go when she started.

President of OHMG

The president of OHMG started in September 2017, and we met fairly soon afterward. He set up travel days to visit the various practices and physicians that would make up OHMG. These visits included the service line's assistant vice president (AVP), sometimes a physician relations manager who already had relationships with the practices, and me. This helped set the tone early that operations and compliance would have a close relationship.

Vice president of OHMG

The first vice president (VP) of OHMG had been promoted to that role from an AVP position. She and I established a quarterly meeting cadence where we discussed compliance hotline calls, new initiatives, or any outstanding issues that needed follow-up. She later moved into a different role, and I met with the new VP soon after he started. We continue to collaborate on various issues.

AVPs of OHMG

Each OHMG service line has its own AVP. As OHMG was formalizing its structure, more AVPs were added to the team, and I became a part of their onboarding process. Today, I work with them regularly to address compliance hotline calls, providers who may have accessed medical records inappropriately, and conflicts of interest disclosure forms that need to be completed. I partner with them to recruit ambassadors for our OHMG Compliance Ambassador Program, which I'll discuss in more detail. I also work with AVPs and other OHMG leadership team members during electronic medical records committee meetings, the OHMG clinical and operational optimization committee meetings, and the OHMG policy and procedure committee.

Medical staff services

I established relationships with the director of medical staff services, the operations manager, and the medical staff services liaisons early on. We work with the liaisons on various education initiatives and request their assistance obtaining conflict of interest forms for our nonemployed physician leaders. At Orlando Health, chiefs

and vice chiefs rotate every two years, so I try to get to know them each time new leadership takes the helm.

Other key relationships

It was also critical for me to establish relationships with revenue management, the central business office (which processes all of the OHMG billing), legal affairs, risk management, value-based care (this was easier as this was the department I transferred from), and physician contracting. I speak to leaders from these departments daily, and we consistently collaborate with each other.

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