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'Create the Relationship': Compliance Should Be 'Resource' for Quality, Revenue Cycle

By Nina Youngstrom

After watching opioid use skyrocket every time a certain physician worked on her hospital unit, a worried nurse went to see the compliance officer, Barbara Piascik, who promised to look into it. The nurse's suspicions were confirmed by a data analysis and medical records review—the physician was ordering opiates at a level that exceeded what was medically necessary for the patients' diagnoses—and the physician went into rehab, for the second time.

"When you think about a person taking drugs away from a patient, it becomes a patient care issue, a billing issue, a human issue and a supervisory issue," said Piascik, chief compliance officer at Bergen New Bridge Medical Center in New Jersey, who explained that this instance of drug diversion happened at a previous employer. "Compliance can be the glue to put something like this together." All health care organizations face drug diversion, she said. A 500-bed hospital can expect 25 to 75 diversions at any point in time, with the person diverting drugs for 18 months on average before getting caught.

Like many challenges in health care organizations, drug diversion intersects with the compliance, revenue cycle and quality departments and requires coordination. Other areas that require "a village," she said, include reporting on quality measures, where accuracy is tied to payment; denials management; and the introduction of new technology and services. "Compliance should be involved in the overall operations of the organization," Piascik said at the Health Care Compliance Association's virtual Compliance Institute in April. "What we try to emphasize is, you need to be part of the solution, not just the critic."