

VII. STANDING COMMITTEE

A. Academic and Student Affairs Committee

In Joint Session With

B. Finance, Audit and Facilities Committee

UW Medicine Compliance Update

See Attachment.

UW MEDICINE BOARD
ANNUAL COMPLIANCE REPORT TO THE UW BOARD OF REGENTS
FEBRUARY 2008

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BACKGROUND

UW Medicine Structure¹

UW Medicine includes the following owned or managed entities:

- University of Washington School of Medicine (UWSOM)
- Two non-profit corporations, UW Physicians (UWP) and UW Physicians Network (UWPN)
- University of Washington Medical Center (UWMC)²
- Harborview Medical Center (HMC)³

UW Medicine is a founding member of two non-profit corporations: a pediatric practice plan, Children's University Medical Group (CUMG), and the Seattle Cancer Care Alliance (SCCA). UW Medicine faculty physicians provide clinical service at Children's Hospital and Regional Medical Center (CHRMC) through CUMG. UW Medicine also has faculty physicians employed at the area Veterans Administration hospitals, which are part of the Veterans Administration, a Federal agency.

A key element tying the affiliated entities to each other and to the UW Medicine entities is that they are all staffed by UW Medicine faculty physicians and must meet UW Medicine standards for quality patient care, teaching, research and compliance.

Corporate Integrity Agreement

The professional practice plans (UWP and CUMG) are now in year four of a five-year Corporate Integrity Agreement (CIA) with the Federal government⁴. The CIA establishes minimum standards for the professional fee billing compliance programs, including training and auditing requirements, reviews by independent external organizations, and annual reporting to the Office of the Inspector General.

UW Medicine Board Review Committee

An independent review committee formed by the UW Medicine Board issued a report entitled "Achieving Excellence in Compliance" in July 2005.⁵ The report identified "lessons learned" from the billing investigation and issued recommendations for UW Medicine's compliance programs⁶. Initial plans for addressing key recommendation in the report were issued by UW Medicine in October 2005 (<http://www.uwmedicine.org/Global/Compliance/Finalplan.htm>).

¹ Some information in this section was taken from the UW Medicine Board Review Committee report "Achieving Excellence in Compliance" issued July 20, 2005.

² The governance authority for hospital accreditation, operations, and quality of patient care at UWMC is vested in the UW Medicine Board. The UW Board of Regents retains authority for some financial matters and capital plant expansion at UWMC.

³ Harborview Medical Center (HMC) is owned by King County and governed by a Board of Trustees appointed by King County. Pursuant to a contract between King County, the Board of Trustees and the UW Board of Regents, UW Medicine provides operational management of HMC and provides physician services through UWP. All personnel at HMC, including faculty physicians, are employed by the UW.

⁴ UWP and CUMG were the subject of Federal criminal and civil investigations into allegations of fraudulent Medicare billing between 1999-2004. Launched by a "whistleblower" lawsuit filed under the False Claims Act, the criminal investigation concluded with guilty pleas by two nationally prominent UW Medicine physicians. The civil investigation culminated in a \$35 million settlement and the negotiated CIA.

⁵ The report and supporting appendices are available on the UW Medicine Compliance website (<http://www.uwmedicine.org/Global/Compliance/>).

⁶ The Committee also commissioned a report on national best compliance practices at leading academic medical centers, which is available upon request.

Purpose of the Annual Report

Section 1.4.3 of the UW Medicine Board Bylaws requires an annual report to the UW Board of Regents regarding the effectiveness of UW Medicine compliance programs, which includes, but is not limited to, the following topics:

- Status of the compliance program infrastructure and reporting relationships
- Level of resources dedicated to the compliance programs
- Scope of authority of key positions
- Key compliance policies and issues
- Current assessment of compliance risks

EXECUTIVE SUMMARY

During this reporting period, UW Medicine continued efforts to refine its compliance programs, minimize risks, address active compliance issues, and clarify accountabilities.

Key elements of UW Medicine compliance programs include executive commitment, education and outreach, auditing, mechanisms to receive questions and concerns, investigation of reported concerns, and on-going assessment of program effectiveness. The organizational structure is based on entity-specific accountability, with system-level oversight provided by the Associate Vice President/Chief Compliance Officer and enhanced by activities of the UW Medicine Board Compliance Committee. Additional enterprise-wide and entity-based committees provide additional venues which engage administrative, clinical and operational leaders in compliance initiatives. UW Medicine has established compliance roles and responsibilities for its members and identified specific authorities for key positions. Senior executives, academic/clinical leaders and operational administrators at UW Medicine review compliance issues on a regular basis, identify solutions, minimize barriers, and provide personal support of compliance initiatives.

UW Medicine devotes significant resources to its compliance efforts. Currently, there are approximately 49 FTEs specifically assigned to UW Medicine compliance functions. The total annual budget for the combined offices is approximately \$6.5 million, including \$4.7 million in salaries, nearly \$1 million in supplies/operations/equipment, and approximately \$815,000 in external consulting fees.

Key compliance areas facing UW Medicine in this reporting period include clinical billing, information security, HIPAA, faculty effort certification, other research compliance issues, and the recruitment and retention of compliance staff. This report highlights efforts devoted to these issues in 2007 and outlines plans for the upcoming year.

UW MEDICINE COMPLIANCE PROGRAM ELEMENTS AND ORGANIZATIONAL STRUCTURE

In 2007, UW Medicine continued to refine its compliance program infrastructure, clarify accountabilities, address active compliance issues, and implement education and outreach programs to improve compliance.

Program Elements

All entities of UW Medicine have established compliance offices. Collectively, these offices develop and implement compliance programs for professional fee billing, hospital facility billing, clinical research billing, HIPAA privacy, information security, and other regulatory requirements. These programs include the following core elements:

- Commitment and support from executive leaders
- Institutional policies, standards and expectations

- Education and outreach efforts to ensure that UW Medicine members understand their rights and responsibilities, compliance policies and procedures, and how to raise a question or concern
- Routine monitoring and auditing to ensure that existing practices satisfy federal, state and university requirements
- Timely and appropriate responses to compliance issues
- On-going assessment, analysis and response to emerging risks and regulatory developments
- Mechanisms (including hotlines⁷) that invite and enable safe reporting of compliance concerns
- Timely investigation of reported concerns and protection of complainant rights
- Implementation of appropriate sanctions and corrective actions to address noncompliance when it occurs
- Process improvement projects as needed to enhance compliance efforts
- Regular evaluations of program effectiveness

Reporting Relationships

The organizational structure of compliance programs in UW Medicine is based on entity-specific accountability and system-level oversight. Each entity within UW Medicine has a compliance officer who reports to the entity's senior administrative leader. System-wide oversight and coordination occurs through the Associate Vice President/Chief Compliance Officer (Sue Clausen, AVP-CCO) and is enhanced by activities of the UW Medicine Board Compliance Committee. The AVP-CCO reports to the CEO of UW Medicine, has a direct relationship with the UW Medicine Board Compliance Committee and the UW President, is a member of UW Medicine's senior leadership team, and serves as an ex-officio member of each entity's compliance committee.

Compliance Committees

Compliance committees play an important role in UW Medicine's organizational structure.

- The UW Medicine Board Compliance Committee (UWMB-CC), established in 2001, has a wide scope of advisory responsibilities including strategic planning, advocacy and support for compliance efforts, and assessment of progress on major compliance matters. The UWMB-CC is currently chaired by Shan Mullin, a member of the UW Medicine Board and staffed by the AVP-CCO. In addition to Mr. Mullin, voting members include community members Dan Dubitzky and Rich Jones, Orin Smith (UW Medicine Board Chair), Charlotte Guyman (UW Medicine Board Vice Chair) and Paul Ramsey (CEO of UW Medicine). The full roster of voting and non-voting members is provided in Appendix A. The UWMB-CC meets almost every month, receives quarterly reports regarding entity-specific program activities, and is briefed at each meeting about urgent, emergent and on-going issues. Minutes of each meeting are provided to the UW Medicine Board.
- A number of UW Medicine's internal committees exist solely for the purpose of engaging administrative, clinical and operational leaders in the planning, problem-solving and risk assessment activities associated with key compliance initiatives. While the specific committee charges vary, all have some level of oversight and/or advisory responsibility.
 - The practice plan committees include executive leaders and physicians who work closely with compliance and operations staff to assess risk, establish compliance standards, monitor program effectiveness, and implement effective educational and outreach activities.
 - Medical center compliance committees include senior administrative and operational leaders who work closely with compliance staff to assess risk, discuss urgent and emergent issues, monitor progress toward

⁷ Numerous hotlines at UW Medicine enable anonymous reporting of compliance concerns including the HIPAA help line, HMC's and UWMC's Compliance Help Lines, the UWP/CUMG Hotline, and UWPN's Compliance Help Line.

resolution of compliance issues, and communicate requirements to entity staff.

- The AVP-CCO convenes the Compliance Officers Group (COG) which includes compliance officers from the primary entities (UWMC, HMC, UWSOM, UWP, CUMG, UWP, SCCA) as well as those from such areas as the General Clinical Research Center, HIPAA Compliance, Pharmacy, Laboratory, Hall Health, Patient Financial Services, School of Dentistry and UW Research Compliance. The bi-weekly meetings are used to identify and evaluate developments in the regulatory environment, assess risks and develop mitigation strategies, work collaboratively on mutual concerns, establish system-wide standards, and coordinate the handling of urgent/emergent issues that involve multiple entities.
- Compliance is a standing agenda item for the UW Medicine Operations and Finance Committee, which is convened twice per month by the UW Medicine CEO. Members include the AVP-CCO, the Vice Presidents for Medical Affairs, Vice Deans for Administration/Finance and Clinical Affairs, the UWP President, Executive Directors, Chief Operating Officers and Chief Financial Officers. This committee provides a venue for evaluating and responding to UW Medicine-wide compliance issues. It also helps ensure that senior leaders are engaged in developing strategies that support the compliance programs.
- The UW Medicine Clinical Management Committee (CMC), a group convened monthly by the UW Medicine CEO, includes members of the Operations and Finance Committee as well as clinical department chairs and the medical directors of UWMC and HMC. The CMC provides an effective venue for disseminating new or modified policies, receiving feedback about the compliance culture, identifying best practices for operationalizing compliance requirements, and identifying risks.
- The AVP-CCO sits on the UW Compliance Committee and serves on its Executive Council. Comprised of UW officials with compliance oversight responsibilities throughout the campus, the committee identifies system-wide risks and mitigation strategies.
- The UW Medicine Clinical Operations Officer/UW Vice President for Medical Affairs (Johnese Spisso) is a member of the UW President's Advisory Committee for Enterprise Risk Management.

Compliance Resources

As noted in last year's report, UW Medicine devotes significant resources to both entity-wide and entity-specific compliance efforts. In 2007, UW Medicine added two new compliance officers who provide full-time compliance leadership for UWP/CUMG and the School of Medicine. Currently, there are approximately 49 FTEs specifically assigned to UW Medicine compliance functions. The total annual budget for the combined offices is approximately \$6.5 million, including \$4.7 million in salaries, \$1 million in supplies/operations/equipment and \$815,000 in external consulting fees.

Compliance Roles and Responsibilities

A successful compliance program requires clearly defined roles and responsibilities. UW Medicine's commitment to compliance is reflected in the expectation that all members of the organization will meet the professional, ethical and regulatory standards associated with their individual roles. Toward that end, all UW Medicine faculty, staff and trainees are individually responsible for understanding and adhering to UW Medicine's policies and procedures, participating in required training, fulfilling recordkeeping requirements, reporting compliance concerns, seeking clarification when questions arise, and responding in a timely manner to requests for information associated with internal audits or investigations.

Persons in management or supervisory positions have additional responsibilities, including communication of compliance and operational expectations, ensuring that appropriate training is taken, implementing and enforcing policies, monitoring compliance, and providing personal support of compliance initiatives.

Executive directors are accountable for ensuring the success of compliance and operational programs within their specific areas of oversight and responsible for participating in the implementation of UW Medicine-wide compliance initiatives.

The UW Medicine CEO has delegated additional specific authorities for the following key positions:

- The AVP-CCO develops UW Medicine-wide policies, establishes roles and responsibilities, participates in the education of faculty and staff, oversees the clinical research billing audit program, and coordinates the investigation and resolution of alleged noncompliance.
- The UW Medicine CFO and UW Vice President for Medical Affairs (Bruce Ferguson) oversees the development and implementation of process improvement projects associated with clinical research billing compliance initiatives, convenes related oversight committees, and facilitates the commitment of institutional resources that may be necessary to satisfy compliance and operational priorities.
- The UW Medicine COO and UW Vice President for Medical Affairs (Johnese Spisso) leads process improvement teams, provides leadership and oversight for revenue cycle activities (e.g., registration, admitting, coding, hospital charge capture, clinical operations, and patient financial services), and participates in the identification of tools and resources needed to implement compliance and human resources policies in the clinical enterprise consistent with UW human resources policies and procedures.
- The UWSOM Vice Dean for Research and Graduate Education (John Slattery) leads process improvement teams associated with clinical research billing compliance initiatives, provides leadership and oversight for the Clinical Research Billing and Budget office (CRBB), and serves as the SOM liaison with UW research offices to ensure effective coordination of shared concerns.
- The UWSOM Vice Dean for Clinical Affairs (Larry Robinson) serves as chief medical advisor to the CRBB for resolving study coverage questions associated with clinical research billing and participates in the identification of tools and resources to help ensure compliance with established policies and procedures.
- The UWSOM Vice Dean for Administration and Finance (Ruth Mahan) works closely with the AVP-CCO to establish and communicate the compliance and operational expectations for UWSOM chairs and administrators.
- Compliance officers at the medical centers, UWSOM and practice plans work closely with each other and operational departments to develop procedural safeguards, receive and investigate allegations of noncompliance, conduct audits, and participate in the development and delivery of compliance training.

PROCESS FOR ASSESSING AND MANAGING COMPLIANCE RISKS

Responding to urgent and emergent compliance issues in complex organizations requires effective communication. In 2007, UW Medicine continued its efforts to standardize the process for analyzing issues, to engage accountable parties in the identification and implementation of suitable responses, and to provide information to appropriate groups and officials. The following overview describes the general process in use today:

- Compliance risks are identified in several ways, including compliance officer assessments, regulatory changes, agency workplans, cases of noncompliance, internal audits and external reviews, feedback from training sessions, current events and court cases.
- Compliance officers review these issues with appropriate parties, including legal counsel and external regulatory resources, in order to assess the level of risk, identify mitigation strategies, and prioritize next steps. The Compliance Officers Group convened by the AVP-CCO serves as a venue for evaluating risks that cross entities.
- The committees identified previously in this document serve as a venue for raising the issue, finalizing action plans, securing necessary resources, identifying barriers, and reporting progress.

- Often, process improvement projects are generated in response to urgent, emergent or particularly complex system compliance issues. UW Medicine has engaged in numerous projects of this type in the last three years. Appropriate committees receive regular status reports until the projects are completed.

UW Medicine's practice ensures that senior executives are not only aware of compliance issues, but also engaged actively in identifying solutions, minimizing barriers, implementing new programs, and providing personal support, as appropriate, for compliance initiatives. Compliance officers for the hospitals and practice plans establish annual workplans that address known and anticipated compliance risks. Timelines are established for related activities and deliverables, responsible parties are named, plans are monitored for progress, and regular status reports are provided to executive leaders and compliance committees. Under leadership of the AVP-CCO, the Compliance Officers Group has completed an initial analysis of the various risk assessment approaches currently in use by the entities and expects to issue recommendations for establishing a standardized, comprehensive risk assessment and compliance planning process in early 2008.

KEY COMPLIANCE AREAS

Although each activity in which UW Medicine engages has a compliance or regulatory interface, several areas represent relatively greater risk and, as a result, are the subject of enhanced attention.

Clinical Professional Fee and Facility Billing

Both hospitals have identified and addressed several new risk areas in 2007, including short-stay visits, billing for dental services, outlier payments and Medicaid billing. In some cases, additional reviews have been identified by the medical centers during the course of routine auditing; in other cases, external auditors contracted by federal or state government have identified areas in which facility billing requires additional analysis. UW Medicine ensures that it communicates effectively with its fiscal intermediaries and makes appropriate disclosures and repayments when necessary.

The practice plans are entering the fourth year of their five-year CIA with the federal government and continue to satisfy mandatory standards for annual training and auditing established by the Health and Human Services Office of the Inspector General (OIG). Significant attention was devoted during this reporting period to concerns raised by several departing employees within the practice plans. A report by the AVP-CCO issued in late 2006 resulted in the hiring of a full-time compliance officer (a position formerly split between the UWMC and UWP/CUMG), initiation of a review by a specially appointed panel, a new process improvement project for enhancing the communications between compliance and operations staff, and an external review of specific coding issues which is still in process. The practice plans have disclosed both reportable and non-reportable concerns, sought guidance about courses of action, and informed the OIG about the status of various activities. This transparency has contributed to a positive relationship between the OIG and the practice plans.

Repayments and disclosures have been made by both the practice plans and the medical centers, which is an expected and desirable outcome of effective compliance programs. Substantial overpayments for professional fee billing are reported to the OIG within timelines established in the CIA; all other repayments are summarized in the CIA annual status report. This area will continue to be a focus of UW Medicine compliance efforts in 2008.

Clinical Research Billing

Clinical research billing continues as a focus area for academic health centers. The National Coverage Decision in 2000 was intended to pave the way for greater Medicare beneficiary participation in clinical trials. There has been considerable confusion about specific aspects of Medicare coverage under the NCD. The refinement of the rules in Fall 2007 provided considerable clarification regarding when and how Medicare may be billed for costs related to clinical trials.

Preliminary work in this area at UW Medicine commenced in 2001, during which time taskforces were established to identify how best to implement the NCD and prevent billing errors. Recognizing the need for centralized operational oversight of the billing process, a new office charged with establishing budgets and ensuring appropriate billing was established in 2005. The Clinical Research Billing and Budget Support Office (CRBB) is funded jointly by UW Medicine entities and continues to adapt to the changing regulatory requirements.

UW Medicine has engaged in significant broad-based efforts to improve compliance with complex regulations and complicated operational requirements to ensure appropriate involvement of all units touched by the work cycle. The following initiatives were advanced in 2007:

- Development and implementation of technology solutions for segregating research charges from standard patient care charges
- Refinement of the processes used to establish billing plans and create study budgets and register subjects
- Clarification of researcher responsibilities for initiating and planning studies
- Improved internal tools and just-in-time resources
- Hiring of a new director for the central office in charge of operationalizing clinical research billing requirements
- Utilization of a medical director to help researchers make coverage decisions
- New education and outreach activities
- Development and implementation of new technology solutions for the charge-capture process
- Completion of a probe audit in early 2007 and initiation of a broad-based audit program
- Analysis and response to changes in the federal clinical research billing rules
- Allocation of new funding resources and initiation of a full audit program in Fall 2007

Department chairs and directors participated in the second annual clinical research billing training session in December 2007. Researchers and their study staff have been trained in numerous sessions offered throughout the year. The clinical research billing process improvement project continues to be the source of substantial time and effort involving compliance staff, operational staff in both hospitals and the practice plans, and executive leadership. All compliance committees, including the UWMB-CC, receive routine updates about progress toward the workplan goals. This complex area will continue to be a source of UW Medicine compliance and operational efforts for the next several years.

Information Security

The UW Medicine Information Security Program is operated by UW Medicine Information Technology Services (ITS). ITS reported progress toward the following initiatives:

- Education of the UW Medicine workforce on information security practices
- Revision of security policies to improve clarity and readability
- Creation of a unified approach to identity management, migration to a single credential for all systems, and elimination of password storage in systems
- Development of strong host level (local) technical security controls to minimize the impact of any potential breach, including system owner self audits and technical reviews by security specialists
- Work with vendors and the Purchasing Department to ensure compliance with FDA security advisories and UW Medicine security policies/practices for vendor-supplied medical IT systems
- On-going audits of accounts and authorizations, and efforts to ensure timely account deactivation when employees change positions or leave UW Medicine
- Development of new methods for IT risk assessment, in cooperation with UW and Health Sciences Risk Management offices

In 2007, UW Medicine clarified roles and responsibilities for the Information Security Program. ITS is accountable for establishing policies and procedures, providing education to the UW Medicine workforce, and strategic planning. Entity privacy officers and the UW Medicine HIPAA Compliance Officer provide technical review of policies to ensure regulatory compliance, coordinate responses to security incidents, and investigate complaints.

HIPAA

Privacy. As a clinical enterprise, UW Medicine will always hold privacy and confidentiality issues as one of the top compliance priorities. UW Medicine's privacy program complies with federal requirements, but distribution of personal health information can and does occur. The program's policies and procedures will be reviewed in the upcoming year to ensure that UW Medicine continues to meet or exceed federal and state requirements. Operational oversight and safeguards will also be evaluated.

National Provider Identification. UW Medicine met the established deadline for obtaining a National Provider Identification Number for its attending physicians, midlevel practitioners, fellows and residents.

Effort Certification

Researchers who receive federal funding are required to certify the amount of effort they devote to various activities. The organization continued to refine effort certification policies and procedures throughout 2007. The UWSOM compliance and administrative staff collaborated with UW central offices to ensure effective education and outreach, convened work groups to resolve school-specific policy questions and implementation challenges, and participated in the design and assessment of technology solutions to enhance compliance. These efforts will continue in 2008.

Research Compliance

Research compliance issues cover a wide list of concerns, including, but not limited to human research, animal research, laboratory safety, export controls, grant funds management, effort certification (described above) and conflicts of interest. This category will always be a high priority for UW Medicine compliance. Since responsibility for compliance program development is not directly under UW Medicine control, these risk areas are handled in collaboration with the UW's health science officials and central offices. Improved collaboration with UW central offices on these UW-wide risk areas was a priority in 2007 and will continue to be so in 2008.

Recruitment and Retention of Compliance Staff

A risk area that has been acknowledged in the past, but which has reached critical state in 2007, is the difficulty in recruiting and retaining qualified compliance staff. Nearly every entity compliance office has experienced staffing turnovers and vacancies in the last two years; some offices are forced to operate at less than peak performance due to lack of qualified applicants for open positions and/or failure to compete with compensation expectations. At present, there are 10 open staff positions among the 49 FTE of funded compliance positions. Recruitment and retention efforts for compliance staff will remain a top priority for the AVP/CCO.

PROGRESS TOWARD PRIORITIES ESTABLISHED IN 2007

- *Transition the AVP-CCO's current responsibilities for School of Medicine compliance to a separate compliance director.* Progress: A new SOM compliance director hired in August 2007 began full-time work in early December. She is currently in the process of recruiting and hiring staff, responding to urgent/emergent issues, identifying priorities, and establishing a SOM compliance plan.
- *Build on existing plans established by the practice plans and medical centers to develop a comprehensive UW Medicine compliance plan and risk assessment process.* Progress: Early efforts in 2007 were re-directed

toward the University's new enterprise-wide risk assessment project. The UW Medicine Compliance Officers Group began its work in December 2007 and recently held a full-day retreat to identify risk areas, outline an assessment process that will be recommended to UW Medicine leadership, and establish small groups that will explore each risk area in greater detail during the coming months.

- *Evaluate existing education and outreach programs to improve coordination and delivery, minimize duplication of effort across the entities, enhance curricula, improve access to just-in-time tools and resources, and focus on user needs.* Progress: The Compliance Officers Group evaluated the existing corporate compliance training program and determined that the curriculum was appropriate. The group agreed to consolidate enrollment and tracking information systems, which will minimize duplication of effort associated with program management. Work toward the development of resident training modules was initiated and is currently in progress. The compliance officers are currently evaluating the compliance training in new employee orientation to ensure consistency and material appropriateness across the entities.
- *Evaluate existing auditing and monitoring mechanisms to determine where more rigorous programs are needed, identify resource needs, and modify organizational accountabilities where needed.* Progress: Auditing and monitoring mechanisms have always been a part of the compliance programs for facility and professional fee billing. UW Medicine recognized the need for a separate program to address clinical research billing. Following a probe audit completed early last year, UW Medicine devoted new resources for fiscal year 2008 to establish a clinical research billing audit program. Work on the project commenced in Fall 2007 under the direction of the AVP-CCO. At this writing, approximately 27 audits are in process. Audit results will provide valuable information for the various process improvement projects underway, identify the need for additional training and outreach, and when necessary, enable the remediation of billing errors.
- *Maintain the effectiveness of existing programs while continuing to enhance compliance efforts through process improvement projects, collaboration with UW Medicine operational units, and coordination with UW central compliance offices.* Progress: Significant work has been accomplished in UW Medicine through process improvement projects on such issues as faculty effort certification, classification of external funds, general clinical research center operations and clinical research billing. Sufficient progress has been made in these areas to shift project focus from compliance oversight and planning to operational oversight and implementation. Compliance officials continue to provide consultation on the projects.

The AVP-CCO focused efforts toward improving coordination with central compliance offices in two main areas: human and animal research protections. Standard procedures for communicating and ensuring appropriate follow-up on compliance events were developed in conjunction with the Human Subjects Division and the Office of Animal Welfare. The interface between the UW School of Medicine and upper campus research compliance is being further refined by the school's new Director of Compliance.

LOOKING FORWARD: PRIORITIES FOR 2008

- The addition of new compliance officers for the practice plans and the UW-SOM will enable the development and/or refinement of compliance program priorities for those two entities.
- The AVP-CCO will continue progress toward development of a comprehensive and standardized approach to risk assessment and compliance planning for UW Medicine, working closely with entity compliance officers, compliance committees and executive leaders.
- Progress toward the clinical research billing process improvement project will continue through the next three reporting periods.

- The practice plans will begin planning and development of a risk-based approach to compliance planning as it prepares for completion of its last year of the CIA.
- The AVP-CCO will expand and refine utilization of the UW Medicine Compliance Officer Group to enhance cross-entity communication and collaboration.
- UW Medicine will develop strategies to improve the recruitment and retention of qualified compliance staff.
- The Information Security Program lead by IT Services will improve management of IT credentials, accounts and passwords; finish revising policies and guidelines; develop a new risk assessment plan; and strengthen educational activities.

**ATTACHMENT
UW MEDICINE BOARD COMPLIANCE COMMITTEE**

2007-2008 ROSTER

<u>Voting Members</u>	<u>Non-Voting Members</u>	
Dan Dubitzky, Community Member Partner Dubitzky & Zarky, P.S.	Sue Clausen, Staff to the Committee Associate Vice President and Chief Compliance Officer, UW Medicine	Rick Nielsen Executive Director Children's University Medical Group
Charlotte Guyman, Board Vice Chair Director Berkshire Hathaway	Rick Deese Executive Director University of Washington Physicians	Lori A. Oliver Assistant Attorney General Attorney General's Office
Richard Jones, Community Member Executive Director Washington Society of CPAs	Bruce Ferguson CFO, UW Medicine and Vice President for Medical Affairs	Margaret Peyton General Counsel University of Washington Physicians/Children's University Medical Group
J. Shan Mullin, Committee Chair and Board Member Partner Perkins Coie	Meg Kerrigan (effective 2/1/08) Executive Director UW Physician's Network	Lawrence R. Robinson, M.D. Vice Dean, Clinical Affairs School of Medicine
Paul Ramsey, M.D., Board Member CEO, UW Medicine and Dean of the School of Medicine	Mark S. Green Director of Business Affairs, Dean's Office, School of Medicine	Robert Sawin, M.D. President Children's University Medical Group
Orin C. Smith, Board Chair Retired President and CEO Starbucks Coffee Co.	Julie L. Hamilton Corporate Integrity/Privacy Officer Seattle Cancer Care Alliance	Tina Sheldon Director of Compliance School of Medicine
	Eunice Little Compliance Officer University of Washington Physicians/Children's University Medical Group	Mika N. Sinanan, M.D. President University of Washington Physicians
	Ruth Mahan Vice Dean for Administration and Finance, School of Medicine	Johnese Spisso COO, UW Medicine and Vice President for Medical Affairs
	Richard A. Meeks HIPAA Compliance Officer UW Medicine Compliance	Lisa J. Westlund Compliance Officer UWMC Administration
	Lori Mitchell CFO HMC Administration	Jacqueline Zehner Compliance Officer and Director of PDS HMC Administration
		Stephen P. Zieniewicz Executive Director UWMC Administration