

Just Ask

if you have questions about
the quality of your healthcare

If you have a concern about healthcare you have received as a Medicare beneficiary, KFMC is here to help. We facilitate improvement in healthcare. Voicing your concern is the first step in addressing and hopefully resolving your concern, and may help to improve care for future patients.

This sheet tells how you can help Medicare improve care...one person at a time.

Q: **What should I do if I am troubled about the quality of my healthcare?**

A: If Medicare paid for the service, call 1-800-MEDICARE (1-800-633-4227). They will put you in touch with the group in your state that works with doctors and providers so they can give the best patient care possible. In Kansas, this is the Kansas Foundation for Medical Care, Inc. (KFMC). We talk with you about your concerns and what you can expect from our review. We also help you complete some paperwork so we can begin a full review of your medical record. After our review, we work with providers so that they can provide better care in the future.

Q: **If I report my concern to Medicare, does the doctor or hospital get in trouble for what has been done?**

A: The purpose of our review is to help doctors and healthcare providers improve the future care they give to Medicare patients. The purpose is not to punish the doctor or provider. When a concern is found, KFMC

takes steps to find out what caused the concern so that it can be prevented from happening again. We may:

- Educate and help the doctor or provider to develop a plan to improve future care.
- Examine more medical records.
- Take further steps if you suffered severe harm or the doctor/facility made the same medical mistake before. This could involve sending our concerns to the proper licensing body.

Q: **What type of care is right for review and improvement?**

A: Situations where you believe harm occurred give us the best opportunity to make improvements and can improve the care of future patients. Some examples are:

- You received a medication or treatment not ordered for you.
- The doctor operated on the wrong part of your body.
- You were not properly evaluated for a problem like chest pain; and

because of this you did not receive the treatment you needed.

- You developed a bedsore while in the hospital or nursing home because you were not helped to change your position in the bed or chair.
- Your ability to walk decreased after you entered a nursing home due to conditions in the home.

Q: What happens when KFMC does a medical record review?

A: Our review can only evaluate what is written in your medical record. We will obtain a complete copy of your medical record from the healthcare provider. The doctors we use to examine your record do not have a relationship with your doctor or the facility where your care was provided. The doctor reads your chart. If it shows that your care met professionally recognized standards of quality, we contact you by letter and close the case. This takes about 85 days.

If this first review raises questions, we may need more information or more medical records to help us make a determination. We may also seek the opinion of another doctor. This may extend the review part of the process to 165 days.

We keep you updated throughout the entire process and encourage you to stay in touch with us as well.

Q:

What if my concern is not written?

A:

For example, a note about all your treatments should be in the medical record. The record should have an entry for each time you were given a medicine and what kind of medicine you got. If your concern is that you didn't get your medicine on time, we can easily check this out and determine if this timing would be considered harmful. If there is nothing written in your chart about the medical treatments you received, this may be an issue we need to examine further.

Q:

Will I find out what happened/what went wrong?

A:

We may only be able to tell you if the care you received met professionally recognized standards of healthcare. If your care did not meet these standards, we work closely with the doctor or facility so that future care will be improved. Federal law limits what we tell you beyond this. The law also gives your doctor the right to limit the information we can share with you. Here are examples of what you may expect to see in our final letter to you.

- If we could not find any evidence of your concern, your letter may sound like this:

After a thorough review of your medical records and any additional information provided by the facility/doctor, we determined that the services you received met professionally

recognized standards of healthcare.

We also include a summary of our review if your doctor agrees to the release. If not, you can expect to see the following statement:

Consent to release detailed information was not granted.

- If we find concerns and will be working with the providers to help them improve future care, your letter may sound like this:

After a thorough review of your medical records and any additional information provided by the facility/doctor, we determined that the services you received did not meet professionally recognized standards of healthcare. We share your concern about the quality of services you received and have initiated appropriate action as warranted by our review findings.

We also include a summary of our findings and information on how we will work with the doctor or facility to improve future care if your doctor agrees to the release. If not, you can expect to see the following statement:

Consent to release detailed information was not granted.

Q: **What do you mean when you say my care “meets or does not meet**

professionally recognized standards”?

A:

In practicing the art of medicine, physicians use their clinical judgment to decide how to treat each individual case. There can be considerable variation in how a physician might choose to treat a particular condition, since each individual case is unique, and since there is not necessarily any one “correct” way. As long as the treatment regimen is one that most mainstream practitioners would consider reasonable, it most likely will meet professionally recognized standards.

For some conditions, we have a better-defined scientific basis to demonstrate the effectiveness of certain treatment regimens. Of course, these may need to be modified depending on the circumstances of a particular case. However, if the treatment in question clearly conflicts with well-known, widely accepted treatment regimens, the care may not have met professionally recognized standards.

Any care which presents an imminent danger to the health, safety, or well-being of a patient, or places the patient in an unnecessarily in a high risk situation would not meet professionally recognized standards.

You should understand that, unfortunately, in spite of good medical care, sometimes the result is disappointing.

Q:

What happens if my care met minimum standards but still could have been better?

A:

We look at every concern to determine if care could have been improved. If we identify opportunities to improve care, we work with providers and doctors to achieve the best care possible. Our final letter to you may include the actions we are taking with the providers to achieve excellent care.

Q:

Does Medicare have other options for me?

A:

If your concern did not result in harm or risk, Alternative Dispute Resolution (ADR) may be a choice. Lack of communication and misunderstandings are ideal for ADR. ADR is a good way to discuss and/or address these emotional topics and can give closure to an upsetting event. Medicare offers several ADR options, as follows:

Mediation – brings together the involved healthcare providers (doctor, hospital, etc.) and Medicare patient or their representative for a face-to-face meeting led by a neutral third party (mediator). Mediation is a cooperative, voluntary and confidential process, scheduled at a place and time agreed upon by all participants. Mediation allows a resolution to be reached by all participants, based on the interests of all participants.

Facilitated Resolution – is conducted in separate telephone calls by a

facilitator to you, and to your doctor and/or hospital. It provides you with an opportunity to say what occurred and what you believe could have prevented the complaint, and the facilitator will offer this information to your doctor and/or hospital. This results in a Quality Initiative Agreement (QIA), developed by the doctor and/or hospital, which addresses the issues and contains information or ideas about actions that would improve future care. KFMC will send you a summary of the Agreement.

External (or Self) Resolution – occurs when, in the course of pursuing one of the above ADR options, you choose to contact the doctor and/or hospital directly, or the doctor and/or hospital contacts you directly, to discuss the issues and what might be done to resolve the concerns. This is done outside of KFMC's involvement, and there is no written resolution.

During our review of your concerns, we determine if your issue may be resolved by ADR.

If you have further questions, please call the Medicare hotline at 1-800-Medicare (1-800-633-4227).

If you have already been referred to KFMC, you may contact your Case Manager at 1-800-432-0407, Option 2.

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