

# Just Ask if you have questions about the quality of your health care

**“M**ost doctors and health providers want to give the very best care to their patients. However, since doctors are human and people run hospitals, neither is perfect. If you believe a Medicare provider may have placed your health at risk, voicing your concern can help make future patient care better.” — Dr. Herb Rigberg, CEO, Health Services Advisory Group (HSAG)

**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 health care?

**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 Arizona, this is HSAG. 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 health care 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, HSAG takes steps to find out

what caused the concern so that it can be prevented from happening again. We may:

- Educate the doctor or provider on ways they can improve.
- Help the doctor or provider to develop a plan to improve future care.
- Examine more medical records to see if this is common.
- Take more 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 opening 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 pressure area 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 HSAG does a medical record review?**

**A:** Our review only consists of what is written in your medical record. We must have your doctor or health care provider mail us a copy. 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 to see if it shows that your care met the standards. If it shows that care met minimum standards, 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 process to 165 days. After the doctor examines the additional information and makes a decision, we contact you by letter.

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 in the medical record?**

**A:** If this happens, we can't make a decision one way or the other. This does not mean that we believe the things you are concerned about did not happen. It just means that there is nothing in the record about them that would allow us to make a determination. Rudeness or cleanliness may not be documented in the chart.

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 the doctor or hospital did wrong or what their mistakes were?**

**A:** We may only be able to tell you if the care you received met professionally

recognized standards of health care. 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 may 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 may expect to see the following statement:  
*Consent to release detailed information was not granted.*

- If we find concerns and work with the providers to help them improve the 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 may 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:** You may have heard the phrase, “Do no harm.” This phrase is part of an oath people take when they become physicians. Doctors want to provide the best care possible, but ultimately don’t want to harm the patient with their treatment. To do this, they rely heavily on their own judgment to best tailor the clinical guidelines to treat the unique health condition and meet the individual needs of each patient.

Professionally recognized standards assess the doctor’s or provider’s use of guidelines, their judgment about how these guidelines best apply to treating you specifically, and the avoidance of harm in their final treatment. When we review your record, we look at these three areas to be sure that

they were at least minimally followed. Often, patients expect that they receive the very best possible care. The best possible care far exceeds the review we initially do of your record. Care that results in harm could mean that these minimum standards were not met. However, not all care that results in harm is substandard. For example, if there are known complications or risks of your condition or procedure, even care that meets standards could result in harm.

**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, mediation may be a choice. Mediation brings together the doctor, hospital, healthcare provider and Medicare patient for a face-to-face meeting led by a neutral

third party (mediator). When you discuss your concerns with HSAG, determine if your issue may be resolved this way.

Lack of communication and misunderstandings are ideal for mediation. They often cause the most problems for Medicare patients. Mediation is a good way to discuss these emotional topics and can give closure to an upsetting event.

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 HSAG, you may contact your case review nurse \_\_\_\_\_, at \_\_\_\_\_.



*Arizona's Medicare Quality Improvement Organization*

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