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The five Whys Root Cause Analysis of the Medicare Fraud

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The five Whys Root Cause Analysis of the Medicare Fraud

Presently, there are numerous methods and variations in project management, with a majority embracing brainstorming exercises. The five why questions are majorly adopted to pinpoint the root cause of an identified issue. The technique is used to discover the causal and effect link of a challenge at hand by repeating the question 'why" until the root cause of the problem is determined (EPM, 2019). The five whys create an unsophisticated but valuable tool that generates valuable responses. Furthermore, the five why questions principle is adopted in scenarios where fraud has occurred, like in the Medicare Fraud involving Alpha Diagnostics. In this case, the five whys are used to ascertain and assess the fundamental origin of the scam at Alpha Diagnostics.

When using the five whys in conducting root cause analysis, it is essential to begin at top (EPM, 2019). In this regard, the first question is why the healthcare provider, Mr. Rafael Chikvashvili, was sentenced to serve a ten-year jail term. This first why can be understood directly from the headlines. The Maryland healthcare provider serves a ten-year jail term because of fraud that cost two patients their lives and the taxpayers six million in fraudulent claims (United States Department of Justice, 2016). Due to the scam that happened, someone had to face the law because Medicare fraud is illegal and is punishable according to the law (Medicare learning Network, 2021). The healthcare provider was consequently charged with fraud for not having a knowledgeable radiologist interpret the x-ray results. The second question is, why did the healthcare provider engage in unprofessional conduct? This question can be answered by scrutinizing the qualifications of Mr. Chikavashvili, who has a Ph.D. in mathematics and is the sole cause of the scam. Mr. Chikavashvili's qualifications do not allow him to administer

medical services to patients. In this perspective, the healthcare provider is the root cause of the death of the two patients.

The third question is; why did the health facility employ non-medical personnel? The facility's management is to blame for employing a quark and allowing him to interpret x-ray results. In this perspective, the management of the healthcare facility engaged in unethical conduct. Together with their unqualified diagnostic officer, the management was the main reason a patient died four days after being discharged. The quark employee was unable to detect the imaging of the x-ray correctly. The patient went home without the much-needed treatment and finally died. The fourth question is, why was the qualified physician dishonest? A doctor claimed to have attended to the two patients who died, even those with congenital heart failure. The truth is that the two patients who lost their lives were attended to by an unqualified physician, and they lost their lives because of the negligence of the health facility and the entire team. The fifth question one should ask is why did the hospital management employ and allow someone who is not qualified to misinterpret the results of the x-ray? From the judge's perspective, the hospital administration was engaged in numerous unprofessional conduct in previous instances (United States Department of Justice, 2016). For instance, this facility was indulged in wrongful and unlawful claims that were unethical. After carefully analyzing the five whys, it is evident that the primary source of the scam was the admiration of the health center.

Regarding speculation as to why Timothy Emeigh participated in the scam, several reasons can be argued. Though Timothy Emeigh acted recklessly, just like his boss Mr. Chikvashvili, his conduct speaks of an individual who was not comfortable. Possibly, Timothy Emeigh contributed to the scam because he was afraid of losing his job. After all, the boss would have fired him for failing to cooperate. However, based on the fact that since 2010 Mr. Timothy

Emeigh was making the x-ray interpretations and participating in the falsification of reports in the name of licensed practitioners shows that he was not afraid of losing his job. Instead, Mr. Timothy participated in the fraud because of the financial gains because he interpreted results and falsified reports, whether at home or overseas. The ill-gotten funds from the fraud possibly fund travels and holidays.

In conclusion, this type of healthcare fraud can be prevented if oversight and regulation procedures are strengthened. For instance, regulation can be improved by adopting one of the current practices where physicians use codes to send off organized recommendations in a manner that verifies their true identities. This method can be adopted in regards to x-rays, radiology, and ultrasound interpretations. In addition to that, insurance companies should also strengthen their verification processes and include follow-ups on any questionable transactions, treatments, and procedures to ascertain financial claims made by healthcare facilities.

References

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