When We “Score” in Peer Review, We All Fail!

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When We “Score” in Peer Review, We All Fail!

October 6, 2014

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The “peer review” world is changing dramatically — and for the better!

What Is “Peer Review?”
aka Professional Practice Evaluation (PPE)
When We “Score” in Peer Review, We All Fail!

Clinical Quality
  “Disruptive” Conduct/Sexual Harassment
Health/Age Issues
  Utilization/Medical Necessity

Best Practice

Medical Staff Bylaws/Credentials Policy
Professionalism Policy
PPE Policies (2 FPPE & 1 OPPS)
Practitioner Health Policy
CM Policy

Progressive Steps Continuum

Policy on Practitioner Access to Confidential Files

Why Peer Review Generally Doesn’t Work...
When We “Score” in Peer Review, We All Fail!

All Too Common Language

After the case is reviewed and a score is assigned, the practitioner shall be informed of the score by certified mail, return receipt requested, and notified of his/her right to appeal the score assigned.

Does your peer review process ...

What are the costs of not doing peer review well?

• Patient injury
• Physician career jeopardized
• Employee morale
• Medical staff leadership burnout
• Dollars and cents
• Distraction from performance improvement activities!

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So, What Does Work?

Clinical Quality Issues

Clinical Issues

- Overview of Recommended PPE/Peer Review Process
- Top 10 Best Practices

PPE Support Staff

- Maintain central repository
- Prepare “Informational Letters”
- Prepare cases for physician review
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Leadership Council

- Triage/acts on certain defined clinical issues
- Primarily responsible for conduct and health issues

Clinical/ Specialty Reviewers

- Many options
- Provide specialty expertise
- Complete objective review forms
- Perform lower level interventions

Multi-Specialty Professional Practice Evaluation Committee (PPEC)

Foundation of an effective process!

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MEC’s Role

- Approves PPE Policies
- Broad oversight of process — no involvement in day-to-day PPE activities
- Policy committee — support for
  - Protocols
  - Performance improvement initiatives
- Disciplinary action, when necessary
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11 Top 10 Peer Review Best Practices

#1 Keep Your Eye on the Ball (Goals of PPE)
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Goal #1
Individual Physician Performance (Classic “Peer Review”)

• Purge the past!
• New focus — *constructive* resolution of issues
  • Many options available... that work!

Goal #2
Elevate Performance of ALL Physicians in Specialty!

Educational Sessions Should Be Integral Part and Specified Outcome of the PPE Process!

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Educational sessions are...

- NOT appropriate for physician-specific "peer review"
- Appropriate for...
  - education for all members of a particular department or several departments
  - development of protocols
  - addressing system issues

How?

- Inform practitioner who provided care that the case is to be presented in an educational session prior to the session
- Information identifying the practitioner shall be removed, unless he/she requests otherwise
- Reports of issues addressed and any recommendations for changes forwarded to PPEC

Goal #3
Improve “Systems” of Care!
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- System issues can be identified at any point in the PPE process!
- Reported to PPEC, which monitors until resolved

# 2

Eliminate Scoring and Anything that Resembles It!

The K.I.S.S. Principle!

1. Is there an issue or concern?
2. What is the appropriate intervention?
1. Is there an issue or concern?
   • Nature of concern
     • Antibiotic usage
     • Early recognition, appropriate management of complications
     • Patient selection

2. What is the appropriate intervention?
   • Based on:
     • Nature of concern, AND
     • Practitioner’s peer review history

"Those who forget history are doomed to repeat it."
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Progressive Steps Continuum
(Clinical Issues)

- Informational letter
- Educational letter
- Collegial intervention
- Performance Improvement Plans
- Disciplinary action
- Wide Range of Options/Tools

Informational Letter

- Clinical/Specialty Reviewers
- PPE Support Staff

Educational Letter

- Clinical/Specialty Reviewers
- Multi-Specialty Professional Practice Evaluation Committee (PPEC)
- Leadership Council
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Collegial Intervention

Leadership Council

Clinical/Specialty Reviewers

Multi-Specialty Professional Practice Evaluation Committee (PPEC)

Performance Improvement Plan

Multi-Specialty Professional Practice Evaluation Committee (PPEC)

Disciplinary Action

MEC
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#3
Multi-specialty Professional Practice Evaluation Committee is the Key to an Effective Process!

Composition

- Who should serve?
  - Experienced physician leaders along with “the next generation”
  - Review and accept duties prior to appointment
  - Willing to participate in PPE training
- Who should NOT serve?
  - Current MEC members! (e.g., department chairs)

How about …
- Immediate Past Chief of Staff — member or Chair
- At least one additional Past Chief of Staff
- Physicians from a cross-section of the specialities on the Medical Staff who have an interest and willingness to devote time and energy to peer review matters
- CMO
- PPE Support Staff
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Terms

- At least 3-4 year terms
- Staggered, so there is always expertise on the committee
- Educate and equip all new members!

Role

- “Policy” Decisions
- Education/Public Relations
- Practitioner-Specific Review
  - Reviews determinations from prior levels
  - Reviews cases referred to it

# 4
Create a Leadership Council
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An additional layer of bureaucracy?

OR...

A way to expedite reviews!

What is a complex issue?

- Requires immediate or expedited review
- Involves practitioners from two or more Departments or specialties
- Involves Clinical/Specialty Reviewer
- Limited reviewers with necessary clinical expertise
- Involves a refusal to cooperate with utilization oversight activities
- Trend of informational letters (i.e., noncompliance with rules, policies, protocols)
- Involves professional conduct
- Involves possible health issue
- Pattern or recurrence despite prior interventions
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**Triage for administratively complex clinical issues**

- Performs prompt, initial review
- Determines appropriate avenue for further review (e.g., case involves CSR, two specialties, or limited reviewers)
- Handles matter if appropriate (e.g., past collegial intervention not working)

**Leadership Council**

**Directly responsible for professional conduct and practitioner health issues**

- Performs prompt, initial review
- Addresses concerns regarding professional conduct pursuant to Professionalism Policy
- Addresses concerns regarding possible practitioner health issues pursuant to Practitioner Health Policy

**Leadership Council**

**Who Typically Serves?**

- Chief of Staff
- PPEC Chair
- Immediate Past Chief of Staff?
- Credentials Chair?
- CMO
- CMO of Employed Group?
- PPE Support Staff
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# 5
Establish a Central Repository

- Reported Concerns
- Compliance Issues (Medical Necessity)
- Sentinel Events
- Noncompliance with Rules and Regs or Clinical Protocols
- Patient Complaints
- Specialty-specific Indicators
- Quality Data Outliers (OPPE)
- Litigation Risks

Who Is PPE Support Staff?

- Quality Department Staff?
- Medical Staff Services?
- Combination?
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Responsibilities

- Log in referral
- Initial review & case preparation

Determinations

- No issue – report to PPEC
- Send informational letter – no immediate physician review required
- Physician review required

# 6

Save Physician Expertise for the Cases That Need It!

Informational Letters

- Circumstances chosen by PPEC
  - Medical record deficiencies
  - Failure to follow Rules & Regulations
  - Failure to follow protocols
- Part of OPPE data
- Prepared by PPE Support Staff, signed by MS Leader
- Establish limitations (e.g., third letter triggers further review)
- Include in periodic reports to PPEC
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# 7
Appoint, Educate, and Support Clinical/Specialty Reviewers

At this point in process
Need appropriate specialty review/expertise
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Who will serve in this role?

Many Options!

- Department Chair
- Department Committee (be careful!)
- Physician Advisor
- Pre-determined reviewers in major specialties
-Assigned reviewers or ad hoc committees
- Applicable PPEC member
- Specialty Committee (e.g., surgery, trauma; utilization)
- Whole department

Best Practice for Clinical/Specialty Reviewers?

Leadership Council appoints:

- “Physician Advisors”
- Pre-Determined Reviewers in major specialties
- Who also work with...
- Assigned reviewers or committee on case-by-case basis, when necessary

Physician Advisors

Eligibility Criteria:

- May or may not be Department Chairs or Vice Chairs
- Experienced or interested in credentialing and peer review
- Supportive of evidence-based medicine protocols and system initiatives
- Participate in PPE training
- One-year term (but may be reappointed)
- Affirmatively accept expectations and requirements
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Physician Advisors

Responsibilities:
- Engage in case review:
  - Personally (completes appropriate review form)
  - Assign to Pre-Determined Reviewers
  - Assign other reviewers on a case-by-case basis

Responsibilities (cont.):
- Can implement limited interventions:
  - Educational Letter
  - Collegial Intervention
  (obtain input from practitioner prior to any intervention)
- Refer to PPEC for further review
- Attend PPEC meeting and present case facts, findings, and determinations when requested to do so

Pre-Determined Reviewers

- One-year term, but can be reappointed
- Participate in PPE case review training prior to or during term
- Review cases and make clinical findings; complete appropriate review form
- Submit findings and review form to Physician Advisors, who make determination
- Attend PPEC meeting and present case facts and findings when requested to do so
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**Clinical/Specialty Reviewers**

**Assigned Reviewers or Ad Hoc Committees**

Provide guidance and guidelines to them.  
*Develop a checklist!*

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**Clinical/Specialty Reviewers**

Provide Guidance and Support to **ALL** Clinical Reviewers!

- How to obtain additional information or input from practitioner under review or others, if necessary
- Time frames for review/reminders
- Confidentiality reminder/sign Confidentiality Agreement, if necessary
- Compensation?
- Legal protections
- Complete appropriate review form!

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# 8

**Use Objective Review Forms!**
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“Honest criticism is hard to take, particularly from a relative, a friend, an acquaintance, or a stranger.”

Franklin P. Jones

CONFIDENTIAL PEER REVIEW DOCUMENT
GENERAL CASE REVIEW FORM
(Includes at least the following)

○ PPE Support Staff completes:
  • Patient information (e.g., admission and procedure details; consultants on case)
  • Brief case description
  • Reason for review
  • Physician reviewer completes:
    • Basic assessment of care (checklist):
      • No issue/concern or some issue/concern
      • Provides more details only if “some issue/concern”
    • Input from practitioner or questions to ask?
    • System improvement issues?
    • Educational session after review completed?

# 9
Obtain Meaningful Input from Practitioners
Input from Practitioners

No intervention until practitioner is notified of specific concerns and given opportunity to provide input!

How does the practitioner provide input?

• Written explanation of care, responding to specific questions
• Meet with persons identified in notices

Chooses not to participate?

Review continues without practitioner’s input

Meeting with Leadership Council, then automatic relinquishment of privileges until input is provided
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# 10
Behavior & Practitioner Health Concerns

Behavior and Health Concerns
- Included in central repository or separate confidential health file
- Review process generally separate from process for clinical issues
  - Medical Staff Professionalism Policy
  - Practitioner Health Policy
- Leadership Council is most effective way to handle!

# 11
What About Employed Physicians?
When We “Score” in Peer Review, We All Fail!

How have hospitals and physician leaders responded?
When We “Score” in Peer Review, We All Fail!

“When you come to a fork in the road, take it.”

“Why choose?”

Get the best of both worlds.

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Thank you.

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