Is Peer Review on Life Support?

Session Code: MN04

Time: 10:00 a.m. – 11:30 a.m.

Total CE Credits: 1.5

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Is Peer Review on Life Support?

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October 5, 2015

Disclosures

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Agenda

• Peer Review Historical Evolution- Source of the Issue
• Evidence of Effectiveness of Peer Review to date
• How Healthcare is Changing
• Role of Peer Review in light of current versus near future healthcare

Agenda cont.

• How should Peer Review be modified to meet future needs?
  • Team-care Model of Practitioner Performance
• Summary
• Questions
Peer Review-
Historical Evolution

First Evidence
– Al- Ruhawi, (854-931 A.D.), of al-Raha, Syria
Ethics of the Physician- first book of medical ethics
– Physicians’ notes reviewed by local Medical Council to see if care met standards
– If negative review, the physician could be sued by maltreated patient

Peer Review-
Historical Evolution

Such case auditing became the norm for peer review for the next 1000 years

20th Century
– Ernest Codman, MD, 1916, End Results System

Peer Review-
Historical Evolution

This led to a parallel development process in two areas:

Regulatory Pathway

Legal Pathway
Peer Review-Historical Evolution
Regulatory

Accreditation Standards
- JCAHO (1952) Peer Review becomes a Standard using the Audit System
- CMS (1964)- Conditions of Participation solidify need for credible medical care review program

Peer Review-Historical Evolution
Regulatory

Audit system (still the standard in most of Europe) in play until 1979

1979- JCAHO changes standards and dumps audit for Quality Assurance (QA) system
- Has care met the accepted Standards of Care
- Concurrently, generic screens were also adopted despite lack of validation

Peer Review-Historical Evolution
Regulatory

21st Century

With rise of Patient Safety and other pressures, QA is being replaced by Quality Improvement (QI) as system QA felt to be punitive and non-productive

2007/2008- The Joint Commission introduces OPPE, FPPE and General Competencies
Peer Review - Historical Evolution
Legal
Meanwhile, back at the ranch,

– Patrick v. Burget, 1986
– HCQIA, 1987, Peer Review Protections and Guidelines
  • Immunity for peer review
  • National Practitioners’ Data bank

Peer Review - Historical Evolution
Legal
Meanwhile, back at the ranch,

– Florida Amendment 7 (2004)
– Poliner v. Texas health Systems
– Patient’s Right to Know About Adverse Medical Incidents

Peer Review Today

– Peer Review is more than Case Review
– Lack of Standardization
– Events are mixture of system and individual performance
– Ensuring objectivity while using some subjective techniques
– Trying to achieve Performance Improvement rather than Quality Assurance
Peer Review Today

- Case Review is still the prominent peer review method
- Since 2007, real impetus to be holistic in looking at performance dimensions - General Competencies
- Computer systems are putting improved data collecting systems into general use
- Defensible benchmarks are rare - Better national data bases are coming

Which begs the question?

Is any peer review effective?

Evidence of Effectiveness of Peer Review to date

Does CME increase Quality?

Does the NPDB process increase quality?

Does traditional organized medical staff Peer Review increase quality?
Does CME increase Quality?

CME is a universal requirement and a tenet of the profession
- Many hospital bylaws have CME requirements
- Most state licensures have CME requirements
- It is part of the Maintenance of Certification (MOC) Process

AMA sponsored PI CME activities
- Body Mass Index, the goal of which is to improve the rates of body mass index documentation. This activity expires Sept. 25, 2015.
- Hereditary Colorectal Cancer, the goal of which is to improve physicians’ ability to recognize and manage patients at high risk for developing colorectal cancer. This activity expires June 28, 2015.

Does CME increase Quality?

There is not a lot of specific data regarding its efficacy except in the overall performance of physicians keeping up with new concepts generally through a CME

New idea in CME is PI CME
- Started in early 2000’s
- Ties the CME to a measurable improvement metric
- AMA approved 2004
- Presently represents <1% of all CME (Source: ACCME)
Does the NPDB process increase quality?

Presumption- Reporting events in the NPDB will act as a deterrent to malpractice and basis for weeding out poor performers

Levine and Wolfe reported in 2009
- 49% (2,845 of 5,823) hospitals have never submitted a clinical privilege sanction report

Levine and Wolfe (cont.)
- Average number of annual reports submitted- 650
- This is 1/8th of the Public Health Service projection and 1/16th of AMA projections
- 5,359 physicians out of the 9,877 had at least one reported adverse action not followed by state licensure action

Conclusion- Major underreporting and action

Does traditional organized medical staff Peer Review increase quality?

“There is a special need for peer-based assessments that target actual performance profiles and meaningful practice outcomes and that focus as much on systems-based quality as on personal professional achievement.”

Klass, D, NEJM 356:414-5, 2007
Does traditional organized medical staff Peer Review increase quality?

Reporting of adverse events in hospitals falls short of actual numbers
Attributed to reporting system deficiencies
Unclear whether mandatory reporting systems function better than voluntary
Leape, L, NEJM 347:1633-38, 2002

Does traditional organized medical staff Peer Review increase quality?

The American College of Obstetrics and Gynecology has offered a Voluntary Review of Quality of Care Program for more than 2 decades.
– Perceived issues with the adequacy of peer review were an explicit reason for requesting this service by 15% of participating hospitals
– Recommendations for improved peer review process were made to 60%

Does traditional organized medical staff Peer Review increase quality?

A longitudinal study of clinical peer review’s impact on quality and safety in U.S. hospitals.

Follow up of 2007 study that showed great variation in peer review process- recommendation to move towards QI model
470 institutions showed only a QI model score of 60 signifying little to no improvement in this
Does traditional organized medical staff Peer Review increase quality?

A Medical Staff Peer Review System in a Public Teaching Hospital—An Internal Quality Improvement Tool

2007- implemented an electronic peer review system in the USC system
They also centralized and standardized peer review

<table>
<thead>
<tr>
<th>Table 1: Mortality Peer Reviews Activities</th>
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<tr>
<td>Opportunities for Improvement</td>
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<tr>
<td>Number of fatalities reviewed</td>
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<td>No opportunity for improvement at level 1 (%)</td>
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<tr>
<td>No opportunity for improvement at level 2 and 3</td>
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<td>No opportunity for improvement at level 4 (%)</td>
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<th>Table 2: Improvement Actions Taken</th>
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<tr>
<td>Type of Improvement Actions</td>
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<tr>
<td>Total number cases that had opportunity for improvement.</td>
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<tr>
<td>Total number of improvement actions taken</td>
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<td>Provide related subtask</td>
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<th>Table 3: Comparison of the Number of Medical Malpractice Claims by State, California, and Our Institution During Year Between Our Institution and California and the United States</th>
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<tr>
<td>Year</td>
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<td>---------------------------------------------</td>
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<td>FY 2009</td>
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p-Value from chi-square test comparing 5-year experience to our institution

- Percentage decrease from FY 2006 to FY 2009: 9% (1,326/1,420) (1,229/1,350) (1,093/1,093) (987/1,093) (987/1,093)

p-Value from chi-square test comparing the change from 2005 to 2009, to our institution
Does traditional organized medical staff Peer Review increase quality?

Conclusion

No definitive answer to the question based on the data which is missing in action.

Very little direct measurement of direct effect of peer review on quality of care delivered.

This lack of useful data may be due to
  – Significant amount of variation in peer review systems
  – Lack of good measurement systems
  – Complexity of problem does not allow for a clear conclusion

What about

GOING FORWARD
How Healthcare is Changing

System moving from Volume to Value

Value = **Outcomes x Satisfaction**

Cost

Fee for service = incentive for volume

Value = incentive for value

Continuum of Care – must deal with healthcare delivery from cradle to grave

How Healthcare is Changing

Shared Risk – most proposed reimbursement systems of the future will spread the risk amongst the healthcare providers

Employed physicians- Independent private practice is a thing of the past

How Healthcare is Changing

Team Based Healthcare – this may the most significant item of all from the viewpoint of measuring performance

– Complex health situations
– More treatments and interventions are possible
– Narrowing scope of the individual practitioner’s practice
– Relative scarcity of physicians leading to a system much more dependent on physician extenders
Role of Peer Review in light of current versus future healthcare delivery

It is both required and possibly irrelevant
- peer review is on life support

Personal accountability will always be a part of any system
- it will survive but must radically change

Because it represents a small fraction of what is important in terms of the quality of delivered healthcare

“The most fruitful lesson is the conquest of one’s own error. Whoever refuses to admit error may be a great scholar, but he is not a great learner.”
- Goethe

How should Peer Review be modified to meet future needs?

Focus on Team healthcare
- Define what and who a healthcare team is
- Define what quality performance looks like for such a team
- Define the metrics
How should Peer Review be modified to meet future needs?

Individual peer review will need to clearly identify those areas that only an individual can effect
– Internist prescribing a medication
– Surgeon holding the knife
New metrics for individual performance as a team member
– Communication with team members
– Participation in team care planning

Summary

Data is rare to non-existent in support of peer review supporting quality improvement

Value based healthcare delivery will focus on demonstrable quality improvement

Team based healthcare will become the norm and must be defined and measured

Failure to do this well will beget failure

Questions?