PEER REVIEW & PROFESSIONAL CONDUCT:
CREATING EFFECTIVE PROCESSES TO ENHANCE PATIENT SAFETY & PHYSICIAN SUCCESS

LeeAnne Mitchell
Rachel Remaley
When is physician review NOT required?

How do you practically implement PIPs?

Can you request medical records or require a medical

The risk of treating all conduct issues like psychiatric issues

Leaves of absence and reinstatement

Doctors who engage in sexual relationships with staff

How do you deal with issues of medical necessity? Is this

Performance improvement plan (PIP) options

Another layer of bureaucracy or a way to expedite reviews?

The foundation of an effective process

How can you address retaliation and develop a culture of

Legalized marijuana: What does it mean for hospitals,

What's new in the NPDB Guidebook?

Doctors who communicate with leadership only through

Family and Medical Leave Act (FMLA) implications when a

When should the physician be informed that a case is under

The Code of Conduct: The first step in setting expectations

Is "no comment" the right answer?

The applicability of the Americans with Disabilities Act

Obtaining health-related information from applicants

When should you obtain a review by an expert outside of the

Can you require physicians to continually notify the

Application language that reduces the risk of discrimination

How to plan and implement a collegial intervention/

What if the physician refuses to provide input?

How can you protect yourself if you have “very bad things”

Assigning the review to other physicians

Who serves? What authority does it have? Why does it make

Short-term suspensions and progressive steps

Can a physician review the care provided by his partner? By

Mandatory testing and vaccination

NPDB reporting of professional review actions

What’s new in the NPDB Guidebook?

Hot topics in physician employment arrangements – Top 10

Tips for drafting employment contracts

AGENDA

April 20: 8:00 a.m. -- 4:00 p.m. (including three

15-minute breaks and a 1-hour break for lunch)

• The Top 10 Reasons Peer Review Does Not Work
• Essential Elements of an Effective Peer Review Process – Step By Step
• PPE Support Staff
  - When is physician review NOT required?
  - Eliminating common roadblocks and delays
• Leadership Council
  - Another layer of bureaucracy or a way to expedite reviews?
  - Who serves? What authority does it have? Why does it make the process better?
• Review by Clinical Experts
  - How to avoid this becoming a black hole
  - Assigning the review to other physicians
  - Using objective review forms
  - When should you obtain a review by an expert outside of the Medical Staff?
• Multispecialty Review Committee
  - The foundation of an effective process
  - An important check and balance – Who should serve on it?
  - What is its role? Its authority?
• What Are You Reviewing – and Why?
  - How do cases identified for review?
  - How do you deal with issues of medical necessity? Is this economic credentialing? Is this a peer review issue or a compliance issue? Or both?
  - What are you reviewing against?
• Effectively Dealing with “Reported Concerns”
  - Should you allow anonymous reports?
  - How can you address retaliation and develop a culture of safety?
  - How should system issues be addressed?
• Focusing on the Physician Who Provided the Care
  - Should you factor the physician’s peer review history into the review?
  - When should the physician be informed that a case is under review? How should that be communicated?
  - What if the physician refuses to provide input?
• Conflicts of Interest – Do You Know One When You See One? When You See One, Do You Know How to Manage It?
  - Can a physician review the care provided by his partner? By his competitor? What if there is a history of conflict between the two? What if they are friends?
  - How should reviews be conducted in hospital-based departments where all physicians in the specialty are part of the same group?
  - When must a member of a committee recuse himself or herself? What does that mean?
• How to Address Quality Issues with Impact
  - Performance improvement plan (PIP) options
  - How do you practically implement PIPs?
  - What external sources are available to help you evaluate a physician’s practice? Who pays for them?
  - What factors need to be considered when imposing a requirement that a practitioner be proctored or obtain second opinions? Is that a reportable restriction?
• What Goes into a Physician’s Confidential File?
  - Should your Medical Staff members have routine access to their credentials/quality file?
  - Can documents be removed from a physician’s file?
• How to Respond to Reference Requests
  - Is “no comment” the right answer?
  - How can you protect yourself if you have “very bad things” to say?

April 21: 8:00 a.m. -- 12:00 p.m.

(providing two 15-minute breaks)

PROFESSIONAL CONDUCT

• Characteristics of the Disruptive Doctor
• Strategies for Dealing with Persistent Conduct Issues
  - An ounce of prevention is worth a pound of cure: How to follow up on red flags during credentialing – and avoid establishing a relationship with a known troublemaker
  - The Code of Conduct: The first step in setting expectations and developing culture
  - The risk of treating all conduct issues like psychiatric issues
  - The disruptive doctor as the modern day whistleblower
  - Doctors who communicate with leadership only through their attorneys
  - Inappropriate airing of quality complaints (newspaper, Joint Commission, government, etc.). Can you stop them? Can you respond to them?
  - How to plan and implement a collegial intervention/conversation
  - How to document a collegial intervention
  - Personal codes of conduct and “In the Box” agreements
  - Short-term suspensions and progressive steps
• Sexual Harassment and Assault
  - Quid pro quo and hostile work environment sexual harassment
  - Borderline behavior: When conduct makes employees uncomfortable or raises eyebrows (and concerns of legal risk), but does not clearly fall within “harassment” – what to do?
  - Doctors who engage in sexual relationships with staff
  - Allegations of improper touching
  - What to do if a physician is charged by the medical board with having an inappropriate relationship with a patient or is arrested for a crime that causes concern (incest, child molestation, sexual assault, rape, etc.)

PHYSICIAN HEALTH

• Credentialing Physicians with Health Issues
  - The applicability of the Americans with Disabilities Act
  - Application language that reduces the risk of discrimination claims
  - Obtaining health-related information from applicants
  - “Bona fide offers of employment” – what are they and do they matter in the Medical Staff context?
  - Can you request medical records or require a medical examination by a provider of your own choosing?
  - What if the applicant or his or her lawyer will authorize only partial information to be released?
  - Mandatory testing and vaccination
• Managing Physician Health Issues
  - Who should address matters involving physician health?
  - Comprehensive medical exams and drug testing
  - Can you require physicians to continually notify the hospital of all drugs taken? Can the hospital maintain a list of prohibited drugs (legal or not) during periods of patient care activities?
  - Legalized marijuana: What does it mean for hospitals, doctors, and peer review?
  - Leaves of absence and reinstatement
  - Family and Medical Leave Act (FMLA) implications when a physician requests leave (or reinstatement)
  - Performance improvement plans (PIPs) for health issues
LeeAnne Mitchell
LEANNE MITCHELL-O’BRIEN is a partner with the law firm of Horty, Springer & Mattern, P.C. in Pittsburgh, Pennsylvania. She has worked extensively in medical staff matters including advising hospitals and their medical staffs on medical staff bylaws, credentialing and peer review matters, and medical staff due process hearings. She also works with hospitals on matters related to institutional review boards and research-related compliance issues. She has served as a faculty member on the Horty/Springer seminar The Credentialing Clinic and the newest Horty/Springer seminar, Strategies for Managing Physician Conduct, Health, Aging & Other Dilemmas for Leadership.

LeeAnne earned her J.D. from the University of Pittsburgh School of Law in 2000. While studying at Pitt, LeeAnne also completed the coursework towards a master’s degree in bioethics and was the recipient of the CALI Award for Excellence in Health Care Fraud and Abuse.

LeeAnne is a member of the American Health Lawyers Association, as well as the Allegheny County, Pennsylvania and American Bar Associations. She has served as a Community Member of the University of Pittsburgh Institutional Review Board since 2000 and is a member of the Board of Directors of the Carlynton School District.

Rachel Remaley
RACHEL REMALEY is a partner with the law firm of Horty, Springer & Mattern, P.C. in Pittsburgh, Pennsylvania. She has extensive experience working with hospitals and physician leaders to manage issues involving the clinical performance, professional conduct, and health of practitioners. In addition, she has assisted numerous hospitals and physician leaders with the development and revision of medical staff bylaws, credentialing policies and manuals, and other medical staff policies and procedures.

A significant portion of Ms. Remaley’s practice involves providing education to hospital and physician leaders. She frequently presents at hospital and medical staff retreats, as well as meetings of compliance, risk management, and medical staff service professionals. Ms. Remaley has served as a faculty member for Horty/Springer’s Physician Employment Institute, The Credentialing Clinic and The Peer Review Clinic. Beginning in the fall of 2016, Ms. Remaley, along with LeeAnne Mitchell, will lead Strategies for Managing Physician Conduct, Health, Aging & Other Leadership Dilemmas, providing next-level education for experienced leaders who are called upon to tackle some of the most difficult leadership dilemmas.

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*Participation by all individuals is encouraged. Advance notification of any special needs will help us provide better service. Please notify us at least two weeks in advance of the program.*
REGISTRATION

PEER REVIEW & PROFESSIONAL CONDUCT: CREATING EFFECTIVE PROCESSES TO ENHANCE PATIENT SAFETY & PHYSICIAN SUCCESS

Hospital Name ____________________________________________
Street Address ____________________________________________
City/State/Zip ____________________________________________
Phone # ___________________________ Fax # ___________________________
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Title ____________________________________________
E-Mail ____________________________________________

NAMES OF REGISTRANTS

(Please give full names and titles as you would like them to appear on name tags.)

1. Name/Degree/Title ____________________________________________
   E-Mail ____________________________________________

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   E-Mail ____________________________________________

5. Name/Degree/Title ____________________________________________
   E-Mail ____________________________________________

6. Name/Degree/Title ____________________________________________
   E-Mail ____________________________________________

PAYMENT

Early bird deadline — March 1, 2017:
($600/Individual – $500/Per individual for teams of 3-5 – $400/Per individual for teams of 5+)

After March 1, 2017:
($700/Individual – $600/Per individual for teams of 3-5 – $500/Per individual for teams of 5+)

Please make checks payable to West Park Hospital.

HOW TO REGISTER

Fax: 307-578-2485
Phone: 307-578-2488
Mail: West Park Hospital - Administrator, 707 Sheridan Avenue, Cody, WY 82414
Email: kjacobs@wphcody.org

ACCOMMODATIONS

The Cody Hotel - $93.00 - $101.00/night
A block of rooms are reserved under West Park Hospital
232 West Yellowstone, Cody, WY 82414, (307) 587-5915