NAMSS 2025 Roundtable

Clinical Peer Review: Establishing Best-Practice Standards for Optimal Results

September 2025

Introduction

On September 4, 2025, NAMSS convened healthcare credentialing and quality experts from across the country to identify and standardize best practices in clinical peer review. NAMSS' 11th roundtable, *Clinical Peer Review: Establishing Best-Practice Standards for Optimal Results,* focused on the successes and shortfalls of current processes and introduced a peer review framework to optimize learning, wellness, and continuous improvement.

NAMSS' 2025 Roundtable featured a moderated panel discussion that included the chief medical officer, legal, and medical services professional (MSP) perspectives on clinical peer review and its ability to improve performance, wellbeing, and outcomes. Through the panel and general Roundtable discussions, participants identified factors that contribute to learning and growth opportunities in a well-constructed peer review program.

Roundtable moderator, NAMSS Clinical Quality Liaison and Past President, Kate Conklin, MS, CHC, CPHQ, CPMSM, CPCS, presented a framework of best practices that NAMSS' developed to inform standards that envision the peer review model of the future. In discussing this framework, Roundtable participants provided insight on where peer review is now, and what peer review could look like in the future.

2025 Roundtable organizations included:

- American Commission for Health Care (ACHC)
- American College of Surgeons (ACS)
- American Hospital Association (AHA)
- American Medical Association (AMA)
- American Society for Health Care Risk Management (ASHRM)
- Det Norske Veritas (DNV)
- Federation of State Medical Boards (FSMB)
- GI Alliance
- Health Resources and Services Administration/National Practitioner Data Bank (HRSA/NPDB)
- National Association for Healthcare Quality (NAHQ)
- National Committee for Quality Assurance (NCQA)
- Joint Commission (JC)
- Utilization Review Accreditation Commission (URAC)

Panel Discussion: Shaping Clinical Peer Review of the Future

The roundtable panel consisted of Brian Betner, JD; Casey Chapman, MD; Delicia Dimberg, MEd-OM, CPCS; and Diane Meldi, MBA, CPCS, CPMSM, FMSP, who addressed the challenges and opportunities peer review presents to an evolving healthcare landscape from various perspectives. Roundtable moderator, Kate Conklin, MS, CCE, CHC, CPHQ, CPMSM, CPCS, FMSP, facilitated a discussion that acknowledged the punitive nature of peer review and its role in evolving practitioner-assessment models.

Key Panel Takeaways

Just Culture has a Critical Role in all Peer Review Programs: To ensure that peer review is a learning opportunity, successful models foster an environment that encourages open and honest reporting. This includes respectful dialogue, transparent evaluation processes, and individual and organizational accountability so the result is one of growth and improved patient safety. A punitive focus does not improve care. Instead, factors such as practitioner wellness, professionalism, and organizational culture can be determinants in peer review cases. Approaching peer review broadly to consider the setting and circumstances in which the peer review incident was triggered can help create an opportunity for learning and for institutional change.

Practitioner-Built Peer-Review Processes Increase Sustained Engagement: A peer review process that considers practitioners' bandwidth can help increase their buy-in, as well as their belief in a process in which their peers are judged. Educating all medical staff members on the purpose and process for peer review can also help increase their trust in the process and in the end result. Digitizing peer review processes, for example, is a time-saver that can lead to increased practitioner engagement. With no CPT code for participating in peer review, practitioners need to know the why and believe in the how.

Peer Review is also an Evaluation of the Organization: As much as peer review is an examination of an individual's performance, it is also an examination of an organization. How much of the cause of the peer review is due to an organization's culture or protocols versus an individual's competency or behavior? Identifying patterns can help determine whether a peer review episode is due to faulty protocol or individual performance. The two are not mutually exclusive and legacy training can make it difficult to change organizational culture.

Data Collection and Standardization is a Challenge and Opportunity: Accessing, collecting, and standardizing data that can accurately measure individual performance continues to be a challenge in improving patient care. The data inputted into the EHR currently does not translate to useful quality data. Finding a way to use EHR data for fair and informative quality review, however, could help improve and centralize data collection for all organizations. On the personnel front, developing protocol of inclusivity throughout the peer review process so that all relevant departments are in communication and all relevant parties have what they need to drive the review process forward is critical.

Policy, Regulations, and other Requirements Need to Keep Pace with Healthcare Changes: Laws, regulations, and accreditation requirements do not always keep pace with healthcare's rapidly evolving landscape. While an organization can evolve and implement processes that reflect healthcare evolution, they are limited to how much they can change based on existing statute, regulations, and accreditation requirements.

Appropriate Standardization, when Standardization is Appropriate: The industry, and the individual organization, need to balance standardizing care and autonomy. Healthcare practice and delivery is not a one-size-fits-all model. As the industry moves toward standardization and evidence-based protocols, national professional societies' and accreditation organizations' supporting guidance and frameworks is key to help minimize variability and to ensure fairness.

NAMSS Professional Review Program Framework Presentation

NAMSS represents MSPs who, as agents of practitioner competency and quality assessment, rely on peer review as a performance indicator. They therefore recognize the potential that peer review has in fostering growth and performance improvement for both the practitioner and the organization. Their insights into this evaluation process can help identify and integrate best practices for optimal peer review outcomes.

As healthcare practice and delivery continues to evolve, peer review becomes more critical than ever to help ensure the highest standards of patient care, organizational excellence, and quality outcomes. In organizing its 2025 Roundtable on peer review, NAMSS sought input from industry experts, practitioners, and stakeholders who share a commitment to advancing excellence in the practitioner quality space.

The resulting Framework seeks to provide a pathway to a peer review of the future that results in learning and growth. In doing so, NAMSS recasts this process as a Professional Review to shed the punitive connotations of peer review and to provide a roadmap that fosters a culture of justice, continuous improvement, and patient safety. NAMSS' Professional Review Program Framework offers innovative methodologies for a redefined 'ideal' professional peer review program and solidifies it as a cornerstone of quality and patient safety.

NAMSS Ideal Professional Review Program Framework

Creating a Professional Review Program

- Impact: Organizational Excellence, Quality, and Patient Safety
- Can it be Re-Engineered to Systems-Based Performance v. Individual Competency Review?
- Who Should Define Professional Peer Review?
- Are there Barriers to Effective Peer Review?
- What are Best Practices for Peer Review?

Drivers for Peer Review

- Regulatory Adherence
- Accreditation Standards
- Ethics (AMA Code)
- Culture of Continuous Improvement
- Quality Organizations (e.g. Institute for Healthcare Improvement, the Leapfrog Group, NAHQ)

Barriers to an Effective Professional Peer Review Program

- Reviewer Bias
- Inconsistent Application
- Punishment v. Learning and System Improvement
- Inclusivity and Buy-In by All
- Access to Informative Quality Data

Definitions and Evaluations

- How is Professional Peer Evaluation Defined Today?
- Competency Dimensions (Clinical Competency)
- Behavior Assessment (Culture Impact)
- Other Performance Areas (Aging, Burnout, Illness)

Designing and Supporting Organizational Programs

- Organization Leaders: Medical Staff with Key Stakeholder Input (MSPs, Quality, Risk, Patient Care Teams)
- Structure and Membership of a Multi-Specialty Committee
- Documentation/Reporting: How to Share Information to Inform and Influence Change

Conflict of Interest and Confidentiality

- How can Conflict be Minimized?
- How is Conflict Best Managed?
- Can we Maintain Confidentiality while Promoting Transparency?

Internal/External Professional Peer Review

- **Processes and Circumstances**: When is it External Review Needed – Define Circumstances.
- **Legal Concerns**: Legal Considerations and Statutory Authority Related to Peer Review.

Methodologies and Design Model

- **Outcomes-Based**: Focused on results, using quantitative metrics and data; benchmarking.
- **Evidence-Based**: Data-Driven and systematically collected evidence, such as clinical trials, meta-analyses, or robust data sets. Leverages standardization (checklists, guidelines to reduce variability); supports advancement as new evidence emerges.

- **Systems-Based**: Process-Oriented: focuses on workflows, policies, and organizational factors that shape performance. Holistic view that considers the interplay of people, technology, and work environment. Intentional focus on organizational culture.

Fostering a Culture of Continuous Improvement

- **Transparency**: Open Sharing about Errors and Adverse Events
- **Learning**: Errors are Viewed as Opportunities for System-Wide Improvement
- **Fairness:** Understand System Failure v. Personal Negligence
- **Accountability:** Maintain Appropriate Standards for Responsible Behavior
- **Support:** Encourage Well-Being and Resilience Among the Entire Healthcare Teams

Miscellaneous

- **Triggers and Indicators**: Events or thresholds that trigger professional peer review.
- **Referral Methods**: Results of RCA, patient complaints, quality and risk management monitoring, adverse event reporting.
- **Competency:** What is a holistic view of professional competency?

General Roundtable Discussion on Peer Review

What is the Role and Impact of Peer Review Today in Ensuring Organizational Quality of Patient Care?

Assume Good Intentions: Roundtable participants noted the importance of reframing peer review processes to facilitate professional growth and development. By assuming good intentions, peer review can be framed as a conversation for personal development and improvement rather than an interrogation.

Practitioner Champions Play a Critical Role: Identifying and supporting medical staff champions can help create a culture of learning and growth. Peer review is inherently a practitioner-practitioner collaboration. Champions of this process can help organizations implement a program based on just culture to achieve intended results. Practitioner-developed peer review programs align with the peer model of review and are more likely to achieve the goal of individual and organizational improvement.

Attribution is Key to Effective Quality Assessment: Data is critical to any measurement of quality, but organizations are limited in obtaining and splicing data specifically for peer review purposes. A successful peer review program can determine whether data can be attributed to a specific individual.

What Should Organizations be Doing to Address Practitioner Burnout?

Identify and Reduce Administrative Burdens: The drive for efficiency in healthcare delivery models creates complexities that can lead to practitioner burnout. Organizations need to address and reduce administrative burdens that prevent practitioners from focusing more fully on patient care. Practitioners are trained to care for patients, but not always for themselves. Most medical training curriculums do not include formal self-reflection and evaluation practices. Every peer review case should reflect on “how we got here?” to determine if organizational processes were a factor.

Accrediting Organizations are Partners: More healthcare accreditation organizations are building wellness considerations into standards. Organizations should look to their accreditors as partners in ensuring requirements and processes align with current healthcare delivery systems. Both organizations and accreditors should work together to ensure that requirements and standards evolve alongside healthcare delivery processes.

Remove Departmental Silos to Improve Workflows: Regular communication among the medical staff (e.g. MSPs), quality, and risk management teams can help identify and address risks of burnout on an individual and an organizational level. Partnerships help with intra-organizational accountability to ensure that departments and overall processes incorporate safety and quality of patient care.

Keep Peer Review Scope Narrow and Objective: Peer review can inform performance and individual and organizational improvement, but organizational processes should not inform peer review.

Ensure the Right Measurement for Performance: Removing financial indicators from performance measures can help reduce burnout and more aptly align outcomes with individual performance. Length of stay as a measure, for example, is a financial indicator that does not directly reflect individual performance or patient outcome.

Patient-Centered Care and Peer Review are Complementary: Organizations need to develop cultures of continuous improvement in both patient care, but also in administrative burdens and organizational culture. Patient-centered care should meld with peer review.

Channel the Patient Experience: Educating patients on their role in improving clinical and organizational excellence can improve organizational and individual performance. The patient experience is central to all organizational and practitioner measurements. Their voice provides a perspective into the health of an organization's processes, medical staff, and culture. Practitioners cannot change what they do not know.

What does Peer Review for Optimal Results Look Like?

A Tool for Learning and Growth: The healthcare industry would benefit from making peer review less reactionary and more focused on positive reinforcement, growth, and improvement. The goal of peer review is to ensure that a practitioner and the organization is better as a result. Shifting away from "peer review" terminology toward other terminology such as "clinical evaluation" can help reframe the nature of the process.

A Return on Investment: Peer review needs to demonstrate the return on investment. A reimagined peer review process needs a value proposition that demonstrates the financial value and potential for improved patient and organizational outcomes. An organization should seek to demonstrate that an improved quality program leads to improved outcomes that result in financial gain.

Next Steps for NAMSS' Professional Review Framework and Standards

NAMSS' Quality team will incorporate Roundtable discussion and participant feedback on the presented Framework above to develop a working draft of best practices and considerations for building or restructuring an organization's peer review process. In building upon this Framework, NAMSS welcomes industry feedback and consensus from stakeholders in practitioner quality. Look for opportunities to review drafts and provide feedback on the proposed standards for clinical evaluation/peer review in 2026.

Conclusion

NAMSS thanks all 2025 Roundtable participants and looks forward to further discussions around developing and implementing a peer review concept of the future. Please contact Molly Ford, NAMSS Government Relations (mford@namss.org), with any questions about this report or NAMSS' quality efforts.

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