

Peer Review Committee

Essentials Handbook

Second Edition

Robert J. Marder, MD

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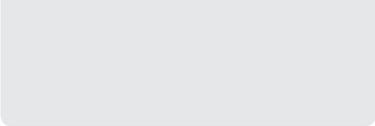
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Contents

- About the Author v
- Introduction. vii
- Chapter 1 — The Functions, Accountabilities, and Culture of Peer Review 1**
 - The Functions of Contemporary Peer Review 2*
 - Accountabilities for Contemporary Peer Review 3*
 - Peer Review Culture 6*
- Chapter 2 — Ethical and Legal Issues: Discoverability, Immunity, and Conflict of Interest 9**
 - Discoverability. 9*
 - Immunity 11*
 - Conflicts of Interest. 12*
 - Practical Methods of Protecting the Peer Review Process 14*
- Chapter 3 — Case Review Process Overview and Selecting Fair Case Review Indicators and Criteria 17**
 - Goals for Case Review 17*
 - Standardizing the Case Review Process 18*
 - Physician Indicator Types 19*
 - Selecting Fair Case Review Indicators and Criteria 20*

Chapter 4 — Case Review Initiation: A Coordinator’s Guide for Efficient Case Review.	25
<i>Case Identification</i>	27
<i>Case Screening</i>	28
<i>Review Preparation</i>	29
<i>Physician Reviewer Assignment</i>	32
Chapter 5 — Physician Review and Initial Case Rating: A Physician Reviewer’s Guide for Focused Case Review.	35
<i>Physician Medical Record Review</i>	36
<i>Initial Case Rating and Justification</i>	40
<i>Finishing the Review</i>	43
Chapter 6 — Committee Case Completion and Follow-Up: A Committee Member’s and Chair’s Guide to Improvement-Oriented Case Review	45
<i>Tips for Productive Peer Review Committee Meetings</i>	45
<i>Six Steps for Peer Review Committee Success</i>	47
<i>Committee Chair and Member Expectations</i>	55
Chapter 7 — Selecting and Analyzing Physician Performance Measures for OPPE.	57
<i>OPPE and the Six Core Competencies</i>	57
<i>Measuring Physicians Fairly: Review, Rate, and Rule Indicators</i>	59
<i>Using Perception Data to Evaluate Physician Performance</i>	60
<i>Interpreting OPPE Report Data</i>	61
<i>Frequency of OPPE Data Reporting</i>	64
<i>Medical Staff Responsibility for OPPE Oversight</i>	65
Chapter 8 — FPPE for Performance Improvement and Corrective Action.	67
<i>Accountability for FPPE Initiation, Monitoring, and Follow-Up</i>	68
<i>Four Steps for FPPE Accountability</i>	69
<i>Formal Corrective Action</i>	71



About the Author

Robert J. Marder, MD

Robert J. Marder, MD, is president of Robert J. Marder Consulting. Marder brings more than 30 years of healthcare leadership, management, and consulting experience to his work with physicians, hospitals, and healthcare organizations nationwide. A highly respected speaker, consultant, and author, he has helped hundreds of hospital medical staffs evaluate and improve their approach to peer review and physician performance measurement.

Marder is the former vice president of The Greeley Company, Inc., in Danvers, Massachusetts, and served as practice director for medical staff consulting. During his 12 years in this role, he consulted with hospitals and healthcare systems throughout the country in the areas of hospital and medical staff performance improvement, peer review, patient safety, medical staff development, and case management. For the past five years, he has continued this work through his own firm.

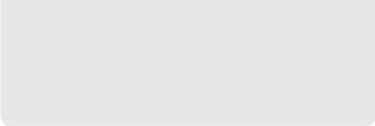
Marder previously served as vice president for medical affairs at Holy Cross Hospital in Chicago and as medical director for quality management and assistant vice president for quality management at Rush

Presbyterian-St. Luke's Medical Center (now Rush University Medical Center) in Chicago.

He began his full-time involvement in performance improvement in 1988 as the national project director for clinical indicator development and use at what was then called The Joint Commission on Accreditation of Healthcare Organizations (JCAHO). During his three years there, he managed five expert national task forces, developing indicators for the JCAHO Agenda for Change, and he conducted extensive training workshops in the use of performance measures in quality improvement.

Marder is a board-certified pathologist, and he is the former assistant director of laboratories and former director of the clinical immunology laboratory at Chicago-based Northwestern Memorial Hospital. He received his undergraduate degree from the University of Illinois-Champaign and his medical degree from Rush Medical College.

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Introduction

The goal of this handbook is to provide a practical guide for the leaders, members, and support staff engaged in peer review. Recognizing that the peer review process will vary depending on medical staff culture, resources, and circumstances, this handbook is designed to help you by providing practical, tested strategies based on working with medical staffs across the country over the past 15 years.

So why the new edition? The first version of this guide was published in 2012 as a companion to the more comprehensive book *Effective Peer Review, Second Edition* (2009). Since that time, *Effective Peer Review* has undergone two updates and substantial additions in 2013 and 2017 with two goals:

1. To provide more detailed information, tools, and case studies on the roles and responsibilities of peer review
2. To help medical staffs move from a punitive peer review culture to a performance improvement culture that reduces bias and is fair, efficient, and effective

As a result, this handbook has been updated to better reflect these concepts. However, to keep this guide as a quick reference for individual committee members and staff, it will not explain many of the principles behind the approaches or provide the extensive examples, tools, and case studies found in *Effective Peer Review*, Fourth Edition (HCPPro, 2017).

Chapter 1

The Functions, Accountabilities, and Culture of Peer Review

Peer review—the practice of physicians reviewing the work of other physicians—is a crucial element of ensuring that patients are provided with quality medical care. Peer review has evolved from the professional obligation that physicians have long felt to ensure that safe care was being provided in their community. Today, accreditors, federal and state laws, and medical staff bylaws require that hospitals (and often other care delivery sites) have a process by which to review physician performance. In addition, good risk management for legal concerns as well as government and commercial payers' interest in the quality of patient care has made evaluating physician care critical for all healthcare organizations.

Over the past two decades, the methods of peer review have also evolved. Peer review is no longer limited to physicians reviewing individual charts that include poor clinical outcomes or conducting a subjective evaluation at the biannual reappointment evaluation. Peer review today is expected to be a data-driven, ongoing performance improvement process. In addition, for many medical staffs, using better methods has helped peer review shift from a punitive process into a more enlightened approach to physician performance improvement. This chapter will provide a brief overview of the basic functions

found in a contemporary peer review program and how these are typically accomplished.

The Functions of Contemporary Peer Review

There are two main goals of contemporary peer review:

1. To help physicians improve the quality and safety of their patient care
2. To help to evaluate physician competency for use in credentialing and privileging

These two goals also reflect that peer review needs to provide individual physician performance data to both physician providers and medical staff leaders. This data comes from two sources:

- Case review of individual events
- Physician profiles of aggregate data commonly used in ongoing professional practice evaluation (OPPE)

This handbook will provide a guide for each of these methods and how they can be used to achieve the above goals through bias reduction and with a performance improvement focus.

Reducing peer review bias

Over the years, a major concern of physicians participating on either side of peer review has been the potential for bias. Although all data can have bias in its collection and interpretation, peer review has been especially susceptible to accusations of bias due to the often-subjective nature of healthcare standards of care and the political nature of medical staff organizational structure. As in any human evaluation process, bias can never be completely removed from peer review. However, it can be reduced significantly with good policies and procedures that are strictly followed. Medical leaders are accountable for promoting both establishment of fair policies and consistent practice by physicians and support staff involved in

Chapter 3

Case Review Process Overview and Selecting Fair Case Review Indicators and Criteria

Although peer review is more than just case review, case review is still the foundation for much of peer review. Medical staffs have been conducting case review for a long time, but that doesn't mean they have always done it well. Even today there is tremendous variation in the effectiveness of case review as conducted by various medical staffs and even within the same medical staff. Many times, the root of the problem is the medical staff's reluctance to establish a well-defined, well-documented process built on sound principles to reduce bias. The goal of this chapter is to lay the foundation for a case review system that helps medical staffs do it well.

Goals for Case Review

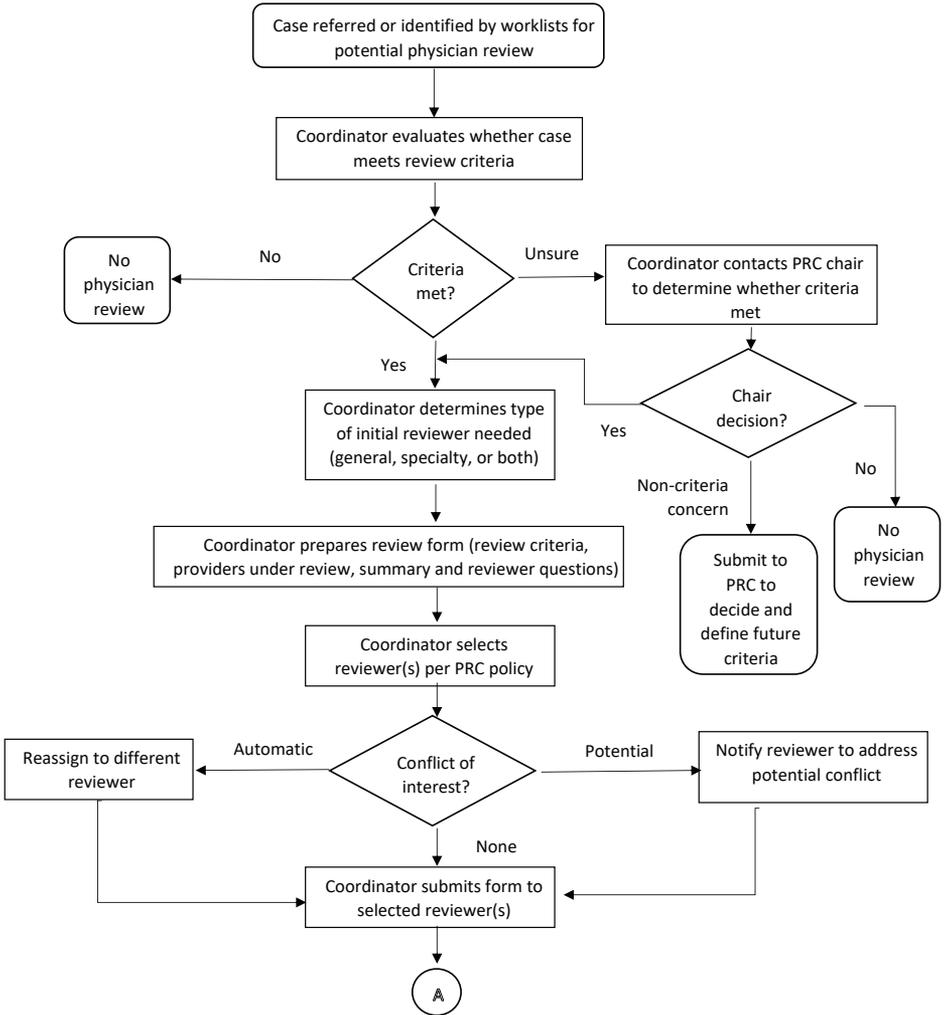
A good case review system has three main goals:

- **Fairness:** Minimize process biases
- **Efficiency:** Don't waste physician and staff time
- **Effectiveness:** Find meaningful improvement opportunities

Fairness means treating individuals consistently. This requires a commitment to designing fair processes that are followed consistently.

Figure 4.1 Case Review Process Part 1: Case Review Initiation

PRC = peer review committee



Selecting and Analyzing Physician Performance Measures for OPPE

OPPE and the Six Core Competencies

As peer review moved into the 21st century, it broadened beyond case review to include other means of evaluation, especially when physicians recognized that there are multiple aspects of physician performance. The Joint Commission standards for ongoing professional practice evaluation (OPPE) have driven the need to use more aggregate data to measure physician performance.

So, what are you required to measure? There are many traditional indicators used in peer review based on the Centers for Medicare & Medicaid Services (CMS) and Joint Commission requirements that the hospital monitor and evaluate certain functions (e.g., blood use, operative procedures), conditions (e.g., mortality, complications), and important processes (e.g. core measures). Although many of these measures may be relevant for physicians, the regulations do not determine what indicators must be used. Therefore, the question you should start with is “What is useful to measure regarding physician competency?” Then make sure that the regulatory requirements are satisfied.

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Get the knowledge needed to serve as an effective peer review committee member and fulfill the role well. *Peer Review Committee Essentials Handbook, Second Edition* compares and contrasts the traditional and contemporary definition of peer review and offers strategies to initiate focused professional practice evaluation. The book's second edition breaks down the 3 main participating groups in the peer review process; the peer review coordinator, the physician reviewer, and the committee member/chair; providing guidelines and knowledge needed to serve as an effective member of the peer review process.

This book will help in:

- Educating coordinators, physician reviewers, and committee members on efficient and effective peer review practices
- Orienting new peer review committee members on best practices
- Teaching peer review participants how to be an asset throughout the process
- Outlining ethical and legal issues of discoverability, conflict of interest, and confidentiality
- Selecting and analyzing physician performance measures

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Simplify Compliance, with its three pillars of thought leadership, expertise, and application, provides critical insight, analysis, tools, and training to healthcare organizations nationwide. It empowers healthcare professionals with solution-focused information and intelligence to help their facilities and systems achieve compliance, financial performance, leadership, and organizational excellence. In addition, Simplify Compliance nurtures and provides access to productive C-suite relationships and engaged professional networks, deploys subject matter expertise deep into key functional areas, and enhances the utility of proprietary decision-support knowledge.

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