



# Improve Your Peer Review Effectiveness

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# Webinar Overview

- The framework for an effective peer review program
- Common breakdowns
- Best practices for developing an educational peer review program
- The Peer Review Scorecard<sup>®</sup>: a hospital self-assessment tool



# The Peer Review Scorecard<sup>®</sup>



## Peer Review Scorecard<sup>®</sup> A Hospital Self-Assessment Tool

### Instructions

For the following statements, indicate the degree to which you disagree or agree by checking the appropriate box to the right of the question. Your response should be based on how things actually are not on how you would like them to be. Mark N/A if you are unsure or feel a statement does not apply to your organization.

**Legend**  
1 = Strongly Disagree  
2 = Disagree  
3 = Neutral  
4 = Agree  
5 = Strongly Agree

Culture	1	2	3	4	5	N/A
1. Administrative and medical staff leaders are visibly committed to continuous improvement of the quality and safety of patient care.						
2. Administrative and medical staff leaders are open and honest about quality or patient safety deficiencies; they don't try to hide problems or find someone to blame.						
3. Our practitioners know how they contribute to the quality of patient care and are held accountable for meeting performance expectations.						
4. Peer review is viewed by practitioners as a fair, objective, and nonpunitive process that is consistently applied to all medical staff members.						
5. Our peer review system is proactive rather than reactive; performance problems are quickly identified and resolved before patient care is adversely affected.						
6. Staff can raise a concern about a practitioner's performance, knowing the medical staff will take it seriously and will fully investigate.						
Peer Review Operations	1	2	3	4	5	N/A
1. Our hospital bylaws provide clear direction on the subject of peer review, its purpose and application						
2. Our peer review system has a clearly defined structure and policies/procedures that are consistently followed.						
3. We have a policy that describes when external peer review should be done and how to obtain an external review.						
4. Our peer review committee(s) is staffed with an appropriate mix of medical staff leaders and practitioners, who are well trained in the peer review process.						
5. Our peer review structure does not have an excessive number of committees.						
6. All peer reviews of individual cases and performance concerns are completed within 30 days of initiation.						

### Peer Review Scorecard Page Two

Practitioner Evaluation	1	2	3	4	5	N/A
1. Our medical staff has defined performance expectations and monitors practitioner compliance with these expectations.						
2. Evaluations of practitioner performance are conducted regularly, not just at the time of reappointment.						
3. Valid and reliable performance data is maintained for all practitioners with patient care privileges.						
4. We have triggers that define when a practitioner should undergo a focused evaluation and the triggers are consistently applied by all medical staff departments.						
5. Our medical staff investigates all deviations from performance expectations and does something about confirmed performance problems.						
6. Cases or performance issues that are sensitive, where a conflict of interest exists, or where the medical staff lacks appropriate specialist expertise are sent out for external peer review.						
Joint Commission Peer Review Standards	1	2	3	4	5	N/A
1. We know what processes and procedural details must be documented in the medical staff bylaws and our bylaws are in compliance (or soon will be).						
2. We know what processes and procedural details must be documented in the medical staff rules/regulations and our rules/regulations are in compliance (or soon will be).						
3. Our medical staff regularly evaluates practitioner competence in all areas: patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.						
4. All new medical staff members and existing members requesting new privilege currently (or soon will) undergo a focused professional practice evaluation to confirm competence .						
5. Our medical staff has developed criteria that determine the type of ongoing and focused performance evaluations to be done.						
6. Our medical staff has developed criteria for evaluating the performance of practitioners when concerns are identified that could affect the provision of safe, high-quality patient care.						

Overall assessment score \_\_\_\_\_ (total)

# A Strong Framework for Effective Peer Review

- Effective leadership and a supportive culture
- Efficient operations
- Effective evaluations
- Compliance with accreditation standards
- Ongoing program assessment leading to continuous improvement



# Leadership/Culture

# Administrative and Medical Staff Leadership: Potential Breakdown

- Leadership does not fully support the peer review process and/or views it negatively
  - slow, cumbersome, ineffective, conflict of interest, potential for retaliation, etc.
- This results in hesitation to follow it except in the most difficult cases
- Organizations that only conduct peer review in isolated/reactive manner can compromise the effectiveness of the program

# Administrative and Medical Staff Leadership: Best Practices

- Hospital leadership should support the development of a strong peer review program that is proactive in nature
  - Identify and resolve potential problems at their onset to increase patient safety and quality of patient care
  - Commit to continuous improvement through education
  - Promote a culture that is open and honest about deficiencies
- Structure the peer review system as a joint venture between the medical staff and administration
  - Respective concerns and issues can be addressed, while accommodating the hospital's structures, services, data capabilities, and political environment

# Practitioners and Staff: Potential Breakdown

- Hospital staff or administration may be reluctant to report errors or question a physician's performance
  - Hospital culture focused on physician authority and autonomy
  - Revenue-generation pressures
  - Fear of retaliation



# Practitioners and Staff: Reluctance to Report Colleagues

- Misconduct or medical errors may not be reported, exposing patients to risks
- A survey of 3,000 physicians, published in *JAMA* in 2010, found that:
  - About one third who knew of an incompetent colleague did not report the person to the relevant authorities
- Reasons for not reporting
  - Belief that someone else would take action
  - Belief that nothing would happen as a result of a report
  - Fear of retribution
  - Quid pro quo in physician & nursing relationships

# Practitioners and Staff: Best Practices

- Ongoing educational peer review that provides objective evaluations in a nonpunitive context
  - Supports a healthy culture of continuous improvement
  - Identifies, tracks, and resolves inappropriate clinical performance and medical errors in their early stages
  - Can uncover problematic practice patterns and physician- and hospital-level issues that need to be addressed
  - Increases transparency and accountability
- Clearly defined performance expectations and objective processes
  - Provides knowledge that concerns regarding a practitioner's performance will be taken seriously and fully investigated by medical staff

# Peer Review Operations

# Peer Review Oversight: Breakdown

- Lack of oversight
- Some physicians simply do not have the training or experience to conduct effective peer review
- Lack of uniformity in the peer review process
- Inconsistent application of protocols and procedures
- Many hospitals do not have policies regarding external peer review
- Excessive number of committees bog down the peer review process

# Peer Review Oversight: **Best Practices**

- Develop well-written bylaws, policies and procedures that:
  - Clearly define the purpose of the medical staff and outline the rights and responsibilities of its members
  - Clearly define the scope, structure, method and triggers for both internal and external peer review
  - Enhance credentialing, privileging, peer review, and performance improvement processes
  - Set unequivocal expectations for appropriate behavior



# Peer Review Oversight: **Best Practices**

- Provide peer review committee members with proper training
- Streamline the peer review process by limiting the number of committees & setting turnaround time requirements
- Establish a strong multidisciplinary peer review committee that is accountable to the MEC
  - Ensures that all required peer review procedures and required program elements are effectively implemented
  - The MEC is ultimately responsible to the board for ensuring that the peer review program is carried out as intended

# Turnaround Times: Breakdown

- Hospitals often have a limited number of qualified staff to conduct reviews
- Physicians' overloaded schedules
  - Involvement in a peer review committee presents yet another time-consuming responsibility
  - The process may be delayed, or reviews may not receive the attention they require



# Turnaround Times: **Best Practices**

- Complete all peer reviews within 30 days of initiation; ideally, within 1 week
- Hospitals should have a standard process & vendor for external peer review which it can invoke when it lacks adequate physician resources to conduct timely peer review internally



# Practitioner Evaluation

# Performance Expectations: Potential Breakdown

- Some hospitals do not clearly define or communicate expectations or clinical standards by which practitioners will be evaluated
- Peer review processes and decisions may appear arbitrary or even capricious
- This can lead to resistance to feedback, and in some cases, practitioner retaliation



# Performance Expectations: Best Practices

- The hospital and medical staff should jointly define what is meant by:
  - Quality of care and patient safety
  - Appropriate resource use
  - Professionalism
  - Accountability for active participation as a team member in the care system
- Setting expectations ensures that practitioners are treated uniformly and held to the same standards
- Ongoing monitoring helps to promote practitioner compliance with these expectations

# Performance Expectations: Best Practices

- Identify automatic triggers for focused evaluations and apply them consistently
  - Re-credentialing
  - Adding new privileges
  - Unexpected patient death
  - Complication
  - Readmission
  - Delay in diagnosis or treatment
  - Disruptive practitioner behavior
  - Inadequate hand-off among practitioners
  - Missed or wrong diagnosis
  - Serious patient complaint

# Evaluations of Practitioner Performance: Common Breakdown

***Conflict of interest (COI) impedes the timely and objective completion of case reviews. COI arises from:***

- Social relationships
- Professional affiliations
- Competition for referrals
- Leadership culture
- Organizational dynamics
- Too few physicians in a specialty to ensure objectivity

# Evaluation of Practitioner Performance:

## Best Practices

- Understand the web of economic, competitive, and social or personal relationships that raise COI concerns
- Develop a written policy and procedure for identifying and handling real or apparent COI
- Educate physicians conducting reviews about all potential COI issues
  - An educated reviewer will alert the committee chair when a conflict exists and request an alternate reviewer; the committee chair should seek an external peer review if a suitable alternate is not available

# Accreditation Standards

- In 2007, the Joint Commission instituted new standards for:
  - Monitoring performance
  - Intervening when safety and quality-of-care concerns are identified
- Hospitals of all sizes must demonstrate that objective peer review is in place for credentialing, privileging, and physician performance evaluations
- Two types of reviews are required to ensure physician competence
  - Ongoing professional practice evaluation (OPPE)
  - Focused professional practice evaluation (FPPE)

# Evaluating Your Peer Review Program: An Ongoing Process

- The Peer Review Scorecard<sup>©</sup>
  - Helps hospital medical staff, quality & risk management professionals and peer reviewers perform a self-assessment of their peer review framework
  - Uses a simple rating scale to quickly identify the strengths and weaknesses of a peer review program; pinpoints areas needing attention
  - Findings provide the basis for taking remedial action with and for developing action plans to address essential follow-up issues and deficiencies
- Ongoing, periodic re-assessment allows hospitals to measure progress and to fine-tune their peer review program as needed

# Evaluating Your Peer Review Program: How to Use the Peer Review Scorecard

- Distribute to MEC and Peer Review Committee members
- Have each person anonymously fill out the assessment
- Compile the scores from each team member and produce an overall average for each area
- Identify the top 3 areas that require improvement
- Meet to develop corrective action programs around the top priorities
- Re-assess periodically and repeat the process

# When to Turn to External Peer Review

- Cases which involve real or apparent COI
- High volume and few willing or qualified reviewers
  - Can outsource all cases in a particular specialty, or a certain number of cases at regular intervals, quarterly, semi-annually, or annually
- Cases in which internal reviewers cannot reach a conclusion or a consensus
- Unresolved quality issues related to a particular department, procedure, or practitioner
- Cases in which physician behavior or demeanor may have impacted clinical outcomes
  - Could benefit from objective outside review by a peer with no prior personal knowledge of the physician

# Conclusions

- Hospitals continually face the challenge of monitoring and evaluating the quality of care that their practitioners provide
- Peer review has long been regarded as an essential component of safe and effective care, but the process often suffers due to:
  - Lack of internal expertise
  - COI
  - Heavy workloads
  - Unclear or inconsistent standards
- Hospitals must consistently measure, monitor, and compare practitioner performance, while fully complying with accreditation standards

# Conclusions

- External peer review can be used to complement internal review activities
  - Avoids COI
  - Provides clinical expertise when resources are lacking, findings are ambiguous or conflicting, or there is a lack of a strong consensus
  - Can reduce medical errors through objective evaluations in a nonpunitive, educational context that supports a culture of continual improvement
  - Increases transparency and accountability
  - Uncovers problematic practice patterns and physician- and hospital-level issues that need to be addressed in a timely manner

# Questions and Answers

# Questions & Answers

- **In conducting peer review, should the practitioner involved in the case be the reviewer/presenter? What is the most effective way to conduct a review?**
  - The practitioner involved in the case has a conflict of interest and should not conduct his/her own evaluation. The best way to conduct a review is to identify a same-specialty practitioner who has no real or apparent COI, to conduct the case review.

# Questions & Answers

- **Our Peer review is strictly reactive addressing patient complaints and event management system physician issues. How do we move to a more holistic approach with the missing pieces we need to incorporate?**
  - Many hospitals' peer review program is strictly reactive. Suggested remedies include engaging the leadership team to perform a strategic review of the peer review process to make it more holistic, re-writing by-laws, policies and procedures to broaden the scope of the program, including (re)credentialing and (re)privileging in the peer review process, identifying high risk specialties for ongoing peer review and developing a proactive and systematic external peer review program.

# Questions & Answers

- **Please list examples of interventions that can be used for physicians with disruptive behavior or any other interventions for physicians who need remedial coaching/help.**
  - Examples would include: the Department Head holding a one-on-one meeting with the practitioner to discuss the problems; documenting the behaviors that need to be made into a formal corrective action program; appearance before the MEC; signing of a corrective action agreement; implementation of a progressive discipline program that includes dismissal as the final option.

# Questions & Answers

- **The state of Florida enacted Amendment 7 which allows Peer Review information to be discoverable. Does external Peer Review have systems in place to deal with this concern?**
  - External peer review organizations such as AllMed operate under strict confidentiality. However, in states where peer review proceedings and documents are discoverable such external peer review proceedings are subject to the law. In said states, we gain advance agreement from the peer reviewer and when necessary, their agreement to appear as an expert witness at a fair hearing.

# Questions & Answers

- **Are members of the same contracted medical group considered to have a conflict of interest when reviewing members of their own group?**
  - Yes. As business partners in a professional corporation, they have an economic interest in each others' success, plus social relationships that would make it difficult for them to render objective determinations relative to a colleague's performance.

# Questions & Answers

- **What advice do you have to offer in terms of the State of Florida when the quality File is requested in the case where amendment seven is applied?**
  - Knowing that the file is discoverable, make sure to document all meetings, discussions, proceedings and reports in an appropriate manner. Make sure all materials demonstrate objective review of the case(s), the application of evidence-based standards and criteria, and that all determinations are well substantiated with strong clinical rationale and references.

# Questions & Answers

- **What advice do you have to offer as it relates to managing behavior where the medical leadership is reluctant to follow through?**
  - The leadership's job is to make sure that all members of the medical staff's concerns regarding behavior are heard and acted upon. If the leadership is not willing to do this, find out if there is a formal and anonymous process for sending concerns up the chain of command.

# Questions & Answers

- **What is your process of conducting an external review that involves behavioral concerns?**
  - It depends on the issue. Both reviews of written cases as well as on-site reviews are typical.

# Questions & Answers

- **Will you please elaborate what it means by limiting peer review committees? At our facility, we have peer review committee under each dept and then all validated cases are presented before MEC.**
  - We mean making sure that you don't get bogged down in too much structure, that the process is documented, turnaround times are stipulated and there are procedures for handling conflicts of interest outside of the department.

# Questions & Answers

- **In a small hospital, would we still be in compliance if we do not have a specific 'peer review committee' but rather goes directly to MEC for discussion and any actions, etc?**
  - Ideally there should be a separate peer review committee structure that operates independently of the MEC, while still being accountable. If this is not possible, the MEC needs to have a strong policy on how to managed COI. External peer review should be built into the process to ensure timely, objective review of cases in specialties with few practitioners.

# Thank You



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