



PEER REVIEW IN GROUP PRACTICES

MedPro Group Patient Safety & Risk Solutions

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INTRODUCTION

Peer review provides the framework for a systematic evaluation of patient care with the ultimate goal of reducing morbidity and mortality. The peer review process involves analysis of clinical decision-making and processes, and it offers opportunities to improve systems used for the provision of patient care.

Peer review is a key component in the development of performance improvement, risk management, and patient safety activities.

OBJECTIVES

The objectives of this guideline are to:

- Provide an overview of peer review statutes;
- Discuss important steps in establishing a peer review committee, selecting clinical indicators, and developing a peer review process; and
- Describe other considerations related to documentation of, and processes associated with, peer review.

INITIATING PEER REVIEW IN A GROUP PRACTICE

Evaluate Peer Review Statutes

With your attorney, evaluate your state's peer review statute and the Health Care Quality Improvement Act (HCQIA), 42 USC §11101 et seq.

Peer review statutes are designed to encourage physicians to analyze the quality of patient care. These statutes generally include language intended to protect good faith statements of opinion made during the peer review process. This protection is commonly referred to as "peer review privilege."

In addition to statutes, your state's interpretation of peer review also might be influenced by case law. Your attorney should be able to provide you with information about these rulings and their significance to your peer review process.

In some states, peer review statutes may not be applicable to group practices. Instead, they might be intended for peer review completed in hospitals. If this is the case in your state, ask your attorney how to best review care and maintain a confidentiality privilege.

Peer review statutes may be instructive in determining committee membership, authority, and process.

Establish a Peer Review Committee

As part of the process of initiating peer review in a group practice, you should define, in writing, the peer review committee's:

- **Purpose:** Use language from your state statute, if applicable.
- **Structure and authority:** Include information about committee membership and the reporting relationship. (For example, the peer review committee may report to the governing board.)
- **Scope:** The scope of the peer review process generally encompasses two categories:
 - Clinical indicators, which identify and address high-risk, high-volume, or problem-prone processes or diagnoses; and
 - Process, which refers to events that involve some sort of review and action, such as adverse outcomes, incident reports, and patient complaints.

Select Clinical Indicators

When selecting clinical indicators, it might be helpful to focus on (a) the top 20 percent of high-volume diagnoses (which probably represent 80 percent of your total patient volume); or (b) the top 20 percent of problem-prone processes that are critical to safe patient care (these vital processes likely affect 80 percent of your patient outcomes).

For example, diabetes might be in the top 20 percent of your high-volume diagnoses, and, as a result, identified as a clinical indicator. Thus, as part of peer review, you might screen to ensure that certain critical processes related to diabetes management are in place, such as the completion of hemoglobin A1c testing for patients who have been diagnosed with Type 1 or Type 2 diabetes for at least 12 months. (*Exception:* documentation that the patient is not a candidate for hemoglobin A1c testing.) You also may screen to ensure that diabetic patients are receiving appropriate diabetes education — and that the provision of education is documented.

Other examples of processes that can be monitored routinely as part of peer review include:

- Evidence of medication reconciliation for every patient at each visit.
- Evidence that abnormal diagnostic results are clinically addressed.
- Evidence that past medical records or written reports from consultants have been received, reviewed, and discussed with patients.
- Evidence that preventive screening has been completed.

Potential quality issues (i.e., a deviation from above criteria) should be referred to the peer review committee for further review.

Develop a Process

Initiation and termination of the peer review process might be defined in your state's peer review statute. Additionally, the HCQIA describes standards for professional review actions. Discuss these processes with your attorney to ensure that the full benefit of peer review privilege is achieved.

Steps in the written process generally should address the following:

- A process for identifying clinical cases, i.e., clinical indicators, clinician referral, adverse outcomes, patient complaints, incident reports, risk management activities, concurrent case review, etc.
- A process for completing initial case screening, e.g., a designated clinician may initially screen for potential quality issues.
- A process for referring cases with potential quality issues to the peer review committee for further review.
- A description of the peer review committee's severity ratings (if the committee is using a rating system). For example, ratings may range from category 0 (no substandard care or patient injury) to category 5 (possible iatrogenic patient death).
- Written procedures relevant to HCQIA requirements, e.g., provider notification and appeal rights.
- A description of corrective actions and oversight processes.
- A description of clinician-specific tracking of quality information, e.g., aggregate individual peer review information is reviewed at the time of recredentialing.
- A process for distribution of peer review committee minutes, e.g., distribution is limited to the governing board, which is the peer review oversight committee.
- A description of a standardized system for routine destruction of peer review committee minutes. The system should be consistent with your state laws.

Develop a standardized checklist that outlines strict compliance with your written peer review process. Preservation of a privilege may depend on whether you followed your written process.

OTHER CONSIDERATIONS

- **Be aware of documents that are not privileged.** Although these documents may vary by state, the following are typically not protected under a peer review privilege:
 - Letters of staff education, unless specifically requested by a peer review committee;
 - Administrative memoranda, e.g., records created or maintained by the administrator/manager to describe a particular event;
 - Personal notes kept by a clinician regarding a patient's adverse event;
 - Investigations of adverse events, unless directed as a peer review activity or completed by an insurance company, self-insured retention claim staff, or a specifically assigned claim defense attorney;
 - Departmental logs or communication books; and
 - Incident reports (privilege is state specific).
- **Follow documentation guidelines.** Although the documentation mentioned above is necessary in the day-to-day course of operations, the following guidelines should be observed:
 - Document only the facts, not conclusions or speculations as to why something occurred.
 - When possible, document issues, not specific patient identifiers.
 - Do not disseminate patient-specific information beyond the peer review/quality committee.
- **Do not ask employees to prepare written statements following an adverse event.** Rather, employees should understand that the process will be handled through peer review.
- **Collect all handouts or minutes at the conclusion of peer review/quality meetings.** Refrain from discussing a specific adverse event outside of the peer review committee setting.

CONCLUSION

Peer review is an important tool for evaluating quality of care and clinical systems and processes. Group practices that wish to initiate peer review should (a) meet with their attorneys to review state-specific statutes related to peer review, (b) establish peer review committees and define their role and scope, (c) identify clinical indicators, and (d) develop a thorough, written peer review process.

RESOURCES

- The Health Care Quality Improvement Act of 1986, as amended 42 USC Sec. 11101 01/26/98 — <http://www.npdb.hrsa.gov/resources/titleIv.jsp>
- American Medical Association: Links to State Medical Boards — <http://www.ama-assn.org/ama/pub/education-careers/becoming-physician/medical-licensure/state-medical-boards.page>
- Centers for Medicare & Medicaid Services: Physician Quality Reporting System — <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/index.html>