

# Developing a Meaningful

# PEER REVIEW Program

## PART I

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Mention the topic of peer review, and comments about the process being cumbersome, tedious, an exercise in paperwork, meaningless, confusing and overwhelming are likely to follow. With a well-defined process supported by carefully developed tools and worksheets, your ASC can eliminate these negative responses and develop a meaningful peer review process tailored to the needs of your ASC.

**P**eer review is not optional for ASCs. It must be an active and organized process and should be integrated into your ASC's quality management and improvement program. The process is designed to enable your ASC to involve other providers with similar training in evaluating a physician or provider's performance in your ASC and should be based on knowledgeable, unbiased and objective data.

Peer review is important to your ASC on many levels and can affect your ASC's state licensure, Medicare certification and accreditation. The process also has potential legal and financial ramifications for your ASC and the members of your ASC's governing body.

The peer review process includes utilization review, quality management, credentialing, privileging and reference letters. All practitioners who apply for privileges in your ASC, including physicians, osteopaths, podiatrists, chiropractors and licensed independent practitioners (LIPs), which include certified registered nurse anesthetists, physician assistants and advanced practice nurses, should be subject to peer review. A simple rule of thumb: Any staff at your ASC who must apply for privileges also qualify as candidates for peer review.

### Who Participates in Peer Review?

Much like a football team, your ASC's peer review process is a team effort. In peer review, your quarterback, or facilitator, is your ASC administrator, who may delegate some of the tasks involved to a medical secretary or clinical coordinator. Your pass receiver, or reviewer, is the peer—someone who works in a similarly sized facility with similar capabilities and who is in the same specialty. In the ASC, this person is often a peer on the ASC's medical staff. Your substitute pass receiver, or external peer reviewer, may be called in when no one on your ASC's medical staff is qualified to review the information. An Independent Review Organization (IRO)—an organization your ASC can find online or through your state medical societies to help with your peer review process if no one in your ASC is qualified or capable of reviewing a provider in your ASC—can provide links to external peer reviewers. Many times, other physicians outside the market

area where your ASC is located may be willing to provide this review. If your ASC is a member of your state ASC association, names of potential reviewers might be available there.

The center for your peer review team, or the person responsible for the initial review, is typically your ASC's medical director. After your ASC's administrator assembles the materials needed for peer review, your medical director may look it over to determine what actions to take next. The coaches of your peer review team, or those with ultimate authority, are the members of your ASC's governing body. All of your ASC's peer review activities should be reviewed and discussed with your Board, and the results of those discussions should be incorporated into the minutes of those Board meetings.

The peer review process provides many opportunities for potential conflicts of interest to arise. The reviewer may be a partner of the provider undergoing review, the reviewer may be a direct competitor or an existing social or personal relationship could affect the review. Potential conflict may be based solely on a perception, for example, a physician's belief that the reviewer is competing for the same patients. In reality, any of these situations could affect the impartiality of the review and should be considered when reviewers are assigned.

Peer review should never be subjective and reviews should never be capricious or arbitrary.

## Steps Involved in Conducting Peer Review

Accreditation organizations such as the Accreditation Association for Ambulatory Health Care (AAAHC) and The Joint Commission, require that an ASC's governing body must approve an ASC's peer review process. This approval is required under Chapter 2 of the Governance Subchapter II—Credentialing and Privileging in the AAAHC 2009 *Accreditation Handbook for Ambulatory Health Care* and Standard HR.02.01.03 in the 2009 Standards for Ambulatory Surgery Centers issued by The Joint Commission. In all cases, your ASC's peer review process and your governing body's approval of that process must be well documented.

The process begins with an applicant's initial application for privileges. The applicant should submit a complete application, which means he or she must fill in every blank with complete information. Accreditation surveyors will examine the applications as part of the accreditation survey, and the surveyors will verify that the information is complete. The list of references the applicant provides must include complete names, addresses and contact information. If your ASC decides to rely on a Credentials Verification Organization (CVO) for parts of this process, any missing information could slow the process considerably.

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In my experience, the time frame for completing the primary source verification is always longer than anticipated. The most common reason for the delay is the reference checks, mostly because the reference(s) listed cannot be contacted. When requesting references, your ASC should use a form letter that requests specific information rather than open-ended questions. In the form letter, precisely list all of the information you need. (See the examples of two professional reference requests at right).

Your ASC should incorporate peer review into its recredentialing process and should focus on the practitioner's professional behavior and competence. Quality data, including case volume, medical record completion, clinical indicators and risk management data, should be available. Also, the materials you provide should include the results of peer review, patient and staff complaints and performance data, such as medical assessment and treatment of patients, blood use, drug utilization, operative/invasive procedures, utilization review, departures from established patterns of clinical practice, compliance with bylaws, medical staff rules and regulations, policies and procedures and meeting attendance. All of this takes time, so you should expect recredentialing to take four or five months to complete. Remember, and remind your practitioners involved in this process, that if a practitioner misses your ASC's recredentialing deadline, he or she can no longer provide care at your ASC.

Your Center Name Here  
Professional Peer Reference Questionnaire

Name of Applicant: \_\_\_\_\_  
 Area of Clinical Privileges Requested: \_\_\_\_\_  
 Name of Reference Practitioner: \_\_\_\_\_  
 Current Position of Reference Practitioner: \_\_\_\_\_

Time period of observations: \_\_\_\_\_  
 Location of observations: \_\_\_\_\_  
 Position at time of observation: \_\_\_\_\_  
 Type of clinical procedures observed: \_\_\_\_\_

Please indicate your evaluation of the practitioner based on your observations in comparison with those practicing similar specialties:

Criteria	Excellent	Above Average	Average	Below Average
Overall Ability				
Technical Skills				
Professional Judgement				
Compliance to Regulatory Requirements/Standards/Staff Bylaws				
Professional Behavior/Interpersonal Skills				
Communication Skills				


Please describe any strengths or weaknesses observed: \_\_\_\_\_

To your knowledge, does the practitioner have any condition which could compromise his ability to perform any of the mental and physical functions related to the requested clinical privileges? ☐ Yes ☐ No If yes, please explain: \_\_\_\_\_

To your knowledge, has the practitioner ever been denied membership or clinical privileges for any hospital system or medical staff? ☐ Yes ☐ No If yes, please explain: \_\_\_\_\_

Please review the attached copy of "Requested Delineation of Privileges". Do you concur that these privileges match the experience for this physician, and that he is qualified by training and experience to be approved for the requested privileges? ☐ Yes ☐ No If no, please explain: \_\_\_\_\_

Any additional information which may be relevant to the evaluation of the practitioner: \_\_\_\_\_



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**Medical Record Audit Form**—To allow for quick reference in limited space, the forms included in this article appear as small or abbreviated versions of the originals. Full-size versions are available at [www.ascassociation.org/pr](http://www.ascassociation.org/pr).

Your Surgery Center Name

### PROFESSIONAL REFERENCE QUESTIONNAIRE

Professional Evaluation Concerning: \_\_\_\_\_  
 Reference Provided by \_\_\_\_\_ Date \_\_\_\_\_  
 Print Name, Degree (MD or other degree)  
 Signature \_\_\_\_\_  
 Medical Specialty \_\_\_\_\_

Please answer all questions based on your personal knowledge and direct observations. Your candor will be greatly appreciated and your answers will be confidential, except as is necessary for accomplishing the credentialing process, or for any related due process procedures. If you need additional space to answer any question, please use the back of the form or attach additional sheets.

- How long have you known the applicant? \_\_\_\_\_
- In what setting(s) and with what frequency did you observe the applicant? (i.e., office, hospital residency program, etc./daily, weekly, monthly, etc.) \_\_\_\_\_
- Would you be pleased to have this applicant as an associate with you in practice? ☐ Yes ☐ No
- My general recommendation concerning this applicant is:
  - Recommend highly without reservations
  - Recommend as qualified and competent
  - Recommend with some reservation
  - Do not recommend
- Before continuing, please review the applicant's attached request for clinical privileges and refer to the form as appropriate in answering questions. If you do not have adequate knowledge to answer a particular question, please indicate "No Information".

Scale to be used: Excellent - 4 Above Average - 3 Average - 2 Below Average - 1 (circle the correct response)

Medical Knowledge	4	3	2	1
Clinical Judgment	4	3	2	1
Ability to perform privileges requested (physically/mentally)	4	3	2	1
Pattern of resource use (hospital admission necessary, LOS, tests, etc.)	4	3	2	1
Competence / Technical and Clinical Skills	4	3	2	1
Interpersonal skills	4	3	2	1
Availability	4	3	2	1
Use of consultants when needed	4	3	2	1
Record Keeping	4	3	2	1
Patient Management	4	3	2	1
Physician-Patient Relationship	4	3	2	1
Ability to Understand and Speak English	4	3	2	1

6. After reviewing the applicant's Request for Privileges and based on personal knowledge and observation, do you believe the applicant has o none o some o all of the qualifications and skill necessary for the privileges requested.



Credentialing and recredentialing are part of the peer review process, and as such, are designed to investigate and assess professional and personal backgrounds of every practitioner applying for privileges; assess specific privileges appropriate for the practitioner's training and experience; and periodically reappoint each member of your ASC's medical staff based on performance assessments. When recredentialing, information about medical education and internships, residencies and fellowships does not need to be verified as it was already verified on the initial application and does not change. The American Medical Association reappointment profile, however, should be queried, and peer review should be conducted whenever new privileges are requested.

When peer review is conducted, it may be a focused review that qualifies a practitioner for medical staff membership with specific privileges, or it may be a focused and ongoing review whereby your ASC seeks further confirmation of competence and a review of quality data.

### Avoiding Problems

To reduce problems during the peer review process, Mark Whitmore, in a presentation about a 2007 Minnesota court case titled "Negligent Credentialing as a Civil Cause of Action: Surviving *Larson v. WaseMiller*," suggests improving your ASC's credentialing application. Demand more details. Demand complete

updates at the time of recredentialing, rather than asking "Has anything changed?" Demand updates between the time your ASC processes initial approval and announces its final decision. Consider indemnity language for the physician who fails to disclose information in the application.

Whitmore also recommends that medical staff members be clearly informed about the expectations of the medical staff regarding quality of care, the appropriate use of resources, patient safety, professionalism and accountability for *active* participation as a member of the medical staff, which may include participation in quality improvement activities, peer review and various meetings. It also includes medical record documentation, requiring that the provider completes the medical record within a specified time established by your ASC's Governing Body's policy, so all of the chart reviews do serve a purpose.

### Confidentiality

As stated in a decision rendered in a 1977 Minnesota court case, peer review is intended "to encourage the medical profession to police its own activities with a minimum of judicial interference." Also, according to a 1999 court case in that same state, "State legislatures have recognized that professionals will be reluctant to participate freely in peer review if: There is the possibility of being compelled to testify against a colleague in a



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medical malpractice action; there is the possibility of being subjected to a defamation suit by another professional.” According to Minnesota law, “[Peer review information] shall be held in confidence, shall not be disclosed to anyone except to the extent necessary to carry out one or more of the purposes of the review organization, and shall not be subject to subpoena or discovery.”

The peer review process has always been considered confidential, and this provided a sense of safety for the reviewer, as the person being reviewed didn't know who had performed the peer review. But states are now allowing patients to access this information. Prior lawsuits, state disciplinary records and even divorce papers have been allowed. As of February 2009, 27 states upheld negligent credentialing claims. Delaware and Kansas rejected these claims. The August 16, 2007, opinion in *Larson v. Wasemiller* also states, “Although the confidentiality provisions of [the peer review statute] present some obstacles in both proving and defending a claim of negligent credentialing, they do not preclude such a claim.”

### Enlisting Physician Support

Some of the physicians who provide services at your ASC may be reluctant to be involved with the somewhat time-consuming paperwork involved in peer review, and some may be reluctant to be

linked to negative findings about their peers or the possibility of becoming involved in a related lawsuit. Other physicians may hesitate to be involved for fear that these claims will erode peer review confidentiality as your ASC may find it hard to defend a credentialing decision without revealing the details that went into the decision.

So how do you get buy-in from your ASC's medical staff and encourage them to participate fully in peer review?

1. Make the process meaningful.
2. Use Board-approved criteria to establish peer review guidelines.
3. Involve all of your ASC's medical staff rather than just a select few who may feel that they are being singled out to participate.
4. Keep the paperwork as simple as possible.
5. Do the prep work for your reviewers prior to the review.
6. Develop forms that are self-explanatory.
7. Have all of the pertinent information, e.g., hospital discharge summaries, available for your peer reviewers before they begin.

*Part II of this article will appear in the November/December 2009 issue of ASC Focus. If you are not an ASC Association member, join today at [www.ascassociation.org](http://www.ascassociation.org) or by calling 703.836.8808 so that you will receive this article and a year's worth of ASC Focus. =ASC*

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