Peer Review Policy

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<td>CS-QI-004-13</td>
<td>Clinical Services</td>
<td>12/11/13</td>
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<td>Approval Signature: Dr. Alexander Blum, CMO</td>
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Purpose:
To outline the process for Peer Review under Evergreen Health’s Practitioner Advisory & Credentialing Committee Process.

Policy Statement:
Member safety and quality medical care are the central focuses underlying all peer review activities. All peer reviews are conducted using evidence-based guidelines, when available, or practice parameters developed by national medical specialty societies, which have been vetted and approved locally when feasible. Peer review may be intensified in response to the circumstances of a single case, or the review may examine broader trends in the performance of systems and/or processes of delivery. If incident based, the review should ensure that principles of fairness and due process are afforded any practitioner involved. Since the demarcation between quality improvement and corrective action can be problematic, strong effort must be focused to achieve the goal of quality improvement, while being objective, transparent, fair and credible.

A peer review to examine system issues should result in suggestions for system improvement. Such efforts to ensure the preservation of quality care activities are an important function of the Peer Review Committee, separate from individual practitioner review. Such review should be based on appropriateness, medical necessity and efficiency of services to assure quality medical care.

Products Affected:
All products

Definitions:
1. **Practitioner Advisory & Credentialing Committee (PACC)** - The Practitioner Advisory & Credentialing Committee (PACC) is responsible for evaluating the quality, continuity, accessibility and cost-effectiveness of medical care rendered as well as other peer review activities. The PACC makes recommendations to accept, keep, deny or terminate a practitioner’s participation with the Evergreen Health network.
Procedure(s):

1. Case Identification and Initial Review

All cases identified as quality of medical care issues are reviewed through the organization’s Peer Review Process. The Peer Review Process is coordinated by the Quality Department. Cases identified with quality of care issues are referred to the department for case review. Such cases may be identified through member services, concurrent review, case management, audits, sentinel events, clinician referrals, allegations of substance abuse and other sources.

Any clinical quality issue regarding patient care will be initially reviewed by a nurse in the Quality Department with oversight from Evergreen Health Chief Medical Director. The nurse will retrieve all pertinent medical information regarding the case in question and will enter this information into a tracking database. If no quality of care issue is identified following this quality management review, the case is closed, the findings are documented and over time the Quality Department will trend future provider level issues. Results of peer review cases concerning medical care complaints are tracked for individual practitioners and incorporated into the practitioner’s re-credentialing file.

2. Responsibilities of PACC and Chairman

Cases requiring further evaluation for clinical quality issues are referred to the Chair of the PACC. The Chair will review the issue and will use the protocol in Attachment B to grade the severity of the alleged substandard care. Cases resulting from minor or temporary negative consequences for the member, graded as Level 0, 1 or 2, may be handled by the PACC Chair without formal convocation of the Committee, following the guidelines specified in the Evergreen Health’s Procedure for Peer Review Corrective Action Program (Attachment B).

Cases graded as Level 3 or higher severities are referred to the PACC for a decision of whether to move forward with a formal hearing and review process. PACC is a practitioner peer review group that includes the Chief Medical Officer and contracted specialist practitioners on an ad hoc basis, as appropriate for the specific specialty care review. All subjective and objective relevant information should be obtained promptly from relevant sources and then be made available to the subject practitioner.

Direct economic competitors of the subject practitioner are barred from serving on the peer review panel. The Chairman of the PACC may also choose to obtain an external expert opinion for specialty review. The Chairman will summarize its findings and make written recommendations regarding the outcome of the review process, including suggested corrective actions. Corrective actions will be selected appropriately for the level of severity, as specified in the Evergreen Health’s Procedure for Peer Review Corrective Action Program.

The finding and recommendations from the PACC shall be communicated to the individual contracted practitioner if the care in question was identified as sub-standard. Such communication shall be by certified mail, sent within ten (10) days of the PACC action. Information will also be filed in the practitioner’s credentialing files and reviewed at the time of the practitioner re-credentialing process. The Chief Medical Officer or his designee will then be responsible for relaying the findings of PACC to the practitioner in question, with implementation of the Corrective Action Program. Documentation of this counseling and corrective action shall then be relayed back to the PACC for inclusion in the case file.
3. **Formal PACC Process**

The practitioner under review must receive appropriate notice of the hearing. Times convenient for the practitioner will be taken into consideration. Written notification of the date, time and place of the hearing as well as the composition of the hearing panel, shall be sent to the practitioner under review within fifteen (15) calendar days of PACC’s decision to convene a formal process. The hearing must be held before an arbitrator, hearing officer or hearing panel not in direct economic competition with the practitioner involved. In the hearing, the accused practitioner is entitled to representation by an attorney, to a record of the proceedings, to call, examine, and cross-examine witnesses, to present relevant evidence, regardless of its admissibility in a court of law, and to submit a written statement at the close of the hearing. Upon completion of the hearing, the practitioner has the right to receive the written recommendation of the arbitrator, hearing officer, or the hearing panel and the right to receive a written decision from the health care entity. The recommendation and the decision from the health care entity are to include the basis for the conclusions reached. The practitioner shall be informed of the decision of PACC within ten (10) days of the hearing. This decision will be sent via certified mail.

Certain of the procedural protections can be relaxed in the event of a threatened health care emergency. A hearing is not required in the case of a suspension or restriction of clinical privileges for a period not longer than fourteen (14) days, during which an investigation is conducted to determine the need for a professional review action. Clinical privileges can be immediately suspended or restricted where the failure to take such action may result in an imminent danger to the health of an individual, provided that the practitioner receives a subsequent notice and the right to a hearing or other due process procedures.

4. **Documentation of Activities**

All results of evaluation of medical care by the PACC are documented in confidential minutes, and the documentation is secured in the Quality Department. Final reviews by external practitioner experts or the PACC are also tracked in the quality database. All medical peer review results shall remain confidential and shall not be subject to subpoena or discovery in compliance with the Maryland Physician Review Board. Evaluation of practitioner-specific medical care is not shared with other departments, members, member families, external agencies or other committees, except for the Board of Registration in Medicine, as required by statute. The Chief Medical Officer may decide to follow up with member complaints on medical quality directly with members, or delegate a follow up with complaint resolution.

5. **Appeal Rights**

Within ten (10) days of the receipt of the decision, the practitioner under review has the right to request an appeal from the PACC. The request must be in writing and shall include an identification of the grounds for appeal and a clear and concise statement of the facts in support of the appeal. The grounds for the appeal shall be:

a. Substantial non-compliance with the procedures of the PACC;

b. Insufficient evidence in the hearing record to support the decision.

Evergreen Health’s Appeals PACC will sit as the appeal board. The Appeals PACC will consist of three (3) peer participating providers, practicing in the same or similar specialty, from the Co-op Provider Network, each of whom shall be designated by the Chairperson of the PACC. Only the three (3) Appeals PACC members shall hold voting privileges. The Appeals PACC shall not include individuals in direct economic competition with the appealing practitioner. The Appeals PACC
members will be required to sign an Appeals PACC Confidentiality and Conflict of Interest Agreement upon appointment to the Appeals PACC. The Evergreen Health Co-op Appeals PACC will convene the appeal hearing within thirty (30) days of receipt of the written request from the practitioner under review. Then the Evergreen Health Appeals PACC will review the appeal request and any other material it deems relevant, and will recommend to the PACC whether the PACC should affirm, modify or reverse the original finding and recommendations. After Review of the Evergreen Health Appeals PACC recommendation, the PACC will issue a determination. This decision shall be considered final.

6. Reporting to Maryland Board of Physicians

Minutes of the PACC are not shared with other quality committees. The Chief Medical Officer or his designee may also share with the Quality Improvement Committee (QIC) to identify opportunities and report quality issues. The Evergreen Health QIC has the responsibility to make recommendations and revise policies that have a direct impact on members’ medical care and services. A summary of the PACC activities shall be presented quarterly to the QIC to include: documentation of trends by insurance products, provider types and level of severity; status reports regarding corrective action plans, as part of the Peer Review Process.

Results of the PACC are not released to the Board of Directors or any other intramural or extramural department, except for the Maryland Board of Physicians for those cases rated as Level 3 or higher severity which result in a Corrective Action Program (CAP) that includes any of the following: mandatory CME; written admonition, proctoring, change in credentialed status or privileges, resignation, or termination.

7. Additional Corrective Action

Additional corrective actions may also be implemented by mutual agreement of the supervising practitioner (as defined in the Correction Action Program) and the PACC Chairman, with recognition given to recurrent events and trends documented for the practitioner in question. When feasible, the corrective action should include terms that permit measurement and validation of the completed remediation process. In the case of a practitioner with a documented substance abuse problem, one of the required corrective actions shall be referral to an approved substance abuse treatment program, with documentation of ongoing compliance with such a program. A practitioner’s health and impairment issues should be identified and managed separately from the disciplinary process.

8. Credentialing Review

Based on findings of the PACC, additional actions may take place to reduce, suspend or terminate a practitioner’s credentialing privileges. Because such action is based on acceptable corrective action established by the PACC, it shall be deemed consequent to the original action of the PACC, and not subject to a second and separate appeal process.
9. Corrective Action Program

A. Problem Identification
All substandard clinical care identified shall include both acts of commission and omission, deficiencies in the clinical quality of care, and any instances of practitioner impairment documented to be a result of substance abuse (Attachment B).

B. Corrective Actions
Following a determination by the PACC that a practitioner has rendered sub-standard care, the Committee will recommend a list of acceptable corrective actions appropriate to the severity of the substandard care, using the guidelines identified as Attachment B in support of their recommendations. The final recommendations of the Committee may also take into consideration other pertinent quality data regarding the practitioner in question, including but not limited to the following:

i. Patient complaints specific to that practitioner during the previous two years.
ii. Additional quality reviews specific to that practitioner, documented in the Quality Department.
iii. Any data or quality metrics maintained by a state or federal agency.
iv. Any patient and peer satisfaction survey results specific to that practitioner during the previous two years.
v. For primary care practitioners, data from the prior two years summarizing the frequency of member requests to change to a different PCP because of dissatisfaction with the practitioner.
vi. Any credentials file information documenting current limitations of clinical privileges or disciplinary actions, current or past substance abuse or mandated treatment for same, and records of malpractice proceedings.

C. Supervising Practitioner
The recommendations for corrective action shall be implemented by a practitioner in the Evergreen Health provider network who is directly accountable for the clinical supervision of the practitioner in question. In the case of a department with subdivisions and at the approval of the department chief, the division chief may also be designated as the supervising practitioner.

If neither the department chief nor the division chief is an appropriate designee because of their personal involvement in the care of the patient in question, then the group’s medical director or associate medical director for clinical quality will function as the supervising practitioner.

10. Implementation of Corrective Action Plan
The supervising practitioner shall, in each case, review personally with the practitioner in question, the results of the PACC. The supervising practitioner shall also establish with the practitioner in question, the Corrective Action Plan, using as a guideline the specific recommendations of the PACC. The supervising practitioner shall notify the Chairman of Evergreen Health’s PACC confirming the completion of a feedback session with the practitioner in question, as well as the agreed upon Corrective Action Plan and a timetable for its accomplishment.

It is the responsibility of the Chairman of the PACC, working with the supervising practitioner, to document that the CAP has been implemented in accordance with the specific timetable. If the CAP
is not implemented within the specified timetable, the Chairman of the PACC shall request from the supervising practitioner a written summary of any explanations for the failure to complete the CAP (practitioner termination, practitioner illness, etc.) as well as a revised timetable. If the explanations offered are not acceptable, or if the revised timetable also results in non-compliance, then the chairman of the PACC shall recommend appropriate alteration of the practitioner’s clinical privileges, commensurate with the severity of the substandard care. Such alteration may include a probationary status for low risk deviations from the standard of care (severity Level 1 or 2), as well as more aggressive restriction of privileges, up to and including termination for substandard care graded as severity Level 4 or 5.

11. **Oversight of Corrective Actions and Peer Review Activities**

The PACC shall report quarterly to the Evergreen Health’s QIC, including a summary activity by health care option, and a status report regarding all Corrective Action Plans. Peer review activities which identify practitioners who are impaired by virtue of substance abuse shall also be reported to the Maryland Department of Health and Mental Hygiene (DHMH). Practitioners whose privileges are suspended, altered or revoked shall also be reported to the National Practitioner Databank.

12. **Distribution of Minutes and Notice Regarding PACC Findings**

Minutes of PACC meetings shall be included in credentialing files, documenting the occurrence of a peer review meeting regarding a specific practitioner, with a notice also to the Compliance Department if the case in question originated as a complaint to that department.

**Related Documents:**

Attachment A- PACC Membership  
Attachment B- Appropriate Corrective Action Options By Level of Severity of Substandard Care  
PACC Charter

**Related Policies:**

CS-QI-005-13 Provider Code of Conduct  
CS-QI-006-13 Performance Improvement Policy

**Distribution:**

Clinical Services, made available to all practitioners credentialed by Evergreen Health including, but not limited to, MDs, DOs, Oral Surgeons, DCs, optometrists, practitioner assistants, nurse practitioners and nurse midwives.

**Attachment A - PACC MEMBERSHIP**

**Permanent Members:**

Evergreen Health Chief Medical Officer (Chairman, may delegate to a medical director)  
Evergreen Health Specialty Practitioners (May be external consultant practitioner)  
Evergreen Health Primary Care Practitioners  
Ad Hoc Members - Chosen by the Committee Chairperson

**Ex-officio Members:**

Vice President of Quality and Behavioral Services, Evergreen Health Director of Quality and Behavioral Services, Credentialing Manager, and Clinical Nurse reviewers.
### Attachment B - APPROPRIATE CORRECTIVE ACTION OPTIONS BY LEVEL OF SEVERITY OF SUBSTANDARD CARE

**Note:** Cases deemed to be Category 0 (no substandard care with no identifiable patient injury) will be reviewed by the Chief Medical Officer and not involve the PACC. Cases with relatively minor negative consequences for the member may require upgrading to a higher level of substandard care if the potential hazard to the member was clearly severe.

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<th>Level</th>
<th>Description</th>
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| Level I  
Minor Severity | Temporary negative consequences for member not requiring corrective medical treatment. | • Practitioner counseling  
• Targeted CME requirement  
• Probationary status, time limited with outcomes monitoring.  
• CME presentation by practitioner. |
| Level II  
Moderate Severity | Temporary negative consequences for member, corrective medical treatment required, not including hospitalization or invasive intervention. | As for Level I, plus:  
• Clinician mentor relationship for specific medical problems, possibly including but not limited to mandatory consultation or second opinions for specified medical conditions. |
| Level III  
Serious Severity | Temporary negative consequences for member, possibly including invasive treatment or hospitalization. | As for Levels I & II plus:  
• Limitation of clinical privileges, pending documentation of improved outcomes and/or specific CME. |
| Level IV  
Serious Severity | With permanent negative consequences for member, including permanent disability and/or disfigurement. | As for Levels I, II, & III plus:  
• Loss of clinical privileges and revocation of contract, depending also on mitigating circumstances and other trends regarding substandard quality performance for the practitioner in question. |
| Level V | Fatal substandard care with death directly related to clinical acts of commission or omission. | As for Level IV plus:  
• Loss of clinical privileges and revocation of contract. |
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