

Subject: Peer Review

(Page 1 of 3)

Objective:

- I. To ensure the objective review and evaluation of the performance of Healthshare/ Tuality Health Alliance (THA) Providers by a group of professionals with appropriate training and experience.
- II. To ensure that Healthshare/ THA providers adhere to the responsibilities set forth in the THA Membership Criteria and the THA Membership Agreement.

Policy:

- I. THA has a mechanism for peer review through the Quality Management Committee (QMC). The QMC consists of THA Providers who are tasked with peer-provider credentialing determinations as well as oversight of peer provider activities and/or records.
- II. Methods used for the QMC peer review of THA Providers typically include but are not limited to: TCH credentialing application, retrospective and/or concurrent chart review, review of utilization data, complaints and grievances review, and provider interviews. The QMC reviews and evaluates peer THA Providers for the following:
 - Clinical judgment;
 - Technical skills;
 - Resource utilization and the efficiency of the care process;
 - Quality Metrics
 - Fraud, Waste and Abuse
 - Compliance with the Membership Criteria and the Membership Agreement;
 - and
 - Utilization Management.
- III. *Inpatient Concurrent Chart Review*
 - a. Inpatient charts are concurrently reviewed by a Tuality Community Hospital (TCH) Case Manager. Nationally-approved standardized criteria are used for these reviews. If the Case Manager identifies a quality or utilization concern regarding an attending provider, the chart is forwarded to the THA Medical Director for review.
 - b. If the THA Medical Director identifies that the standard of care is not met or uncovers an event in the clinical management of the case that might reasonably be expected to cause significant morbidity, the Medical Director will seek additional information from the treating provider. The THA Medical Director may then refer the case to the THA QMC.

Subject: Peer Review

(Page 2 of 3)

- c. The QMC will review the case/provider to determine the existence of a quality concern. If appropriate, peer review will be conducted by practitioners with the same specialty – these practitioners may or may not be part of the QMC.
- d. The QMC will determine the appropriate level and course of intervention.

IV. *Ambulatory Care Chart Review*

- a. When there is concern regarding the quality of care of a member in the outpatient setting, the ambulatory record will be obtained by THA Medical Management staff. If Quality or Utilization Management criteria are not met, the THA Medical Management staff will review the concern with the THA Medical Director.
- b. The THA Medical Director may request additional information from the treating provider. The THA Medical Director may then refer the case to the QMC.
- c. The QMC will review the case and determine the existence of a quality concern. If appropriate, peer review will be conducted by practitioners with the same specialty – these practitioners may or may not be part of the QMC.
- d. The QMC will determine the appropriate level and course of intervention.

V. *Adherence to Administrative Membership Criteria*

When an issue arises regarding adherence to administrative criteria, case review will follow *THA Policy VIII-2: Adherence to Membership Criteria*.

VI. *Quality Management Committee Action Plan*

The QMC may choose one of the following three actions when concerns regarding a THA Provider are brought to the Committee level:

- a. *Case Review and Dismissal*
During review, it is determined the care rendered is not deficient and the issue is dismissed. In this circumstance, peer review information is not placed in the Provider's quality management file and no action letter is sent to the provider.
- b. *Case Review and Tracking*
 - During review, it is determined that the care rendered is deficient and an invitation is sent to the Provider to meet with the QMC to resolve.
 - The Provider's quality management file will be routinely reviewed at the time of re-appointment and when additional cases are referred. The files will include cumulative data for two years prior to reappointment.
- c. *Case Review and Action Determination*
The QMC will conduct a complete review of the case to determine whether or not the recommendation to terminate the Provider will be forwarded to the THA Board of Directors. The member will be given sufficient notice of the

Subject: Peer Review

(Page 3 of 3)

prospective decision of the QMC and their rights according to THA Policy X-11- Practitioner Restriction, Suspension or Termination

VII. *Peer Review Appeal and Hearing Process*

- a. If the QMC makes a preliminary determination that the Provider has not complied with the criteria for Panel membership, the Provider is notified that a professional review action decision by the QMC has been proposed to terminate his/her membership. The notice will outline appeal rights and instructions, allowing the Provider to defend the QMC determination.
- b. *THA Policy X-11: Restriction, Suspension, and Termination of Providers and THA Policy X-8: Provider Credentialing Appeal Rights & Notifying Authorities* will be followed.

VIII. *Confidentiality*

The identity of persons involved in the peer review process, the conclusions reached, and all related information is considered confidential. Confidential peer review materials are protected under the Health Care Quality Improvement Act of 1986 and applicable Oregon Revised Statutes. Peer review records are kept in a locked file within the THA office; only appropriate THA employees have access to the files.

References: THA Policy X-11 Restriction, Suspension and Termination of Physician
THA Policy X-8 Provider Credentialing Appeal Rights and Notifying Authorities
THA Policy VIII-2 Adherence to Membership Criteria
THA Membership Agreement

Formulated:	October 1995
Reviewed:	January 2013 February 2017
Revised	August 1996 September 1998 November 1998 December 1999 May 2000 April 2002 September 2003 March 2006 February 2009 August 2011 April 2015 June 2017