

**PIMA HEALTH SYSTEM
STANDARD AND PROCEDURE**

SUBJECT: Peer Review Process	
APPLICABLE TO: Ambulatory, Long Term Care, KidsCare	Admin.
EFFECTIVE DATE: 09/2009 APPROVED BY: <i>Fred D. Miller, MD, PhD by Signature</i>	QM-I-D
SUPERSEDES: 10/08, 10/07, 5/07, 10/06, 10/05, 10/04, 10/03, 1/03, 12/01, 9/00, 7/99, 11/98, 4/98, 11/97, 3/97	

I. STATEMENT OF PURPOSE:

To define a process to conduct professional practitioner/system peer review for Pima Health System (PHS) contracted, non-contracted (as applicable) and/or employed practitioners/providers in accordance with the Arizona Health Care Cost Containment System (AHCCCS) Acute Care Contract Renewal [Section D: (23)(5)], AHCCCS Long Term Care Contract [Section D: (20)(5)], AMPM (Ch 900)(950) and applicable National Committee for Quality Assurance (NCQA) standards.

II. DEFINITION:

Adverse action/recommendation: reduction, suspension or termination of a practitioner’s Credentialing status where there is evidence of a quality deficiency in the care or services provided, or the omission of care or service, by a contracted or non-practitioner.

Independent Review Organization (IRO): an outside review organization that provides an unbiased perspective through independent medical reviews and outcome measurements in order to improve health care.

Peer Review Process: process which may include practitioner or system peer review

III. STANDARDS:

A. The Peer Review Process is included as part of the Quality Management/Performance Improvement (QM/PI) program to assist PHS in retaining professional health care practitioners/ providers with high quality of care standards who provide services to their patients with consideration of a person’s cultural customs, values and beliefs.

B. The Peer Review Process will involve review of a practitioner/provider by a selected peer or peer group of the same or similar specialty in review and recommendation of individual cases, as needed. PHS will use, when necessary, a review by peer(s) of the same or similar specialty through external consultation that is conducted by an IRO that PHS has contracted with to perform peer review.

C. PHS will conduct peer review of both practitioners and the PHS system via two separate Executive Sessions each with distinct minutes. The PHS Medical Director serves as the

chairperson for these sessions and other members consist of contracted and non-contracted practitioners from the community as well as the Pima County Attorney, when appropriate. PHS will ensure that:

1. Each member of the Executive Session sign the session sign-in sheet with requirements noted.
 2. All session decisions/recommendations shall be passed by a majority vote of the members present.
 3. In the event that one or more Executive Session members need to be excused, documentation of such will be reflected in the minutes.
- D. The final outcome of these peer reviews will not be delegated to other entities outside of the committee.
- E. The members of each Executive Session shall sign a confidentiality and conflict of interest statement at each peer review session. Session members may not participate in peer review activities if they have a direct or indirect interest in the outcome (i.e., when the review concerns himself/herself, a practitioner/provider from his/her practice, a practitioner/provider from his/her family or a practitioner/provider who might have a financial relationship with an Executive Session member).
- F. All information used in a practitioner/system peer review shall be kept confidential and will not be discussed outside of the peer review process. Peer review reports, meetings, minutes, documents, recommendations and participants are kept confidential except for purposes of implementing recommendations made in Practitioner or System Executive Session under A.R.S. 36-2403, and A.R.S. 36-2917 and available only to the appropriate Executive Session members.
- G. Practitioner or System Executive Session members will make recommendations for action that may include, but are not limited to peer contact, education, credentials, caps on practitioner/provider enrollment, sanctions, other corrective actions, referrals to child or adult protective services and AHCCCS for further investigation or action and notification to the appropriate regulatory agency or board if it is determined that care was not provided according to community standards.
- H. An adverse action or recommendation at the Practitioner Peer Review Executive Session may be appealed by complying with the provisions set forth in the PHS Standard and Procedure: Fair Hearing Plan QM-I-G.
- I. The peer review process will be used to analyze and address clinical issues, when appropriate.
- J. Peer review documentation will be available to AHCCCS for purposes of quality management, monitoring and oversight.

IV. PROCEDURES:

- A. Practitioners/providers are made aware of the peer review and grievance processes upon receipt of the PHS Provider Services Provider Manual provided to them as PHS practitioners/providers and can be viewed on the About Pima Health System Web Site. Changes to the processes are provided as needed.
- B. A referral to the Practitioner or System Executive Session for peer review may occur in the following ways:
 - 1. A quality of care clinical issue which is assigned a Class 4 or above following investigation by the QM Division or, concerns/grievances which are considered high profile, high risk and abuse and neglect cases as per PHS Standard and Procedure: Quality Concern Grievance Process Related to Individual Members QM-III-A. If a referral is not made for peer review, the rationale for the decision will be documented by the PHS Medical Director.
 - 2. The QM process identifies a quality of care clinical issue that has re-occurred at a rate that exceeds PHS or community accepted medical standards.
 - 3. The QM and/or Credentialing/Rec credentialing process (es) has identified an issue which may have a risk management, legal or contractual effect(s) on PHS and/or its members.
- C. Peer review will be conducted as follows:
 - 1. by Practitioner or System Executive Session members at the quarterly meeting or within sixty (60) working days of a peer review referral, whichever occurs first or,
 - 2. if the Practitioner Executive Session members are unable to perform the peer review, it will be conducted by an IRO that PHS has contracted with to perform peer review consultation on behalf of PHS. Results of the peer review consultation will be brought to the Practitioner Executive Session members for final action regarding the practitioner/provider.
- D. All medical records and other information submitted for peer review are confidential under (*ARS Chapter 36*), and available only to Practitioner or System Executive Session members, the IRO when consultation is appropriate and AHCCCS for purposes of quality management, monitoring and oversight.
- E. For practitioner peer review, the practitioner in question will be invited to attend the Practitioner Peer review Session and speak on his/her behalf, as needed.
- F. In the event that one or more Executive Session members need to be excused due to conflict of interest in which they have a direct or indirect interest in the outcome, documentation of such will be reflected in the minutes. All session decisions/recommendations shall be passed by a majority vote of the members present.

- G. The Practitioner or System Executive Session members will review all relevant information, make recommendation(s) and notify the practitioner/provider, in question, in writing within ten (10) working days of the review. The PHS QM/PI Committee will be notified at their next regularly scheduled meeting.
- H. An adverse action or recommendation at the Practitioner Executive Session may be appealed or grieved by the practitioner under review by complying with the provisions set forth in the PHS Standard and Procedure: Fair Hearing Plan, QM-I-G.
- I. When the peer review process results in suspension or termination of a practitioner/provider, PHS will report such action to the appropriate agencies, i.e., child or adult protective services, appropriate state licensing board, AHCCCS, National Practitioner Data Bank, at the conclusion of the Fair Hearing Plan process.
- J. Clinical issues that are identified by the peer review process will be analyzed and interventions will be implemented as appropriate. Examples of interventions include, but are not limited to, change in PHS practice guideline(s) or standard and procedure(s) and/or peer practitioner/provider education.