Peer Review
(OPPE & FPPE -- IPPE)

-Theresa M. H. Brennan, MD FACC
“Since the continuation of clinicians’ privileges at a hospital hinges on the quality and safety of care delivered to patients, the review of privileges is a critical – and sensitive – process. This responsibility falls on the medical staff, which monitors the performance of all practitioners who are granted privileges and makes recommendations to the governing body of the hospital concerning which medical staff members should receive new or maintain existing privileges.” - Joint Commission
"In order to make the decision of privileging more objective and continuous, in 2007 The Joint Commission introduced its Ongoing Professional Practice Evaluation (OPPE) and Focused Professional Practice Evaluation (FPPE) processes. These tools were created to work together to help determine if the care delivered by a practitioner falls below an acceptable level of performance. It is important to note that neither tool on its own is capable of making an adequate assessment, but instead it is the thoughtful and judicious use of both that is required." –Joint Commission
Timeline

Privileged Provider Timeline

Start Date

Event

Initial FPPE

Increased FPPE

Triggered FPPE

OPPE
Timeline

Privileged Provider Timeline

- Start Date
- Event
- Initial FPPE
- Increased FPPE
- Triggered FPPE
Definitions

- FPPE: Focused professional practice evaluation
  - Initial/Increased FPPE: IPPE
    - IPPE is a subset of TJC FPPE -- UIHC term
  
- Initial/Increased FPPE: IPPE
  - Initial or Increased = when a practitioner requests new or increased privileges
INITIAL OR INCREASED PROFESSIONAL PRACTICE EVALUATION (IPPE)

DEPARTMENT SUMMARY AND RECOMMENDATION

April 24, 2015

Clinical Staff Member: ____________________________

Assigned Proctor: _________________________________

Specialty: ____________________________ Subspecialty: ____________________________

Date of initial or modified privileges: ____________________________

Proctor Period Ends: ____________________________ (Due to the Clinical Staff Office within 5 days following the end of the proctor period)

Summary of Practice Evaluation
*according to the Departmental FPPE policy*

The primary practice site and origin of data was:

☐ University of Iowa Hospital and Clinics
☐ Other practice site (please specify): ____________________________

Scope of Evaluation:

☐ The observations of medical care and procedures reviewed adequately represent the spectrum and volume of practice for this practitioner.

☐ The observations of medical care and procedures reviewed do not represent the spectrum and volume of practice for this practitioner.

Medical Management: (check one box)

☐ All reviewed episodes of care and practice data demonstrate adequate clinical competence
☐ Minor problems with practice identified
☐ Major problems with practice identified

Procedure-Based Practice (if applicable, check one box):

☐ Not applicable
☐ All procedures reviewed demonstrate adequate clinical competence
☐ Minor problems with procedural practice identified
☐ Major problems with procedural practice identified

Recommendation (check one box):

☐ Approval of this practitioner for unrestricted performance of the requested clinical privileges.

☐ Extension of observation

Peer review, proctoring and data collection will continue for an additional 6 months. This observation period will be used to obtain additional provider-specific practice information. This data includes the following:

☐ Due to lack of cases/proctoring
☐ Unresolved minor issues
☐ Major issues
☐ Other (please specify): ____________________________

☐ Withdrawal of this privilege request

Proctor: ____________________________ Date: ____________________________

Division Director (if applicable): ____________________________ Date: ____________________________

Clinical Service Head: ____________________________ Date: ____________________________

Please return a copy of this form to the University Hospital Advisory Committee - Credentials Subcommittee c/o The Clinical Staff Office, C123 GR for the clinical staff member’s file.
Definitions

• OPPE: Ongoing professional practice evaluation
  – Patient Care
  – Medical Knowledge
  – Practice Based Learning
  – System-Based Practice
  – Interpersonal and Communication
  – Professionalism

• Occurs twice yearly beginning after IPPE finished
OPPE Ratings (using latest quarter)

- REVIEW (any Red)
  - At least one of the metrics is UNFAVORABLE
  - Requires action plan for improvement developed by faculty and Clinical Service Head (DEO)
  - Serious concerns, or lack of improvement over 2 cycles may result in Triggered FPPE

- MEETS MOST GOALS (no Red, some Yellow)
  - No metrics are unfavorable, however, one or more may need improvement to reach the ideal goal

- GOALS MET (all Green)
  - All metrics for which there is data are favorable to goal

- NEW METRIC (Blue)
  - When we add a metric we give the providers a cycle to see their data before it is considered in the overall assessment of the provider
OPPE Scorecard - Internal Medicine

Practice Based Learning - DRG Query

<table>
<thead>
<tr>
<th>Provider</th>
<th>Year</th>
<th>Quarter</th>
<th>Goals Met</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>BRENNAN, THERESA M</td>
<td>2014</td>
<td>Q4</td>
<td>Goals Met</td>
<td>100.00%</td>
</tr>
<tr>
<td>BRENNAN, THERESA M</td>
<td>2015</td>
<td>Q1</td>
<td>Goals Met</td>
<td>100.00%</td>
</tr>
</tbody>
</table>

Practice Based Learning - OP Prob List

<table>
<thead>
<tr>
<th>Provider</th>
<th>Year</th>
<th>Quarter</th>
<th>Goals Met</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>BRENNAN, THERESA M</td>
<td>2014</td>
<td>Q4</td>
<td>Goals Met</td>
<td>87.7%</td>
</tr>
<tr>
<td>BRENNAN, THERESA M</td>
<td>2015</td>
<td>Q1</td>
<td>Goals Met</td>
<td>100.00%</td>
</tr>
</tbody>
</table>

Systems-based Practice - Bumped Sessions

<table>
<thead>
<tr>
<th>Provider</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>BRENNAN, THERESA M</td>
<td>No Data</td>
<td>No Data</td>
</tr>
</tbody>
</table>

Systems-Based Practice - LOS Index

<table>
<thead>
<tr>
<th>Provider</th>
<th>Year</th>
<th>Quarter</th>
<th>LOS Index</th>
</tr>
</thead>
<tbody>
<tr>
<td>BRENNAN, THERESA M</td>
<td>2014</td>
<td>Q4</td>
<td>No Data</td>
</tr>
<tr>
<td>BRENNAN, THERESA M</td>
<td>2015</td>
<td>Q1</td>
<td>Mostly Meets</td>
</tr>
</tbody>
</table>
OPPE Scorecard - Internal Medicine

Professionalism - Flu Shot

<table>
<thead>
<tr>
<th>Provider</th>
<th>2014 Q1</th>
<th>2015 Q1</th>
</tr>
</thead>
<tbody>
<tr>
<td>BRENNAN, THERESA M</td>
<td>✔️</td>
<td>✔️</td>
</tr>
</tbody>
</table>

Professionalism - TB Test

<table>
<thead>
<tr>
<th>Provider</th>
<th>2014 Q4</th>
<th>2015 Q1</th>
</tr>
</thead>
<tbody>
<tr>
<td>BRENNAN, THERESA M</td>
<td>✔️</td>
<td>✔️</td>
</tr>
</tbody>
</table>

Professionalism - Delinquent Letters

<table>
<thead>
<tr>
<th>Provider</th>
<th>2015 Q1</th>
</tr>
</thead>
<tbody>
<tr>
<td>BRENNAN, THERESA M</td>
<td>✔️</td>
</tr>
</tbody>
</table>

Metrics Guide

Patient Care
Prescr. Gain: Std Care Provider Mean score, clinic patient satisfaction, composite mean score of “care provider” statements. Goals Met at or above mean score of 60, Mostly Meets 55-59, and Needs Review below 50.
HCAHPS: Hospital Rank Mean Score, inpatient patient satisfaction overall mean score. Same thresholds as Prescr. Gain, else Does Not Meet Criteria at 70% and N of 2 or less or No Data, attributed to discharge physician.

Medical Knowledge
Med Rec Reconciliat rate at which medication reconciliation is documented, provided by HCIS (Meaningful Use Report). Goals Met at 95% or above, Mostly Meets at 90% or above, Needs Review below 90.

Documentation of a Care Plan for Patients over 65 - provided by HCIS, no threshold currently.

Practice Based Learning
Op Prob List - outpatient problem documentation rate (Meaningful Use Reports). Documentation of 90% or greater - Goals Met, 80-89% - Mostly Meets, and below 80% - Needs Review.
DRG Query - rate at which attending physician responds to chart queries (inpatient). Same thresholds as OP Prob List.

Interpersonal and Communication
PARS Level 2 Intervention - Goals Met at 0 intervention.

Systems-Based Practice
Bumped Sessions - future metric, no data.
LOS Index - provided by UNC, attributed to discharge physician, Goals Met at or below 1.00, Mostly Meets at or below 1.00, Needs Review above 1.00. Excludes outliers.

Professionalism
Flu and TB within compliance at end of quarter.
Delinquent Letters - sent by UIP in response to uncirculated instance of unsigned notes (≥ 30 notes on average > 14 days old). Goals Met at 0, Mostly Meets at 1, Needs Review at 2+ letters.

Legend
- Goals Met
- Needs Review
- Mostly Meets
- Not Applicable/No Data
- No Threshold
Periodic Report

Ongoing Professional Practice Evaluation

Department of [Choose an item]

Reporting Period: [Quarter and year]

Confidential Peer Review Document

Data: Click here to enter a date.

Practitioner being reviewed: Click here to enter text.

As the Department Chair for [Choose an item], I have reviewed the results of the Ongoing Professional Practice Evaluation for the above-named practitioner. I have taken the following action:

☐ I reviewed the findings and no further action is needed at this time, based on:
  [Choose an item]. Click here to enter text.

☐ I reviewed the findings and discussed them with the practitioner. The practitioner has been informed that if the metric is not met within 12 months, a focus review will be initiated based on the FPPE Policies.

  [Plan]: Click here to enter text.

  [Goals]: Click here to enter text.

  [Metrics]: Click here to enter text.

  [Timeline]: Click here to enter text.

☐ I reviewed the findings and discussed them with the practitioner. As a result, I am recommending that the Chief Medical Officer review for Focus Professional Practice review. The results should be forwarded to me as part of the Practitioner’s bi-annual review.

Other Comments: Click here to enter text.

Dr. [Click here to enter text].

Department Chair

Department of
Definitions

– Triggered FPPE
  • Triggered by a concern or series of concerns about practice or professionalism
    – An event
    – A series of events
    – Failure to improve on OPPE metric
Triggered FPPE –

Frequently referred to as “Peer Review”
Why do Peer Review?

• “Since the continuation of clinicians’ privileges at a hospital hinges on the quality and safety of care delivered to patients, the review of privileges is a critical – and sensitive – process. This responsibility falls on the medical staff (Credentialing committees), which monitors the performance of all practitioners who are granted privileges and makes recommendations to the governing body of the hospital (Hospital Advisory Committee) concerning which medical staff members should receive new or maintain existing privileges.”

The Joint Commission, Aug 21, 2013
Three Peer Review Committees

- Medical Committee
- Surgical Committee
- Professional/Behavioral Committee
FPPE WORKFLOW

Evaluation triggered by the Clinical Service Head/Department Executive Officer (DEO), Chief Executive Officer (CEO) or Chief of Staff (COS)

Evaluation is received in the Clinical Staff Office (CSO) and assigned to the appropriate Committee Chair by the Chief Medical Officer (CMO)

Peer Review Committee Chair evaluates trigger to assure case meets criteria for review

YES

Committee member evaluates, completes form, and assigns rank

DISAGREE

CMO repeats Evaluation

NO

AGREE

Rank 1:
- Referred for second evaluation

Rank 2 or 3 or uncertain

No further action; place in CSO file

Case ranked 1

Second panelist evaluates and agrees with ranking of 1

Second committee member disagrees with ranking of 1

Case discussed at full Committee Meeting; ranking assigned

Case ranked: Report sent to DEO and LIP, DEO reviews and makes recommendations, takes action and sends a copy of report and letter to CMO, OPPE oversight and placed in CSO and department files

Case ranked 2:
- Report sent to DEO, who drafts an educational and performance improvement letter to LIP, copy of report and letter to CMO, OPPE oversight and placed in CSO and department files

Case ranked 2:
- LIP reviews ranking and responds (Letter to Peer Review Committee and DEO)

Case discussed at full Committee Meeting; ranking assigned, with possible recommendations

No further action; place in CSO file

Case ranked 1

Case ranked: Report sent to DEO and LIP, DEO reviews and makes recommendations, takes action and sends a copy of report and letter to CMO, OPPE oversight and placed in CSO and department files

LIP AGREES

Education plan, including follow up time line and consequences of noncompliance established with DEO

LIP AGREES

Referral may be made to Corrective Action detailed under Article IV, Section 6. of the Bylaws Rules and Regulations of the UIHC and Its Clinical Staff

LIP AGREES

Performance Improvement plan, timeline and consequences of noncompliance agreed on by Chair, LIP, CMO, Risk Management and Assistant Dean Faculty Affairs

LIP DISAGREES

No further action; place in CSO file
Contact

Teri Brennan

theresa-brennan@uiowa.edu
Office of the CMO: (319) 467-5700
Pager: 4088
I am available on VoalteMe

Holly Kolfenbach

holly-kolfenbach@uiowa.edu
Office: (319) 384-9118