2022 – No. 1

ACROinsights – Physician Reviews for Periodic Evaluations and Accreditation

The goal of this series of articles is to ensure that radiation oncologists are aware of and provided with the knowledge to ensure day-to-day processes are being addressed in a compliant manner. This installment will discuss physician reviews under a peer review process for periodic, accreditation, and incidence related; scenarios outside the payer peer-to-peer review process. The information contained within this ACROinsights article is meant as general guidance and is not intended to replace appropriate legal or authoritative guidance.

Fundamentals of Peer Review

Physicians have an obligation to each other and their profession to ensure that high clinical and ethical standards are maintained. The physician peer review process is one way to promote professionalism and trust. The American Medical Association (AMA) Code of Medical Ethics Opinion 9.4.1 states *"The peer review process is intended to balance physicians' right to exercise medical judgment freely with the obligation to do so wisely and temperately."*

The setting in which a physician works may determine if or how frequently he/she may participate in peer review. Physicians practicing in hospitals, large healthcare groups, or surgical centers often find peer review more accessible, and thus more frequent. Additionally, with greater credentialing oversight, these facilities may be required to carry out peer review on a more regular basis. Some facilities may require physicians to serve on peer review committees as part of their staff membership credentialling or for performance evaluations. In addition, for hospitals and large healthcare systems the peer review process may represent an easy and cost-effective way to ensure the hospital is meeting certain regulatory and/or accreditation standards. For several years, the American Board of Radiology (ABR) has included peer review activities as criteria for fulfillment of Continuing Certification Part IV requirements.

When a peer review is conducted there are some basic processes and guidelines which should be included:

1. Individual event(s) – may be routine as part of the physician periodic review process or some event has occurred to initiate
2. Documentation review – documents related to the scope of the periodic review or event (E/M notes, procedure or surgical notes, or other documents specific to the services identified as part of the review) are collected and provided to the reviewer
3. Delivery of findings – the findings are provided to and reviewed by a committee, results are then provided to the reviewee
4. Reviewee response – after review of the findings the physician can respond to the committee with comments or feedback
5. Peer review assessment – an assessment identifying the level of findings outlined in the report
6. Timing – Ideally, peer review can be done contemporaneously, early in the treatment course, to allow for modifications, as appropriate. Retrospective peer review following completion of treatment is also of value in considering general therapeutic regimens, morbidity, and outcomes.

Selecting the reviewer – The reviewing physician should be familiar with any of the specific guidelines or policies within the geographic area/jurisdiction and medical specialty as the physician who is under review. This ensures the reviewer is aware of the intricacies of the specialty and patient demographics where the physician under review practices. For single physician practices or physicians without an affiliation to a hospital or medical group, finding a reviewer may be difficult. In these instances, establishing a relationship for regularly scheduled or specific event review is recommended. A reciprocal agreement with another physician or small practice group may enable this type of scheduling.

Number of medical records reviewed – There is no statutory requirement for the number of medical records selected for review, although accrediting organizations may set specific numbers and frequency of review. The reason for the review may define if the sample must be statistically valid or if a reasonable sample size will suffice. Practices will often set the case review number based on a fixed percentage of patients, especially those being treated with curative intent. A reasonable sample size may provide the insight and pattern of findings necessary to consider the review acceptable depending on the need.

Questions to be answered by the review – When a review is conducted it should be under the guidance of standard clinical practice guidelines, when they are available and applicable. Often these may be provided by national societies (e.g., ACRO, ASTRO, ACR among others). For providers in the hospital setting this may include items identified by The Joint Commission as "high-volume, high-risk and problem-prone." Providers who practice in the specialty of the physician under review can provide the key questions which should be answered for that specialty when a review is conducted.

Clinical categories for ongoing evaluation – If the process for physician review is part of an ongoing initiative and is not related to a specific trigger incident, different criteria should be addressed. The Joint Commission's Ongoing Professional Practice Evaluation (OPPE) mandates that the review include evaluation of the physician's performance in six clinical and behavioral categories:

1. Patient care
2. Medical and clinical knowledge
3. Practice-based learning and improvement
4. Interpersonal and communications skills
5. Professionalism
6. Systems-based practice (Areas of competency developed by Accreditation Council for Graduate Medical Education and the American Board of Medical Specialties)

Absent review of specific trigger incidents, cases should be reviewed at random, but should reflect an adequate sampling of the practice profile both in disease site and treatment intent. Regardless of the reason for review, physicians should be aware of provisions and responsibilities of any entity conducting peer review. In 1986, Congress passed the Health Care Quality Improvement Act of 1986 (HCQIA). This Act was meant to provide immunity against civil litigation damages to physicians and hospitals engaging in professional peer review. Even with the provisions in the HCQIA, it is important that physicians and hospitals are familiar with their own state regulations and protections, which do vary. The federal provisions in the HCQIA are limited regarding qualified immunity for peer review.

Ultimately the goal of any physician review by peer(s), whether periodic, related to accreditation or identified incident, should be clear and well understood. Per the American Medical Association (AMA) *Legal Protections for Peer Review*, H-375.962, any medical peer review organization has the responsibility to ensure: *(1) that all physicians consistently maintain optimal standards of competency to practice medicine; and (2) the quality, safety, and appropriateness of patient care services.* In addition, their obligations as a peer review organization include *"…review of allegations of infirmity (e.g., fitness to practice medicine), negligent treatment, and intentional misconduct. Peer review protections and privilege should extend to investigation and subsequent correction of negligent treatment and intentional misconduct."*

The Take Home Message

It is important for physicians, regardless of practice setting, to understand the peer review process is intended to ensure that an optimal quality of care is provided to all patients no matter the reason for the review. In addition, entities should ensure any peer review program in place clearly outlines the processes, expectations, and handling of positive or negative findings. Understanding the many layers for periodic, accreditation, and incidence related physician reviews; scenarios outside the payer peer-to-peer review process not only protects

those working to ensure that proper services are provided to patients but can also ensure the specialty of radiation oncology is represented by the best practitioners who can continue to move quality care forward.