



# SPECIAL WEBINAR SERIES

Peer Review Best Practices

HORTY  SPRINGER

Jointly sponsored by the University of Pittsburgh School of Medicine Center for Continuing Education in the Health Sciences and HortySpringer Seminars.

The University of Pittsburgh is an affirmative action, equal opportunity institution.

# Physician leaders need effective training – and tools that work.

## We have both.

**T**his special webinar series provides education on several crucial issues facing physician leaders. What makes it different from other webinars is that it also offers experience-tested template letters, checklists, forms, and policies – and specific training on how to use them.

Paul Verardi and Phil Zarone – faculty of Harty Springer’s Peer Review Clinic – have spoken with hundreds of physician leaders from across the country. They understand the pressing challenges leaders face. Most importantly, they work with physician leaders on a daily basis to find practical solutions to their problems.

You can take advantage of the experience, wisdom, and sometimes painful lessons of your physician colleagues by joining us for this four-part webinar series:

- Collegial Intervention: Awkward and Uncomfortable – But Effective!
- Conflicts of Interest: Keeping the “Peer” in “Peer Review”
- The Physician Behavior/Patient Safety Connection – Does Any Doubt Remain?
- Eliminate Scoring! Focus on Performance Improvement Plans for Clinical Concerns!

For each session, Paul and Phil will provide practical advice and template documents that will save you hours of time and help you promote patient safety and quality care...while assisting your colleagues in achieving success.

# Collegial Intervention: Awkward and Uncomfortable – But Effective!

MARCH 19, 2014 | 1:00 – 2:30 P.M. (EST)

When addressing a clinical concern, a behavior concern, or just a colleague's reluctance to follow the rules of modern hospital practice, collegial intervention is one of the most important tools of a physician leader. Done correctly, sitting down and talking with a physician can constructively resolve many issues that arise. But collegial intervention requires a great deal of preparation and can be difficult to do successfully, especially for new leaders. It is an acquired skill. Even experienced physician leaders would benefit from tools that help them prepare for, conduct, and follow up on a collegial intervention.

## *Participants will receive:*

- **COLLEGIAL INTERVENTION CHECKLIST** to track the major issues that must be addressed in any effective collegial intervention, from planning to follow-up;
- **TEMPLATE FOLLOW-UP LETTER** to collegial intervention that ensures the meeting is documented in a way that helps the physician under review, facilitates future interventions if they are necessary, and also protects the physician leader if the need arises;
- **POLICY ON PRACTITIONER ACCESS TO CONFIDENTIAL FILES** that grants Medical Staff members access to the various different types of information about them in their files – but in an appropriate manner;
- **CONFIDENTIALITY AND NON-RETALIATION AGREEMENT** that helps to preserve the peer review privilege for confidential information and files – and prevent retaliation against individuals who may have reported a concern; and
- **SLIDES** used during the webinar.

## *Educational Objectives:*

- Identify the critical steps that should be taken prior to a collegial intervention
- Define the optimal personnel, location and timing for the collegial intervention
- Describe how to follow up with individuals who have reported concerns about a practitioner
- Plan how to follow up with the practitioner after the collegial intervention

# Conflicts of Interest: Keeping the “Peer” in “Peer Review”

APRIL 3, 2014 | 1:00 – 2:30 P.M. (EST)

Physician leaders are rightly concerned about avoiding conflicts of interest. Fairness is critical to encourage confidence in the process and minimize legal risks. But it is also critical that peers participate in credentialing and professional practice evaluation review activities for them to be meaningful and effective. Whether and how an individual can participate must be evaluated reasonably, taking into consideration common sense and objective principles of fairness.

The “traditional” approach to managing conflicts of interest that is used by most Medical Staffs simply does not work! Having busy physicians attempt to apply their day-to-day, case-specific facts to general legal principles articulated by lawyers is the ticket to inconsistency, frustration, and legal trouble. Join us for this webinar and adopt an entirely new approach to conflicts of interest that manages these difficult situations in a practical, consistent, and fair manner.

## *Participants will receive:*

- **CONFLICT OF INTEREST GUIDELINES/MATRIX** that lists each of the most common types of conflicts of interest that arise in credentialing and peer review activities (e.g., competitor, partner, friend, participant in care, raised concern, history of conflict, etc.) and offers specific advice about whether such individuals may participate in the peer review process at various levels (e.g., by providing information, acting as an individual case reviewer, serving as a member of the Credentials Committee, a peer review committee, an ad hoc investigating committee, the MEC, a hearing panel, or the Board).
- **POLICY OR BYLAWS LANGUAGE** regarding conflicts of interest that describes the Conflict of Interest Guidelines and provides additional guidance on how to address conflicts and the related issues that arise, such as appropriate rules for recusal and how to document conflicts; and
- **SLIDES** used during the webinar.

## *Educational Objectives:*

- Describe why the traditional approach to conflicts of interest in peer review does not work
- Define the types of conflicts of interest that exist in peer review
- Determine when these conflicts of interest require recusal
- Develop a plan to document and manage conflicts of interest

# The Physician Behavior/Patient Safety Connection – Does Any Doubt Remain?

APRIL 23, 2014 | 1:00 – 2:30 P.M. (EST)

Not long ago, hospitals tolerated behavior from physicians and other caregivers that was not tolerated in any other workplace. This is no longer the case, and this complete sea change is reflected in the actions of the medical community and specialty societies, accrediting organizations, and the courts.

During this webinar, participants will review the essential elements of a good Medical Staff Professionalism Policy, what step-by-step review approaches work best for dealing with behavior and those that do not, and what performance improvement interventions are effective for behavior – which are different from those generally used to address purely clinical concerns. As part of the discussion, the unique legal risks associated with sexual harassment will be discussed, as well as the growing trend of physicians who exhibit inappropriate behavior claiming “whistleblower” protection!

## *Participants will receive:*

- **PIP IMPLEMENTATION ISSUES CHECKLIST – OPTIONS FOR CONDUCT CONCERNS** that highlights the range of options available to address behavior concerns, as well as the practical and operational details that must be addressed for each of the options to be successful;
- **STANDARDIZED REPORTING FORM** that promotes the reporting of behavior incidents in an objective, non-emotional, complete manner, which allows those incidents to be fully and effectively investigated;
- **LETTER TO RESPOND TO INDIVIDUAL WHO REPORTS AN INCIDENT OF INAPPROPRIATE CONDUCT** that lets reporters know their concerns are being appropriately acted upon while avoiding the disclosure of confidential peer review information;
- **CONFIDENTIALITY AND NON-RETALIATION AGREEMENT** that allows the practitioners involved in behavior incidents to fully participate in the review process along with the physician leaders, and prevents retaliation against individuals who may have reported a concern;
- **RELEASE LANGUAGE FOR APPLICATION FOR MEDICAL STAFF APPOINTMENT AND REAPPOINTMENT** that offers an additional layer of legal protection to physician leaders; and
- **SLIDES** used during the webinar.

## *Educational Objectives:*

- Define the key elements of a Medical Staff Professionalism Policy
- Describe a process for addressing professional conduct concerns that is effective, efficient and consistent
- Develop options for performance improvement plans when behavior is the underlying issue
- Describe what legal risks arise if claims of sexual harassment are made against a practitioner
- Prepare the key documentation for reporting and following up with conduct concerns



# Eliminate Scoring! Focus on Performance Improvement Plans for Clinical Concerns!

MAY 13, 2014 | 1:00 – 2:30 P.M. (EST)

The “Peer Review” world for addressing clinical concerns is changing dramatically – and for the better! Performance improvement plans (“PIPs”) are now commonly used to keep patients safe and help physicians constructively address clinical issues. A wide range of PIP options are available to you – physician leaders are limited only by their creativity in developing solutions to help their colleagues improve.

As brief examples, concerns about the medical necessity of a physician’s procedures could be addressed by having the physician develop checklists with appropriate indications for the procedure, while concerns about a knowledge deficit could be addressed by having a physician review the medical literature and present a grand round on the topic.

However, a PIP that would otherwise be effective in theory will almost always fail if it’s not properly implemented. The devil is in the details! Join us and review those details!

## *Participants will receive:*

- **PIP IMPLEMENTATION ISSUES CHECKLIST – OPTIONS FOR CLINICAL CONCERNS** – that highlights the practical and operational details that must be addressed for the PIPs that are used most often for clinical concerns;
- **REVIEW FORMS FOR MEDICAL, SURGICAL AND OB/GYN CASES**, to help ensure reviewers look at the right things whenever it is necessary to perform a focused, detailed review of a colleague’s care;
- **SECOND OPINION/CONSULTATION WORK SHEET**, and Cover Letter to Physicians Providing Second Opinions, to ensure that they know the rules and consistently document valuable information;
- **LETTER TO PHYSICIANS WHO WILL SERVE AS PROCTORS**, to ensure that they understand their responsibilities;
- **AUTHORIZATION AND RELEASE FOR DISCLOSURE OF CONFIDENTIAL INFORMATION**, to allow a hospital and its physician leaders to exchange peer review information with individuals or organizations who will be assessing a physician’s clinical skills; and
- **SLIDES** used during the webinar.

## *Educational Objectives:*

- Describe the key elements to developing effective performance improvement plans for clinical concerns
- Describe how confidential peer review information can be safely shared without risking a waiver of the peer review privilege
- Describe legal protections and outline responsibilities of practitioners who will provide second opinions/consultations or act as proctors within the professional practice evaluation process

# Registration Information

Special Webinar Series  
Peer Review Best Practices

## Webinars

Collegial Intervention:  
Awkward and Uncomfortable – But Effective!  
MARCH 19, 2014, 1:00 – 2:30 P.M. (EASTERN TIME)

Conflicts of Interest:  
Keeping the “Peer” in “Peer Review”  
APRIL 3, 2014, 1:00 – 2:30 P.M. (EASTERN TIME)

The Physician Behavior/Patient Safety Connection  
– Does Any Doubt Remain?  
APRIL 23, 2014, 1:00 – 2:30 P.M. (EASTERN TIME)

Eliminate Scoring! Focus on Performance  
Improvement Plans for Clinical Concerns!  
MAY 13, 2014, 1:00 – 2:30 P.M. (EASTERN TIME)

## Registration

### Live Webinar Registration

(also includes access to on-demand video recordings for additional viewing later, available within three days after each webinar, as well as all of the supplemental documents):  
\$595 individually; discounted fee of \$1,895 if you sign up for all four

### Webinar Recording Only

(includes on-demand video recordings, available within three days after the webinar, as well as all of the supplemental documents):  
\$595 individually; discounted fee of \$1,895 if you sign up for all four  
(CME/NAMSS credit not available without participation in the live webinar)

Register now at [HortySpringer.com](http://HortySpringer.com) or 1-800-245-1205

*Too late for the live webinar of your choice? Consider purchasing the individual webinar recording.*

## Faculty

### Paul Verardi

PAUL VERARDI is a partner with the law firm of Horty, Springer & Mattern in Pittsburgh, Pennsylvania, which specializes in the practice of hospital and health care law.

For over 20 years, Paul has devoted his practice to Medical Staff matters. He has worked extensively with Medical Staff leaders from across the country on a wide variety of credentialing, privileging, peer review, and investigation matters, as well as on the review and revision of Medical Staff Bylaws and the redesign of peer review systems in order to make them more constructive and effective.

Paul had the privilege of serving as a founding faculty member of HortySpringer's *Complete Course for Medical Staff Leaders* for 17 years, and now serves on the faculty of the firm's *Peer Review Clinic*. He has conducted numerous other national and individual hospital Medical Staff retreats. He is one of the authors of *The Medical Staff Leader Handbook*.

Paul also had the privilege of serving as a member of the Board of Directors for the National Association Medical Staff Services.

Prior to joining HortySpringer, Paul obtained his undergraduate degree from Duquesne University in 1983, graduating *summa cum laude*. He then obtained his law degree from the Duquesne University School of Law in 1986. While in law school, he served as Associate Articles Editor for the *Duquesne Law Review*.

### Phil Zarone

PHIL ZARONE, B.A. (*summa cum laude*, Phi Beta Kappa), University of Pittsburgh (1989); M.A., Ohio State University (1994); J.D. (*cum laude*), University of Pittsburgh (1998). Phil is a partner with Horty, Springer & Mattern. He has served as an officer in the United States Coast Guard and as a regulatory counsel and prosecuting attorney for the Commonwealth of Pennsylvania's Bureau of Professional and Occupational Affairs.

He works extensively with hospitals and physician leaders on compliance with federal and state regulatory requirements and medical staff matters. He serves as a faculty member for *The Peer Review Clinic* and has spoken frequently about credentialing, peer review, and other topics of interest to physician leaders. He has published articles in legal journals on waivers of the peer review privilege (with Dan Mulholland) and developments in Pennsylvania health law (with Ian Donaldson) and is a frequent contributor to *Action Kit for Hospital Law* and *Medical Staff Leader Monthly*.

## Presenter Disclosure Statement

In accordance with the Accreditation Council for Continuing Medical Education requirements on disclosure, information about relationships of presenters with commercial interests (if any) will be included with supplementary materials.

## Continuing Education Credit

These activities have been approved for *AMA PRA Category 1 Credits™*.

## NAMSS Accreditation

This program has been approved by the National Association Medical Staff Services for continuing education credit(s).

## Target Audience

- Medical Staff Officers
- Department Chairs
- CMOs and VPMA's
- Peer Review Committee Members
- Medical Executive Committee Members
- Credentials Committee Members
- Quality Improvement Specialists
- Medical Staff Services Professionals

Participation by all individuals is encouraged. Advance notification of any special needs will help us provide better service. Please notify us at least **two weeks** in advance of the program.