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January 7, 2020

MAKING THE MOST OF YOUR RELATIONSHIP WITH...

The Board of Directors/Trustees

Barbara Blackmond and Rachel Remaley

Topics:

- What information should Medical Staff leaders be prepared to tell the Board about applicants for appointment, reappointment, and clinical privileges? Should the whole credentials file be brought to Board meetings for Board member review? The department chair report and recommendation? Just a list of the names of applicants recommended by the MEC?
- What information should physician leaders tell the Board about ongoing peer review issues involving a practitioner? Can and should boards intervene or even overrule a Medical Staff recommendation? When is that appropriate (vs. meddling)?
- Why is Board approval required for Medical Staff Bylaws amendments? How can Medical Staff leaders ensure that any amendments sent to the Board for consideration are approved?
- If Board representatives (including members of administration) attend meetings of Medical Staff committees, will that risk waiving the peer review privilege? Can and should a Medical Staff committee exclude Board representatives from certain portions of meetings by designating those portions to be “executive session”? Can the Board access peer review files? Who decides?

February 4, 2020

MAKING THE MOST OF YOUR RELATIONSHIP WITH...

Hospital Committees That Perform Quality-Related Functions

Joshua Hodges and TBA

Topics:

- How do you decide whether a committee is a hospital committee or Medical Staff committee? What’s the difference? Who appoints physician members to Hospital committees?
- What is the intersection between peer review, M&M, performance improvement, the root cause analysis process, and other quality assurance activities at the hospital? Are all of these entitled to the same confidentiality and privilege protections that apply to the Medical Staff’s peer review? What if one entity identifies a concern about a practitioner, but another entity disagrees? Does one “trump” the other?
- If a group contracts to provide medical services on behalf of the Hospital, does the Medical Director of the group have the authority to perform peer review for group members in lieu of the peer review process? To develop the policies, procedures, and rules and regulations for the Department?



March 3, 2020

MAKING THE MOST OF YOUR RELATIONSHIP WITH...

The Human Resources Department and Other Employer Representatives

Phil Zarone and Ian Donaldson

Topics:

- What role do physician leaders play in aligning credentialing standards with the employment standards of the Hospital? What about outside employers? Should employers recruiting new physicians be informed of credentialing delays? What if they ask? What if the physician being credentialed says it's "okay"?
 - What information from the peer review process can and should be shared with a physician's employer? Does it matter if the employer is affiliated or not? Does it matter if the employer is agreeing to provide proctoring for the physician? Or bears legal risk for the physician (e.g., a shared insurance policy)? What if the physician is a young, new recruit who needs some mentoring – which the group may be able to provide?
 - What role does HR play in investigating complaints about physicians that are made by Hospital employees? If the Medical Staff manages sexual harassment, HIPAA, or other concerns with a practitioner, should HR be informed of the outcome of such matters – since they have serious legal implications for the Hospital? Should the employer have the right to be involved in the management of such matters?
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April 7, 2020

MAKING THE MOST OF YOUR RELATIONSHIP WITH...

Credentials Verification Organizations (CVOs)

Barbara Blackmond and Charles Chulack

Topics:

- What terms should the Medical Staff leadership ensure are included in the Hospital's contract with a CVO?
- What information should the Medical Staff leadership expect to obtain from a CVO processing applications on behalf of the Hospital?
- Does the CVO make determinations of eligibility? Can and should the Medical Staff leadership rely on the CVO to point out unusual things about applicants (e.g., "red flags")?
- Can the Medical Staff leadership rely on the CVO to have fully vetted each application, to determine that all unresolved issues have been followed up on before the application is forwarded to the Medical Staff leadership for processing?
- If a health care system uses a CVO to credential applicants to all of its facilities, can credentialing information learned while credentialing an applicant for one hospital be shared by the CVO with all other hospitals where the practitioner is a member of the Medical Staff? How would systemwide sharing utilizing a CVO occur?



May 5, 2020

MAKING THE MOST OF YOUR RELATIONSHIP WITH...
Impaired Physician Programs and Others Who Treat Physicians

Charles Chulack and Katie Pakler

Topics:

- Is it wise to replace our practitioner health program with an automatic referral to the state-selected or state-run “impaired physician program”? If a practitioner completes such a program, – and is under a monitoring contract for a period of time thereafter, do we need to do anything besides verifying he or she is in compliance with the program prior to reinstating the physician from a leave of absence?
 - If an impaired physician program will not answer the Medical Staff leadership’s questions or provide requested records, is there anything we can do?
 - If the hospital becomes aware that a physician has developed a health condition that could affect his or her ability to practice, but the practitioner has not requested a leave of absence nor had any adverse outcomes, is there anything the Medical Staff leaders need to do? Is “watch and wait” a good plan?
 - If the Medical Staff leadership asks a practitioner to provide information about his or her ability to practice safely, is a “one-liner” letter from the physician’s PCP sufficient to satisfy the request? How can the Medical Staff leadership avoid a game of cat and mouse when trying to get to the bottom of health concerns?
 - If a practitioner is asked to obtain an evaluation of his or her health, can and should the Medical Staff leadership convey its concerns about the practitioner (that prompted the request for evaluation) to the evaluator?
 - What type of authorization do you need from a practitioner in order to obtain his or her health information from a treatment program or treating practitioner? When should the leadership obtain that authorization?
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June 2, 2020

MAKING THE MOST OF YOUR RELATIONSHIP WITH...
External Reviewers

Barbara Blackmond and Rachel Remaley

Topics:

- Once we have decided that we need an external review, how can we choose an appropriate external reviewer? And how can we ensure that we get an appropriate report? What if the physician under review objects to the reviewer we select?
- Who pays for an external review? Does fairness dictate that the physician share the costs (to ensure the reviewer has no financial conflict of interest)?
- Does the Medical Staff leadership get to select the cases to be reviewed? Or do we need to send a random sample to ensure no bias?
- Can the leadership talk with the reviewer in advance, to inform him or her of the concerns which prompted the review?
- Can the leadership talk with the reviewer after, to ask questions and obtain clarifications about the review?
- Can the practitioner speak with the reviewer?
- What if the physician obtains her own review – and it contradicts our reviewer? Is there anything we can do?
- If we end up in litigation with the practitioner under review, what if the external reviewer refuses to testify?



July 7, 2020

MAKING THE MOST OF YOUR RELATIONSHIP WITH...

Telemedicine Contractors

Joshua Hodges and TBA

Topics:

- Now that CMS and the Joint Commission recognize credentialing by proxy for certain telemedicine relationships, does the Medical Staff or Hospital have to do any credentialing of these individuals? Or is all of that left to the group? What if the group credentials someone that we don't think meets our standards? Can we tell the group not to credential them for us?
 - During the course of providing telemedicine service to the Hospital, do telemedicine contractors have to tell us that a practitioner's qualifications have changed (e.g., the practitioner has been convicted of a crime, had a restriction placed on her license, etc.)?
 - What quality-related information should be shared by a telemedicine contractor with the Hospital and/or Medical Staff leadership?
 - What quality-related information should be shared by the Medical Staff leadership with the telemedicine contractor?
 - If the Medical Staff leadership has serious concerns about a telemedicine provider, how can we get that person removed from our facility without being accused of tortuously interfering with the practitioner's business relationship with the contractor?
-

August 4, 2020

MAKING THE MOST OF YOUR RELATIONSHIP WITH...

Lawyers and Consultants

Susan Lapenta and TBA

Topics:

- Does the Hospital's lawyer also represent the Medical Staff? Who pays for the lawyer representing the Medical Staff?
- Can a Medical Staff spend dues or other Medical Staff funds on a lawyer who takes a position adverse to the Hospital? Is the 501(c)(3) status of a nonprofit hospital implicated?
- If a Medical Staff leader is the subject of an investigation, adverse professional review action, or other scrutiny, does the Medical Staff's lawyer represent his or her best interests in that matter?
- Do Medical Staff leaders need to obtain their own counsel to ensure they limit personal liability when performing credentialing, peer review, and other Medical Staff functions?
- In what situations should Medical Staff leaders always consult counsel prior to moving forward?
- Should Medical Staff leaders have their lawyer sign letters, conduct investigations, and perform other peer review functions, particularly in situations where future disputes seem likely?
- What role do consultants play in helping Medical Staff leaders manage credentialing, peer review, and other Medical Staff matters (such as Bylaws revisions)? What is the value in turning to outside resources for assistance with these things?
- Can the Hospital lawyer advise the hearing panel? The presiding officer? The appellate panel? The board when it gives final consideration to the matter?



September 1, 2020

MAKING THE MOST OF YOUR RELATIONSHIP WITH...
Regulatory Bodies and Professional Associations

Katie Pakler and TBA

Topics:

- Do Medical Staff leaders need to comply with the CMS Conditions of Participation, accreditation standards (Joint Commission, DNV, HFAP, Commission on Cancer, ACE accreditation for PCI, etc.), the AMA Code of Ethics, or state hospital licensing laws when drafting Bylaws and conducting their affairs? Do those bodies have authority over the Medical Staff?
- If the state has developed a standardized Medical Staff application form, must the Hospital and its Medical staff leaders utilize that form?
- If the state medical association or state hospital association has adopted a “model” of Medical Staff Bylaws, must the Medical Staff leadership follow that “model” when drafting or revising Medical Staff Bylaws?
- Should members of the medical association hold ex officio places on Medical Staff committees, to ensure that the Medical Staff’s affairs are informed by the medical association’s platform, information, and advocacy?
- What role do Medical Staff leaders play in ensuring the Hospital satisfies its obligations under EMTALA to provide emergency on-call services by specialists?
- Is the Hospital Board allowed to amend the Medical Staff Bylaws or other Medical Staff policies to comply with the laws governing hospitals if the Medical Staff does not – or will not – adopt the changes necessary for compliance with the law? For compliance with accreditation standards? To allow the Hospital to participate in quality measures or voluntary reimbursement programs? What process should be followed in these situations?
- Are Medical Staff leaders required to use parliamentary procedures (Robert’s Rules of Order) when conducting meetings? Who sets the rules for how meetings are conducted, minutes are kept, notices are given, etc.?
- Should Medical Staff leaders obtain education about regulatory and accreditation requirements affecting the Medical Staff’s functions? Who pays for that? Can the doctors obtain payment or CME for their time and efforts?

October 6, 2020

MAKING THE MOST OF YOUR RELATIONSHIP WITH...
Professional Practice Evaluation (PPE) Specialists

Susan Lapenta and Phil Zarone

Topics:

- How can Medical Staff leaders incorporate the Professional Practice Evaluation (PPE) specialists into Medical Staff peer review, to create greater efficiency in the process?
- Can a PPE specialist conduct any triage functions independently, to decrease the workload for the Medical Staff’s peer review committee? Can the PPE specialist manage any peer review matters independently, as authorized by the Medical Staff leadership?
- Should the PPE professional be invited to attend peer review committee meetings? Be a member of the committee? A voting member?
- What role should the PPE professional(s) play in revamping and modernizing the peer review process?
- In the most functional Medical Staffs, how do Medical Staff officers, department chairs, Leadership Councils, and peer review committees collaborate with the PPE specialist(s)?



November 3, 2020

MAKING THE MOST OF YOUR RELATIONSHIP WITH...

Medical Staff Services Professionals

Susan Lapenta and Ian Donaldson

Topics:

In honor of National Medical Staff Services Awareness Week (the first week of November, as proclaimed by President George Bush in 1992, pursuant to Congressional House Joint Resolution #399), November's installment of the Grand Rounds Audioconference Series will focus on the role of the Medical Staff Services Professional (MSSP):

- Should the MSSP be invited to attend all Medical Staff committee meetings? Should the MSSP be a member of some committees? A voting member?
 - What role should the MSSP play in a Medical Staff Bylaws revision?
 - Can the Medical Staff leadership rely on the MSSP to make determinations of eligibility for applicants – and communicate those determinations to applicants?
 - In the most functional Medical Staffs, how do Medical Staff officers and committee chairs collaborate with the MSSP?
-

December 1, 2020

MAKING THE MOST OF YOUR RELATIONSHIP WITH...

The State Medical Board

Phil Zarone and Joshua Hodges

Topics:

- Are the Medical Staff credentialing and peer review processes protected from discovery when the state medical board investigates a practitioner? How should the Medical Staff react if subpoenaed for records or testimony?
- If the hospital learns that a practitioner is being reviewed by the state medical board, does it have any duty to open an inquiry of its own?
- Who is responsible for reporting peer review actions to the state medical board?
- Do physicians have an independent duty to report a colleague to the medical board if they are concerned about the colleague's health or competence? What if the physician is only aware of the issue because he or she sits on a Medical Staff committee that conducts credentialing or peer review activities?
- Should hospitals and physicians report Medical Staff members under state laws that *allow*, but do not *require*, reporting? How can practitioners ensure they are protected when making voluntary reports?



Grand Rounds 2020

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<i>January:</i> The Board of Directors/Trustees			
<i>February:</i> Hospital Committees that Perform Quality-Related Functions			
<i>March:</i> The Human Resources Department and Other Employer Representatives			
<i>April:</i> Credentials Verification Organizations (CVOs)			
<i>May:</i> Impaired Physician Programs and Others Who Treat Physicians			
<i>June:</i> External Reviewers			
<i>July:</i> Telemedicine Contractors			
<i>August:</i> Lawyers and Consultants			
<i>September:</i> Regulatory Bodies and Professional Associations			
<i>October:</i> Professional Practice Evaluation (PPE) Specialists			
<i>November:</i> Medical Staff Services Professionals			
<i>December:</i> The State Medical Board			

PAYMENT

\$250 per audio conference for one line; \$50 for each additional line (limited to two additional lines) (includes MP3) or \$250 for MP3/CD only

Register for the entire series: \$1,850 for one line; \$50 for each additional line (limited to two additional lines)
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