

Objective:

- I. To ensure objective evaluation or review of the performance of clinical providers by professionals with similar training and experience to that of the professional being reviewed.
- II. To provide a mechanism to identify and analyze cases where Utilization Management/Quality Management criteria have not been met while providing care to the individual members.
- III. To ensure providers adhere to the responsibilities set forth in the Membership Criteria and the Membership Agreement as it pertains to clinical practice.

Policy:

- I. Tuality Health Alliance (THA) has a mechanism for peer review through the Quality Management Committee (QMC) that is charged with reviewing activities or records of providers by their peers.
- II. Areas of evaluation include:
 - A. Clinical judgment
 - B. Technical skills
 - C. Resource utilization and the efficiency of the care process
 - D. Compliance with the Membership Criteria and the Membership Agreement.
 - E. Peer Review considers both utilization management and quality management activities.
 - F. Methods used for peer review are retrospective and/or concurrent chart review, review of utilization data, complaints and grievances review and interviews with physicians.
- III. Inpatient Concurrent Chart Review

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- A. Inpatient charts are reviewed concurrently by a Tuality Community Hospital (TCH) Case Manager or a THA Case Manager. Nationally approved standardized criteria are used for these reviews.
 - B. If the Case Manager identifies a quality or utilization concern(s), the chart is forwarded to the THA Medical Director for review.
 - C. If the THA Medical Director identifies that the standard of care is not met or uncovers an event in the clinical management of the case that might reasonably be expected to cause significant morbidity, the Medical Director will seek additional information from the treating physician.
 - D. The THA Medical Director may then refer the case to the QMC.
 - E. The QMC will review the case and determine if they believe there is a quality concern. When appropriate, physician review of the concern will be conducted by physicians with the same specialty, on or off the committee.
 - F. The committee will work with the THA Medical Director to determine the appropriate level and course of intervention.
- IV. Ambulatory Care Chart Review
- A. When there is concern regarding the quality of care of a member in the outpatient setting, the ambulatory record will be obtained by the THA Medical Management staff. If the Quality Utilization Management criteria are not met, the THA Medical Services Manager will review the concern with the THA Medical Director.
 - B. If the THA Medical Director concurs, he or she may request additional information from the treating physicians. The THA Medical Director may then refer the case to the QMC.
 - C. The QMC will review the case and determine if they believe there is a quality concern.
 - D. When appropriate, physician review of the concern will be conducted by physicians with the same specialty, on or off the committee.

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- V. Administrative Membership Criteria Adherence
When an issue arises regarding administrative criteria adherence, case review will follow the Membership Criteria Adherence policy # THA VIII-2.
- VI. Quality Management Committee Action Plan
The QMC will review the case and choose one of the following three actions:
- A. Review and dismiss the case.
During review it is determined the care rendered is not deficient and the issue is dismissed. (Information is not placed in the physician's quality management file) *No letter is sent to the provider.*
 - B. Review and track the case.
 - 1. Determination during review that the care rendered is deficient and an invitation is sent to the provider to meet with the QMC. (*Letter #1 is sent to the provider.*)
 - 2. The physician's quality management file will be routinely reviewed at the time of re-appointment and when additional cases are referred. The files will include cumulative data for two years prior to reappointment. (*Physician Reappointment Letter 2B is sent to the provider at time of reappointment.*)
 - C. Review and determine an action. The QMC will conduct a complete review of the case.
 - 1. The chart is referred to the QMC for Review. (*Letter #2 is sent to the provider.*)
 - 2. The QMC will conduct a complete review of the case to determine whether or not it will recommend to the THA Board of Directors that membership privileges be terminated. The member will be given sufficient notice of the prospective decision of the QMC. (*Letter #3 is sent to the provider.*)
- VII. Peer Review Hearing Process
- A. The QMC makes a preliminary determination that the member has not complied with the criteria for membership established.
 - B. The member is given notice that a professional review action decision by the QMC has been proposed to terminate their membership. The notice will give the appropriate appeal rights for

the proposed actions and allow the member to defend these charges.

- C. The member is granted a hearing (of not less than 30 days) at which evidence sufficient to establish the member has failed to comply with the criteria for membership is presented.
 - D. THA Policy X-11 Restriction, Suspension and Termination of Physician and X-8 Notification to Authorities and of Provider Appeal Rights will be followed.
- VIII. All health plans to which THA contracts will also be notified in writing when the above mentioned action is taken.
- IX. Confidentiality
The review process, identity of those involved, conclusions reached or recommendations made, including all information relating to such review activities is confidential and strict adherence is essential. Confidential peer review materials are protected under the "Health Care Quality Improvement Act of 1986", and applicable Oregon Revised Statutes. Records are kept in a locked file in the THA office.

Reference: THA Policy X-11 Restriction, Suspension and Termination of Physician
THA Policy X-8 Notification to Authorities and of Provider Appeal Rights
THA Policy IX-2 Membership Criteria Adherence
THA Policy IX-4 Sentinel Event
Attachment THA Peer Review letters 1-3

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THA Plan Director

THA Medical Director