

KETTERING PHYSICIAN PARTNERS, LLC**PEER REVIEW POLICY AND PROCEDURES**

It is the purpose of this Peer Review Policy and Procedures (the “**Policy**”) to provide guidelines for accomplishing peer review of professional health care services provided by Kettering Physician Partners, LLC (“**CIN**”) physician participants (“**Physician(s)**”), with the goal that peer review of these services is done efficiently, on an ongoing basis, with an emphasis on early detection of potential quality problems and resolution through appropriate interventions. This Policy additionally provides procedures under which further policies and procedures and/or rules and regulations are promulgated.

Quality and administrative data from the practice management systems and medical records of patients receiving treatment at CIN-affiliated hospitals, the Physicians’ offices, independent clinical laboratories and other appropriate related sources will serve as a basis for peer review and analysis, which will be conducted in accordance with this Policy.

The Provider Relations and Credentialing Committee (the “**Committee**”) shall develop and adopt all policies and procedures necessary to implement the Policy. The policies and procedures shall be subject to review and approval by the CIN Board of Managers (the “**Board**”).

1. Definitions**a. Peer Review.**

Any and all activities and conduct which involve efforts to improve the quality of health care rendered by Physicians, to determine that health care services were professionally indicated or were performed in compliance with the applicable standard of care, or that the cost of health care rendered was considered reasonable by the providers of professional health care services in the areas served by CIN. These activities and conduct include but are not limited to Physician quality performance profiling, routine and special data collection and analysis, focused chart reviews, and other functions and activities related thereto as may be performed by the Committee directly or on its behalf and by those assisting the Committee in its Peer Review activities.

b. CIN Board of Directors.

The Board has ultimate responsibility for the oversight and improvement of the quality and efficiency of medical care rendered to patients by CIN. CIN wishes to establish controls that are designed to ensure the achievement and maintenance of high standards of professional practice, including the required demonstration by all Physicians in CIN of their ability to perform quality care competently and efficiently.

c. Peer Review Committee.

A Peer Review Committee is a committee or sub-committee that participates in any Peer Review function, conduct or activity as defined in this Policy. Peer Review Committees shall function under policies and procedures and rules and regulations designed to achieve the following objectives:

- i. All investigations, proceedings, and records which are authorized, generated, undertaken, requested or reviewed by a Peer Review Committee will be treated

as confidential by CIN and will not be subject to discovery nor introduction as evidence in any civil or administrative action against a provider of professional health care services arising out of the matters which are the subject of evaluation and review of such Peer Review Committee, consistent with and to the full extent permitted under applicable state or federal law.

- ii. No person who was in attendance at a Peer Review Committee meeting shall be permitted or required to testify in any civil action as to any evidence or other matters produced or presented during the proceedings of such Peer Review Committee or as to any findings, recommendations, evaluations, opinions, or other actions of the Peer Review Committee or any members thereof. Peer Review Committees include, but are not limited to, the Board and the Committee.
- iii. The Committee may establish policies and procedures and rules and regulations to address quality concerns which may be different from those designed to address compliance with any other organizational objectives.

d. **Performance Review.**

A Performance Review is the process by which a Physician's performance is reviewed for determination of whether the implementation of sanctions for noncompliance with Performance Measures is appropriate.

e. **Appellate Review.**

An Appellate Review is the process by which a Physician may appeal the outcome of a Performance Review regarding whether the implementation of sanctions for noncompliance with Performance Measures is appropriate.

2. Quality and Resource Management Performance Profiling

a. **Peer Review Data.**

- i. At least annually, the Board will work with the Committee to identify Performance Measures to be used for Peer Review for the coming year. This information will be derived from sources that include, but are not limited to, quality, financial and utilization data, NCQA, PQRS, AHRQ, NQF Ambulatory indicators, Medicare Core Measures, Patient Safety Goals, high volume/high risk procedures or conditions, and any other such resource indicators or clinical conditions that in the judgment of the Board warrant observation and evaluation.
- ii. Results of the Committee findings will be disseminated as they become available and expected to be at least four (4) times per year to the Physicians indicating aggregate statistics of reviews and resulting actions. Such results shall be in a report card format describing Physician performance against both applicable benchmarks and aggregate quality results of CIN. The Committee will make recommendations to the Board regarding remedial actions for both individual Physicians as well as for specialty or condition specific items.

b. **Initial Credentialing and Re-credentialing Criteria.**

The Committee will, subject to approval by the Board, determine such policies and procedures and/or rules and regulations to address governing initial credentialing and re-credentialing.

c. **Physician Performance Non-Compliant with Performance Measures.**

The Committee will, subject to approval by the Board, determine such policies and procedures and/or rules and regulations to address the following circumstances:

- i. For data driven results, when a Physician falls outside the applicable Performance Measure benchmarks, the Committee Chairperson will counsel the Physician on the outcome and arrange for educational support as necessary;
- ii. If the Physician continues not to meet the applicable Performance Measure benchmarks as outlined above for a period of time to be determined by the Committee, the Physician will be referred for Performance Review as outlined in Section 4 of this Policy; and
- iii. If at any time during this process it is believed that there is a credible threat of imminent harm to patient health, the issue may be immediately referred to the Board Chairperson.

3. Responsibilities of the Committee and Chairperson

- a. The Committee will be responsible for conducting:
 - i. Periodic review of aggregated quality results with review of individual Physician's results as indicated;
 - ii. Performance Reviews;
 - iii. Appellate Reviews; and
 - iv. Annual review of recommendations of Performance Measures.
- b. The Committee may convene a sub-committee to review a Physician's performance and provide feedback to the Committee if the Physician's performance involves a specialty/subspecialty not represented on the Committee. However, review by a specialist/sub-specialist is neither necessary nor required prior to the Committee's Performance Review determination.
- c. Each Committee meeting will be documented in confidential minutes and distributed at the next meeting for review and approval. Copies of the minutes, and all other Committee meeting materials, will be collected by the Committee staff member following the meeting. All Peer Review documents will remain confidential and will not be subject to subpoena or discovery in compliance with Ohio law. Minutes will only be distributed to the members of the Committee and to the Board, or its designee, in connection with that committee's review of Peer Review determinations.

- d. The Committee shall develop policies and procedures and rules and regulations to determine exclusion criteria from participation, including, without limitation, those intended to identify conflicts of interest, improper motive, bias, or any other appropriate factors that may impede fair and impartial decision making.
- e. The Committee shall develop policies and procedures and rules and regulations to achieve the goal that a Peer Review Committee documents including Committee minutes and other Committee meeting materials will be treated as confidential by CIN to the full extent permitted by state and federal law.
- f. The Committee chairperson will be responsible for all communications to the Physician under review, and to the Board.

4. Performance Review Procedure

- a. The Committee will commence a Performance Review of a Physician's ("Involved Physician") performance that meets the criteria for initiation of Peer Review as described below.
- b. Physician performance identified as a quality of medical care issue by the Committee will be reviewed through the Peer Review process. Physician performance which initiates and requires Peer Review may be identified using a variety of clinical, procedural, resource or behavioral indicators. These include but are not limited to:
 - i. Clinical, procedural, resource or behavioral indicators that fall outside of acceptable Performance Measure benchmarks as applied by the Committee;
 - ii. Referral from the Committee chairperson per Section 2(c)(i); and
 - iii. Referral from the Board.
- c. The Committee may utilize any available documentation and may request additional documentation from the Physician for review.
- d. Involved Physician may be present at the Performance Review meeting and may offer information to the Committee during the presentation of facts regarding the Involved Physician's actions under review. In the sole discretion of the Committee, the Involved Physician may also be present for all or part of the Committee's discussion and evaluation of the Physician's performance. The Involved Physician however, may not be present for the Committee's vote on the disposition of the Physician's performance.
- e. If the care rendered is determined acceptable, the review will end and educational support will be provided as necessary.
- f. If the care is determined unacceptable, the Committee shall make recommendations to the Board regarding action plans or sanctions. Involved Physician shall receive a copy of such recommendations.

5. Appellate Review

- a. Involved Physician shall have sixty (60) days from receiving the Performance Review decision to request an appeal.
- b. **Notice and Response.**
 - i. The Committee will notify the Involved Physician in writing within ten (10) days of the decision to commence an Appellate Review. Such notice will include a description of the actions under review, information regarding the CIN Peer Review process, request for applicable documentation and additional information, and notice that the Involved Physician's performance will be discussed at the next Committee meeting held at least thirty (30) days following the date of written notice.
 - ii. The Involved Physician will be permitted to respond during the period of up to thirty (30) days from the date of the written notice. The Involved Physician will be invited to either attend the Committee meeting identified in the written notice for the purpose of providing additional information and to hear the presentation of the facts about the Involved Physician's performance or to provide any additional written facts to the Committee.
 - iii. If a thirty (30) day response time cannot be given prior to the next Committee meeting, the matter will be deferred to the following Committee meeting.
- c. **Appellate Review Meeting Procedure.**
 - i. If the Involved Physician is present at the Appellate Review meeting, the Involved Physician will participate only in the presentation of the facts of the Physician's performance, as well as provide any additional information that might be useful for the Committee. In the sole discretion of the Committee, the Involved Physician may also be present for all or part of the Committee's discussion and evaluation of the Physician's performance. The Involved Physician however, may not be present for the Committee's vote on the disposition of the Physician's performance.
 - ii. If matters of Committee members or the Committee chairperson are under review, such individual will not be present during the review of his or her performance by the Committee. When the Committee chairperson is under review, the Committee vice chairperson (who will be designated by the Committee chairperson) will chair the meeting for the duration of any discussion, deliberation and voting on the matter. In the case where an Involved Physician's partner or associate is a member of the Committee, that partner or associate will recuse himself or herself from participation in the evaluation of the Physician's performance.
 - iii. The Involved Physician will have the right, but not the obligation, to appear in person before the Committee and may have outside counsel present. In any event, it is the Involved Physician's obligation to be involved in this process and provide relevant information. If the Involved Physician fails to respond as

requested to the notice of Appellate Review, the Committee will consider the Physician's performance without that information.

d. **Determination and Sanctions.**

- i. After the completion of the Appellate Review, the matter will then be assigned one of the following outcomes:
 - A. Quality Care Delivered. A letter indicating the Committee's conclusion and rationale will be forwarded to the Involved Physician and a copy placed in his or her quality file.
 - B. Opportunity for Improvement. The Committee may make recommendations to the Board regarding action plans or sanctions as described below.
 - C. Unacceptable Care. The Committee may make recommendations to the Board regarding action plans or sanctions as described below.
 - D. Undetermined or Insufficient Data. The Committee may conclude that additional data collection or monitoring of the Physician's performance is required. In such event, the Committee shall recommend to the Board a specific process to be followed to continue the Appellate Review.
- ii. The Committee may recommend educational support, action plans and/or sanctions as described in the CIN Compliance Policy for the Involved Physician, if applicable, for approval by the Board.

6. Board Review of Recommendations

- a. **Outcome Summary for Performance and Appellate Reviews.**
 - i. A written summary of the outcome of all Performance and Appellate Reviews will be forwarded to the Board.
 - ii. Any outcomes that include recommendations for action must be approved by the Board.
- b. **Board Approval of Recommendations.**
 - i. The Board shall develop policies and procedures and rules and regulations for considering evidence, making determinations, including, without limitation, appropriate penalties, sanctions, requirements for corrective action plans, education, suspensions, and/or terminations.
 - ii. The Board has the final authority to approve or disapprove the final determinations and recommendations of the Committee, including all Performance and Appellate Reviews. The Board, in its own authority, may also determine and adopt other recommendations notwithstanding the recommendations of the Committee.

7. Relationship to Recredentialing of Clinical Integration Membership

- a. Throughout the CIN recredentialing process, the results of individual quality performance profiling shall be produced for each Physician in the form of an activity report. The Committee shall develop and adopt procedures regarding the contents of the activity report and requirements for review of the report by the Committee during the recredentialing process.
- b. Failure of the Involved Physician to participate as requested by the Committee constitutes a violation of CIN policies and procedures and the Involved Physician may be subject to sanctions, including termination.
- c. Physicians who fail to improve their performance over a designated period of time after receiving appropriate data, feedback and educational support may be terminated based on the recommendation of the Committee and the concurrence of the Board.
- d. The terminated Physician will not be eligible for re-enrollment in CIN until he or she can satisfactorily offer proof to the Committee of acceptable performance over a twelve (12) month period of time from when the Involved Physician was terminated.
- e. “Acceptable performance” means meeting the minimum acceptable Performance Measure benchmarks or criteria as established by the Committee. The collection of data will be fully at the Involved Physician’s cost and responsibility.

Adopted as of January 28th, 2016.