

Peer Review Process

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The peer-review process facilitates continuous evaluation of a provider's professional performance by other providers using the 6 core competencies endorsed by the Accreditation Council for Graduate Medical Education: patient care, medical knowledge, practice-based learning, interpersonal skills, professionalism, and system-based practice. Peer review is intended to improve patient care by promoting provider self-regulation in identifying and addressing opportunities in individual performance. The process includes providing resources and setting goals to help providers. Peer review also enables the identification and public review of cases that demonstrate excellent care.

Peer review is a continuous process that starts during medical school and continues during residency. Seeking and maintaining certification from the American Board of Obstetrics and Gynecology (ABOG) is part of this process.

The peer-review process is also active when a provider applies for privileges at a new institution or requests privileges for a new activity. Both the Centers for Medicare and Medicaid Services and the Joint Commission require hospitals to also track the performance of all privileged providers. This component of peer review comprises 2 phases in which an oversight committee reviews both quantitative and qualitative data:

- The first phase is Ongoing Professional Practice Evaluation (OPPE), which involves the systematic collection and review of individual provider data. Different models of review can be used. The case review model of a single discipline includes the typical morbidity and mortality conference and review of medical errors, adverse patient events, and patient complaints. The multidisciplinary case review model engages representatives of different specialties who care for similar patients. The data/registry review model provides objective data and triggers to evaluate the quality of care. The best peer-review processes incorporate all these models. This phase informs other processes, such as re-credentialing committees.
- When Ongoing Professional Practice Evaluation or colleagues identify potential performance concerns, the second phase, Focused Professional Practice Evaluation (FPPE), becomes necessary. This phase often includes in-depth, targeted data collection to make an objective assessment of provider performance. It may also include direct peer observation of a determined number of cases/procedures. When concerns are validated, an improvement plan, often including education and direct proctoring, is developed to assist the provider. Focused Professional Practice Evaluation is also used when any new privilege is granted to a provider or after a certain period following hiring of new staff to ensure competency.

Example:

After reviewing the safety indicators from the NSIQIP 2019 database, the Performance Improvement department of a major academic institution identified that more than 50 % of the re-admissions of a department belonged to a single surgeon. These findings were referred to the multidisciplinary peer review committee. After performing a more in-depth data analysis they concluded that the surgeon had a significantly higher rate of perioperative complications than his peers and national benchmarks. A remediation plan was created and implemented by the Chair of the department. A senior surgeon was assigned as mentor, together they prospectively reviewed all his cases to assess for proper case

selection, preoperative management of comorbidities, and surgical technique. After reviewing his safety outcomes 6 months later the committee concluded that the surgeon had significantly improved and the committee returned his ability to practice independently.

Further Reading

Marder RJ. *Effective Peer Review, Third Edition: The complete Guide to Physician Performance Improvement*. HCPro, Inc; 2013.

Hoyt DB, Ko CY. *Optimal Resources for Surgical Quality and Safety*. American College of Surgeons; 2017.

Shivraj P, Novak A, Aziz S, Larsen W, Ramin S. The certification process driving patient safety. *Obstet Gynecol Clin North Am*. 2019;46(2):269-280. PMID: 31056129