



Maine Medical Association

External Peer Review Program Policy

Introduction:

The Maine Medical Association (MMA) External Peer Review Program provides Maine's medical community with an important source of independent review that is completely confidential and protected by the peer review provisions of Maine law.

Purpose:

A priority of the program is to enhance and improve the peer review process. Peer review may include, but is not limited to, the routine review of patient charts for performance evaluation, education, reappointment, and the review of potential quality concerns.

Maine's medical community has found that the peer review process is frequently challenged to find peers to review the quality of the services provided by their medical staffs. Many times there may be no peers or the only available peers have a conflict of interest such as being in practice together or being in direct competition.

In an effort to make peers more widely available, MMA coordinates a statewide peer review pool from which they may identify appropriate medical practitioners to conduct or assist in peer review.

Goals:

The goals and priorities will be to:

- Provide a balanced and fair review to ensure that the type and quality of care provided is current and appropriate.
- Ensure quality and transparency of reviews.
- Engage the best reviewers.
- Provide quality evaluation of peer review programs.
- Promote peer review as an educational opportunity for best practice.
- Promote best practice in peer review.

Criteria for Physician/Practitioners Participation:

All members of the peer review pool shall:

- Be licensed in the State of Maine (if speciality is available in Maine)
- Have experience relevant to the requested review
- Be in good standing in a system of care in which there is a formal evaluation – i.e. hospital, FQHC, stand alone medical practice
- Board certification is preferred
- Active practice is preferred

NOTE: Some of the above criteria may be waived with the permission of the practitioners being reviewed and/or the requestor.

Peer Review Protection:

An important element of the program is the reviewer(s) conducting the review and the practitioner(s) being reviewed is protected under the following statutes:

Title 32: PROFESSIONS AND OCCUPATIONS
Chapter 48: Board of Licensure in Medicine

Subchapter 3: General Provisions

§3293. Review committee member immunity

A physician licensed under this chapter who is a member of a utilization review committee, medical review committee, surgical review committee, peer review committee or disciplinary committee that is a requirement of accreditation by the Joint Commission on Accreditation of Hospitals or is established and operated under the auspices of the physician’s respective state or county professional society or the Board of Licensure in Medicine is immune from civil liability for undertaking or failing to undertake an act within the scope of the function of the committee.

and

§3296. Records of proceedings of medical staff review committees confidential

All proceedings and records of proceedings concerning medical staff reviews, hospital reviews and other reviews of medical care conducted by committees of physicians and other health care personnel on behalf of hospitals located within the State or on behalf of individuals physicians, when the reviews are required by state or federal law, rule or as a condition of accreditation by the Joint Commission on Accreditation of Hospitals or the American Osteopathic Association Committee on Hospital Accreditation or are conducted under the auspices of the state or county professional society to which the physician belongs, are confidential and are exempt from discovery.

Additional Peer Review Protection includes:

24 §2511. Immunity

Any person acting without malice, any physician, podiatrist, health care provide, health care entity or professional society, any member of a professional competence committee or professional review committee, any board or appropriate authority and any entity required to report under this chapeter are immune from civil liability.

1. Reporting - for making any report or other information available to any board, appropriate authority, professional competence committee or professional review committee pursuant to law.
2. Assisting in preparation - for assisting in the origination, investigation or preparation of the report or information described in subsection 1.
3. Assisting in duties - for assisting the board, authority or committee in carrying out any of its duties or functions provided by law.

24 §2510-B. Release of Professional Competence Review Records

Nothing in this section may be read to abrogate the obligations to report and provide information under section 2506.

1. Release to other review bodies, agencies, accrediting bodies. A professional competence committee may furnish professional competence review records or information to other professional review bodies, state or federal government agencies and national accrediting bodies without waiving any privilege against disclosure under section 2510-A.
2. Release to physician. A professional competence committee may furnish professional competence review records to the physician who is the subject of the professional competence review activity and the physician's attorney, agents and representatives without waiving any privilege against disclosure under section 2510-A.
3. Release of directory information. A Profession competence committee may furnish directory information showing membership. Clinical privileges, provider panel or other practice status of a physician with the health care entity to anyone without waiving the privilege against disclosure under section 2510-A.

Process for a Peer Review:

- A. The "Request for Review" form will be completed and returned to the MMA Peer Review Coordinator.
- B. The Coordinator will contact the identified liaison to discuss the specifics of the review.
- C. The Coordinator will assemble the reviewer(s).
- D. The Coordinator will notify the requestor of the reviewer(s), send a letter outlining the process to the requestor and reviewer(s), send the agreement to the requestor for signature and include appropriate materials.
NOTE: The requestor can request a reviewer change if they feel there might be a conflict.
- E. Once the review is complete, a draft report is sent to MMA for review by legal counsel. Any recommendations are communicated to the chair of the review team and/or the reviewer.
- F. When all appropriate parties are in agreement, the report is signed by the chair of the review team or the reviewer, forwarded to the MMA Peer Review Coordinator. The Coordinator will send the report to the requestor with an invoice, and 2 (two) different evaluations - one for the requesting organization and one for the medical provider(s) being reviewed with 2 (two) self addressed stamped envelopes.
- G. An evaluation is sent to the reviewer(s) with a self-addressed stamped envelope.

- H. Once the evaluations are completed, they are returned to MMA. The results will be shared with the reviewer(s) and a not less than a bi-annual summary of the evaluation results will be shared with the MMA Committee on Physician Quality.
- I. A TIN form is sent annually to each reviewer.
- J. The goal is to complete the entire process for an offsite review within a month. On site reviews can take longer as can reviews done with multiple reviewers.

Supporting documents:

- Request for Review
- Guidelines for the Requesting Organization
- Guidelines for the Reviewer
- Guidelines for an On-site Review Team
- Guidelines for the Report Template
- Suggested Review Form
- Evaluation - Requestor Organization
- Evaluation - Provider being Reviewed
- Evaluation - Reviewer(s)
- Fee Schedule with Types of Review Options
- Highlights of Report of Council on Medical Service AMA - Quality of Care (resource)
- Peer Review Guidelines for Examination of Medical Records (resource)
- Letters to Requestor and Reviewer(s)