Peer and Professional Review: Turning lemons into lemonade

Martin Heslin, MD, MSHA
Chief of the Medical Staff
Executive Vice Chair, Department of Surgery
UAB Medicine

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My story: Why care?

- Late 2015, the structure of UAB changed with the formation of:
  - Chief Medical Officer (CMO): appointed by the CEO
  - Chief of the Medical Staff (COMS): elected by the medical staff

- Three main duties for the COMS
  - Improve the Peer Review process
  - Develop a functional ongoing professional review process
  - Create an avenue to effectively communicate with the medical staff
Common response to talk on Peer and Professional review
The sell:

- Ask for accountability but give back advocacy.
- Keep it simple, relevant, actionable and automated
- Lemons → lemonade
The Continuum of Effective Provider Evaluation and Management at UAB

- OPPE
  - Resident Experience
  - Patient Experience
  - Relevant Metrics
  - PRC

- Peer Review and Professionalism

2 words + 2 words + 4-5 metrics + Peer review = High Reliability Organization
Creating a High Reliability Organization (HRO)

- Definition: an organization that has consistent performance at high levels of safety over long periods of time

- Examples
  - commercial air travel
  - nuclear power industry
  - flight deck of air craft carriers
Components of High Reliability Organizations (HRO)

- Highly engaged leadership
- Highly effective process improvement
- Fully functional safety culture (as it pertains to peer review and professionalism)
  - Establishes trust in the system of reporting
  - Balances learning with accountability
    - separate blameless errors (system problems) from blameworthy ones (for discipline, equitably applied)
  - Establishes one code of behavior

Why should we care?

- Solving systemic issues will make the practice of medicine easier and in turn gives us the opportunity to lower faculty stress.

- High quality care is cost effective.

- There is a clear relationship between patient/staff complaints and risk management file openings and claims paid.
The Continuum of Effective Provider Evaluation and Management at UAB

Resident Experience

2 words

Patient Experience

2 words

Relevant Metrics

4-5 metrics

PRC

Peer review

High Reliability Organization

*
What Doesn’t work?

- Patient comment review
  - Seldom reviewed
  - Believe the good, discount the bad
  - No summary reports

- CG-CAHPS questions/reports
  - During this visit, did this provider listen carefully to you?
  - During this visit, did this provider spend enough time with you?
  - Only “top box” counts..
Are We becoming Service Departments at Car Dealerships?

Yikes!!!!
Utilizing patient comments to enhance 
and inform the providers

- Natural Language Processing
  - Extract subjective information to determine "polarity" about specific objects. It is especially useful for identifying trends

- UAB version of NLP: RN-NLP
Added a question in the Press-Ganey survey:

- “Please describe your physician in today's visit in 2 separate words?”

- Perform thematic analysis that describes the words as, “positive, negative open or mixed”

- We only use the positive or negative words
Where’s the Opportunity?

- Advocacy as well as accountability

- Champion the “superformance” providers

- Give the opportunity for improvement by making providers aware of the data in varied but simple categories
“What the patients say”

1/1/2015-5/25/2016:

- Number of surveys: n = 60,566
  - 39,599 positive comments
  - 1079 negative comments

- Total physicians in outpatient setting: n = 647
  - Providers with only positive words: 315
  - Providers with only one negative: 123
  - Providers with only negative words: 0
All Positive
Department Comment Counts

- CAMPELLA MEDICAL GROUP: 12 Positive, 1 Negative
- CARDIOLOGY OUTREACH: 59 Positive, 1 Negative
- DERMATOLOGY: 294 Positive, 13 Negative
- FAMILY MEDICINE: 61 Positive, 20 Negative
- GENETICS: 20 Positive, 57 Negative
- MEDICINE: 1461 Positive, 233 Negative
- NEUROLOGY: 20 Positive, 71 Negative
- NEUROSURGERY: 57 Positive, 4 Negative
- NUTRITION: 4 Positive, 481 Negative
- OB/GYN: 13 Positive, 7 Negative
- ORAL SURGERY: 4 Positive, 38 Negative
- OSTEOPOOROSIS: 17 Positive, 17 Negative
- PRIMARY CARE: 78 Positive, 5 Negative
- RADIATION ONCOLOGY: 28 Positive, 77 Negative
- SURGERY: 34 Positive, 4 Negative
- UROLOGY: 100 Positive, 14 Negative
Roughly 211 physicians above the average of (35%) “Exceptional Performance” above 60%
Roughly 27 physicians above negative average (6.1)
Positive Words with Top Box Reviews

Correlation Scatter Positive Words by Top Box Reviews

- $r$: 0.93
- P-value: <0.0001
Negative words with percentile rank

Correlation Scatter Negative Words by PG Percentile Rank

$r$: -0.29
P-value: 0.003
The Continuum of Effective Provider Evaluation and Management at UAB

Resident Experience + Patient Experience + Relevant Metrics + Peer review = High Reliability Organization

- Relevant Metrics
  - Patient Experience PRC
  - Resident Experience
  - 4-5 metrics
  - Peer review

2 words + 2 words + 4-5 metrics + Peer review = *

*High Reliability Organization*
Resident Words about Faculty

EXEMPLARY AVAILABLE GREAT LEADER effective
DEDICATEDKNOWLEDGEABLEEXPLOREusive
INTELLIGENT FRIENDLY FUN
HELPFUL EDUCATOR KINDBUSY PERSONABLE
THOROUGH APPROACHABLE
AFFABLE PLEASANT NICE
ENERGETIC ATTENTIVE INTENSE
MENTOR CONFIDENT ADVOCATE
KNOWLEDGABLE EDUCATIONAL
TEACHER EFFICIENT
PATIENT INVOLVED
PROFESSIONAL CARING
SMART COMPETENT
ENGAGING
The Continuum of Effective Provider Evaluation and Management at UAB

- Resident Experience
- Patient Experience
- Relevant Metrics
- Peer review

2 words + 2 words + 4-5 metrics + Peer review = High Reliability Organization

Relevant Metrics
- Patient Experience PRC
- Resident Experience

High Reliability Organization

UAB MEDICINE UAB HOSPITAL
Peer Review in the Dark Past

- Event reported to the Chief of Staff

- COS calls the responsible Division or Department leader

- Responsible leader talks to the accused, then calls back to say, “we have it handled”
Problems

- Never hear the accused “side of the story”

- Never understand/analyze the root cause of the event

- Providers (especially physicians) do not use the event reporting system
Goals of the UAB Peer Review Process

- Fair and equitably administered, with one “code of behavior”

- Categorize the “root cause” of the events into behavioral and systemic issues.
  - Deal with behavioral issues in a fair system where leadership is willing to back the process regardless of the status of the person
  - Commit to invest in solutions for “recurrent stressors” that are identified thru the process

- Create an Internal “Action Arm” of the process to consult with individuals, departments or specific locations as they are identified.
Current Peer Review Process

- Event reported in “TrendTracker”

- Risk management reviews and sends to COMS

- COMS reviews and asks the accused to “tell their side of the story”

- Ultimately both sides are reviewed by the Peer Review Committee
UAB PRC Action Ladder

- Ltr from PRC to the accused
- Face to face meeting
- Ltr from PRC to the accused
- Referral to CMO/CNO for operational/educational issues identified
- Internal counseling
- External counseling
- Termination

Referral to CMO/CNO for operational/educational issues identified
Areas of Peer Review “Hotspots”

- Individual
- Department
- Location
Reports by Quarter and Position

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<th>Quarter</th>
<th>Attending</th>
<th>Trainee</th>
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Incidents by Location

- Floor
- ICU
- OR
- Procedure
- Other
Root Cause: Behavior

- Policy Breach
- Medical Decision
- Communication
- Behavior

The bar chart shows the number of occurrences of different types of root causes. The highest number is Policy Breach, followed by Medical Decision and Communication, with Behavior being the least frequent.
Root Cause: Systemic

- Inexperienced Help
- Work Overload
- EMR
- Hosp Capacity
Specific example of EMR Improvement Project

- Order Entry Assistance
  - Katie Romp, MD (General Internal Medicine)
Background

DOM focus group and survey, May 2014:

- 91% said they spend a significant amount of time outside routine work hours to complete work duties
- 81 free text responses- attributing poor WLB to EMR

Intervention

- Hire full-time order entry clerk
- EMR trained, patient encounter specialist
- Propose all orders to physicians in clinic
- Input new patient data in Impact/update probs & proc
Preliminary Productivity Report

• Five physicians were practicing in both 2014 and 2015
• Matched for quarter, wRVU per session increased by 20%

Reduced frustrations in clinic
• More focus on the patient, less multitasking
• Improved accuracy on order entry
• More notes done in clinic session, less work at home
Action Items to Support Providers

- Lobby administration to recruit, retain and meet market standards for experienced help (especially in the OR from the surgical perspective)

- Support the work environment with coverage and back up systems

- Find IT solutions to new requirements (regulatory/safety) that are not simply, “Have the doctor do it.”

- Identify areas where people or technology perform tasks that are not “medical decision making”.
What is the outcome of the email that says, “Monday Mailing: please read”?

- Delete
- Delete
- Delete
Goals and Guiding Principles

- **Goals:**
  - Engage faculty/broader provider audience/humanize leadership
  - Help to promote a healthy and productive work culture

- **Guiding Principles**
  - 90% fun, 10% message
  - Complete in under 90 seconds
  - View on any device
- Compliance
- Thanks
- TB testing/Flu vaccines
- Consult process
- New Year’s stuff
- The Joint Commission
- ICD-10
Quick Notes for Coats

Dr. Heslin shows off his rapping skills to explain the new consult procedures. Watch Consult-line Bling now!
Quick Notes For Coats Sampler

- https://youtu.be/O9tUnOU8gXo
## Data to Date

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<th>Plays</th>
<th>Play Rate</th>
<th>Engagement</th>
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<td>Non-Compliant Heslin (Part 1)</td>
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<td>76%</td>
<td>87%</td>
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*Error with video on webpage

Met/Exceeded KPI
Data to Date

**Viewership (May 2016)**

- Joint Commission/Send Sigh-On
- B-Metro & Faculty Town Hall
- ICD10
- ICD10 Update
- Railings & Reviews
- Thank you notes
- Christmas Interview - Work/Life Balance
- Happy New Year - really?!
- Heart Health Month – TAVR, Heart month…
- National Doctors Day – Pros/Cons***
- Benevolent Fund Campaign - Sad Lemonade...
- Non-Compliant Holin (Part 1)

**QNFC Episodes**

- Total Plays

  - 0
  - 200
  - 400
  - 600
  - 800
  - 1000
  - 1200
  - 1400
  - 1600
  - 1800
Next steps for communication

- Include a variety of service lines (video guests, content, etc.) to expand faculty engagement

- Relevant and simple messaging of important topics

- Partner with UAB Division of eLearning & Professional Studies for improved production
Peer and professional review as well as regulatory updates are uniformly seen as a big fat negative

- (but don’t have to be..)

- Simple processes and relevant metrics work best.

- Selling accountability is not possible without provider advocacy

- Effective communication can occur within 90 seconds as long as it is more fun than message