

*VERMONT STATE
DENTAL SOCIETY*

*PEER REVIEW
MANUAL*

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VERMONT STATE DENTAL SOCIETY
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PEER REVIEW MANUAL

INTRODUCTION:

All patients deserve the opportunity to share equally in the benefits of professional review of their Dental Care. Quality assurance and protection of the Patient and fairness to the Dentist through the presence of an expert and credible peer review mechanism are the goals of the Council on Peer Review of the Vermont State Dental Society.

Peer Review, in its simplest terms, is a mechanism by which the dental profession evaluates the appropriateness and quality of dental care rendered. It is there to help educate, adjudicate, clarify and make recommendations for corrections where necessary.

Peer Review is an expert and credible system for resolving disagreements that cannot be resolved at an earlier more informal stage. Peer Review is expert because Dentists with appropriate professional credentials are integral to the process, reviewing the evidence and making objective decisions based on their findings. It is credible because its rules and procedures are clearly set forth and afford an equal and unbiased opportunity for each participant to be fully heard.

Peer Review is voluntary; however, all individuals requesting a review are expected to abide by the decisions of the review committee. It is the duty of each member of the VSDS to comply with requests of peer review committees, to participate in the peer review process, and to abide by the decisions of peer review committees. There are a few things peer review is not. It is not a court of law. It is neither an adversary proceeding nor a punitive expedition.

Counseling of VSDS members, when the peer review process finds it necessary, is a function of peer review. Matters of ethics and judicial procedures should remain separate and distinct from the peer review system.

1. Purpose:

The Council on Peer Review of the Vermont State Dental Society is charged with the responsibility of reviewing matters concerning patient relations, appropriateness of care, quality of care, and interaction with third party reimbursement systems. The Council on Peer Review acts under the auspices of the Vermont State Dental Society Executive Board.

2. Responsibility:

The Council on Peer Review acts on an appropriate request or grievance from a patient, a dentist or third party reimbursement system. It is the responsibility of the Council on Peer Review to explore, to the extent necessary, all matters referred to it, and to do so within a period of time that makes its efforts effective. It holds hearings where necessary. The Council on Peer Review has an equal responsibility to all parties involved.

3. Categories for review:

Appropriateness of care: Determination of professional appropriateness of planned or completed treatments. Determination of whether or not services were rendered as reported.

Professional Quality: An evaluation of the skill with which a treatment is provided based on the standards which generally prevail within the profession by those who routinely perform the treatment in question.

Third party payor administrative practices: To include, but not be limited to, problems relating to:

1. Correspondence with patients and/or dentists
2. Adherence to benefits.
3. Proposed treatment plans.

4. Membership of State and Regional Peer

Review Committees:

The Executive Board of the VSDS appoints a Vermont licensed dentist as state chairperson at the Annual VSDS Meeting; who, in turn appoints Vermont licensed dentists as the four regional chairpersons. These 5 (five) dentists comprise the State Peer Review Committee.

(a) Each Regional Chairperson should appoint five Vermont licensed regional Dentists, representing a cross section of age and experience, who act in mediation and review at the discretion of the Regional Chairperson as a Regional Peer Review Committee.

(b) Committee size may vary depending on geographic area, population, and case load. A minimum of four dentist members must comprise an area committee in addition to the area chairperson. A consumer may be appointed by each regional chairperson.

REGIONAL AREAS OF

THE VERMONT STATE DENTAL SOCIETY

CHAMPLAIN VALLEY AREA:

Chittenden County
Franklin County
Grand Isle County

NORTHEAST AREA:

Caledonia County
Lamoille County
Orleans County
Washington County

CENTRAL AREA:

Addison County
Orange County
Rutland County
Upper Windsor County

SOUTHERN AREA:

Bennington County
Windham County Lower
Windsor County

5. Mechanism of Peer Review:

All requests must be in writing to the Vermont State Dental Society, at its central office. Complaints may only be accepted after an earnest effort has been made by the initiating party to come to an agreement with the other party. In all cases the request file must contain:

- (a) A cover letter explaining the reason or specific concern in detail why the review is requested.
- (b) Complete information about the case including all attempts to resolve the problem.
- (c) All relevant correspondence.
- (d) The expressed desires of the complainant.

The Executive Director of the Vermont State Dental Society or a designee of the Executive Director will review the complaints for the above criteria and, after assuring completeness, forward all material to the state chairperson.

Cases will not be accepted for review if the state chairperson believes too much time has elapsed from the date of treatment to feasibly review the treatment or concern, or if the case does not fall within the purvue of peer review.

When a request for action is received, the state chairperson will determine if the case is properly documented and then refer it to the appropriate area chairperson for mediation. The area chairperson will then assign a mediator to contact the parties involved.

If a third party reimbursement system questions a claim form in cases involving clerical or reporting problems, the dentist's office should be contacted first by the third party for clarification. In cases involving professional judgments or contract interpretation, the reimbursement systems' dental consultant must first contact the dentist for clarification and attempt to reconcile the differences.

6. Limitation:

The Council on Peer Review has no disciplinary powers. It is not within the scope of peer review to consider cases in litigation. Cases in which a significant amount of time has elapsed since treatment has been performed may be mediated but not reviewed. Cases may be heard within the jurisdiction of the regional area where the service has been or will be performed. No member of the review panel will treat the patient(s) reviewed for at least one year after the completion of the review.

7. Mediation Process:

Mediation is the first step for any situation considered for peer review. Mediation is the key to successful reconciliation of differences so that further action becomes unnecessary. If mediation is unsuccessful then the regional chairperson may appoint a Peer Review Panel. A mediator is appointed by the area chairperson and should first contact the parties involved, and if possible, meet them personally. Thorough documentation of all contacts and meetings is essential. All issues should be defined, explored and clarified. There may be an underlying issue which may not be the substance of the original complaint. In no circumstance will a mediator examine a patient. With the patient's approval, in consultation with the dentist, a mediator may examine a patient's records. All issues should be identified then presented to the parties involved.

The mediator submits a final written report to the area chairperson who includes it with his report to the state chairperson.

8. Initiation of a Review:

If mediation is not effective in resolving the case the area chairperson may organize a review only after obtaining signed copies of The Peer Review Participation Agreement from each party. The area chairperson will then appoint a minimum of three committee members who are true peers of the dentist being reviewed, i.e., Dentists who provide a service similar to the service provided by the dentist being reviewed. If the case involves a dentist who is an ADA recognized dental specialist, the chairperson shall obtain a panel of at least three practitioners from that specialty.

A mediator will not be a member of a review panel involving any case which they have tried to mediate.

Any party may submit a written request to have a member of a review panel dismissed for cause: this may be honored by the area chairperson. The rationale for dismissal must be submitted, in writing, to the review panel and be included in the final report. Any member of a peer review committee who has a vested interest in any case appearing before the committee shall be disqualified to hear or investigate the case, either by his/her own action or by the judgment of the regional chairperson. Once a review panel is selected the parties to the complaint are notified by certified letter of the panel composition and the date of the examination and/or review. The chairperson will consult all parties involved to attempt to find a mutually satisfactory time.

If the committee believes that a clinical examination is necessary, the patient must be informed. The dentist involved shall also be notified. The same letter format advises both parties of a review. If the patient withholds permission for examination, the review may be terminated and written explanation is sent to all parties by the area chairperson.

9. Procedures for clinical review of a case:

If the review panel believes that a clinical examination of the patient is necessary, three dentist panel members selected by the area chairperson will be involved in the examination. The panel will evaluate the *clinical quality and professional performance* of a procedure or treatment consistent with the scope of the complaint. The determinant of quality and performance is the knowledge and experience contributed by each member of the peer review panel. Many things must be taken into account, such as the preexisting state of the patient's health, the patient's cooperation at the time the care in question is rendered, and the patient's return to their dentist for follow-up and maintenance care, complications which can occur during procedures which are within normal limits, and recognized risks of the dental care being performed.

All present, involved parties will be interviewed separately and privately by the panel. The patient will always be interviewed first followed by the dentist.

If an examination is performed, there should be no discussion of the findings with the complainant.

The Panel will reach a decision in a closed session based on all available and pertinent information.

The final report of the panel will be forwarded to the area chairperson who will notify all parties of the panel's recommendations and decisions.

Rating:

Procedures, treatments, or general oral condition will be rated based on clinical quality and/or professional performance as either satisfactory or unsatisfactory.

Unsatisfactory may be delineated into two additional categories involving: 1) current or 2) potential dental health status.

1) Current: Clinical quality and/or professional performance which must be repeated, replaced, and/or immediately treated because damage is now occurring or because serious inadequacies exist.

2) Potential: Clinical quality and/or professional performance which should be repeated, replaced, repaired or corrected for preventive reasons and is likely to cause future damage to the patient's health.

The determination of the rating of any given dental care service is dependent upon the sound judgment of the peer-review examiners.

Three dentists will make independent evaluations of the patient. They must decide on one of the two ratings for the problem or complaint.

A majority vote constitutes the decision of the examiners. Actions taken will consist of specific questions raised and avoid any other extraneous matters. If it is determined that the patient's condition is such as to be detrimental to their health, they shall be promptly notified by the area chairperson who will offer to assist the patient in securing necessary care. The notification of parties of the results of review or mediation shall be by one letter of the decisions and recommendations of the panel. Any monetary refund should not exceed the actual amount paid by the patient. Retreatment may be recommended, at the patient's option, by the dentist in question.

The chairperson of the regional committee has discretionary powers to suggest termination of the review if the complainant is not present at the appointed time. A majority vote of the review panel is sufficient to terminate the review.

10. Remedial Measures:

The remedial measures available to peer review committees in cases of substandard care are:

1) In a lesser instance of substandard care the dentist may be requested to take educational courses, or other corrective action, as approved by a peer review committee.

2) In a more serious instance or for repeated history of substandard care, the dentist may be requested to take educational courses or remedial training courses, under the guidance of the peer review committee.

3) The most extreme level would evoke the protocol of referral to the Vermont State Board of Dental Examiners.

Thorough documentation of these efforts is required as a part of the peer review case documentation. However, only the final decision will be communicated to the patient.

Referral:

Protocol for referral of peer review complaints to the Vermont State Board of Dental Examiners: Cases reviewed by the council on Peer Review of the Vermont State Dental Society which present a single case of grossly inappropriate care, or a pattern of inappropriate care or fraudulent practice, which are identified as posing a continued public harm, or when a dentist has had three or more adverse decisions within a three year period, shall be referred to the Executive Board of the Vermont State Dental Society. The Executive Board shall review for procedural accuracy all referred cases, and, when appropriate, make referral of findings to the Vermont State Board of Dental Examiners. This referral protocol must protect the confidentiality of the peer review process.

Thorough documentation of these efforts is required as a part of the peer review case documentation. However, only the final decision will be communicated to the patient.

11. Records keeping:

All written documentation and other material shall be confidentially preserved and kept at the VSDS central office after a case is completed. Copies of all material sent or otherwise dispersed during the peer review process will be included in each individual case file. All records must be kept for a period of time recommended by legal counsel. All correspondence prepared by members of a peer review committee must be on official VSDS stationery. All conclusions, decisions, and recommendations must be substantiated by sufficient documentation or explanation. The final report of any case must contain a specific recommendation(s) for final disposition of the case.

12. Temporal constraints

The VSDS central office staff should forward a complaint to the state peer review chairperson within five (5) days from receiving complete information. The state chairperson should get the complaint and other pertinent information to the local chairperson within ten (10) days from receiving it. The local chairperson should appoint a mediator who should contact the parties within ten (10) days from the chairperson's receipt of the complaint. If mediation is unsuccessful within sixty (60) days from the initiation of mediation, the status of the case must be reported to the state chairperson in writing. If mediation seems likely, then an extension of the mediation time will be determined by the area chairperson, and all parties will be notified of the deadline. If a case goes to a review, its findings must be submitted in writing from the area chairperson to the parties involved and the state chairperson within sixty (60) days of the initiation of the review.

13.

Communications and documentation:

All phone conversations and informal discussions shall be well documented, dated and retained by the involved members of the committees. Contents of all cases are to be kept in strictest confidence. The confidentiality of peer review is critical. Because peer review is not a court of law, it is recommended that attorneys not be present at a review and that verbatim report of the proceedings not be made.

14. Appeal:

Any decision of an area committee panel may be appealed to the state peer review committee by a letter requesting such appeal sent to the state chairperson. The state peer review committee will examine only the written documentation in determining whether a regional peer review committee decision will be changed. Parties may appeal to a panel for: dismissal of members, inclusion or exclusion of evidence. Once either a mediation or a review is completed with signed consent of all parties the peer review process for that case is finished.

15. Cases involving non-member dentists:

Because the VSDS has a responsibility to both the public and the dental profession, dentists who are not members of The Vermont State Dental Society may participate in peer review. This includes review at their request, a patient's request or the request of a third party reimbursement system. The peer review committee will communicate by letter with non-members asking for their written consent to abide by the rules and procedures set forth in the Vermont State Dental Society Peer Review Manual.

VERMONT STATE DENTAL SOCIETY
PEER REVIEW PARTICIPATION
AGREEMENT

I agree, by signing below, to abide by the decisions of the Peer Review Council of The Vermont State Dental Society; to cooperate fully in the process of peer review as outlined in the Peer Review Manual of The Vermont State Dental Society, and not make any claim, of any nature whatsoever, against The Vermont State Dental Society, The Council on Peer Review, or any member, employee, or agent of either arising out of or in connection with the peer review process.

Name _____

Signature _____

Witness _____

Witness _____