

	PROCEDURE	No. 11402-C	
	Professional Practice Evaluations	Applies To:	UNMMG

1.0 Purpose

This procedure of the UNM Medical Group, Inc. (UNMMG) details the process for provider Focused Professional Practice Evaluations (FPPE) and Ongoing Professional Practice Evaluations (OPPE).

2.0 Scope

This procedure applies to all providers providing clinical services in UNMMG clinics.

3.0 Definitions

3.1 Ongoing Professional Practice Evaluation (OPPE) – An OPPE is a process whereby UNMMG continues to evaluate the competence of its providers, including the provider’s ability to act professionally, and to provide safe, high-quality patient care. This process also allows UNMMG to identify professional practice trends that are relevant to quality of care and patient safety.

3.2 Focused Professional Practice Evaluation (FPPE) – A FPPE is a process whereby a providers ongoing competency can be evaluated, as well as address one who does not have documented evidence of competently performing a requested privilege at UNMMG. This process may also be used when a question arises regarding a provider’s ability to act professionally or to provide safe, high-quality patient care identified through OPPE or otherwise reported.

4.0 OPPE Procedure

4.1 OPPEs will be conducted every eight months for each provider by the UNMMG clinic. The clinic medical director or his/ her designee will complete an OPPE report in substantial conformity with Exhibit A.

4.2 The OPPE performed will be shared with the provider.

4.3 The clinic will submit the OPPE report for each provider to the UNMMG Credentialing Office every eight months from initial credentialing/privileging date. To the degree possible, the providers completing the OPPE on a peer will be rotated so as to gain a more comprehensive view of the provider evaluated. These reports will become a part of the provider’s credentialing/privileging file.

4.4 UNMMG Credentialing Office will present OPPEs received from UNMMG clinics to the UNMMG Credentialing Work Group (CWG).

4.5 CWG will review the OPPEs received from UNMMG Clinics and take one of the following actions:

4.5.1 Accept the OPPE report.

4.5.2 Follow-up with clinic in regards to any marginal or unsatisfactory ratings for an action plan to correct the concerns.

4.5.3 Advance the OPPE report to the Practice Oversight Committee (POC) for additional review and action.

4.6 Additional Actions may include triggering a Level Two FPPE (See Section 5.2)

5.0 FPPE Procedure

5.1 Level One FPPE will be utilized during initial appointment when an applicant's competency cannot be verified. Level One FPPE is as follows:

5.1.1 An FPPE plan will be developed by the UNMMG Clinic Medical Director.

5.1.2. The FPPE plan will be reported to the applicant's UNM School of Medicine Department (if applicable) and included in the applicant's appointment file

5.1.3. The FPPE plan will be reviewed and acted upon as part of the initial appointment process and ongoing review.

5.2 Level Two FPPE may be triggered by a serious event a pattern of events, or an FPPE or OPPE that raises significant concern about a provider's professionalism, clinical competence, or ability to safely provide care. These events may include, but are not limited to, the following:

5.2.1 adverse action taken against provider by a healthcare entity;

5.2.2 adverse action taken against provider's professional license or certification;

5.2.3 any surrender of a provider's professional license or certification;

5.2.4 a National Practitioner Data Bank Case Report

5.2.5 any of the following legal convictions

a. a felony conviction;

b. a conviction involving alcohol or substance abuse;

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- c. a conviction involving assault, battery or other violent behavior;
- 5.2.6 identification of an atypical practice pattern;
 - 5.2.7 a complaint or series of complaints from patients, clinic employees, or others that suggest a concerning pattern of behavior;
 - 5.2.8 a documented pattern of recurrent noncompliance with clinical standards of care;
 - 5.2.9 a report or discovery of a physical or mental condition that raises concern about providers clinical competence;
 - 5.2.10 two or more marginal ratings or any unsatisfactory rating will be reviewed by CWG.
 - 5.2.11 failure to comply with corrective action plans of any type.
- 5.3 The UNMMG Clinic Medical Director, UNMMG Chief Medical Officer (CMO), UNMMG Associate Chief Medical Officer (ACMO) or designee will develop and implement an individualized action plan for the member (in consultation with the UNMMG Credentialing Office, if desired). The plan will address the specific competency or privilege identified through practice evaluation process; include the time frame or the volume of activity for re-assessment, which will vary by circumstance; and include provisions for the appropriate re-evaluation.
- 5.4 FPPE Level One and Level Two written progress reports will be completed by the UNMMG Clinic Medical Director or Designee.
- 5.5 Written FPPE progress reports will be submitted to the UNMMG Credentialing Office.
- 5.6 UNMMG Credentialing Office will present FPPEs received from UNMMG clinics to CWG.
- 5.7 CWG will review the FPPEs received from UNMMG Clinics and take one of the following actions:
- 5.7.1 Recommend to the POC acceptance of the FPPE report and continuation of the plan as proposed.
 - 5.7.2 Table any recommendation pending follow-up with clinic in regards to any marginal or unsatisfactory ratings and/or an action plan to correct the concerns.
 - 5.7.3 Advance the FPPE report to the Practice Oversight Committee (POC) with recommendation for additional review and action.

5.8 The POC will review the report of findings and recommendations submitted by the CWG at its next regularly scheduled meeting or at a special meeting. If any member of the POC has any personal involvement or interest in the matter being investigated or any other conflict of interest, that member shall not sit on the committee during the discussion, nor shall such member vote or take any action, formal or informal, which may influence the decision.

5.9 Within thirty (30) days of receipt of a report, the POC, based upon such findings and recommendations, shall advance a recommended action to the UNMMG Board of Directors (BoD) which may include, without limitation:

5.9.1 Determining that no action be taken;

5.9.2 Deferring action for a reasonable time where circumstances warrant;

5.9.3 Issuing letters of admonition, warning, reprimand, or censure. In the event such letters are issued, they will be included in the affected provider's file, and the provider may make a written response, which shall be placed in the provider's file;

5.9.4 Directing the UNMMG provider to undergo a medical and/or psychiatric examination by a physician chosen by the POC to include treatment and/or counseling if recommended by the physician or other medical professional chosen by the POC;

5.9.5 Recommending suspension, modification, probation, or revocation of a UNMMG provider's credentialing or clinical privileges.

5.10 The BoD will review POC recommendation and take final action.

6.0 Notice of Recommended Action

6.1 The CMO, on behalf of the BoD, will deliver notice of the BoD's action in respect to a decision made under this procedure to the affected provider in a writing, delivered by certified or registered U.S. mail, return receipt requested, to the last address provided by the provider, by verified hand-delivery to the provider, or other means reasonably expected to provide actual notice to the provider within ten (10) business days of the BoD meeting at which the action was approved as described in this procedure above, with copies to the CMO, the affected provider's University of New Mexico Health Science Center (UNMHSC) Department Chair if applicable, the affected provider's UNMMG Clinic Medical Director and the affected provider's UNMMG Credentialing/Privileging file.

7.0 Summary Suspension or Restriction

7.1 In General. The CMO, and ACO, have the authority to take immediate action to prevent the substantial likelihood of imminent injury or danger to the health or safety of any patient, employee, or other persons at UNMMG or in the best interests of patient care at UNMMG or at other clinical facilities as assigned by UNMMG, by summarily

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- suspending or restricting all or any portion of the clinical privileges of a provider without the benefit of a hearing or personal appearance.
- 7.2 Effectiveness of the Summary Suspension or Restriction. The summary suspension or restriction will become effective upon the date specified in the notice or, if no date is specified, then immediately.
- 7.3 Notice to the Affected provider. The person imposing the summary suspension or restriction will provide written notice of the suspension or restriction, including a summary of specific grounds for the action, to the affected provider, the CMO and ACMO, the UNMMG Clinic Medical Director and the UNMHSC Department Chair if applicable. The CMO will inform the CWG of the suspension or restriction at its next regularly scheduled meeting or at a special meeting thereof called for that purpose.
- 7.4 Interim Patient Care Coverage Requirements. The affected provider's UNMMG Clinic Medical Director will provide for alternative medical coverage for the suspended provider's clinical responsibilities at UNMMG.
- 7.5 Hearing Rights With Respect to Summary Suspension or Restriction. Except as provided otherwise in this procedure, only when the suspension or restriction of credentialing or clinical privileges of a provider continues or is imposed for a period of greater than fourteen (14) consecutive calendar days, will that affected provider be entitled to request a hearing as provided in this procedure
- 7.6 Right to Rescind Summary Suspension or Restriction. The CMO, or ACMO, may rescind summary suspension or restriction with notice to the person or body that originally imposed the suspension or restriction, the POC, the affected provider, the UNMMG Clinic Medical Director and the UNMHSC Department Chair if applicable.
- 7.7 Effect of Termination of Summary Suspension or Restriction within Initial Imposition Period. If summary suspension or restriction is terminated with-in fourteen (14) consecutive calendar days after imposition, a hearing requested pursuant to this procedure shall be deemed to be no longer necessary and no such hearing will be held.
- 7.8 When no Hearing Requested. If no hearing, as described by this procedure , is requested by the affected provider within the time specified therein, and the summary suspension or restriction continues beyond fourteen (14) calendar days, the CWG may recommend action the POC to continue, modify or terminate the terms of the summary suspension or restriction, the POC will review the CWG recommendation and advance a recommendation to the BoD that the affected provider's credentialing or clinical privileges be revoked, and the affected provider shall have no right of hearing.

8.0 Right to Invoke Hearing Procedures

- 8.1 In the event the action of the BoD adversely affects the affected provider or applicant, such affected provider or applicant will be entitled to invoke the hearing procedures as set forth in this procedure. More specifically, any recommended action by the POC which, if

adopted by the BoD or its designee, would involuntarily terminate a provider's credentialing or privileging, deny an applicant's credentialing or appointment, deny a provider's Re-Credentialing or Reappointment, reduce, modify, suspend, or revoke the provider's credentialing or clinical privileges for more than fourteen (14) days, will entitle the applicant or the affected provider to invoke a hearing provided in this procedure. All other actions recommended by the POC, including but not limited to a verbal admonishment, letter of admonition, letter of reprimand, imposition of probation or requirement of medical or behavioral consultation, restriction or suspension of credentialing or clinical privileges for less than fourteen (14) days, imposition of a FPPE or assessment of an affected provider's clinical or professional performance on an interval less than the three (3) year Reappointment cycle, or imposition of a monitoring program which may include regular meetings with a designated monitor, will be final and shall not, under any circumstance, give rise to a right to a hearing as set forth in this procedure.

9.0 Adequate Notice and Hearing Standard

- 9.1 The BoD shall be deemed to have met the adequate notice and hearing requirement in connection with this procedure with respect to an affected provider or applicant (as the case may be) if the notice of proposed action from the CMO or ACOMO to the affected provider contains the following information:
 - 9.1.1 A Professional Review action or denial of credentialing, appointment re-credentialing or reappointment has been proposed to be taken against the affected provider or applicant;
 - 9.1.2 Reasons for the proposed action of the BoD;
 - 9.1.3 That the affected provider or applicant has the right to request a hearing on the proposed action;
 - 9.1.4 Any time limit (not less than thirty (30) days) within which to request such a hearing; and
 - 9.1.5 A summary of the affected provider's or applicant's rights in the hearing including the following:
 - 9.1.5.1 The hearing shall be held as determined by the POC no less than thirty (30) days following notice of same and to conclude within sixty (60) days of being convened, at the election of the POC, to include a:
 - a. hearing officer who is appointed by the POC that is UNMMG credentialed or privileged Provider and who is not in direct economic competition with the affected provider or applicant; and

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- b. An ad hoc Hearing Committee appointed by the POC consisting of two credentialed or privileged UNMMG Providers of which one will be a same specialty practice provider if available.

9.1.5.2 The right of the affected provider or applicant to a hearing may be forfeited if the affected provider or applicant fails, without good cause, to appear at the hearing;

9.1.5.3 In the hearing, the affected provider or applicant has the rights noted below:

- a. to engage legal counsel, at the affected provider's or applicants expense, to advise and assist the affected provider or applicant at any stage of the proceedings described in this procedure. The affected provider or applicant shall not have the right to have legal counsel participate by speaking on his or her behalf during a professional review activity or other proceedings described in this procedure, except at the sole discretion of POC, or the BoD. To the extent the POC and/or BoD have in their discretion authorized such additional involvement by counsel for the applicant or provider, the POC and/or the BoD may also employ use of counsel.
- b. To have a record made of the proceedings, copies of which may be obtained by the affected provider or applicant upon payment of reasonable charges associated with the preparation thereof;
- c. Excluding those matters arising from an applicant's initial application for credentialing or privileging to call, examine, and cross examine witnesses;
- d. To present evidence determined to be relevant by the Hearing Officer, or Hearing Committee, as the case may be, regardless of its admissibility in a court of law; and
- e. To submit a written statement at the close of the hearing; and

9.1.5.4 Upon completion of the hearing, the affected provider or applicant has the right:

- a. To promptly receive the written report and recommendations of the Hearing Officer and Hearing Committee, (the "Fair

Hearing Report”), including a statement of the basis for the Fair Hearing Report; and

- b. To promptly receive the written decision of the BoD after having taken into consideration the Fair Hearing Report, including a statement of the basis for the decision.

10.0 Affect of Failure to Timely Request a Hearing.

- 10.1 If the affected provider does not timely exercise his or her right to a hearing under this procedure, the POC shall forward its recommended action(s) to the BoD for review and final action.

11.0 Notice of Hearing.

- 11.1 If a hearing is requested by the affected provider or applicant on a timely basis with respect to an action of the BoD as to which a right to a hearing exists under and pursuant to this procedure, the CMO shall provide the affected provider or applicant with notice stating the place, time and date of the hearing, which date shall not be less than thirty (30) calendar days after the date of the notice, along with a list of the witnesses (if any) expected to testify at the hearing on behalf of the BoD.

12.0 Timeliness of Proceedings.

- 12.1 Failure to meet any conditions of timeliness or to meet a particular time deadline set forth in this procedure shall not, in itself, constitute a failure on the part of the POC to meet the standards of this Section or to have deprived the affected provider or applicant of his or her due process rights under this procedure or under HCQIA.

13.0 Report and Recommendation.

- 13.1 A majority of the ad hoc Hearing Committee must agree to the recommendation in order for it to be advanced.
- 13.2 The Hearing Officer will deliver Fair Hearing Report and recommendations with respect to the action of the BoD giving rise to the hearing, along with a copy of the hearing record, to the POC, through the CMO or designee, within ten (10) business days after termination of the hearing, with a copy delivered to the affected provider or applicant, to the CMO, the affected provider’s or applicant’s UNMHSC Department Chair if applicable, the affected provider’s or applicant’s UNMMG Clinic Medical Director and the affected provider’s or applicant’s UNMMG Credentialing/Privileging file.

14.0 Action on the Report and Recommendation.

14.1 At its next regular meeting, at a special meeting called for that purpose, or as soon thereafter as practicable, the POC will consider and act upon the report and recommendations submitted to POC as provided in Section 13.1.

14.2 POC will advanced its recommendation of action to BoD.

14.3 BoD will consider the recommendation of the POC and make a final decision on the action, advising the CMO as soon as practicable of it decision. The CMO will inform the affected provider or applicant of the BoD's decision, in writing, delivered by certified or registered U.S. mail, return receipt requested, to the last address provided by the affected provider or applicant, by verified hand-delivery to the provider or applicant, or by other reasonable means expected to provide actual notice to the affected Member, at the earliest practicable date after the BoD renders its decision.