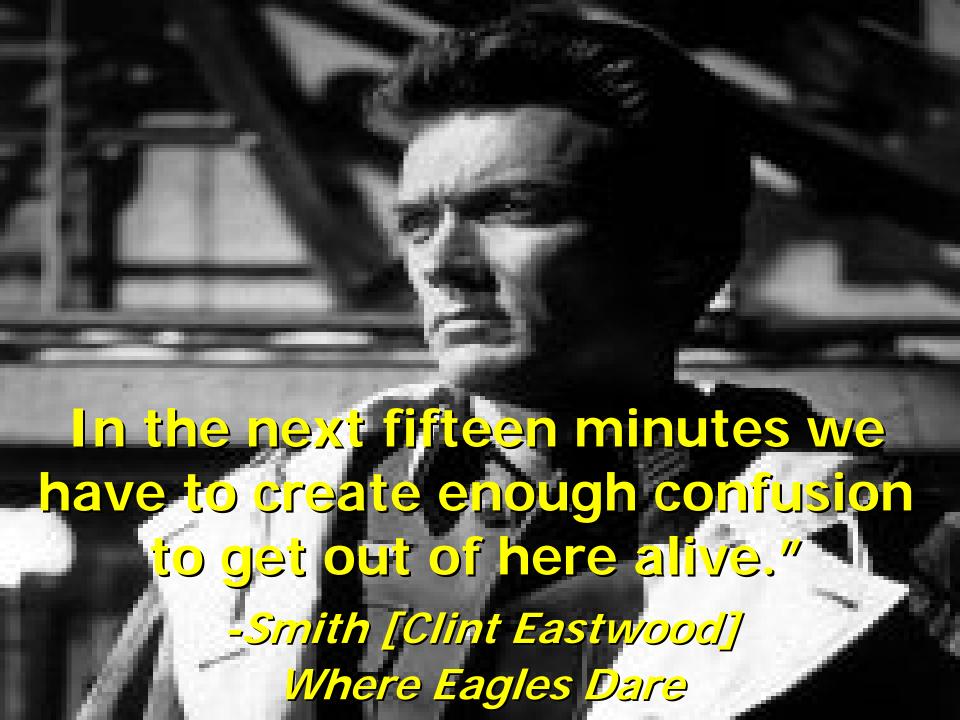


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#### Subtitle:

"Practical Matters the Physician Must Know When Confronted by a Peer Review Proceeding"



#### **TERMINOLOGY**

#### "Peer Review Hearing" a/k/a

- Privileges Hearing
- Fair Hearing
- Medical Review Hearing
- Credentials Hearing
- Medical Staff Hearing
- Disciplinary Hearing
- Credentials Committee Hearing
- Ad Hoc Committee Hearing

#### The "Private Practice Physician" We are Discussing

- 1. Not a Hospital employee.
- Does not have a direct contract with the Hospital.
- 3. Not a member of a group with an exclusive contract.
- 4. Does have clinical privileges at the Hospital.

# Two components of a physician's medical staff relationship in a Hospital (often used interchangeably & incorrectly):

- 1. "Clinical Privileges"
  - Based on proven clinical skills and competence to perform certain defined procedures in the hospital
- 2. Medical Staff Membership
  - "Good citizenship" issues

#### Assuming the Private Practitioner's Perspective:

The Good = The Physician

The Bad = The Hospital Staff and Medical Staff Leadership

The Ugly = The process, and especially the litigation process

1. The process is <u>different</u> in every hospital



- 1. The process is <u>different</u> in every hospital
  - Medical Staff Bylaws are different

Hearing procedures are different

 Attorneys may not be allowed to participate

 The process is <u>different</u> in every hospital

Hearings may not be allowed for certain types of adverse actions

 Burden may placed on the physician

The process is different in every hospital

Physician may have to pay for certain parts of it like the court reporter

Investigation and appeals processes may be different

- 2. The Hospital's resources are unlimited.
  - Speaks for itself

#### Additionally:

- Use of certain experienced companies and organizations with hospital "leanings"
- Use of certain law firms which specialize in doing nothing but hospital representation

- 2. The Hospital's resources are unlimited.
  - Hospital's personnel and Hospital's attorneys do all of the work and provide all of the support for the Medical Staff and the peer review committee.

2. The Hospital's resources are unlimited.

 The Hospital/Medical Staff has unlimited access to Hospital employees and documents

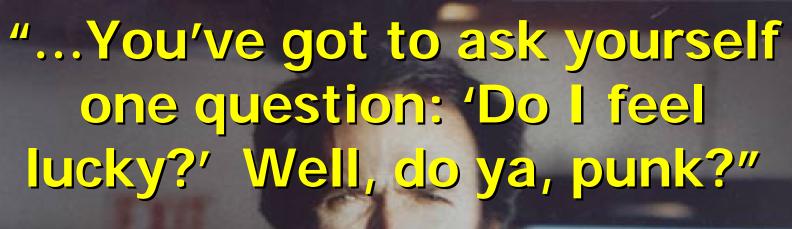
3. You need legal representation from the time of the first rumor you hear that a complaint has been filed or that a matter is being investigated.

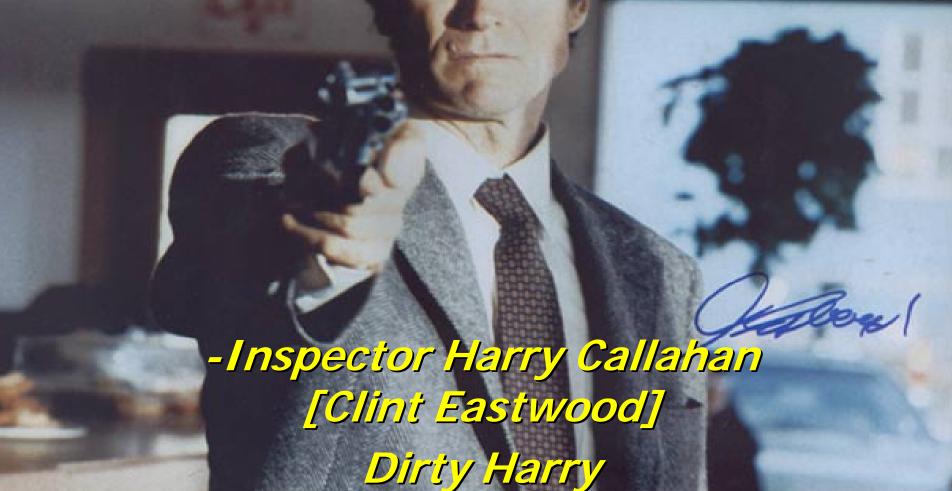
3. You need legal representation from the time of the first rumor.

#### **Incorrect** Attitudes:

"I'm going to wait and see what happens."

"I'm going to wait and see if charges are filed."





3. You need legal representation from the time of the first rumor.

#### **Incorrect Attitudes:**

"My friend is president of the Medical Staff and he told me he would make this all go away."

You need legal representation from the time of the first rumor.

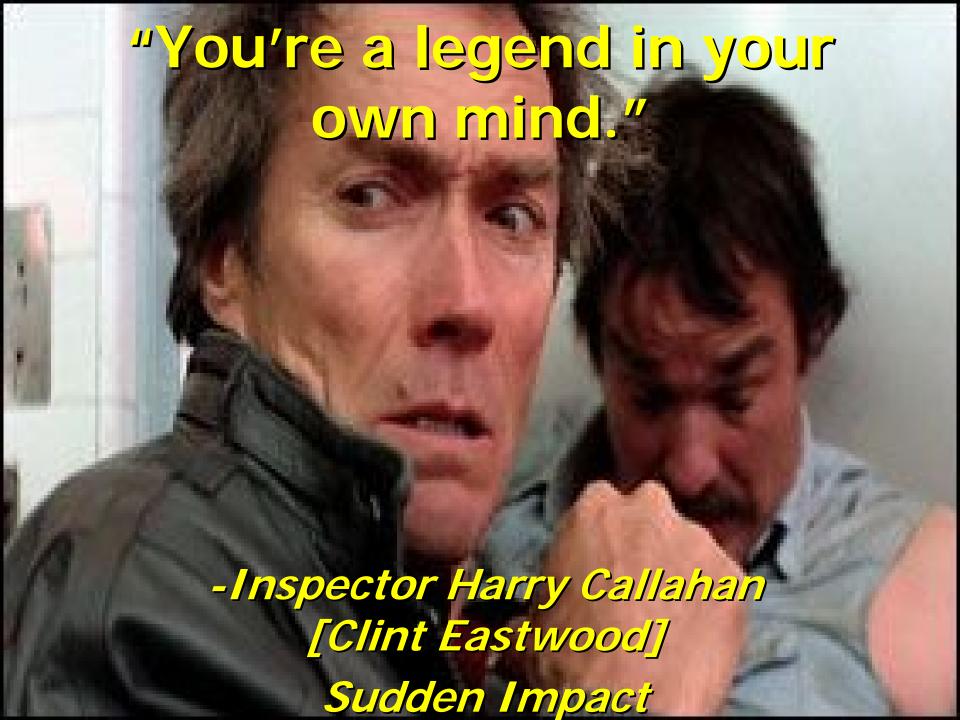
#### Incorrect Attitudes:

"There are plenty of other physicians on that committee who have had far worse outcomes than mine. They can't say anything bad about me."

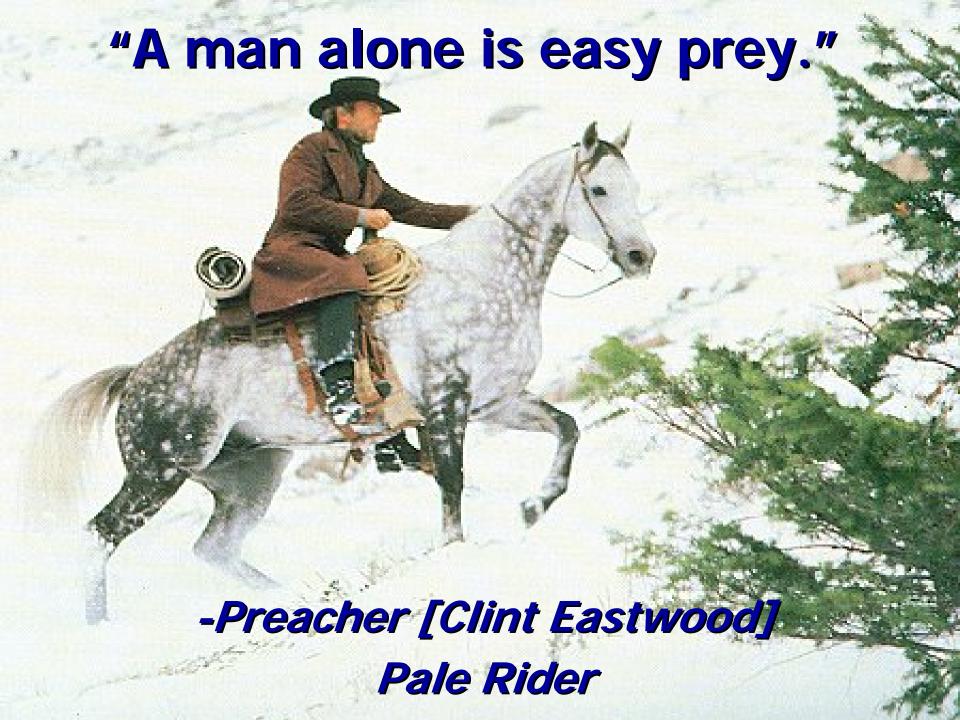
3. You need legal representation from the time of the first rumor.

#### **Incorrect Attitudes:**

"I was one of the first physicians at that hospital. They're not going to do anything to me." (or any variation of the foregoing)



4. You must be represented by an experienced, knowledgeable healthcare attorney. The hospital will be.



The "nonconformist" or "trouble maker" will be forced into a hearing situation. The guy everyone likes won't be.

6. If hospital administration (including nursing staff) is out to get you, you will be gotten.

 If the hospital administration identifies you as a "bad physician," "trouble maker" or "disruptive physician" you are dead.

- If hospital administration (including nursing staff) is out to get you, you will be gotten.
  - Your prior cases may be reviewed and scrutinized retrospectively for problems that were "overlooked."
  - Every poor result or outcome will be scrutinized.

If hospital administration (including nursing staff) is out to get you, you will be gotten.

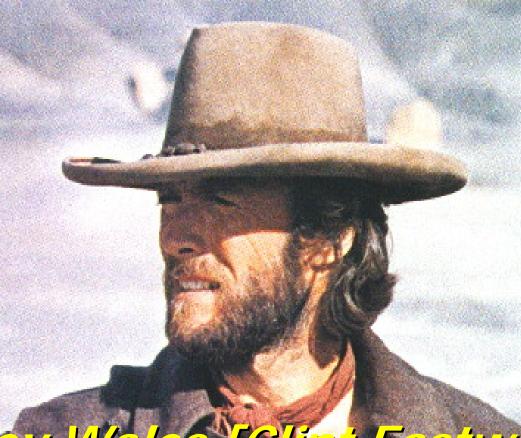
- You will be written up for everything that happens.
- You will be written up for incidents that others are never written up for.

- 6. If hospital administration (including nursing staff) is out to get you, you will be gotten.
  - You will be written up for violations of hospital policies that others are not written up for.
  - Incidents where you were just "joking around" will be written up as "sexual harassment."

6. If hospital administration (including nursing staff) is out to get you, you will be gotten.

 Any patient complaints over insignificant matters that would previously have been handled in a routine way, will now be treated as significant events.

# trouble just ".nsm s ewollot



-Josey Wales [Clint Eastwood] The Outlaw Vosey Wales

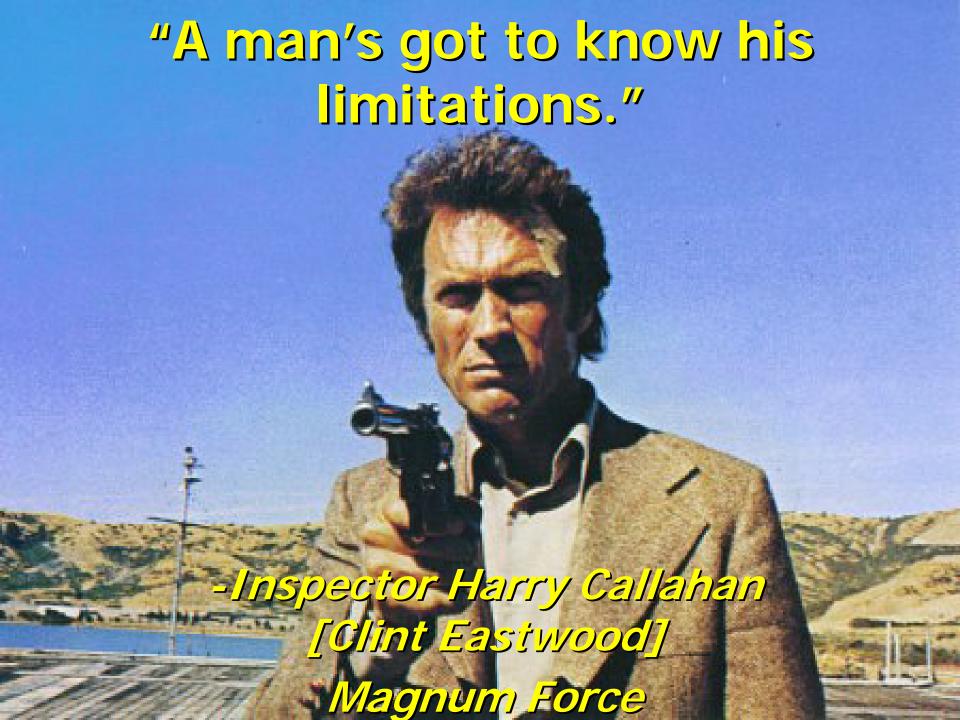
7. You will probably be offered an opportunity to resign prior to the commencement of the investigation...



8. But you will foolishly turn down the opportunity to resign.



9. There are many options and alternatives available early in the process, but only an experienced health care attorney will know them.

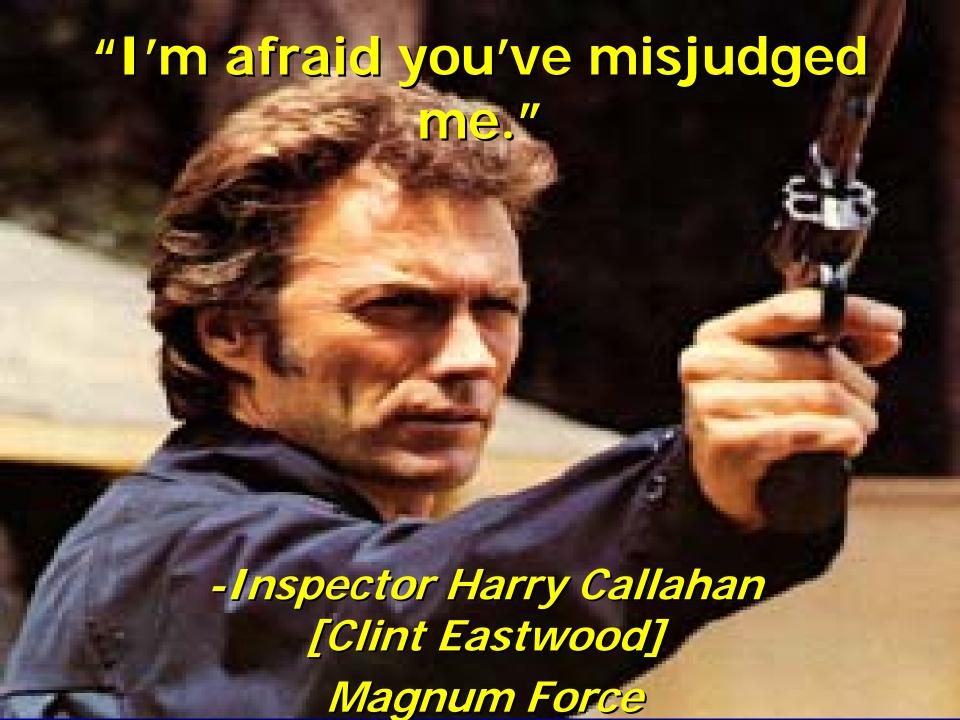


- 9. Options & alternatives may include:
  - Agreement not to admit, treat, or perform certain procedures
  - Taking a leave of absence (LOA)
  - Assesment by independent organization (P.A.C.E., C.C.A.T., etc.)

9. Options & alternatives may include:

Agreement to undertake additional training.

Resignation (prior to <u>any</u> proceedings being commenced.)



- The resources are stacked in favor of the hospital/ administration.
- Peer review proceedings are <u>very</u> expensive (for all parties).
- The burden can be and may be placed on you to prove you are currently clinically skilled and competent.

- There may be external motivations, other than quality (Especially in cases of tenured professors <u>senior</u> physicians and minorities).
- Economics & economic motivation

#### 10. A "fair hearing" is not fair.

– Economics & economic motivation:

- Proceedings Initiated by your competitors
- Complaints made by your competitors
- You allegedly bring in too many cases (e.g., your cases monopolize the operating room or prime O.R. time)

#### 10. A "fair hearing" is not fair.

– Economics & economic motivation:

- You bring in the wrong cases (e.g., too many Medicaid, indigent)
- One medical group is allowed to control an entire department (in absence of an exclusive contract).

#### 10. A "fair hearing" is not fair.

– Economics & economic motivation:

- You are an "overutilizer" (you use too many resources, overtime for hospital staff, etc.)
- You "cherry pick" the best cases (e.g., all of the non-indigent/non-Medicaid cases)
- You refuse to participate in managed care plans with the hospital & other physicians

10. A "fair hearing" is not fair.

 If suspended pending investigation/hearing <u>and</u> the suspension goes over 30 days, then a report to the NPDB is required.

 Report to NPDB = Report to State Medical Board/Licensing Authority

- You may find the same individual(s) on:
  - a. The Investigation Committee
  - b. The Peer Review/Hearing Committee
  - c. The Appeals Committee
  - d. The Board of Directors/Trustees (Responsible for final recommendations)

10. A "fair hearing" is not fair.

Gag Orders and law suits

 You may be gagged and not allowed to talk to witnesses or potential witnesses in order to prepare your case.

- 11. It does not matter what the peer review or fair hearing committee recommends.
  - The Board of Directors/Trustees can and will overrule the conclusions and recommendations of any peer review hearing (with the input of hospital admin & hospital attorney)

- 11. It does not matter. . . .
  - The Board of Directors can and will. . .

- Peer review committee must make solid, unequivocal findings supported by evidence.
- Peer review comm. must make strong, precise, well-reasoned conclusions and recommendations.

- 11. It does not matter. . . .
  - The Board of Directors can and will. . .

Be sure you ask the peer review committee to do this.

You (or your attorney) should present to them a proposed or recommended report.

- 12. Those who judge you are <u>not</u> your peers.
  - They may all be different specialties from yours.
  - None may be surgeons.
    - (Attempt to have the hearing committee appointed by your medical specialty association.)

13. The <u>only</u> rights you have are those in your Medical Staff Bylaws (unless you are at a "public hospital" or in California)

14. The consequences to you of an adverse outcome will be lifelong and career altering.

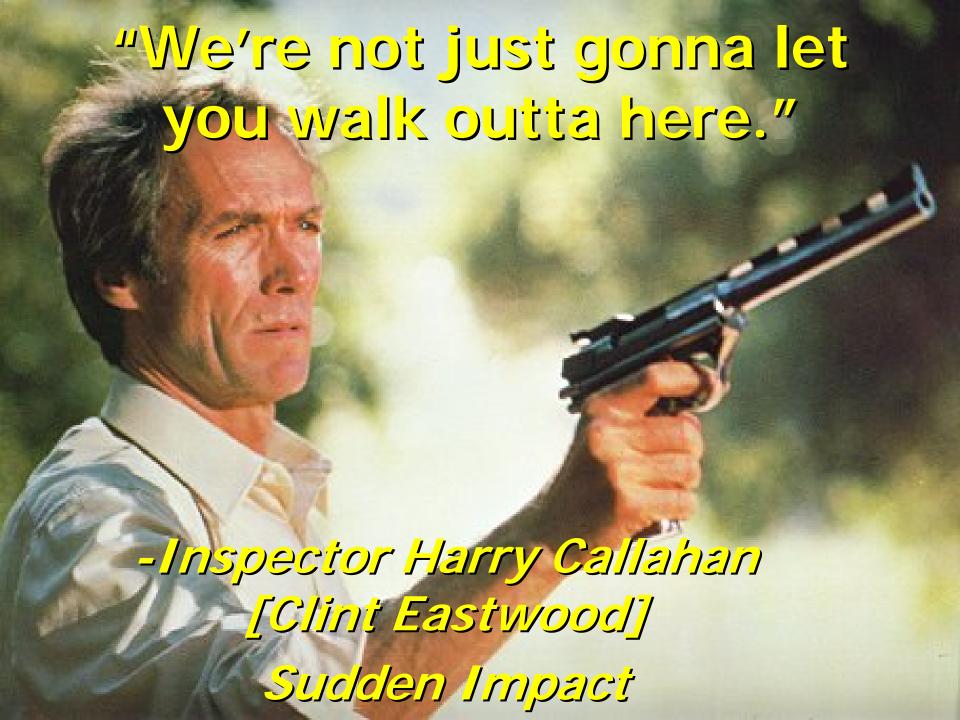
#### <u>Consequences</u>:

- NPDB Reports
  - National
  - On file for fifty (50) years
  - Very difficult to get corrected or voided.
  - Reported to your state medical board at same time.

- 14. The consequences to you of an adverse outcome will be lifelong and career altering.
  - State licensure action (in every state in which you have a license) will probably result
  - Medical specialty associations will commence proceedings if they learn of it.

- The consequences to you of an adverse outcome will be lifelong and career altering.
  - You will unlikely ever get clinical privileges at another hospital.
  - You may lose medical malpractice insurance coverage.
  - You may be dropped from the panels of many HMOs, managed care plans, and insurers.
  - Contracts with employers and insurers may require you to report this (so you can be terminated)

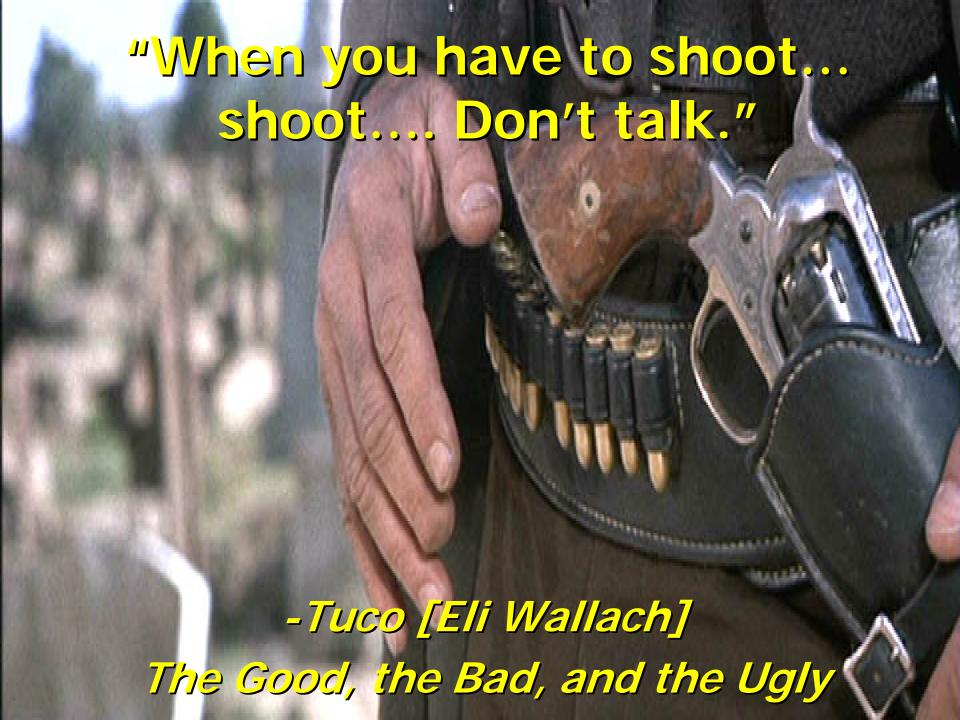
Once a peer review proceeding is commenced, it's not just going to go away, and none of your friends on the Executive Committee or Board of Trustees is going to make it go away.



16. Once a peer review proceeding is commenced against you, you will be in the most important fight of your career and possibly your life.

17. You have no power, no control, and no leverage.

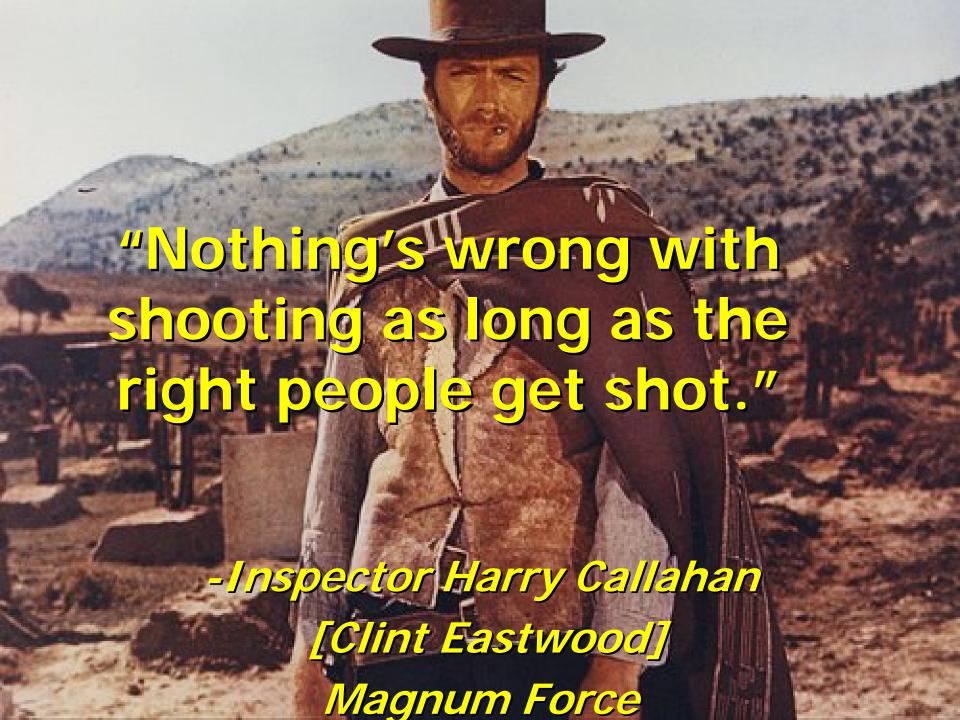
You must get some.



- 17. You have no . . . leverage. Get some:
  - Assemble an experienced legal team.
  - Begin preparing early and prepare seriously.
  - Get experts. Credible, established experts.

17. You have no . . . leverage. Get some:

 Sue the hospital and certain individuals involved in the proceedings, circumstances permitting.



17. You have no . . . Leverage. Get some:

- Consider "political" or "public relations" avenues
  - Timing of funding for critical projects, buildings, or programs.
  - Letters to other physicians on medical staff.
  - Letters to patients.

- 17. You have no . . . leverage. Get some:
  - Consider "political" or "public relations" avenues
    - Full-page newspaper ads.
    - Get your state or county medical society involved.
    - Have a friendly state legislator introduce a bill to require due process in all hospital adverse actions.

- 17. You have no power, no control, and no leverage.
  - Have a friendly state legislator introduce a bill to require due process in all hospital adverse actions.

18. You are going to have to spend lots of money to properly defend yourself and you will not get it back if you win.



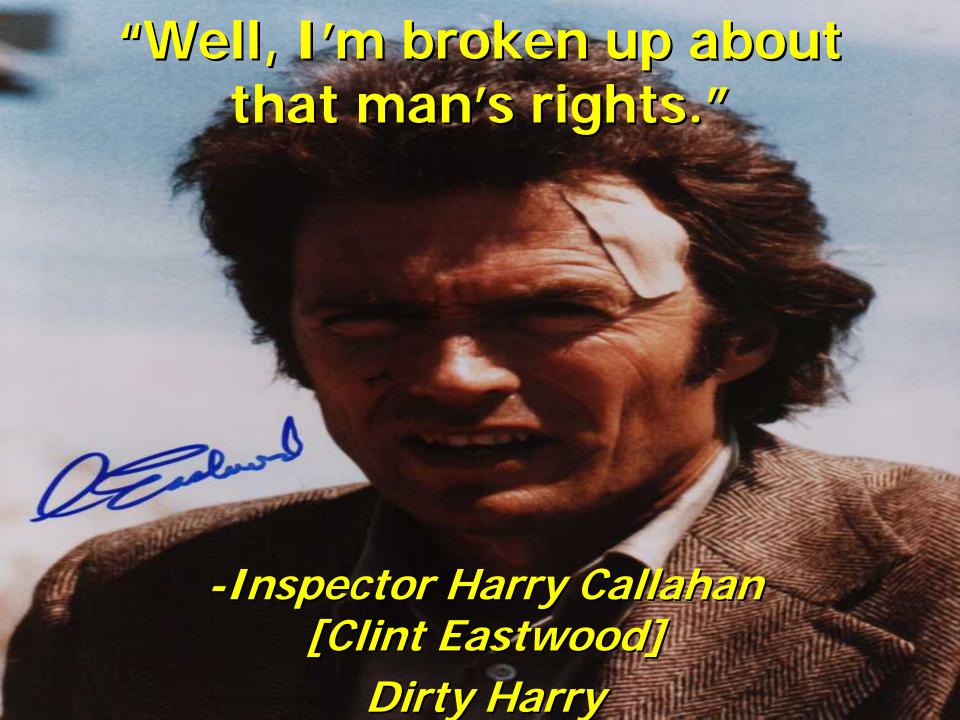
# Indest's Maxims for Peer Review

19. If you think you will be successful in suing after the fact in court to have an incorrect result overturned, you are probably wrong.

# Indest's Maxims for Peer Review

20. However, court litigation <u>can</u> give you the leverage you need to obtain a favorable outcome on the peer review proceeding.

1. You must ensure that your medical staff bylaws contain true "due process" rights for accused physicians.



2. You should attempt to have state legislation passed that requires all hospital to afford physicians certain due process rights in peer review proceeding similar to what California has done.

3. The Medical Staff should never allow hospital administration (or the hospital parent corporation) to force them to adopt bylaws amendments that lessen due process protections.

The peer review committee (fair hearing committee) should have its own independent legal advisor in all hearings. This must be someone other than from the law firm which represents the hospital.

5. You must treat the peer review process like you would a civil trial against you for medical malpractice.

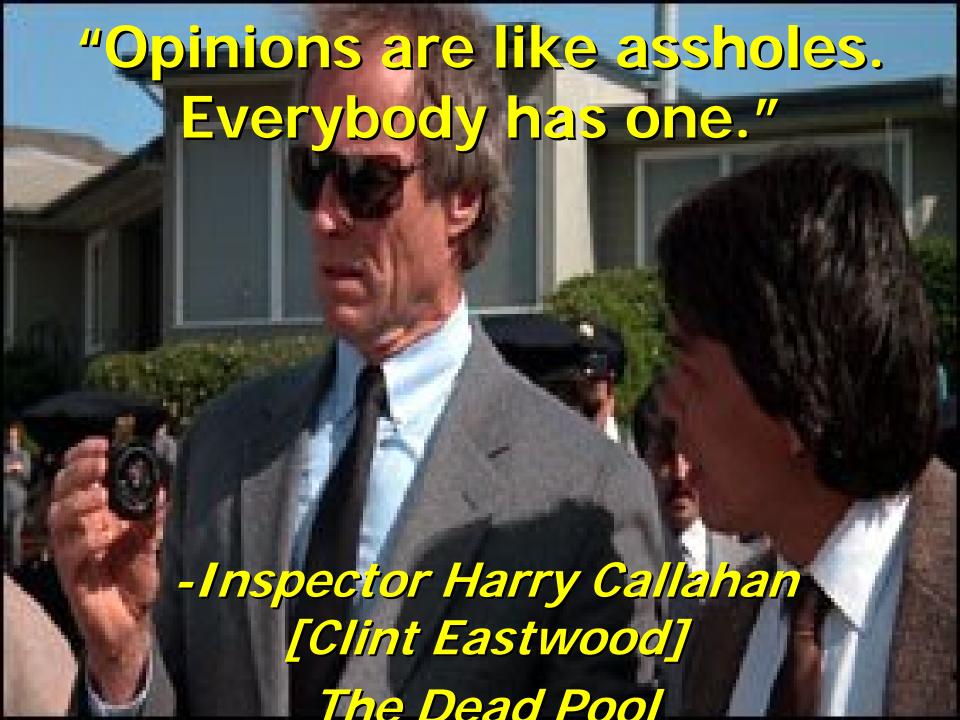
"... When things look bad, and it looks like you're not gonna make it, then you got to get mean. I mean, dogmad mean. Cause if you... give up, then you neither live nor win. That's just the way. it is."

Josey Wales [Clint Eastwood]
The Outlaw Josey Wales

of If the subject of a peer review proceeding, immediately retain experienced, knowledgeable health care counsel to represent you.

7. Immediately retain a litigation attorney who has experience in this type of litigation. File suit immediately, if the matter is not proceeding fairly.

If your hearing procedures/peer review procedures are not in your Medical Staff Bylaws, make sure that both documents state that the Hearing Procedures have the same force and effect as the Medical Staff Bylaws.



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