OPPE and FPPE

The new requirements

What are they and how do they relate to credentialing, privileges and reappointments?
What’s not new?

Initial appointment for 1 yr
Reappointment of practitioners every 2 yrs
What is new?

Requirement that healthcare organizations collect competency data in an ongoing manner
Ongoing Professional Practice Evaluation (OPPE)

Focused Professional Practice Evaluation (FPPE)
1\textsuperscript{st} NEW CONCEPT: 6 General Competencies* 


*Developed by the Accreditation Council for Graduate Medical Education (ACGME) and the American Board of Medical Specialties (ABMS) joint initiative.

Why?

To allow the organized medical staff to expand to a more comprehensive evaluation of a practitioner’s professional practice.
General Competency #1 - *Patient Care*

<table>
<thead>
<tr>
<th>For Measures, consider ...</th>
</tr>
</thead>
<tbody>
<tr>
<td>✅ Core Measures (CHF, P, MI data)</td>
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<tr>
<td>✅ SCIP Data</td>
</tr>
<tr>
<td>✅ Results of cases referred to Peer Review Committee</td>
</tr>
<tr>
<td>✅ Report of diagnoses treated &amp; procedures performed</td>
</tr>
<tr>
<td>✅ Mortality Rates</td>
</tr>
</tbody>
</table>
General Competency #2 - Medical/Clinical Knowledge

For measures, consider …

☑ Continuing Medical Education (CME) activities attended
☑ Board certification and recertification
☑ Appropriateness of antibiotic usage
General Competency #3 - *Practice-based Learning & Improvement*

Medical Staff Standards
New/Challenging

For Measures, consider …

☑ Continuing Medical Education (CME) hours related to specialty
☑ Post-graduate training, preceptorships
☑ Board certification
☑ Education regarding pathways, protocols, best practices … as a result of cases identified thru peer review cases.
For Measures, consider …

☑️ Patient/Family Satisfaction Survey comments (complaints + compliments)

☑️ Written complaints from peers and associates (e.g., case managers; ED staff)

☑️ Inappropriate comments in medical records about other physicians

☑️ Monitoring of handwriting legibility.

☑️ Use of unacceptable abbreviations.

☑️ Timeliness of H&Ps and operative notes.

☑️ 360 Evaluations
For Measures, consider …

- Written complaints from peers and associates
- Timeliness of H&Ps and Operative Reports
- Medical record suspensions/delinquency
- MS meeting attendance
- Responsiveness to OR Call obligations
- Compliance with MS Bylaws & Rules & Regs
- Timely answering of pages when on call
General Competency #6 – *Systems Based Practice*

For Measures, consider …

- Avoidable Days
- Average LOS
- Utilization of Resources
- Clinical Pathways
- On-time case starts in OR
- Turn-over times in OR
Why do we need to measure physician competence?

Patient Safety
Quality of Care

To report to the physician for his/her own use ...

(If a hospital provides a physician with reliable performance data, performance WILL CONTINUOUSLY IMPROVE!)
Once you have the 6 General Competency measurements defined ... you can incorporate them into the remaining 2 new processes: OPPE and FPPE.
Ongoing Professional Practice Evaluation (OPPE)

STANDARD MS.4.40: “OPPE information is factored into each decision to maintain existing privilege(s), revise existing privilege(s), or revoke existing privilege(s) prior to or at time of renewal.”

**TRADITIONAL** Credentialing & Privileging
Procedural and cyclical processes ... practitioners evaluated (1) when privileges are initially granted and (2) every 24 months thereafter [i.e., reappointment].

**NEW! OPPE**
Continuous evaluation of practitioner’s performance (more than yearly eval). Requires medical staff to conduct ongoing evaluation of each practitioner’s performance.
TJC: “OPPE CRITERIA may include:

- Review of operative & other clinical procedure(s) performed and their outcomes
- Patterns of blood and pharmaceutical usage
- Requests for tests & procedures
- Length of stay patterns
- Morbidity & mortality data
- Practitioner’s use of consultants
- Other relevant criteria as determined by Medical Staff”

The type of data to be collected is determined by individual departments
Information used in OPPE may be acquired thru:

- Periodic chart review
- Direct observation
- Monitoring of diagnostic and treatment techniques
- Discussion with other individuals involved in the care of each patient including consulting physicians, assistants at surgery, nursing, and administrative personnel.
STANDARD MS.4.45

“The organized medical staff evaluates and acts upon reported concerns regarding a privileged practitioner’s clinical practice and/or competence.”
What happens when OPPE identifies a problem?
Focused Professional Practice Evaluation (FPPE)

Standard MS.4.30 - effective 1/1/08

Time limited period during which the organization evaluates and determines a practitioner’s performance of privileges
TJC requires use of an FPPE process to confirm competency for *ALL initially granted privileges*. AND

When questions arise in the OPPE process related to competency.

“Triggers” that indicate the need for performance monitoring must be *defined*.

TJC is looking for CONSISTENT implementation.
FPPE

- All new appointments
- All new privileges for existing practitioners
- All practitioners returning from prolonged leave of absence*
- OPPE triggers need for FPPE*

*to be defined
Albert Einstein FPPE

- 3 month period
- Proctoring of procedures/cases determined by chair
- Chart reviews of 5 cases
- Reports of admission activity, LOS, Mortality, HQID
- At 3 mo, 6 core competencies rated
- Either continue FPPE or go to OPPE
Albert Einstein OPPE

- Reports on practitioner specific data
- OR chart review, minimum 5 charts by division chief or representative
- 6 month evaluation of 6 core competencies
Each medical staff dept shall assign proctors for all new applicants, additional privileges, low volume providers

Proctoring: presentation of cases with planned RX, real time observation, chart reviews or interviews with others involved in care

Off-site proctoring: documented evidence of FPPE at alternative hospital
All new staff in Anesthesia Dept have daily evaluations by residents/ CRNA’s; information directed to Chair; all information collected and reviewed with faculty at 1 month
Dept FPPE plans shall include 6 core competencies

Sources: Personal interaction with practitioner (proctoring), 360 evaluations, chart review by non-medical staff based on pre-defined criteria, chart reviews by physicians, simulation, external peer review
Northwestern FPPE

- New to NMH but with >5 yrs experience: 1 month FPPE
- New to NMH but with <5 yrs experience: 3 months FPPE
- Physicians who completed residency or fellowship at NMH within 2 yrs: no FPPE unless dictated by Chair
OPPE/FPPE

- Required of all practitioners with privileges
- This includes allied health professionals
How to document low-volume, no volume providers?

- For both OPPE and FPPE

- Completion of competency assessment form by primary facility
Continued professional evaluation is required by the Joint Commission. Instructions: Since you have had limited patient contacts at DRH for the past two years, or we have no/limited access to your patient volume, please have the 1) department chair, 2) division chief, 3) credentialing/quality professional, or 4) sponsoring physician (AHP's) from your primary hospital affiliation, surgery center, or practice affiliation complete this form and return to Medical Staff Services in the envelope provided. Deadline for completion is 30 days from receipt. Thank you for your assistance.

<table>
<thead>
<tr>
<th>FACTOR</th>
<th>EVALUATION</th>
<th>DATA SOURCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Technical and Clinical Skills</td>
<td></td>
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</tr>
<tr>
<td>1. Patient assessments are comprehensive, accurate, and current.</td>
<td>YES  NO  C</td>
<td>Interdisciplinary team</td>
</tr>
<tr>
<td>2. Demonstrated clinical competence and judgment.</td>
<td></td>
<td>Chart review</td>
</tr>
<tr>
<td>3. Appropriate and timely utilization of consultants.</td>
<td></td>
<td>Comments on file</td>
</tr>
<tr>
<td>Medical and Clinical Knowledge</td>
<td></td>
<td>Staff Verbalization</td>
</tr>
<tr>
<td>4. Demonstrates knowledge of basic and discipline-specific medicine.</td>
<td>YES  NO  C</td>
<td>Observation</td>
</tr>
<tr>
<td>5. Timely ordering, appraisal, and follow-up of diagnostic tests.</td>
<td></td>
<td>Other:</td>
</tr>
<tr>
<td>Interpersonal &amp; Communication Skills</td>
<td></td>
<td>Interdisciplinary team</td>
</tr>
<tr>
<td>6. Fosters a therapeutic and ethical relationship with patients/families.</td>
<td>YES  NO  C</td>
<td>Chart review</td>
</tr>
<tr>
<td>7. Fosters a collegial and ethical relationship with members of the healthcare team.</td>
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<td>Comments on file</td>
</tr>
<tr>
<td>8. Timely, appropriate, and effective communication that facilitates continuity of care and consistency of treatment plan when assuming care of patients and when handing off to next practitioner.</td>
<td>YES  NO  C</td>
<td>Staff Verbalization</td>
</tr>
<tr>
<td>9. Effective as a member of the interdisciplinary healthcare team.</td>
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<td>Satisfaction Survey</td>
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<td></td>
<td></td>
<td>Observation</td>
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<tr>
<td></td>
<td></td>
<td>Other:</td>
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<td>----------------------------------------------------------------------</td>
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<tr>
<td></td>
<td>YES  NO  C</td>
<td>Check all applicable.</td>
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<tr>
<td>Professionalism</td>
<td></td>
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<tr>
<td>10. Responsive, accountable, and committed to patients, the hospital, and the healthcare team.</td>
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<tr>
<td>11. Timely response to pages and/or phone messages from members of the healthcare team.</td>
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<tr>
<td>13. Issues regarding the practitioner's physical/mental ability to safely render care.</td>
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<tr>
<td>14. Patient Satisfaction</td>
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<tr>
<td>☐ No comments on file</td>
<td></td>
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</tr>
<tr>
<td>☐ Comments on file: Positive # Negative # *</td>
<td></td>
<td></td>
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<tr>
<td>☐ Complaints*</td>
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<tr>
<td>☐ Trends*</td>
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<tr>
<td>15. Approximate Volume</td>
<td></td>
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<tr>
<td>Number of Mortalities</td>
<td></td>
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<tr>
<td>Average LOS (days)</td>
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</tbody>
</table>

**COMMENTS** (Include factor #, as appropriate):

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Assessment completed by: _____________________________ Printed Name/Signature
________________________________________________________________________
Title: _____________________________ Date: ______________

Review performed when received by Medical Staff Services

Assessment reviewed by: _____________________________ Department Chair/Division Chief
________________________________________________________________________
Date: ______________
Low volume, No volume

- Providing name of peer who can provide professional reference and evaluation of current competence for performing privileges
- Successful completion of CME or other assessment program sufficient to maintain competence for clinical privileges granted
New Appointment or New Privilege

FPPE

Competency

Reappointment 1 yr

OPPE

Reappointment q 2 yrs

OPPE q 6 mo

Plan for improvement

FPPE
Privileging Myths

I did my residency/fellowship; I am qualified for life in my specialty
Privileging Myths

- I did my residency/fellowship; I am qualified for life in my specialty
- Competency = Have you done it recently and did you do it well?
Privileging Myths

- Privileges are “owned” by LIP’s
Privileging Myths

- Privileges are “owned” by LIP’s
- Privileges are granted
Privileging Myths

There is a need to give “honorary” privileges to individuals who may not use them.
Privileging myths

If there is no documentation of competency, reappointment of those privileges is in jeopardy.
Where are we?

- Initial steps for OPPE
- PI/PS group has met with each chair to define 2 measures
- Q 6 month evaluations for physicians
- Feedback to Chairs
- Soon Feedback to Practitioner
- Ultimately these reports to Credentials Committee, along with Chair’s form for reappointment
Where are we?

- 6 core competencies are used for reappointment
- Policies in place to allow FPPE for any unsatisfactory evaluation
  - Chair’s discretion for expedited vs nonexpedited reappointment
  - Need improved plan for follow-up at 6 months
Dear Dr. Furman:

Dr/Mr./Ms. ______________________’s term of appointment and/or clinical privileges at UNC Hospitals will soon expire. As the Department Chair, I have evaluated his/her general competencies and performance during the period of most recent appointment and have discussed deficiencies (if any) noted on the following evaluation with him/her.

<table>
<thead>
<tr>
<th>Areas of Evaluation</th>
<th>Satisfactory</th>
<th>Unsatisfactory*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Care/Clinical Skills</td>
<td></td>
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<tr>
<td>Medical Knowledge</td>
<td></td>
<td></td>
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<tr>
<td>Interpersonal &amp; Communication Skills</td>
<td></td>
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<tr>
<td>Professionalism: Practice within Scope of Delineated Privileges</td>
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<tr>
<td>Professionalism: Relationships With:</td>
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<td>Patients:</td>
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<td>Peers &amp; Trainees:</td>
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<td>Hospital Staff:</td>
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<tr>
<td>Professionalism: Honesty, Integrity, Character, Ethical Behavior</td>
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<td></td>
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<tr>
<td>Practice-Based Learning &amp; Improvement: Use of Consultation, Ancillary Services, and Hospital Resources</td>
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<td>Systems-Based Practice: Clinical Performance Report</td>
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<tr>
<td>Systems-Based Practice: Compliance with JCAHO/OSHA Requirements: General Safety, Tuberculosis and Infection Control Training</td>
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<td></td>
</tr>
<tr>
<td>System-Based Practice: Participation in Medical Staff Committees and Compliance with Bylaws, Rules and Regulations of The Medical Staff (as applicable)</td>
<td></td>
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<tr>
<td>Health Status as it affects the Applicant’s Ability to Perform His/Her Duties</td>
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</table>
Where are we?

- 6 core competencies are used for reappointment
- Policies in place to allow FPPE for any unsatisfactory evaluation
  - Chair’s discretion for expedited vs nonexpedited reappointment
  - Need improved plan for follow-up at 6 months
Work still to be done

- Define department specific policies/measurements for FPPE for initial appointments
- Refine current OPPE measures and ultimately identify measures for 6 core competencies
- Assess *every practitioner* with privileges at UNC Hospitals
- Define how to assess specific privileges