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## OPINION + PRACTICE MATTERS



BY PROF MORGAN CHETTY

**Review of professional practice by a peer is a valuable and important part of maintenance and enhancement of a health practitioner's clinical and professional skill. It is also the tool used to decrease practice variations of cost and outcomes.**

The term 'peer review' is sometimes used synonymously with performance appraisal. Due to the way information is gathered in SA, i.e. from claims submissions with ICD codes, peer review is focused on diagnosis, process measurements and clinical outcomes (where the profiling team has the data to assess clinical outcomes).

The commitment by IPAs to review colleagues is part of our philosophy of attaining the highest possible level of quality within limited resources. The main issue that brings discontent to practitioners is that they believe that allowing costs to influence medical decisions is unethical. They are mistaken in this belief because 'it cannot be ethical to ignore the adverse consequences upon others of

## Peer review: A background

the decisions you make, which is what "costs" represent'.

### Medical schemes' role

The medical scheme is simply managing the funds/premiums of their members (our patients). They have a legal, moral and ethical duty to manage these funds to the benefit of all its members and to stay solvent. The other factor is the escalating medical costs, which at present run about five points above normal inflation.

Physicians who are reviewed have signed a network contract to be assessable to the patient at all times to manage the clinical care appropriately and safely and subject themselves to peer review if necessary.

My personal view is that 90% of all medical practitioners are committed to practicing best care medicine and at a cost that both the patient and scheme can afford.

Recently, the number of actual peer reviews has dropped to about 80%. This means that 80% of doctors through mentoring and continual medical education are practicing close to Best Care practices. There is a small number who charge at

a rate that is so-called 'market-related'. This is their own decision and democratic right. Then there are a small number of doctors who are forever belligerent, obnoxious and aggressive and feel that their method of practicing, which is often evidence based, must not be peer reviewed.

The problem we have is that some doctors have no intention to manage both the care and costs to their patients.

The categorisation of practices is simply to reward doctors who work tirelessly, implement the most appropriate evidence-based care for their patients and still save costs without compromising patient care.

The utopia is to achieve Category I and be rewarded appropriately. We are able at times to advise a practitioner who has reached Category I that he is withholding certain modalities of care from his patient e.g. mammography, pap smear, HbA1c monitoring, PAS screening and influenza vaccination. More often than not this a doctor will engage in these preventive programs to achieve wellness for his patient.

### Conclusion

In summary, peer review that follows

profiling is a voluntary program. A doctor is not forced to sign an IPA contract or to agree to peer review. This is his/her democratic right and he/she will not participate in the performance based reimbursement (PBR) programme for best value outcomes within cost parameters.

In my 20 years of doing peer review, it has achieved quality of care and reimbursed those doctors that work as custodians of care and cost.

The peer review process has now gained a formal structure. About 35 doctors around the country have attended two peer review master classes. They were taught negotiation skills, ethical issues around healthcare, insight into the actuarial management of data and risk adjustment and various clinical topics aimed at the latest guidelines, efficient and cost effective monitoring for response to therapy and a background to the actual profiling tool used. This was a success and the attendees volunteered to attend these formal peer review master classes regularly. This is now evolved as a necessary science to promote value-based healthcare outcomes. **MC**