Ongoing Professional Practice Evaluation (OPPE) and Focused Professional Practice Evaluation (FPPE)

Making Sense of OPPE and FPPE

Moderator: Elizabeth Sagatys MD, FCAP

Subject Matter Experts: Moira P. Larsen MD, MBA, FCAP
                Johnnie M. Roe, Associate Director, Department of Pathology

June 13, 2019
12:00 PM CDT
Agenda

- Refresher: OPPE and FPPE
- Disclaimer
- Objectives
- Overview and Summary
- Group Discussion
- Wrap Up: Conclusion & Next Steps
Disclaimer

Nothing in this discussion should be construed as legal, billing or accounting advice. Such advice should only come from your legal and financial professionals.
Objectives

• Describe the purpose of OPPE and FPPE
• Identify the elements of OPPE and FPPE that must be addressed
• Determine how to select appropriate OPPE and FPPE activities and measures for your practice
• Describe when OPPE and FPPE must be performed
• Identify the role of the Department Chair/Practice Head, Administration and Risk management in OPPE and FPPE development and execution
Overview

• OPPE and FPPE established by The Joint Commission (TJC)
  a. OPPE
    o A screening tool to evaluate practitioners with privileges and identify clinicians with an unacceptable quality of care
    o Not designed to identify clinicians who are delivering good or excellent care
    o Screening tool; may have some false positives
  b. FPPE
    o Follow up process to determine validity of any positives found in OPPE
    o Method to establish competency of new clinicians with no history of performance at institution
Overview

TJC Requirements:

• Measures that are clearly defined
• Clear definition of who is responsible for review of measures
• Indicators/triggers/issues clearly defined
• Process clearly defined
• Results used in credentialing
• Application of FPPE and OPPE to ALL privileged practitioners
• Collaboration
  o Medical staff services professionals
  o Quality department staff
  o Medical staff leaders
  o IT support staff
Overview cont.

• Measures that are clearly defined
  o Peer case review
  o Monitor practice patterns
  o Proficiency testing results
  o Amended reports
  o Turn-Around-Times
  o Complaints filed
  o Input from other departments/clinicians
  o Malpractice cases/Serious Unexpected Events or Outcomes
• OPPE review every 6 months
• Defined response or actions to adverse findings (including FPPE)
## Draft - Dept of Pathology

### Ongoing Professional Practice Evaluation

<table>
<thead>
<tr>
<th>Domain</th>
<th>Indicator</th>
<th>Physician Data</th>
<th>Expected Target</th>
<th>Acceptable / Unacceptable</th>
<th>Data Source</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Patient Care</strong></td>
<td>1. Correlation Studies: FS-Permanent section, Interinstitutional Review</td>
<td></td>
<td>&lt;5% disagreement</td>
<td></td>
<td>Department QA Quarterly Reports</td>
</tr>
<tr>
<td></td>
<td>2. Blind Review of Surgical Pathology Cases</td>
<td></td>
<td>100% compliance; No major discrepancy</td>
<td></td>
<td>Review of 15 randomly selected cases</td>
</tr>
<tr>
<td><strong>Medical/Clinical Knowledge</strong></td>
<td>1. CME Compliance</td>
<td></td>
<td>Appropriate number of hours</td>
<td></td>
<td>Medical Staff Office</td>
</tr>
<tr>
<td></td>
<td>2. PT Performance</td>
<td></td>
<td>Passing Performance</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Practice-based Learning and Improvement</strong></td>
<td>Use of CAP Protocols</td>
<td></td>
<td>&lt; 5% missing</td>
<td></td>
<td>Tumor Registry Audits</td>
</tr>
<tr>
<td><strong>Interpersonal &amp; Communication Skills</strong></td>
<td>Appropriate use of intradepartmental consults, and extradepartmental consults</td>
<td></td>
<td></td>
<td></td>
<td>Departmental QA Quarterly Reports</td>
</tr>
<tr>
<td><strong>Professionalism</strong></td>
<td># validated complaints</td>
<td></td>
<td>&lt;1</td>
<td></td>
<td>Medical Staff Office</td>
</tr>
<tr>
<td><strong>Systems-Based Practice</strong></td>
<td>Surgical Case TAT (deviation from benchmark)</td>
<td></td>
<td>&lt;5% delayed</td>
<td></td>
<td>Histology Dept QA data</td>
</tr>
</tbody>
</table>
Summary

• OPPE and FPPE are not optional

• May use OPPE and FPPE data for physician competency (CAP Standard ANP.10010)

• Integrate in Lab QM plan
  o Make use of data you are already collecting
  o Make use of reports that are already being produced

• Integrate data collection into your routine and monthly schedule
Conclusion and Next Steps

- Please provide feedback on our survey
  - What other topics are of interest?
  - Would you be interested in being a moderator or subject matter expert? If so, contact Jackie Glanton at jglanto@cap.org
- Follow-up email after this roundtable to the entire community that will include links to related resources, content, and this recording

Practice Management Community of Practice
Next Session
SAVE THE DATE: September 10, 2019, 1:00 PM (CDT)
Topic: Have Difficult Conversations Without Being Difficult
Conclusion and Next Steps cont.

• Practice Management Programs
  • Practice Managers Forum –
    Contact Jackie Glanton at jglanto@cap.org
  • Practice Management Workshop – Register via:
    or contact Jackie Glanton
  • 10-Hour Practice Assessments –
    Contact Anthony Battistone at abattis@cap.org