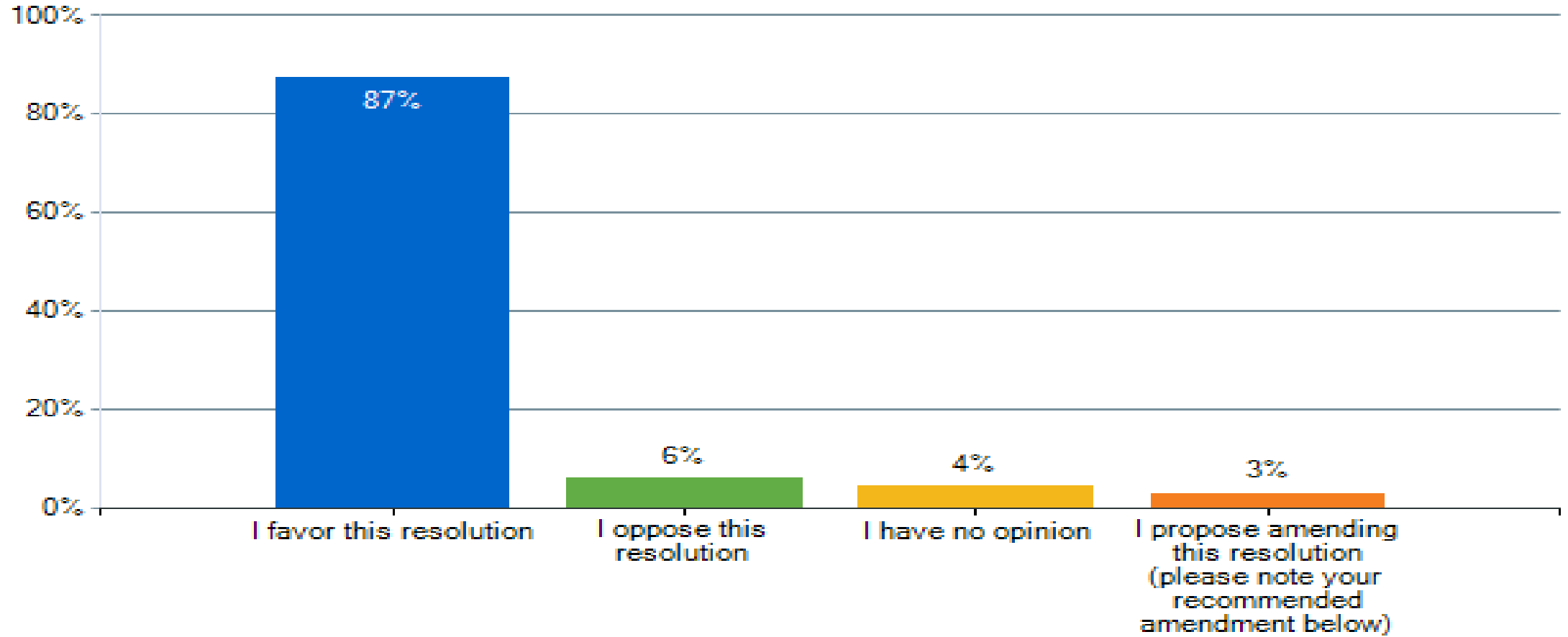
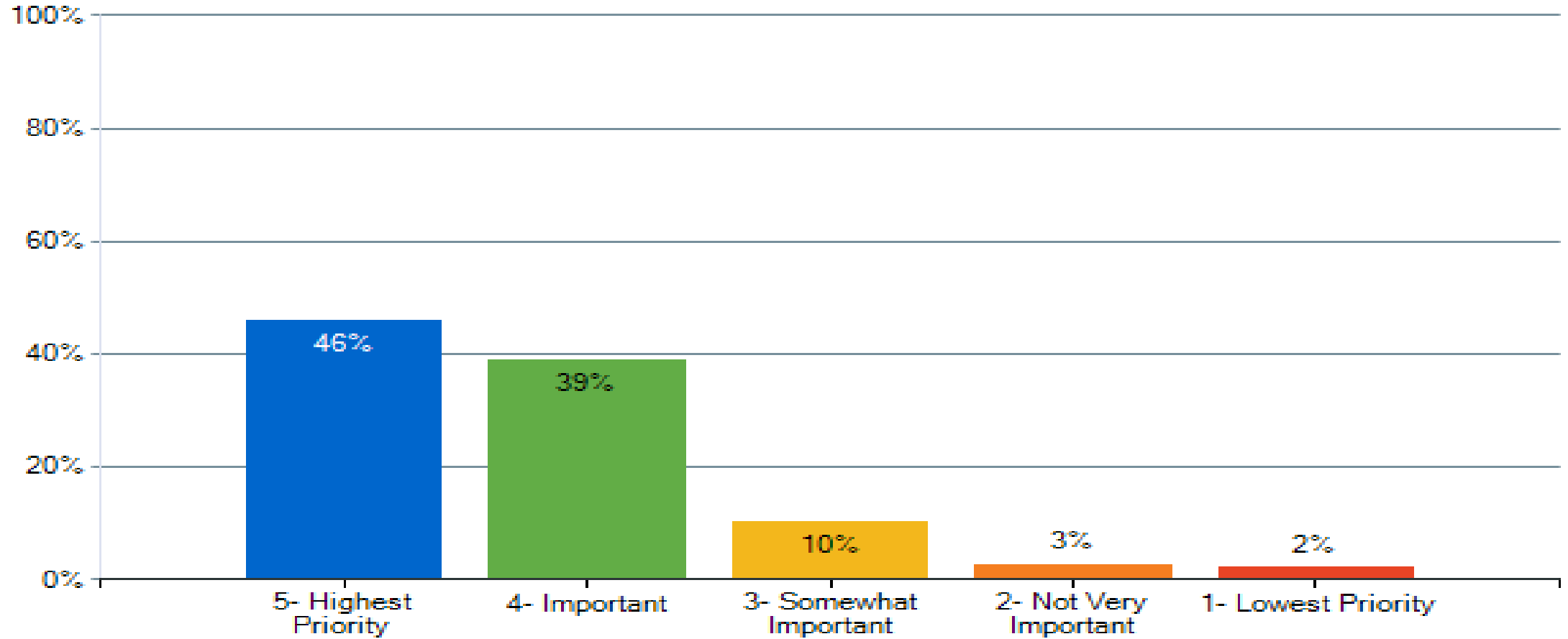


Peer to Peer Reviewer Must be of Same Specialty as Physician Requesting Procedure



191 responses

Please indicate your view of this resolution as an ISMS priority.



187 responses

Comments

Response Text

Would be curious to see how specialty is defined. While those who train in multiple specialties can and frequently do manage similar conditions and similarly for surgeries, multiple specialty surgeons can perform the same operations and procedures. How would this work out for specialties that are quite specialized with few who practice? In theory sounds like a good idea perhaps with some clarification on terms.

I do worry that we may end up with even less access and longer wait times for peer to peer processing, though the odds of arriving at an appropriate outcome would be higher if this process was adopted.

I agree

As a rheumatologist, I can often dominate a conversation with a non-rheumatologist, and thereby prevail. How about opposition to so-called peer-to-peer calls with pharmacists. They are hidebound rule followers, and never budge. I would just like assurance that I could speak with an actual medical doctor.

This is too obviously a necessary qualification for any peer to peer review.

This is crucial to make sure that sub speciality care can be made accessible.

I'm surprised that it isn't ISMS already. A nice follow up to our prior authorization bill passed last year.

In theory this sounds good but on a practical level it may actually delay the process of peer review as companies would need to find more physicians to participate in this process. I have found that whoever I talk to is usually agreeable once an explanation is given. Therefore I would argue that the entire process is a waste of time and money.

Agree completely and would add that future resolutions should oppose strict guidelines adherence. Strict usage of guidelines removes patient autonomy which would be considered unethical in the post 70s Era of medicine.

This would be a very reasonable request- the peer reviewer must be a true peer

Insurance company cost increases will be passed along to patients as higher premiums
Why not push for bill requiring physician NOT AUXILIARY PROVIDER, decision on procedures and approval. Forget about same specialty.

Yes! I do peer to peer discussions frequently The other "peer" who is reviewing the case (usually for a medication) has no idea what I'm talking about usually Should be the same specialty The only issue is availability or lack thereof may make it harder for prescribing physicians to schedule these.

This is imperative!

It appears that the current policy is adequate. Would this increase costs beyond that necessary?

This can go a long way in decreasing number of suits

Absolutely the reviewer of medical procedures on patients with approval for access and payment should only be determined by an appropriate, board-certified Physician reviewers. The reviewer may be boarded in the primary board but able to cover the subspecialty decision .It is a disaster these decisions are made by "administrative" Physicians who have not even maintained their board certifications .

This seems to be reasonably cared for already in existing policy: " with clinical experience in the same area as the physician under review." Requiring that the phone call must be "peer to peer" might delay approval if the term "peer" is defined too rigidly in the area of

some small subspecialties. The intent here is supported by ISMS policy already. Getting the Illinois Assembly involved in medical policy is always risky. Leave it as it is.

should specify board certified and in compliance with re-certification by exam.....none of this lifetime boards.....I was the victim of a malpractice suit where the plaintiff's family physician was a semi-retired osteopath who passed his boards app 40 years before the case and never re-certified by exam

Looks like AMA already covers this area. Again, this is a problematic arena where its fundamental nature and structure should be reassessed. Either way, it is inherently adversarial.

Cant judge a doc unless you've walked a mile in his/her shoes

The reviewers follow established algorithms Not sure it would even make a difference Perhaps a better bill would be the right to appeal with a same speciality provider

This policy is very reasonable and should be in place.

Would say -usually should be

We physicians theoretically all speak the same language and should be able to communicate with each other about ALL medical matters and medical exigencies, regardless of specialty/subspecialty. It's the time honored skill called CASE PRESENTATION. The ability to communicate properly with one's fellow physicians is a hallmark of the medical profession and of the MD or DO degree.

This topic has come up before. I support the first resolved that asks for introducing legislation regarding peer to peer review, which seems to be a stronger stance than existing policy. It appears the AMA already has this as policy so the second resolved seems duplicative unless there is a desire to introduce federal legislation.

Approaches to Increase Payer Accountability H-320.968 states " require that any physician who recommends a denial as to the medical necessity of services on behalf of a review entity be of the same specialty as the practitioner who provided the services under review;" so resolved clause 2 should be deleted

not necessarily the exact same specialty- for example in the case of adult patients could be internist to family medicine and peds patients with pediatrician and family medicine- but do agree that there needs to be a relevance and skill set for the reviewer that somewhat matches the requesting physician

Big problem in complex Subspecialty surgery Spinal deformity for example

complicated questions - and a default may be preferable to those who perform the procedure (and can recognize better options or risk profiles), whether an operative procedure or radiology test

Would lead to more meaningful reviews.

I have a lot of experience in PERFORMING peer reviews. This resolution about peer to peer reviews is significant. Imagine that you are a neurosurgeon or orthopedic surgeon recommending a highly specialized procedure and you are called by a pediatrician or family physician -- who is doing a peer review by referencing a printed protocol. Each patient is different, and peer to peer reviews by someone NOT in the same specialty lacks professional nuance and skill.

agree

Fully agree that these are necessary steps

I would not suppress this proposal if the same requirements adopted by ISMS would have any chance on spilling over to the general medical population.