

# Accreditations for Peer Learning: New Pathway

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Radiology, Inc. Value Management Program Founder

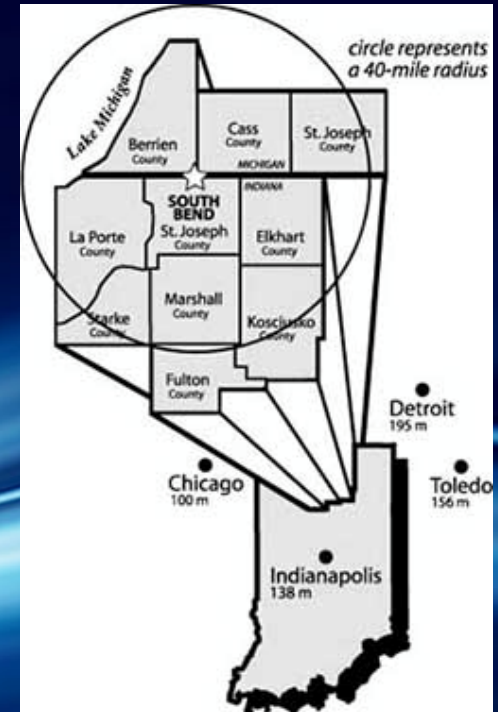
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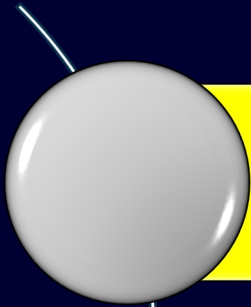
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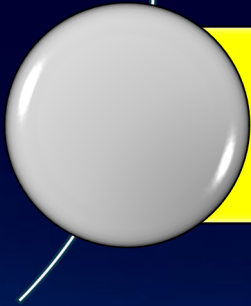
# Disclosure of Commercial Interest

- Neither I nor my immediate family members have a financial relationship with a commercial organization that may have a direct or indirect interest in the content.

# Agenda



Peer Learning & Accreditation  
Overview



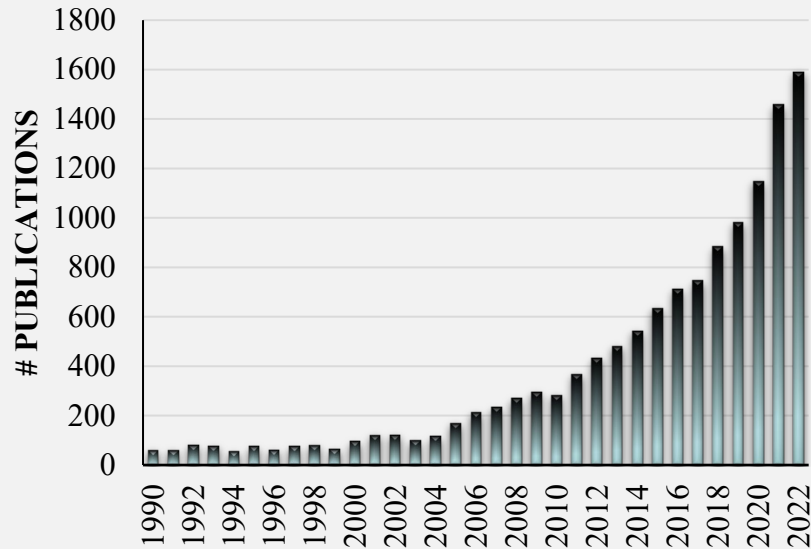
ACR Peer Learning Physician Quality  
Assurance Pathway for Accreditation

# American College of Radiology (ACR) Peer Learning Committee

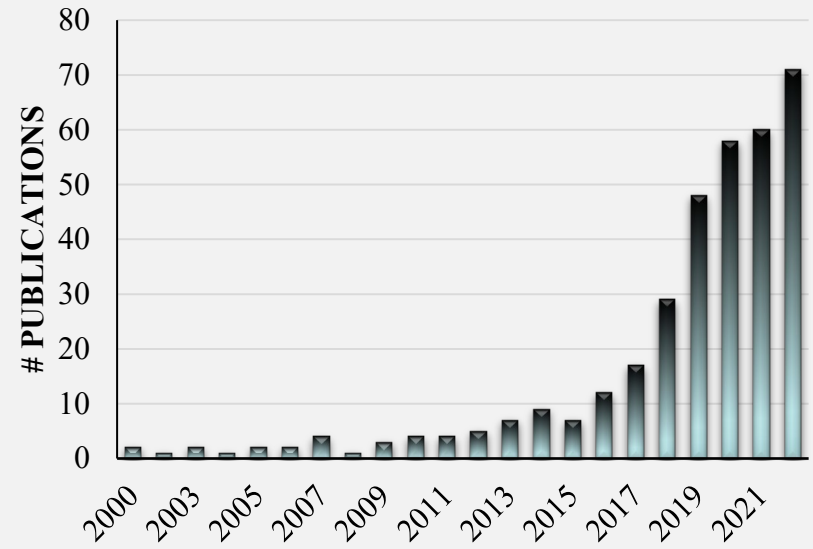
- Jennifer Broder, MD (Chair)
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- Shlomit Goldberg-Stein, MD
- Jay Pahade, MD
- Olga Brook, MD
- Andy Moriarity, MD
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- Gloria Hwang, MD
- Ryan Lee, MD
- Humaira Chaudhry, MD
- Regan City, PA-C
- Dina Hernandez
- Mythreyi Chatfield
- Nicole Vega

# Peer Learning Publications

Search “Peer Learning”



Search “Radiology Peer Learning



# Institute of Medicine 2015: Improving Diagnosis in Health Care



## IMPROVING DIAGNOSIS IN HEALTH CARE

QUALITY CHASM SERIES

The National Academies of  
SCIENCES • ENGINEERING • MEDICINE

### Diagnostic error (persistent substantial problem)

- failure to establish an accurate & timely explanation of the patient's health problem(s)
- failure to communicate that explanation to the patient

1 in 20 U.S. adults who seek outpatient care each year will experience a diagnostic error

Diagnostic errors contribute to approximately 10% patient deaths (postmortem research)

# Adapting the 2015 IOM Goals to the Radiology Specialty: Peer Learning

**Peer Feedback, Learning, and Improvement:** Answering the Call of the Institute of Medicine Report on Diagnostic Error<sup>1</sup>

Strongly recommend all regulatory and certifying bodies accept active participation in a peer-learning program as an alternative to fulfill current scoring-based peer review requirements.

# Transitioning From Peer Review to Peer Learning: Report of the 2020 Peer Learning Summit

“...ACR accepts active documented peer-learning programs as meeting requirements for peer review, but other attendees pointed out that the language of the requirements does not specifically allow peer learning, which creates reluctance among practice leaders and administrators to support a transition from score-based peer review to peer learning.”

“...summit participants highlighted that ACR modality accreditation requires radiology practices to use either RADPEER or a similar score-based peer-review program in their practices.”



# Transitioning From Peer Review to Peer Learning: Report of the 2020 Peer Learning Summit

## **Recommendations-Accrediting Organizations:**

1. Accrediting organizations should support the advancement of peer learning by formally recognizing it as an acceptable form of peer review.
2. Accrediting organizations should specify minimum criteria for peer-learning programs.

# Peer Learning & Major National Organizations: No Regulatory Requirement Prohibiting Peer Learning Use Instead of Peer Review

The Joint Commission	<ul style="list-style-type: none"><li>• Provider-specific metrics required for Ongoing Professional Practice Evaluation (OPPE); NOT REQUIRE score-based peer review as a metric</li><li>• Peer Learning can be used to satisfy OPPE</li></ul>
CMS	<ul style="list-style-type: none"><li>• Requires process to evaluate physician performance (NOT require score-based peer review as a metric)</li></ul>
American Board of Radiology	<ul style="list-style-type: none"><li>• No requirements of peer review</li><li>• Participation in a Peer Learning program would meet Part IV Maintenance of Certification (MOC) requirements</li></ul>
American College of Radiology	<ul style="list-style-type: none"><li>• Accreditation program requirements can be satisfied with Peer Learning</li></ul>
American College of Surgeons	<ul style="list-style-type: none"><li>• Score-based peer review not required for trauma accreditation</li></ul>

Accreditations important to not-for-profit hospitals regarding bond ratings (financing capital).

# ACR Accreditation



# ACR Accreditation

**Self-assessment and peer review process focused on diagnostic image quality, staff qualifications, policies, protocols, equipment, and therapeutic treatment. It allows facilities to set and surpass industry-accepted quality standards for patient care and includes recommendations for improvement.**

# ACR Imaging Accreditation

**Validate good practice through peer review**

**May document need for new or dedicated equipment, continuing education or qualified personnel**

## Benefits

**Expert assessment of image quality**

**Used to meet criteria of state government, federal government or third-party payers**

# ACR Peer Learning Resources

The screenshot shows the ACR website interface. At the top, there is a navigation bar with the ACR logo and links for 'For Patients', 'Media Center', 'Contact Us', and 'About ACR'. Below this is a secondary navigation bar with icons for 'Cart', 'Catalog', 'Donate', 'Join', 'Renew', and 'ACR Jobs'. A search bar is present with the placeholder text 'Enter your search'. Below the search bar is a menu with categories: 'Clinical Quality Resources', 'Advocacy and Economics', 'Lifelong Learning and CME', 'Member Resources', 'Practice Management, Quality, Informatics' (which is highlighted), 'Research', and 'Log In'. The breadcrumb trail reads 'Home / Practice Management, Quality, Informatics / Peer Learning Resources'. The main heading is 'Peer Learning Resources'. The content area contains three paragraphs of text. The first paragraph discusses the effectiveness of a radiology quality and patient safety program. The second paragraph discusses a just culture. The third paragraph mentions resources for establishing just culture. On the right side of the content area, there is a box titled 'ACR Peer Learning Contact' with the name 'Dina Hernandez BSRS, RT(R)(CT)(QM)', her title 'Director of Accreditation', an 'Email' button, and her address and phone number: '1891 Preston White Drive, Reston, VA 20191, 1-800-770-0145 Ext. 4115'.

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Home / Practice Management, Quality, Informatics / Peer Learning Resources

## Peer Learning Resources

The effectiveness of a radiology quality and patient safety program is enhanced by an ongoing understanding of prevailing errors. Many tools are available to assist in analyzing errors and understanding their cause, but this understanding cannot happen unless errors are revealed in the first place. Staff members are often reluctant to reveal their own or others' mistakes if they fear adverse consequences or potential disciplinary action. Unfortunately, this is the case in many practices today. Although adverse events may ultimately come to light when patient harm occurs, even under those circumstances, less consequential errors or near misses may remain hidden, and future patients remain at risk.

A just culture is an environment in which errors and near-miss events are evaluated in a deliberately nonpunitive framework, avoiding a culture of blame and responsibility and focusing instead on error prevention and fostering a culture of continuous quality improvement. Adoption of a just culture requires careful attention to detail and relies on continuous coaching of individuals and teams to build a culture of safety.

Here are some resources designed to assist facilities and groups on establishing just culture, using peer-learning as an expression of just culture for radiologists, and implementing peer-learning best practices.

**ACR Peer Learning Contact**

Dina Hernandez BSRS, RT(R)(CT)(QM)  
Director of Accreditation

Email

1891 Preston White Drive  
Reston, VA 20191  
1-800-770-0145 Ext. 4115

## Past Webinars

- [Partnering with your C-Suite to Advance Peer Learning](#)
- [How to Launch Your Peer Learning Program Next Week](#)
- [Implementing Peer Learning? Get Expert Opinions on How to Approach Your Challenges](#)
- [Peer Learning Physician Quality Assurance Pathway for Accreditation](#)

## Accreditation

- [ACR's Minimum Requirements for Peer Learning Physician Quality Assurance Pathway for Accreditation](#)
- [Peer Learning Program Checklist for ACR Accredited Facilities](#)

## FAQs

- [Resource for Accrediting Your Peer Learning Program for CME and SACME](#)
- [Peer Learning Frequently Asked Questions](#)

<https://www.acr.org/Practice-Management-Quality-Informatics/Peer-Learning-Resources>

# ACR Accreditation

**Application**

**Personnel  
Documentation/  
Qualifications**

**Elements**

**Clinical and Phantom (if  
applicable) Testing**

**Physician Quality  
Assurance Requirements**  
**-Components**  
**-Validation**

# Physician Quality Assurance Requirements

**Exams systematically reviewed and evaluated as part of an overall quality improvement program.**

**Monitoring accuracy of interpretation & appropriateness of examination.**

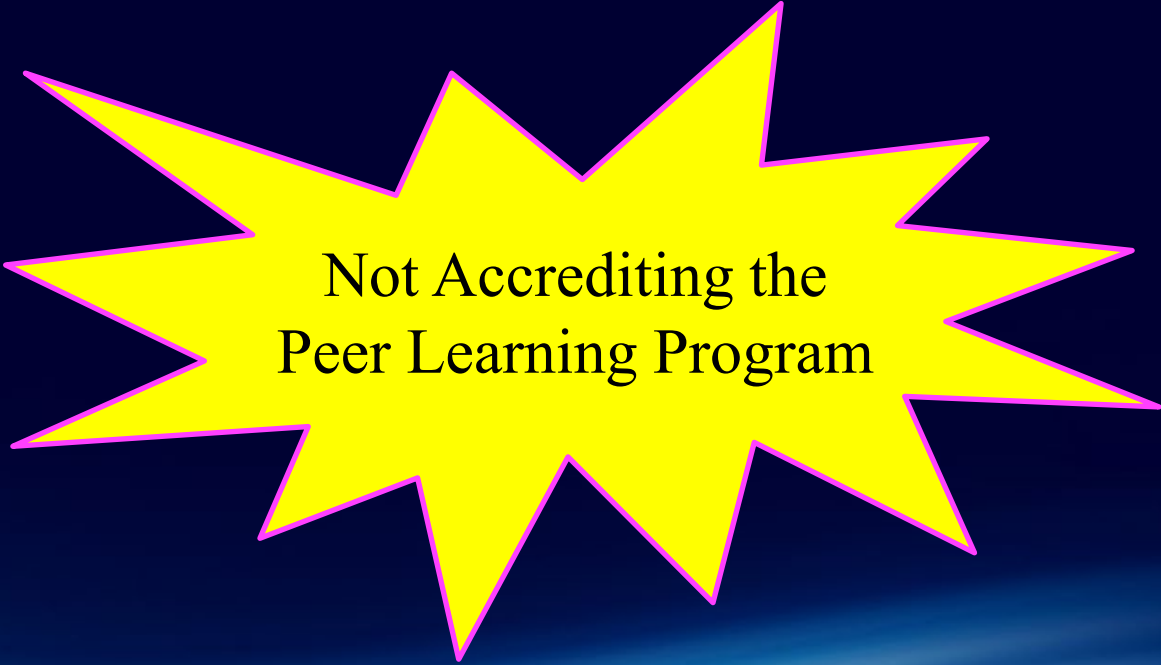
**Components  
(Initial & Renewal)**

**Complications and adverse events monitored, analyzed, reported & periodically reviewed for identifying opportunities to improve care.**

**2 pathways to meet requirements.**



# ACR Accreditation



Not Accrediting the  
Peer Learning Program

# Physician Quality Assurance Requirements



# Written Policy

Culture

Goal

Definition of Peer Learning Opportunities

Description of Program Structure & Organization

Definition of Targets

Quality Improvement

Reporting

# Written Policy

- **Culture**

- Description supporting a culture of learning and minimizing blame

- **Goal**

- Service improvement (establishment of trust and free exchange of feedback in a constructive and professional manner)

- **Definition of Peer Learning Opportunities**

- Cases addressing performance issues, including both discrepancies and “great calls”

- Description of case identification (routine work, case conferences, event reports or other sources)

# Written Policy

- **Description of Program Structure & Organization**

- Define roles of physician and non-physician leader(s)
- Describe responsibilities and amount of time or % of FTE hours to be dedicated to managing the program
- Define workflow of peer learning opportunity submission, review of peer learning submission communication with the interpreting radiologist and designation of the peer learning submission for group sharing

# Written Policy

- **Definition of Targets**

- Define expectations for minimum participation by radiologists in submissions and learning activity participation
- Minimum standards for peer learning program activities (defined as in-person or online conferences or other virtual learning formats)

# Written Policy

- **Quality Improvement**

- Outline process for coordination with appropriate practice and administrative personnel to translate findings from peer learning activities into dedicated QI efforts

- **Reporting**

- Statement of commitment to sequestering peer learning activity content from individual practitioner's performance evaluation

# Physician Quality Assurance Requirements





# Annual Documentation

Total number of case submissions

Number and percent of radiologists meeting targets as defined in the facility practice policy

Determination of whether peer learning activities met the minimum standard as defined by the facility practice policy

Summary of related quality improvement efforts and accomplishments

# Sample Peer Learning Metrics (Targets)

Peer learning opportunities submitted in total and/or by each radiologist

Peer learning opportunities reviewed by each radiologist

Improvement activities resulting from peer learning opportunities

Peer learning conferences held

Peer learning conferences attended by each radiologist

# Validation of Physician QA Requirements

## In-person or Virtual

- Unannounced for CMS sites
- Occur once during a site's 3-year accreditation period

Provide surveyor a copy of either a physician score-based peer review policy or a peer learning policy with annual documentation

## Validated Site Survey

Must provide proof of active implementation and/or participation

Either policy must meet specified minimum requirements

# Physician Quality Assurance Requirement Summary

## ACR's Minimum Requirements for Peer Learning Physician Quality Assurance Pathway for Accreditation

**1. Written practice policy:** A written Peer Learning practice policy is required. The policy should include the items listed below.

1. **Culture:** The Peer Learning practice policy should be devised with an emphasis on supporting a culture of learning and minimizing blame.
2. **Goal:** The goal of Peer Learning is improvement of services. That goal relies on the establishment of trust, and the free exchange of feedback in a constructive and professional manner.
3. Definition of Peer Learning opportunities:
  - a. Peer Learning cases address actual or potential performance issues, including both discrepancies and "great calls."
  - b. Cases should be identified during routine work, case conferences, event reports, or by other sources, rather than through a review of randomly selected cases.
4. Description of program structure and organization:
  - a. **Roles:** Define the roles of physician and non-physician leaders(s)
  - b. **Responsibilities:** Provide a description of responsibilities, and the amount of time or the percentage of full-time equivalent (FTE) hours to be dedicated to managing the Peer Learning program.
  - c. **Workflow:** Define the workflow for a Peer Learning opportunity submission. Also define the workflow for review of Peer Learning submissions communication with the interpreting radiologist as appropriate, and designation of the Peer Learning submission for group sharing.
5. Define targets:
  - a. Define expectations for minimum participation by target radiologists in Peer Learning submissions and in learning activity participation.
  - b. Set minimum standards for Peer Learning program activities (defined as in-person or online conferences or other virtual learning formats) that ensure enough opportunity for practice members to review and learn from the content.
6. **Quality Improvement:** The Peer Learning policy should outline a process for coordination with appropriate practice and administrative personnel to translate findings

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## ACR's Minimum Requirements for Peer Learning Physician Quality Assurance Pathway for Accreditation

from Peer Learning activities into dedicated quality improvement efforts.

7. **Reporting:** The Peer Learning policy should include a statement of commitment to sequestering Peer Learning activity content from individual practitioner's performance evaluation. While participation in the Peer Learning program may be included in the evaluation of professionalism, performance data must not be created out of Peer Learning data.

### 2. Annual documentation of program activities

Annual Peer Learning program accomplishments should be documented. The annual summary should include:

1. Total number of case submissions to the Peer Learning program.
2. Number and percent of radiologists meeting targets as defined in your practice policy.
3. Determination of whether Peer Learning activities met the minimum standard as defined in your practice policy.
4. Summary of related Quality Improvement efforts and accomplishments.

# ACR Accreditation Toolkit for Validation Site Surveys

## Physician Quality Assurance Program Evaluation Checklist

Please have available your policies and procedures for the program your physicians use to meet the quality assurance requirement, as well as documentation of active participation in prior 6 months.

Complete the information below for the program your site uses (RADPEER™, alternative physician peer review programs or peer learning program).

### **RADPEER™**

- Participates in RADPEER™ # \_\_\_\_\_
- Last submitted data to the ACR in previous six months

### **Alternative Physician Peer Review Program (must include the following)**

- Double reading (2 MDs interpreting the same study) assessment
- Random selection of studies reviewed on a schedule basis
- Exams and procedures representative of the actual clinical practice of each physician
- Reviewer assessment of the agreement of the original report with subsequent review (or with surgical or pathological finding)
- Classification of peer review findings with regard to level of quality concerns? (e.g., 3-point scoring scale)
- Policies and procedures for action to be taken on significant discrepant peer review findings for the purpose of achieving quality outcomes improvement
- Summary statistics and comparisons generated for each physician by modality
- Summary data for each facility/practice by modality
- Documentation of active participation in prior 6 months

### **Specific Quality Assurance options**

- Cardiologist only – Cardiac catheterization correlation performed
- BMRAP facility – maintain a medical outcomes audit program

<https://www.acraccreditation.org/-/media/ACRAccreditation/Documents/Site-Survey-Toolkit/Toolkit-for-Validation-Site-Surveys-Final.pdf>

# ACR Accreditation Toolkit for Validation Site Surveys

## Physician Quality Assurance Program Evaluation Checklist

### Peer Learning Program *(must include the following)*

#### Written Policy

##### Culture

- Program description that emphasizes supporting a culture of learning and minimizing blame

##### Goal

- The goal of improvement of services by relying on the establishment of trust and free exchange of feedback in a constructive and professional manner

##### Definition of peer learning opportunities

- Definitions of peer learning opportunities that include submissions and review of peer learning cases that address actual or potential performance issues, including both discrepancies and "great calls"
- Description of case identification (routine work, case conferences, event reports or other sources) rather than randomly selected cases

##### Description of program structure and organization

- Definition of the roles of physician and non-physician leader(s)
- Description of responsibilities and the amount of time or the percentage of full-time equivalent (FTE) hours to be dedicated to managing the peer learning program.
- Definition of the workflow of the peer learning opportunity submission including the workflow for review of peer learning submission communication with the interpreting radiologist as appropriate and designation of the peer learning submission for group sharing

##### Definition of targets

- Definition of targets by defining expectations for minimum participation by radiologists in peer-learning submissions and in learning activity participation
- Minimum standards for peer learning program activities (defined as in-person or other virtual format)

#### Quality Improvement

- Outline of the process for coordination with appropriate practice and administrative personnel to translate findings from peer learning activities into dedicated quality improvement efforts

#### Reporting

- Statement of commitment to sequestering peer learning activity content from individual practitioner's performance evaluation

#### Annual Documentation

- Total number of case submissions to the peer learning program
- Number and percent of radiologists meeting targets as defined in the facility practice policy
- Determination of whether peer learning activities met the minimum standard as defined by the facility practice policy
- Summary of related quality improvement efforts and accomplishments

# Peer Learning Program Checklist for ACR Accredited Facilities

## PEER LEARNING PROGRAM CHECKLIST FOR ACR ACCREDITED FACILITIES

### WRITTEN POLICY

Must include the following:

#### Culture

- An emphasis on supporting a culture of learning and minimizing blame

#### Goal

- The goal of improvement of services by relying on the establishment of trust and free exchange of feedback in a constructive and professional manner

#### Definitions of peer learning opportunities

- Definitions of peer learning opportunities that includes submission and review of peer learning cases that address actual or potential performance issues, including both discrepancies and "great calls"
- Description of case identification (routine work, case conferences, event reports or other sources) rather than randomly selected cases

#### Description of program structure and organization

- Definition of the roles of physicians and non-physician leader(s)
- Description of responsibilities and the amount of time or the percentage of full-time equivalent (FTE) hours to be dedicated to managing the peer learning program
- Definition of the workflow of the peer learning opportunity submission including the workflow for review of peer learning submission communication with the interpreting radiologist as appropriate and designation of the peer learning submission for group sharing

#### Definition of targets

- Definition of targets by defining expectations for minimum participation by radiologists in peer learning submissions and in learning activity participation
- Minimum standards for peer learning program activities (defined as in-person or online or other virtual formats)

#### Quality Improvement

- Outline of the process for coordination with appropriate practice and administrative personnel to translate findings from peer learning activities into dedicated quality improvement efforts

#### Reporting

- Statement of commitment to sequestering peer learning activity content from individual practitioner's performance evaluation

### ANNUAL DOCUMENTATION

- Total number of case submissions to the Peer Learning program

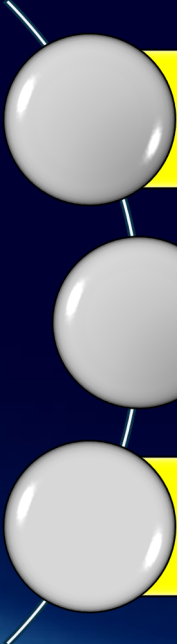
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- Number and percent of radiologists meeting targets as defined in the facility practice policy
- Determination of whether peer learning activities met the minimum standard as defined by the facility practice policy
- Summary of related quality improvement efforts and accomplishments

Page 2

<https://www.acr.org/-/media/ACR/Files/Peer-Learning-Summit/Peer-Learning-Program-Checklist-for-ACR-accredited-facilities.pdf>

# Summary



All sites initially applying for ACR accreditation and all sites renewing their accreditation must actively participate in a Physician Quality Assurance Program.

Peer Learning is an acceptable pathway to meet ACR Accreditation Physician Quality Assurance Requirements .

Validation that the minimum requirements are met will occur during Validation Onsite Surveys.