

Testimony for Dr. Brent Keeler

Re: Professional Review

Members of the committee, good afternoon. I had the honor of appearing before you on February 2 when this important legislation was first heard and, I am honored to be back AND WORKING IN PARTNERSHIP WITH YOU.

My name Brent Keeler. I am a practicing physician in Aurora, Colorado and I appear today as the President of Colorado Medical Society. I have the honor of speaking for more than 7,000 physician members. I have over 25 years experience in the area of professional review, having served as a Department Chairman, Chair of Credentials, and as a Chief of Staff at The Medical Center of Aurora. I am presently a member of that facility's Peer Review Committee.

(I beg your indulgence if I should accidentally slip into the old usage and use "Peer Review" when the correct up-to-date terminology is "Professional Review".)

My testimony this afternoon will do two things:

1. It will briefly reiterate a few of the major points I made at the first hearing; and,
2. It will expand into more detail on important elements in the bill.

First, the major points from my February 2 testimony.

1. HB12-1300 will enhance patient safety by upgrading and modernizing the body of law governing professional peer review.
2. The Colorado Medical Society vigorously supports this legislation.
3. The legislation is fully consistent with the CMS vision to make Colorado the best state in the country in which to provide and receive safe, high quality and cost-effective medical care; and our goal of developing new approaches to delivering and addressing adverse events that will enhance safety, learning, and accountability.
4. We once again wish to express our appreciation to DORA for their good work.
5. Professional Review benefits patients by creating a mechanism for prompt evaluation by informed evaluators, and uses the findings of that assessment to improve systems of care and professional practice.
6. When professional review results in an adverse action against a physician, like suspension or revocation or limitation of privileges, this modernized law will allow the

sharing of the professional review records and information with other hospitals and clinics where the physician practices for the purpose of improving quality care.

Pause

I will now make additional comments supplementary to my testimony of February 2.

1. The law has always authorized professional review records to be shared with the Colorado Medical Board. This bill would now allow professional review records to be shared with the CDPHE, federal CMS, and the Joint Commission (the entity that accredits hospitals).
2. The law will prohibit further disclosure of the professional review records that are provided to these state agencies and organizations. Moreover responding to a subpoena or sharing of professional review records with these federal and state agencies and other organization will not constitute a waiver of the protections otherwise provided for in this law. An example of this is credentialing: a hospital may now share its PR information with another hospital or clinic regarding the qualifications and competence of a physician applying for privileges. This allows hospitals and clinics to make better credentialing decisions.
3. The bill requires professional review entities to register and report (their) activities to either the CMB and CNB. This reporting is aggregate and without identifiable information, and this information will then be consolidated by DORA for the State of Colorado and reported to the public in aggregate and without individually identifiable information.

The law already requires reporting to the NPDB and Colorado Medical Board when the Governing Body of a health care entity takes a final action that adversely affects the physician's privileges, membership or affiliation with the clinic or hospital. The nature of this reporting is a focus on the individual physician.

The new reporting provision, which is focused toward the review of all cases and not specifically focused on any one physician, and which is not completely defined, may be very valuable. For example, a hospital could review all of the knee surgeries for a period of time. The type of generic data that is available from these professional reviews might include things like post-surgical infection rates and the pre-operative use of antibiotics. This unidentifiable aggregate data will show trends, set benchmarks and show outlier data so systems can be improved.

In closing, we applaud the sunset review process and how it has worked in reviewing and modernizing the medical practices act and the body of law governing professional review in Colorado. This legislation is well researched, the product of a highly collaborative process, and most importantly, represents changes that are good for patients and patient safety.

I will be happy to answer any questions, and if they are technical in nature, I have with me, Mister Chairman, the CMS General Counsel, Susan Koontz, the CHA outside counsel, Ann McCollough.

Thank you.