

III. Responsibilities of the Component/Specialty Peer Review Committee

When all the necessary background information has been gathered by the component peer review staff, the entire case file is forwarded to the peer review component specialty chairman to screen for completeness and appropriateness.

The chairman of the committee is responsible for the final form and content of the Letter of Resolution. He/she should proof read every letter for composition, grammar, accuracy and completeness. It is also the chairman's responsibility to see that the resolution addendum that accompanies the resolution letter is adequate in that it spells out exactly what was acceptable and/or unacceptable, and why. **The component committee chairman is responsible for all cases originating in that component, including specialty cases, specifically, review all specialty cases when they are filed with the component, and review all drafts prior to forwarding to CDA.**

You should not send your letters to CDA staff expecting them to be corrected for format, content, refund figures, etc. That is the responsibility of the committee and component staff. The letter should be sent to CDA only after being reviewed and approved by the peer review chairman.

All final resolutions will be released on CDA's letterhead. Due to confidentiality issues, specialty peer review chairmen must utilize component peer review staff for administrative purposes (mailing letters certified, typing resolutions, etc.) rather than their own personal staff.

In all cases of review, thorough documentation of the activities of the reviewing committee, is essential to protect against future allegations of prejudice, failure to consider pertinent material, or improper procedures.

If the complaint involves a member of the peer review committee, treating dentist, or consulting/subsequent treating dentist, the chairman of the Council on Peer Review must be notified in writing at the time the case is initiated. The case should not proceed until direction is received from the chairman. A case involving a member of the peer review committee as the

treating dentist or subsequent treating dentist will be forwarded to another component peer review committee for review, at the direction of the council chairman.

Component/specialty peer review committees will receive monthly printouts of all cases in review. Specialty cases will also be listed as a footnote on the component's computer printout and will not be included in the component's statistics. These reports enable each committee to track cases and have access to statistics regarding the number of cases, the length of time a case is open, and the type and disposition of cases.

If at any time during the review of a case you have a question on procedures, refunds, corrective treatment, etc., please call CDA for guidance on how to proceed prior to completing your resolution letter.

The following are procedures to be followed by the component/specialty peer review committees in conducting a peer review:

Clinical Examination

When conducting the clinical examination, these procedures should be followed:

1. Upon receipt of the Examining Panel Notification Memo and the case file, each committee member should carefully study the content and acquaint themselves with the exact nature of the inquiry under review. The committee should collectively review case content to determine that all needed information is included. Also determine if, in your own opinions, the case qualifies for review, i.e., time limitation, litigation, etc.

Note: Case chairman must contact the patient when a positive response is noted on the Request for Review (Do you require antibiotics for dental treatment?) form to advise the patient to contact his/her physician regarding pre-medication.

2. Make notes of the initiator's inquiry and be prepared to discuss the case with co-committee members and to clinically examine the patient.
3. If the dental condition demands immediate treatment which could affect the committee's determination for review, the peer review committee should make every effort to immediately conduct a patient examination prior to treatment.
4. **A minimum of three dentists must be in attendance at the meeting. In all cases of review, thorough documentation of the reviewing committee's activities is essential to protect against: future allegations of prejudice, failure to consider pertinent material, or improper procedure.**

Conducting the Clinical Examination

The examiners should be particularly careful to exhibit a professional demeanor and represent the dental profession at its highest level when performing the examination. At the time of the patient examination, advise the patient that the examination by your committee does not constitute a full dental examination, only the treatment in question.

1. The criteria used for the examination will be the CDA *Quality Evaluation for Dental Care: Guidelines for the Assessment of Clinical Quality and Professional Performance*.
2. A thorough examination of the mouth should be made, particularly that area under review, and the findings documented on your Clinical Examination Worksheet. The clinical examination should address the issues relevant to the complaint, and should exclude observations or implications without a demonstrable basis of fact. If a utilization review is being conducted, and the treatment is complete, no examination will be conducted unless further clarification is required by the committee chairman.
3. Queries from the patient during the examination should be handled diplomatically without implying any wrong-doing on the part of the dentist under review.

4. No findings are to be discussed in the presence of the patient, nor should the committee discuss any evidence, findings or conclusions of the case with the patient.
5. A Clinical Examination Worksheet **must** be used when recording the clinical findings by each examiner. The findings must be recorded in such a way that notes are legible and will provide sufficient detailed information for the reviewing committee to make a rational decision in the case.
6. Verbal or written information furnished by the patient should be entered on the examination form and identified as a comment from the patient. If the patient raises questions concerning additional treatment not included in the Request for Review or expands upon the original inquiry, the dentist must be given the opportunity to address these additional questions/concerns in writing and afforded another interview prior to the committee making a determination.
7. If substandard care is recognized, or anything noted of an emergency nature, by the committee that is not included in the initial complaint, these steps should be followed:
 - a. Verbally inform the patient at the time of examination that there are conditions which will require the attention of a dentist.
 - b. Note the problem areas in the examination record and record that the patient was verbally informed about the need to seek the attention of a dentist.
 - c. In the resolution draft, indicate that the patient is in need of further dental treatment and was informed.
8. In order to make a more definite decision, radiographs may be taken if the committee deems it necessary, with the patient's consent, during the examination.
9. The committee should perform periodontal probings, when appropriate.

10. The findings from the Clinical Examination Worksheet should be condensed and incorporated into the typed Resolution Addendum (Form #63) that is attached to the dentist's copy of the resolution letter. These findings **must substantiate the determination made by the committee.**

When CDA reviews the resolution addendum for approval, the following are some points which are addressed:

- a. Does the resolution addendum state the results of the clinical examination as it relates to the patient's inquiries?
 - b. Does the resolution addendum offer advice, give reprimands or otherwise contain information unrelated to the actual "findings" of the committee? If so, delete.
 - c. Does the resolution addendum include treatment planning by the committee? If so, delete.
 - d. If x-rays were reviewed, are the type(s), date(s) and findings included in the resolution addendum? Likewise, if x-rays were reviewed but no clinical examination was conducted, has a resolution addendum been prepared from the x-ray evidence?
 - e. If periodontal probings were performed, are the committee's findings noted in the resolution addendum?
 - f. Does the resolution addendum substantiate the recommendation of the peer review committee in the resolution letter?
11. **Once a patient has been clinically examined, under no circumstances should the committee (or a committee member) contact the dentist under review, or the patient, in an attempt to resolve the case amicably.** The case must, at this point, be resolved through a formal letter of resolution with the determination being based on pertinent information reviewed and the clinical examination. Should the dentist and patient reach a settlement after the clinical examination, the resolution letter and addendum should be drafted and held in the case file. The case should be closed with Notification of Settlement (Form #47).

12. Legal counsel for any party involved in the review is not permitted to be present during any portion of the meeting.
13. Tape recorders are not permitted during any peer review meeting.

Dentist Interview

The dentist interview should be conducted in a professional and diplomatic manner.

Interview Guidelines

- ◆ It is not an interrogation
 - ◆ It should not be hostile
 - ◆ DO NOT make accusations
 - ◆ DO NOT answer questions regarding the case or examination
 - ◆ It is the treating dentist's opportunity to present his/her side of the story
1. If one committee is conducting the entire review, the dentist interview, if applicable, follows the patient's interview and examination. **Patient and dentist should never** be interviewed together.
 2. If the dentist attends the meeting, he/she shall be excused after being given an opportunity to present his/her position. **No deliberations shall take place while the reviewed dentist is present and the dentist shall not be advised of any interim or tentative decisions of the committee.**
 3. Staff members of the dentist under review are not permitted to be present during any portion of the meeting. Staff, however, may submit written information to the committee.

4. Legal counsel for any party involved in the review is not permitted to be present during any portion of the meeting.
5. Tape recorders are not permitted during any peer review meeting.
6. Do not discuss any evidence, findings or conclusions of the case with the dentist during the interview.
7. The committee should not address questions raised by the treating dentist regarding any aspect of the case. The dentist interview is an opportunity for the treating dentist to elaborate on the patient complaint and/or treatment records. If you have questions concerning his/her treatment records, ask for clarification or interpretation.

If further complaints have been presented by the patient at the clinical examination, the dentist needs to be given an opportunity to respond.

8. The chairman should explain how the interview will be conducted to the treating dentist prior to the interview. Give the dentist ample time to state his/her case and ask at the conclusion if he/she has anything further to contribute.

Review Committee Meeting

Following the patient examination and the dentist interview, the full committee shall meet to discuss all the evidence reviewed, results of the clinical examination, and decide each case by majority vote of those members present (a minimum of three dentists). The following procedures are pertinent to **all** review committee meetings:

1. Thoroughly review the case material again. Each committee member should discuss with the committee his/her clinical exam findings as they were recorded on the clinical examination worksheet. Then ask the following questions:

- a. According to the *Quality Evaluation Manual*, do the findings deem the treatment to meet the guidelines of dental care as set forth by the California Dental Association?
 - b. Is it possible that a portion of the treatment meets the guidelines while another portion does not?
 - c. Has the treatment possibly caused the patient further damage that will necessitate corrective treatment?
 - d. Does the patient have a periodontal problem that was possibly untreated and/or undiagnosed?
 - e. Always evaluate the diagnosis and treatment plan.
2. After discussion of the above, the committee should make an unbiased and unprejudiced determination of the case. The decision of the committee must be by majority vote. **It must be noted that once a patient has been clinically examined, under no circumstances should the committee (or a committee member) contact the dentist under review or make suggestions to the patient on how the case could be amicably resolved.** The case must, at this point, be resolved through a formal letter of resolution with the determination being based on your committee's findings.
 3. Using your notes from your Clinical Examination Worksheet, write a Resolution Addendum (Form #63) that addresses exactly what was seen during the exam and addresses all treatment in question. The resolution addendum **must** substantiate your committee's determination as stated in the resolution letter. This written clinical description is attached to the dentist's copy of the resolution letter.
 4. Draft a resolution letter using the Resolution Letter Worksheet (Form #59) and Resolution Letter Guidelines (Form #60) from your *Peer Review Manual*. If you consider each one of the questions asked in the guidelines, your letter should cover everything needed to make it procedurally correct.

5. Complete the "Peer Review Committee Meeting" portion of the Peer Review Checklist (Form #12). This checklist was included in the packet with your case materials. Return the completed checklist to the component with your drafted resolution, resolution addendum and all case materials. Completion of the checklist is imperative.
6. Appoint a committee member to secure all copies of the case file and return the copies to the component office as soon as possible to assure confidentiality of the case. Be sure to include a copy of the drafted resolution letter (legibly printed or clearly typed), a resolution addendum and the completed checklist with the returned files.
7. Once the committee concludes the review, the case should be discussed with no one. The case should only be discussed by the committee members again if there is a question to be answered for CDA. Resolutions returned for clarification should be rewritten by the committee, making necessary corrections or amendments according to the comments provided by the Council on Peer Review. A new letter of resolution should be written and the procedures previously outlined should be followed, unless otherwise notified.

In situations where resolutions are remanded by either the Advisory Panel Subcommittee or the Council on Peer Review or the Appeals Panel to the component, which requires the component committee to review **new** evidence, the dentist should be given the opportunity to respond.

Preparation of Resolution Letter

When any case is resolved within the peer review system, regardless of its source or type, a resolution letter with an attached resolution addendum and clinical worksheets must be forwarded to the Council on Peer Review of the California Dental Association for evaluation, approval and recording prior to its distribution.

The basis for this directive is that if any concerns arise on the council's part with regard to the wording of the resolution on a legal, procedural, or policy ground, it is preferable for the council to communicate with the component on a confidential basis, rather than involving all parties.

In order to be consistent, the format and guidelines for writing letters of resolution are listed on the following pages. **Letters of resolution that are not consistent with the format and guidelines will be returned to the component dental society for corrections.**

Resolution Format

- Final resolutions must be typed in a neat draft form and forwarded to CDA for review and finalization.
- If the review was conducted by a specialty committee, this should be addressed in the resolution.
- The resolution is to be addressed to the party that initiated the review.
- Parties **directly** involved in the review are to be copied on the letter of resolution. (This does not include consulting dentists, nor would it include the carrier if carrier failed to cooperate with the review committee.)

Guidelines for the Resolution Letter (Form #60), Refund (Form #61), and Corrective Treatment (Form #65) can be found in the Forms/Form Letters section of this manual.

Requirements of a Resolution Letter

The Resolution Letter Worksheet (Form #59) in the Forms/Form Letters section of this manual was developed as a guide in preparing the resolution letter. A resolution letter must contain the following items:

1. A statement specifying who requested the review, the type of inquiry (i.e., quality of care, appropriateness, etc.), and the parties involved.
2. The committee should provide a complete description of the initiator's concerns.
3. List the procedures followed by the committee and the evidence considered in conducting a review:
 - a. A review of the inquiry.
 - b. Clinical examination
 - c. Information from the carrier, if appropriate.
 - d. Information from the consulting/subsequent treating dentist.
 - e. Information from the treating dentist.
 - f. If x-rays and study models were reviewed, please note in the resolution letter.
4. Summarize the committee's recommendation for final action.
 - The treatment in question meets the guidelines for dental care as set forth by the California Dental Association; therefore, no recommendation is made for a refund or retreatment. In a non-clinical manner, explain to the patient why the work is acceptable.
 - Partial refunds/adjustments may be considered when a patient has paid in advance or has been billed for a treatment plan and a review is initiated prior to completion of the treatment. If the treatment in question meets the CDA guidelines but is

incomplete, a refund/adjustment may be awarded for the portion of the treatment which was not completed. A thorough explanation of the reason for and amount of the refund/adjustment must accompany the ruling. NOTE: No refunds/adjustments for incomplete treatment should be considered when there is a written contract or other written agreement that states that the payment is made in advance and there will be no refunds.

or

- The patient's complaint is valid (the treatment in question is unacceptable and does not meet the guidelines for dental care as set forth by the California Dental Association):
 - (1) A refund not to exceed the original fee collected should be proposed in the resolution.
 - (2) If corrective dental treatment is necessary, refer to the Corrective Treatment Guidelines (Form #62) for proper procedures.

- 5. A resolution containing a recommendation for a refund must include an additional paragraph which outlines the procedures to be followed for carrying out the refund. These procedures are:
 - a. The dentist is to make out a draft, check, or money order in the specified amount to the patient and/or carrier and forward it to the component dental society office within ten (10) calendar days following expiration of the appeal period if there is no appeal.

NOTE: If a carrier fails to provide information and/or does not confirm their willingness to reestablish patient's eligibility for the amount of the refund without affecting current remaining yearly benefits, the carrier's portion of the refund will go directly to the patient.
 - b. Upon receipt of the dentist's refund, the component society office will then record the check, and forward it to the patient and/or carrier. The carrier's check will be forwarded immediately to reestablish eligibility (but only after the expiration of

the appeal period or the determination of any appeal of the decision. If there has been no request for return of appliances, and the patient has complied with the Release of All Claims, the patient's check should be mailed at this time.

- c. If the dentist indicates on the Treating Dentist Reply form that he/she wishes his/her treatment to be returned, and should treatment fail to meet the guidelines for dental care, then he/she will be instructed to forward two checks, one made out for the first half of the treatment and the second for the remaining one half. The first check is forwarded to the patient and the other check is held at the component society office, requesting it be held until the patient returns the treatment in question to the dental society office to obtain the refund. The resolution should include a stipulation advising the patient that unless the treatment in question is returned within the 120 calendar day time frame to the component dental society office, the refund will be returned to the dentist.
 - d. In the event a committee recommends corrective treatment, the resolution letter should include language specifying the limitations of the corrective treatment whenever possible. The patient should be advised to submit a written treatment plan and cost estimate to the component peer review committee for review and approval within 30 calendar days from the expiration of the appeal period or the determination of any appeal of the decision. The approved corrective treatment amount is to be paid in full by the dentist at fault. The resolution letter must also state that if a corrective treatment plan and cost estimate are not received from the patient within the thirty (30) day specified time period, and/or if reasonable reason for failing to do so is not provided in writing, the cost of corrective treatment will be the responsibility of the patient. At the discretion of the committee and CDA, an extension for submitting a treatment plan and cost estimate may be granted if deemed appropriate and necessary. (See Form #62 - Corrective Treatment Guidelines.)
6. If the committee recommends a partial refund, the resolution will be screened by the Advisory Panel Subcommittee at CDA before authorization for release will be given by

the Council on Peer Review staff. The committee's decision for a partial refund and the rationale in figuring the dollar amount must be thoroughly explained in all cases.

While it is possible that a single denture of a pair can be judged unacceptable on the basis of esthetics or extension, when the problem is one of occlusion, stability, or retention, it is difficult to conceive of a situation where the opposing denture is not a contributing factor.

Therefore, a partial refund for a peer review case involving dentures, will only be approved by the Advisory Panel Subcommittee when the peer review committee has specifically outlined the clinical findings and relationships of the dentures in a manner which would clearly demonstrate that the acceptable denture does not in any way contribute to the unacceptability of the opposing denture.

7. All resolution letters must be sent to the parties involved with a copy of the Appeal Criteria Statement (Form #29). There should also be a statement in the resolution letter indicating the decision is not final until the expiration of thirty (30) calendar days without an appeal filed by either party or the determination of any appeal of this decision.
8. The Resolution Addendum (Form #63) supporting the decision of the committee is to be submitted to CDA on a separate sheet of paper with the resolution letter. This attachment is to be sent to the dentist only with his/her copy of the final resolution letter. **A Resolution Addendum (Form #63) is required for all cases which result in a "meets" or "fails" to meet the guidelines determination.**
9. The signature line of the resolution letter should be listed as: Peer Review Committee, _____ Dental Society. If a specialty committee reviewed the case, the signature line of the resolution letter would be listed with the specialty organization name, i.e., California Society of Pediatric Dentists, followed by the component dental society name. **The resolution letter must be signed by the committee or specialty chairman and the addendum must be signed by the examination/case chairman.**

Purpose of the Resolution Addendum (Form #63)

The purpose of the resolution addendum is to inform the dentist of the actual clinical condition of the treatment in question, as noted during a clinical examination of the patient, and to explain to the dentist how the committee arrived at its decision regarding the patient's chief complaints.

The Resolution Addendum (Form #63) is a separate part of the dentist's copy of the Letter of Resolution. An addendum is included regardless of whether the treatment is acceptable or unacceptable. **THE PATIENT IS NOT COPIED ON THIS ADDENDUM. (ADDENDUMS SHOULD NOT BE DISTRIBUTED ON A NON-DETERMINATION CASE.)**

Clinical Examination Worksheets have been provided in the manual for use by the examining committee. A worksheet should be completed by each examining dentist and should address each of the patient's complaints, indicate exactly what is being examined, and the clinical condition at time of exam. These worksheets are then used to write the final Resolution Addendum (Form #63) that will be mailed with the resolution. Fact and accuracy are imperative. The Resolution Addendum (Form #63) must substantiate the final determination made by the committee in the Letter of Resolution.

The addendum **must** include:

1. Treatment in question.
2. Clinical evaluation. Actual evidence from the examination including teeth numbers, types and description of restorations, periodontal findings, prosthesis descriptions, etc.
3. Radiographic evaluation, types(s) and date(s) of radiographs. What is seen and where.

4. Treatment notes. Evidence from patient records, i.e., images, study models, materials, diagnosis, treatment plan, carrier information, contracts, consent forms, pertinent evidence contributing to the conclusion.
5. Conclusion. Determination of the committee.

The addendum may **not** contain:

1. Information not related to the treatment in question, such as results of an entire clinical examination.
2. Reprimands, advice, treatment planning, refund information, consulting/subsequent treating dentist's names, or information unrelated to the patient's complaint or the clinical findings.

Use of the Clinical Examination Worksheet

All peer review and/or specialty committee members, should carefully review the complaint (Patient's Request for Review form) prior to the clinical examination and prepare the worksheets.

List your findings for each portion of the complaint and then indicate the appropriate code from the Q.E. Manual, i.e., Romeo, Sierra, Tango or Victor.

If a case is appealed, you may have to refer back to the worksheet several months after the actual examination. If they are incomplete, or illegible, they will not be a reliable source of reference material.

Send copies of the worksheets, together with the typed Resolution Addendum (Form #66), to CDA when the resolution letter and case materials are sent.

Counseling the Dentist

Occasionally, the committee may feel that the dentist involved in a particular peer review needs some “one-on-one” attention. This may be true for various reasons. The dentist may lack an understanding of the appropriate standard of care, or lack an understanding of the peer review system and how it functions. If a dentist is in danger of becoming a “pattern of practice” dentist, i.e., three adverse peer review decisions in a 24-month period, or one case of absolute grossly inappropriate or negligent treatment, it may be wise to talk to that dentist. A dentist that is developing a track record of problems might well benefit and appreciate some advice or counseling from the peer review committee. A contact such as this, if performed in an appropriate manner, will show the committee as a compassionate entity, interested in the well-being of the dentist as well as his/her patients.

Comments such as this, however, should not become a part of any peer review records. Neither should the dentist be contacted and/or counseled prior to the resolution of the peer review case. Once the appeal period is closed or after the determination of an appeal, the committee could either arrange a private meeting with the dentist, or a completely separate letter could be mailed.

Remember that counseling of a dentist is not a part of the peer review system. It would be an action taken solely at the discretion of the committee.