



LA VALUTAZIONE PROFESSIONALE DEI MEDICI

Un contributo dalle aziende accreditate JCI

MATERIALI


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Experiences with Physicians Evaluation

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Experiences with Physician Evaluation

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Origins of Physician Evaluation

- Process “Made in USA”
- Foundation in late 1960s and 70s
- National insurance for elderly
 - Required privileges for each physician
 - Performance based appraisal for each privilege

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Origins of Physician Evaluation

- 1970 or so the concept of a “reasonable standard of care” became a serious component of lawsuits
- “Reasonable standard of care” has now progressed from local standard to evidenced based standards of care
- Foundation for physician evaluation

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Origins of Physician Evaluation

- Accredited post graduate programs must meet certain standards
- Only accredited trainees may sit for specialty board exams
- Accreditation process resulted in uniform “competencies” for trainees in 1999 – “The 6 Competencies”

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Origins of Physician Evaluation

- Many things converged on the US system in the 1980s
 - Time limited credentials
 - Time limited specialty certification
 - Required ongoing medical education
 - Spike in medical malpractice with \$million awards (Where is competence?)
 - DRG s introduced (limit reimbursement) forcing evaluation of utilization issues

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Origins of Physician Evaluation

- Many more things converged on the US system in the 1990s
 - Required specialty certification to work in hospitals
 - Required specialty certification to work with private insurance plans
 - Quality initiatives gain popularity driven by cost of care
 - Bill Clinton – “purchasing groups” drove internal standards of practice

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Origins of Physician Evaluation

- In the 2000s
 - Pay for performance = required standards
 - Insurance determines baseline management for some diseases
 - Joint Commission proposes the 6 competencies for practicing doctors (about 70% of US hospitals)

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Origins of Physician Evaluation

- Patient Safety reaches all levels of healthcare as a priority
- Patients are harmed by system failure
- The “system” includes doctors that do not practice up to an acceptable standard of care

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Origins of Physician Evaluation

- With that background US uses a combination of external and internal physician evaluation of professional performance
 - Tended to be punitive
 - Tended to be reactive

Now transitioning to ...



Origins of Physician Evaluation


- JCI believes in measuring performance
 - Non-punitive
 - Proactive
 - Comparable to known standards of quality and safety



Experience with Physician Evaluation

- Areas of the world with western experience are adapting
 - Asia-Pacific
 - China
 - India (evolving quickly)
 - Mexico, Central and South Americas
- Privileging is usually no challenge
- Comparisons to benchmarks evolving


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Experience with Physician Evaluation

- Challenging concept
 - Ireland
 - Europe
 - Mid-east
 - Turkey

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Experience with Physician Evaluation

- Challenging issue - Root Causes?
 - Cultural
 - Resistant to change
 - Afraid of evaluation
 - Challenges the structure of the system
 - It's a change
 - Non-salaried doctors can be powerful

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UK Process

The General Medical Council uses the **“Good Medical Practice”** as one tool.

The following seven core competencies are used as measures

1. Relating to Patients
2. Clinical Skills
3. Communication & Inter-personal skills
4. Collaboration
5. Management
6. Scholarship
7. Professionalism

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Canadian Process

Skills Dimension of Competence

Defining Competence For The Purposes of
Certification by the College of Family
Physicians of Canada:

The New Evaluation Objectives in Family Medicine

Working Group on the Certification Process

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Physicians of Canada (CFPC)

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Canadian Process

Skills Dimension of Competence

- Patient Centered Approach
- Communication
- Clinical Reasoning
- Selectivity
- Professionalism
- Technical Skills

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JCI Process

6 Areas of Competence

- Patient Care
- Medical/Clinical Knowledge
- Practice-based learning and improvement
- Communication skills
- Professionalism
- System-based practices

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Experience with Physician Evaluation

- Privileging Tips
 - Define privileges well
 - Privileges should fit to services provided
 - Don't privilege what you don't provide
 - Identify performance measures
 - Compare to authoritative benchmarks
 - Link to your quality structure


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Experience with Physician Evaluation

- Added Value
 - Improves resource utilization
 - Focuses budgeting processes
 - Clarifies strategic planning
 - Supports the mission
 - Improves multi-disciplinary care
 - Encourages guidelines and standards of care

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Experience with Physician Evaluation

- 6 Competencies
 - <http://content.healthaffairs.org/cgi/content/full/21/5/103>
 - <http://www.acgme.org>
 - http://www.abms.org/Maintenance_of_Certification/MOC_competencies.aspx
 - <http://www.jointcommission.org/Standards/FAQs/>
- The Joint Commission Resources Publication "Credentialing, Privileging, Competency, and Peer Review: Examples of Compliance for the Medical Staff"

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