



Office-Based Quality Improvement Program

Program Policy

Section 1 - Participation

A medical practice may voluntarily elect to participate in the MMA Office Based Quality Improvement Program (the “Program”). Each medical practice desiring to participate must:

- a. initiate and administer a written Quality Improvement Plan (QI) that is approved by the MMA Committee on Physician Quality (the “Committee”),
- b. agree to submit reports to the Committee as required by Section 3,
- c. agree to participate in periodic audits surveys as required by Section 4, and
- d. pay the user fees required by Section 7.

In as much as Title 32, MRSA §3296 provides the statutory protection from discovery and includes language providing this protection only to members of the state or county medical society; therefore, it is assumed that all members of the practice participating in this program will be members of MMA.

Section 2 - Quality Improvement Plan

A participating medical practice shall adopt a written QI Plan which must be considered and approved by the Committee. To be approved by the Committee, the QI Plan must, at a minimum, contain the following:

- a. A description of the goals and objectives of the Plan.
- b. Organizational structure of the practice and the committee or entity responsible for conducting the QI activities. This ideally would include the mission statement for the practice.
- c. A description of the method(s) for obtaining data or other information and the analytic pan that will be utilized.
- d. Outline responsibilities and authority of the individual or committee that is responsible for the implementation and administration of the Plan.
- e. Outline the methods for developing and maintaining associated records.
- f. The reporting mechanism within the practice leading to the data being made available under the Plan to members of the practice.
- g. Provisions ensuring confidentiality of the information, data and analysis within the Plan.
- h. Provisions for reporting to the Committee the information required in Section 3.
- i. Procedures for participation in the Committee’s audit surveys in compliance within the requirements of Section 4.

The Committee shall review the practice’s QI Plan for compliance with the minimum requirements of this Section.

If the Committee determines that the practice's QI Plan fails to comply with the minimum requirements, it shall advise the practice, in writing, of the specific plan deficiencies which must be satisfied as a condition for approval. Upon approval of the Plan, the medical practice shall participate in the Program provided the medical practice administers their quality improvement activities in accordance with its QI Plan, provides timely annual reports to the Committee and participates in audit surveys as required in Section 6.

Section 3 - Annual Report/Appraisal

Each participating medical practice shall file an annual report/appraisal with the Committee for their preceding year. This report shall be submitted on or before three (3) months from the end of their review year. This report shall include, at a minimum, the following information:

- a. Indicators reviewed as outlined in their Plan
- b. Conclusions from these indicators, including the raw data (sample size, benchmarks, etc.).
- c. Plan/actions/recommendations based on the conclusions of these indicators.
- d. Plan for the upcoming year which may include any organizational changes.

The Committee shall review the information contained in each medical practice's annual report to ascertain whether the medical practice is conducting and initiating quality improvements activities in conformity with their Plan. The Committee shall notify the practice whenever it believes that the practice is not conducting quality activities in conformity with their Plan. The practice shall be given a period of time, not to exceed 90 days, to conform with the requirements of its Plan and to provide the Committee with supplemental information supporting its conformance. In the event the practice fails to conform to the requirements of its Plan and/or to provide the Committee with supplemental information supporting its conformance, the Committee shall withdraw its approval of the practice's Plan by giving written notice to the practice.

An invoice will be sent by MMA on the practice's anniversary date. The annual renewal fee for continued participation shall be paid at the time of submission of the annual report(s).

Section 4 - Audit Surveys

As part of the Program, the Committee reserves the right to perform an audit of the implementation of the Plan approved by the Committee. The survey shall:

- a. Be performed by a board-certified physician or other expert retained by the Committee who is experienced in quality improvement activities and by mutual agreement of the practice and the Committee: and
- b. Focus on the processes undertaken by the practice in compliance with its Plan, but the surveyor may review the entire medical practice's Plan, including methods, results and conclusions. The surveyor shall not comment on the action(s) that the practice decides to take - i.e. disciplinary measures, etc. These are internal matters and need not be disclosed. The surveyor and Committee need only to know that the Plan's process was properly conceived and performed with corresponding conclusions.

The Committee shall notify the practice of the results of each survey, including but not limited to, any noted deficiencies of its Plan. In the event the practice fails to address any noted deficiencies to the satisfaction of the Committee, the Committee shall withdraw approval of the practice's Plan by giving a written notice to the practice and thereafter the practice shall cease to participate in the Program.

Section 5 - Confidentiality

MMA and the participating medical practices shall take all necessary actions as may be required to ensure and protect the confidentiality of the information and data used within the Plan, including, but not limited to, all the information and data disclosed to, discovered by and/or in the custody of or under the control of the Committee. Additionally, MMA shall require audit surveyor(s) retained to sign a confidentiality agreement pursuant to which the surveyor(s) agree not to disclose any information and/or data provided to or discovered by them during an audit to any third-party without the prior written consent of both MMA and the practice.

Section 6 - Use of MMA Name or Logo

Any public use of the MMA name or logo by the practice in such a way as to indicate MMA's approval or certification of the practice's Plan shall be approved in advance by the Executive Vice President of MMA. For example, if the practice states in marketing materials that the practice operates a quality improvement program "approved by" or "certified by" MMA, the Executive Vice President must approve the use of the MMA reference.

Section 7 - Fee Structure

Initial fee for new enrollees:

- \$200.00 base fee per application
- An additional \$100.00 per medical physician for each application with a maximum of \$3,000.00.

Example: Single physician practice: \$300.00

Three (3) physician practice: \$500.00

Forty (40) physician practice: \$3000.00

Annual renewal fee:

- For practices with 1 to 3 physicians: \$100.00
- For practices with 4 to 9 physicians: \$250.00
- For practice with greater than 10 physicians: \$500.00

Section 8 - Protection

An important element of the program is the protected under the following statutes:

Title 32: PROFESSIONS AND OCCUPATIONS

Chapter 48: Board of Licensure in Medicine

Subchapter 3: General Provisions

§3293. Review committee member immunity

A physician licensed under this chapter who is a member of a utilization review committee, medical review committee, surgical review committee, peer review committee or disciplinary committee that is a requirement of accreditation by the Joint Commission on Accreditation of Hospitals or is established and operated under the auspices of the physician's respective state or county professional society or the Board of Licensure in Medicine is immune from civil liability for undertaking or failing to undertake an act within the scope of the function of the committee.

and

§3296. Records of proceedings of medical staff review committees confidential

All proceedings and records of proceedings concerning medical staff reviews, hospital reviews and other reviews of medical care conducted by committees of physicians and other health care personnel on behalf of hospitals located within the State or on behalf of individuals physicians, when the reviews are required by state

or federal law, rule or as a condition of accreditation by the Joint Commission on Accreditation of Hospitals or the American Osteopathic Association Committee on Hospital Accreditation or are conducted under the auspices of the state or county professional society to which the physician belongs, are confidential and are exempt from discovery.

Additional Peer Review Protection includes:

24 §2511. Immunity

Any person acting without malice, any physician, podiatrist, health care provide, health care entity or professional society, any member of a professional competence committee or professional review committee, any board or appropriate authority and any entity required to report under this chapter are immune from civil liability.

1. Reporting - for making any report or other information available to any board, appropriate authority, professional competence committee or professional review committee pursuant to law.
2. Assisting in preparation - for assisting in the origination, investigation or preparation of the report or information described in subsection 1.
3. Assisting in duties - for assisting the board, authority or committee in carrying out any of its duties or functions provided by law.

24 §2510-B. Release of Professional Competence Review Records

Nothing in this section may be read to abrogate the obligations to report and provide information under section 2506.

1. Release to other review bodies, agencies, accrediting bodies. A professional competence committee may furnish professional competence review records or information to other professional review bodies, state or federal government agencies and national accrediting bodies without waiving any privilege against disclosure under section 2510-A.
2. Release to physician. A professional competence committee may furnish professional competence review records to the physician who is the subject of the professional competence review activity and the physician's attorney, agents and representatives without waiving any privilege against disclosure under section 2510-A.
3. Release of directory information. A Profession competence committee may furnish directory information showing membership. Clinical privileges, provider panel or other practice status of a physician with the health care entity to anyone without waiving the privilege against disclosure under section 2510-A.