

# OPPE/FPPE Focus Study

July 2023

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Sr. Quality Data Analyst

MCSM

# About Premier Health

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- One of the largest comprehensive health systems in Ohio, and home to the nation's 31st largest hospital
- Approximately 13,000 employees and 1,500 volunteers; approximately 2,300 physicians
- 5 hospital campuses
- 8 emergency centers
- Trauma network including Dayton's first and most experienced Level I trauma center at Miami Valley Hospital; and Level III trauma centers at Atrium Medical Center, Miami Valley Hospital South, and Upper Valley Medical Center
- CareFlight Air and Mobile Services
- Dayton's only regional adult burn center
- Dayton's only high-risk maternity center and most experienced Level IIIB NICU (under one roof); 2 Level II Special Care Nurseries
- Only full-service hospital and Level III trauma center in Warren County
- 8 outpatient surgery centers
- 8 urgent care centers equipped with lab and X-ray services
- 2 inpatient rehabilitation facilities
- The Rehabilitation Institute of Ohio, a joint venture of Premier Health and Encompass Health
- Premier Physician Network - Large primary care/specialty physician network
- Premier Virtual Care available 9 a.m. - 9 p.m. for Ohio residents
- Comprehensive home care services including infusion therapy, oxygen and home medical equipment
- Extended care and senior independent living facilities
- Premier Community Health
- Samaritan Behavioral Health, Inc.
- CompuNet Clinical Laboratories, full-service laboratory serving physicians, hospitals, patients, employers, and health care industry organizations throughout Southwest Ohio

# OPPE vs FPPE

## OPPE – Ongoing Professional Practice Evaluation

- Peer review standard set by The Joint Commission
- Monitors the competency of credentialed providers
- OPPE scorecards are reviewed twice a year by chair
  - Offers the opportunity to identify individual provider performance issues
  - Identifies providers who have practice patterns that improve patient outcomes
- Utilize the STATIT PPR software application for the OPPE review process

# OPPE vs FPPE

## FPPE – Focused Professional Practice Evaluation

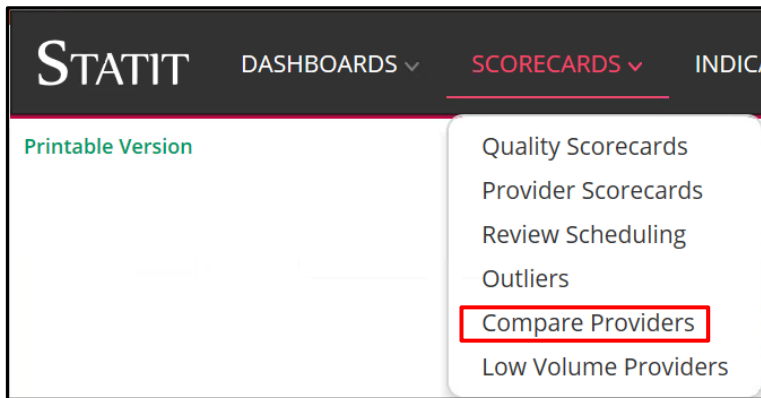
- Peer review standard set by The Joint Commission
- Evaluates current competency of credentialed providers
- What can result in an FPPE
  - New applicants or providers requesting new privileges
  - Identified OPPE concerns
  - Quality issues that require follow-up
- Identifies issues sooner and allows providers opportunity to 'fix it themselves'
- Work to enforce not only the negative but also the positives

# OPPE/FPPE Focus Study workflow

- Performance Improvement tool which supplements the Peer Review process
- Process is facilitated by the Premier Health Quality staff who work closely with Department Chairs
- Utilize a process focus study
- Provides a means of electronic tracking of provider issues & FPPE progress
- Staff generate all necessary documents from within focus study
- Summary user reports & indicator profiles

# OPPE/FPPE Focus Study workflow

Process begins in STATIT by the Quality Outcomes Manger with a review of the high-risk indicators



- Click on indicator title to view graph to identify any trends
- Click on data point to view patient info

	Acute Care Mortality % - Attending	Surgical Site Infection %	Patient Safety Indicators (PSI) OFI	CABG Graft Only Return to OR %
Period	Q4 2016	Q4 2016	Q4 2016	Q4 2016
Target	1.68%	0.00%	0	0.00%
Overall Current	0.94%	0.00%	1.00	2.33%
Sort	Sort	Sort	Sort	Sort
Physician A	0.00% *	0.00% *		
Physician B		0.00% *		0.00% *
Physician C	0.00% *	0.00% *		
Physician D	0.00% *	0.00% *	1 *	0.00% *
Physician E	2.08% *	0.00% *	1 *	3.70% *

# OPPE/FPPE Focus Study workflow

Quality staff access MIDAS Care Management to begin the data entry into the process focus study

Focus:  Date:  Focus ID:

**DETAILS** | DEPARTMENT CHAIR | PIP Goal/Action Monitoring

Facility:  ... Report Period:  ...  
Provider:  ... Specialty:  ... Department Chair:  ...  
Indicator:  ... Evaluator:  ... Evaluation Date:  ...  
Outlier Basis:  ... Refer to QIS:

Outlier Comments:

**Please provide brief description of outlier(s) including all relevant details. Comments will be provided to department chair with case(s) details.**

Details (patient identifies):

Do you have a second indicator outlier?  Yes  No  
Do you have a third indicator outlier?  Yes  No

**Quality Innovation**

Quality Evaluator:  ... Date of Evaluation:  ... Date Met with Department Chair:  ...

# OPPE/FPPE Focus Study workflow

Focus: OPPE FPPE      Date: 7/6/2023      Focus ID: 23-1885720

DETAILS | DEPARTMENT CHAIR | FPPE | FPPE PERFORMANCE IMPROVEMENT PLAN | FPPE 2 | FPPE 2 PERFORMANCE IMPROVEMENT PLAN | FPPE 3 | PIP Goal/Action Monitoring

Facility: Miami Valley Hospital      Report Period: 7/6/2023  
Provider: TEST,PHYSICIAN A      Specialty: Cardiology      Department Chair: Chair,Test  
Indicator: ACC PCI Composite Complication %      Evaluator: CSI,HCM Review      Evaluation Date: 7/6/2023  
Outlier Basis: 2 out of 4 outlier data points      Refer to QIS:   
Outlier Comments: Provider exceeded ACC PCI Composite Complication target rate of 2.50% for X out of 4 reviewable quarters: ABC

Please provide brief description of outlier(s) including all relevant details. Comments will be provided to department chair with case(s) details.

Details (patient identifies): Q4 2022  
Donald Duck  
MRN 987-XX-XX-159  
Complication - ischemic stroke      ABC

Do you have a second indicator outlier?  Yes       No

Indicator: ACC PCI Bleeding %  
Outlier Basis: 2 out of 4 outlier data points  
Outlier Comments: Provider exceeded ACC PCI Bleeding target rate of 2.13% for X out of 4 reviewable quarters: ABC

Details (patient identifies): Q1 2023  
Minnie Mouse  
852-XX-XX-741  
Required 2 units of PRBC post PCI      ABC


Skip logic built into rules that when answered 'Yes' data fields for a second indicator will display.



# OPPE/FPPE Focus Study workflow


Quality staff generate the following documents for Dept Chair

- OPPE Details – which provides supporting documentation for the Chair

			
OPPE DETAILS			
<b>Facility:</b> Miami Valley Hospital		<b>Report Period:</b> 07/06/2023	
<b>Provider:</b> TEST,PHYSICIAN A		<b>Specialty:</b> Cardiology	
<b>Evaluator:</b> CSI,HCM Review		<b>Evaluation Date:</b> 07/06/2023	
Indicator	Outlier Basis	Outlier Comments	Patient Details
ACC PCI Composite Complication %	2 out of 4 outlier data points	Provider exceeded ACC PCI Composite Complication target rate of 2.50% for X out of 4 reviewable quarters:	Q4 2022 Donald Duck MRN 987-XX-XX-159 Complication - ischemic stroke
ACC PCI Bleeding %	2 out of 4 outlier data points	Provider exceeded ACC PCI Bleeding target rate of 2.13% for X out of 4 reviewable quarters:	Q1 2023 Minnie Mouse 852-XX-XX-741 Required 2 units of PRBC post PCI
ACC PCI Mortality %	2 out of 4 outlier data points	Provider exceeded ACC Mortality target rate of 1.91% for X out of 4 reviewable quarters:	Q4 2022 Mickey Mouse MRN 132-XX-XX-654 Complication - deceased

# OPPE/FPPE Focus Study workflow

- OPPE Report Review Form – is where the Chair completes the review

														
<p>OPPE Report Review Form</p>														
<p><b>To be completed by Quality Staff</b></p>														
<p><b>Provider:</b> TEST,PHYSICIAN A</p>			<p><b>Report Period:</b> 07/06/2023</p>											
<p><b>Department Chair:</b> Chair,Test</p>														
<p><b>To be completed by Evaluator (Department Chair) Note: May Need Conversation Memo</b></p>														
<p>Discussion with Practitioner:</p>														
<p><input type="checkbox"/> Yes Date _____</p>		<p>Practitioners Involved in Discussion: _____</p>												
<p><input type="checkbox"/> No (If no why?)</p>														
<p><input type="checkbox"/> A1. Practitioner uncooperative and/or refuses to meet. Proceed with FPPE Plan (document attempts to meet or refusal to discuss).</p>														
<p><input type="checkbox"/> A2. Practitioner currently unavailable for valid reasons (i.e. vacation, out of country, schedule will not permit at this time). Will follow-up within _____ weeks / days.</p>														
<p>Outlier Indicator Discussion:</p>														
<table border="1"> <thead> <tr> <th>Indicator</th> <th>Outlier Basis</th> <th>Results of Discussion</th> <th>Recommendations</th> <th>Explanation</th> </tr> </thead> <tbody> <tr> <td>ACC PCI Composite Complication %</td> <td>2 out of 4 outlier data points</td> <td> <input type="checkbox"/> A. Further valuation of data needed to establish cause. Explain issues to be studied  <input type="checkbox"/> B. Practitioner/Evaluation identified potential cause unrelated to practitioner competency, no further evaluation needed.  <input type="checkbox"/> C. Further evaluation of data needed: Practitioner identified potential data errors.  <input type="checkbox"/> D. Practitioner Evaluation identified potential cause with commitment to improve. Explain issues.  <input type="checkbox"/> E. Practitioner identified potential cause without commitment by practitioner to improve.  <input type="checkbox"/> F. Evaluator identified potential cause without commitment by practitioner to improve.                 </td> <td> <input type="checkbox"/> A. Reevaluate performance in one qtr.  <input type="checkbox"/> B. Commitment from practitioner to improve practice sufficient. Performance does not require MSQC oversight; however, subsequent outlier data point will necessitate an official performance improvement plan from MSQC.  <input type="checkbox"/> C. Open FPPE to identify potential causes of outliers with potential recommendation for improvement plan. Explain issues to be studied and by whom.  <input type="checkbox"/> D. Open FPPE. Performance does require MSQC oversight and need for formal performance improvement plan.  <input type="checkbox"/> E. Significant immediate concerns regarding current competency; refer to appropriate leader/committee; Explain concern and indicate to whom it should be referred.  <input type="checkbox"/> F. No action recommended.  <input type="checkbox"/> G. Provider in FPPE/PIP and currently being monitor                 </td> <td></td> </tr> </tbody> </table>	Indicator	Outlier Basis	Results of Discussion	Recommendations	Explanation	ACC PCI Composite Complication %	2 out of 4 outlier data points	<input type="checkbox"/> A. Further valuation of data needed to establish cause. Explain issues to be studied <input type="checkbox"/> B. Practitioner/Evaluation identified potential cause unrelated to practitioner competency, no further evaluation needed. <input type="checkbox"/> C. Further evaluation of data needed: Practitioner identified potential data errors. <input type="checkbox"/> D. Practitioner Evaluation identified potential cause with commitment to improve. Explain issues. <input type="checkbox"/> E. Practitioner identified potential cause without commitment by practitioner to improve. <input type="checkbox"/> F. Evaluator identified potential cause without commitment by practitioner to improve.	<input type="checkbox"/> A. Reevaluate performance in one qtr. <input type="checkbox"/> B. Commitment from practitioner to improve practice sufficient. Performance does not require MSQC oversight; however, subsequent outlier data point will necessitate an official performance improvement plan from MSQC. <input type="checkbox"/> C. Open FPPE to identify potential causes of outliers with potential recommendation for improvement plan. Explain issues to be studied and by whom. <input type="checkbox"/> D. Open FPPE. Performance does require MSQC oversight and need for formal performance improvement plan. <input type="checkbox"/> E. Significant immediate concerns regarding current competency; refer to appropriate leader/committee; Explain concern and indicate to whom it should be referred. <input type="checkbox"/> F. No action recommended. <input type="checkbox"/> G. Provider in FPPE/PIP and currently being monitor					
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# OPPE/FPPE Focus Study workflow

Quality staff then enter the Chair's responses into the focus study for each identified indicator

Focus:  Date:  Focus ID:

DETAILS | **DEPARTMENT CHAIR** | FPPE | FPPE PERFORMANCE IMPROVEMENT PLAN | FPPE 2 | FPPE 2 PERFORMANCE IMPROVEMENT PLAN | FPPE 3 | PIP Goal/Action Monitoring

Department Chair:  ... Department Chair Returned:  ...

Discussion with practitioner:  Yes  No Date:  ...

**First Indicator**

Indicator:  ...

Outlier Basis:  ...

Results of Discussion:  ...

Recommendations:  ...

Explanation:

Skip logic built into rules that will open/close the FPPE tab dependent upon Recommendations field data element entered

# OPPE/FPPE Focus Study workflow


Quality staff enter details into the FPPE tab along with the Chair's review comments.

DETAILS | DEPARTMENT CHAIR | **FPPE** | FPPE PERFORMANCE IMPROVEMENT PLAN | FPPE 2 | FPPE 2 PERFORMANCE IMPROVEMENT PLAN | FPPE 3 | PIP Goal/Action Monitoring

FPPE 1

Assigned to	Date Assigned	Date Completed	Review Status	Review Comments
Chair,Test	7/6/2023		Open formal Performance Improvement Plan	Decision made to send to MEC for further action.

Department Chair Recommendation from FPPE:  ...

FPPE Completion Date:  

# OPPE/FPPE Focus Study workflow

If it is the Chair's decision to open a Performance Improvement Plan (PIP), the FPPE Performance Improvement Plan tab will open to document the formal plan

DETAILS	DEPARTMENT CHAIR	FPPE	FPPE PERFORMANCE IMPROVEMENT PLAN	FPPE 2	FPPE 2 PERFORMANCE IMPROVEMENT PLAN	FPPE 3	PIP Goal/Action Monitoring
PIP Indicator	ACC PCI Composite Complication % ...						
<b>Plan 1</b>							
Assigned to:	Chair, Test ...						
Date Discussed with Provider:	7/6/2023						
Date of PIP Initiation:	7/6/2023						
Date of PIP Completion:							
1. Improvement action to be addressed under FPPE:	ACC PCI Complications						
2a. Improvement goal(s) and or milestones:	Decrease complication rate to target of x.x%						
2b. Improvement action(s) and or milestones:	1. Monthly complications review 2. Present case at MMI or CATH/CABG with lessons learned.						
3. Method of monitoring:	Individual case reviews by MMI & department chair						
4. Timeframes for achieving goal(s) and/or milestones:	4 month						
5. Next steps and potential consequences if goal(s) not met:	Develop new plan and send to MSOC for further action						

# OPPE/FPPE Focus Study workflow

For ease in monitoring the ongoing progress of all the PIP goals & actions a separate tab was created

DETAILS | DEPARTMENT CHAIR | FPPE | FPPE PERFORMANCE IMPROVEMENT PLAN | FPPE 2 | FPPE 2 PERFORMANCE IMPROVEMENT PLAN | FPPE 3 | **PIP Goal/Action Monitoring**

Free text fields, please restrict text to 240 characters

Performance Improvement Plan Monitoring										
Select PIP	PIP Goal	Date PIP Initiated	PIP Action	Monitoring Timeframe	Target	Score	Date Monitoring Documented	Outcome	Details	
FPPE1 PIP1	Decrease PCI complication rate <input type="checkbox"/>	7/6/2023	Monthly complication review <input type="checkbox"/>	4 <input type="checkbox"/>	2.5	3.0	7/6/2023	Sent to MSQC - Med Staff Quality ...	PCI complication rate exceeded tar... <input type="checkbox"/>	<input type="checkbox"/>
FPPE1 PIP1	Present case to MMI <input type="checkbox"/>	7/6/2023	Case 123-ZZ-ZZ-987 presented at ... <input type="checkbox"/>	4 <input type="checkbox"/>	1	1	7/6/2023	Completed		<input type="checkbox"/>
FPPE2 PIP1	Decrease PCI bleeding rate <input type="checkbox"/>	7/6/2023	Analyze blood utilization post pci <input type="checkbox"/>	4 <input type="checkbox"/>	0	1	7/6/2023	Sent to MSQC - Med Staff Quality ...	3 cases with PCI bleeding <input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>

# OPPE/FPPE Focus Study details

- An individual provider can have up to 3 indicators reported per focus study entry
- Each FPPE Performance Improvement Plan can have up to 6 individual plans per indicator for a total of 18 individual PIP plans
- At various intervals of the FPPE PIP process summary data is provided to the following:
  - Department Chair
  - Medical Staff committees (MSQC/MSOC/MEC)
  - Individual FPPE Provider

# OPPE/FPPE Focus Study functionality

## Functionality utilized in focus study build:

- Rules to insert skip logic to open/close various fields and/or tabs
- Hover help for instructional details where necessary
- Document generation
- Worklist that notify Quality during the various stages of the process
- User processing reports
- Indicator profiles

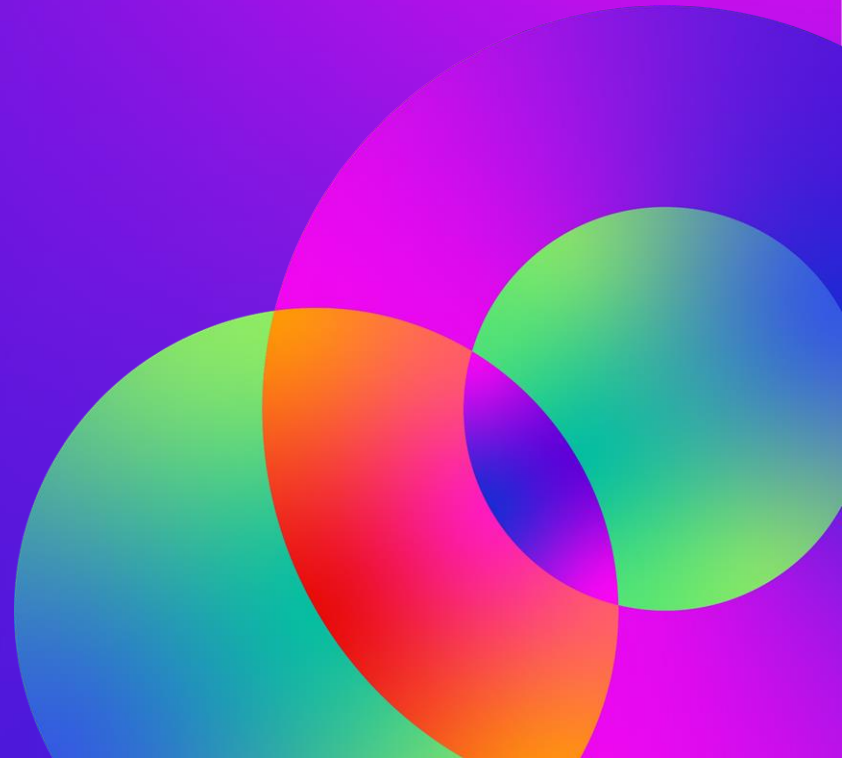




# Questions



# Announcements



## Training

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[Classroom](#)

[Live Webinars](#)

[eLearning](#)

[Course Catalog](#)

[Gold Training Partnership](#)

[Training FAQ's](#)

## eLearning

Course Name:

Solution:

Version:



= Learning Course



= Recorded Learning

### Focus Study Rules Part 1

**Solution:** Care Management, CPMS, DataVision  
**Version:** 2014, 10.1  
[View Description](#)  
[View Attachment](#)



### Focus Study Rules Part 2

**Solution:** Care Management, CPMS, DataVision  
**Version:** 2014, 10.1  
[View Description](#)  
[View Attachment](#)



### Focus Study Rules Part 3

**Solution:** Care Management, CPMS, DataVision  
**Version:** 2014, 10.1  
[View Description](#)  
[View Attachment](#)



### Worklist Rules: Advanced Functions

**Solution:** Care Management  
**Version:** 10.0, 10.1, 2014  
[View Description](#)



# Important Changes to Midas Recertifications

Effective July 1, 2023

**We will no longer be charging for recertifications!**

**Now recertifying in any of our solutions is as easy as:**

- *Renewing your annual maintenance/service contract*
- *Maintaining your required number of CEU's*

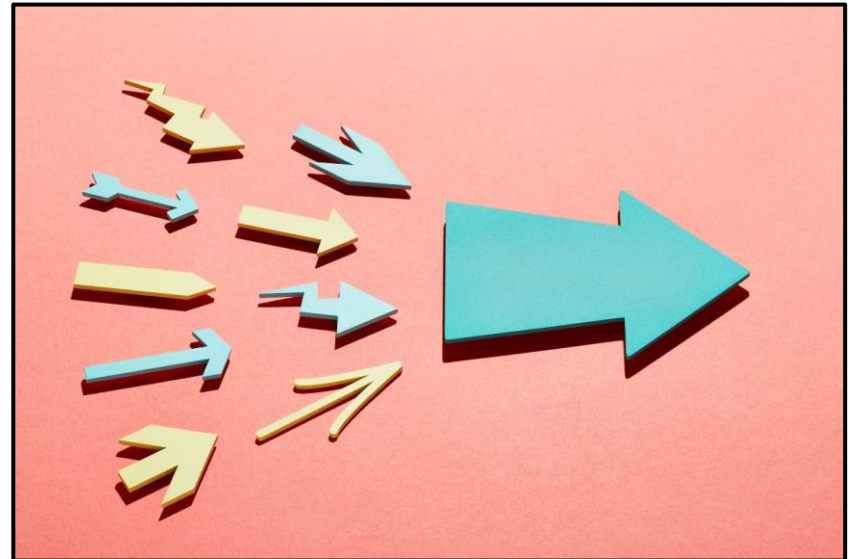
That's it! We'll take care of the rest. Each quarter our team will review upcoming expirations and automatically renew all applicable candidates and send you updated certificates. If we notice anyone short on CEU's we will reach out to you and offer some options to help you get to the required number of credits.

Our way of saying Thank You for being a Midas Certified Professional



# User Group and Exchange Updates

- System Management User Group will be combined with the MCSM User Group – MCSM/SM User Group
- Allow larger attendance and information sharing
  - Will continue to take place on the last Tuesday of each month at the same time
  - Can earn 2 CEUs during the one User Group
    - ✓ Attendance of User Group
    - ✓ Passing Short 5-Question Quiz
      - ✓ 4 out of 5 questions answered correctly is required to pass
    - ✓ Presenting at the MCSM/SM User Group will garner 5 CEUS
- New combined Certification Only Group will meet on a quarterly basis to include the following
  - MCSM (Care Management)
  - SCSM (Statit)
  - DVCSM (DataVision)
- Exchanges
  - DV/CPMS Exchange continues on the monthly schedule
    - 2<sup>nd</sup> Tuesday of each month
  - **Care Management and Statit Exchanges have been suspended**



# Gold Partnership

## Midas Gold Partnership

As a Midas Gold Training Partner, you can participate in several Midas offerings with no additional fee!

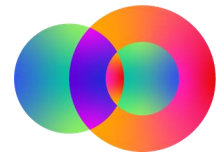
One annual fee entitles your organization to send up to two associates per session to as many sessions as you like, all year long!

Benefits include –

- Receive discounted pricing for custom training courses
- Take the Midas, Statit or DataVision Certified System Manager exam free of charge
- Renew your MCSM, SCSM and DVCSM Certification free of charge
- Attend Boot Camp sessions for a \$1000 discount! The fee would be \$2,500!
  - There are upcoming Boot Camps for the Midas solutions –
    - Care Management
    - Statit
    - DataVision/CPMS
  - Each Boot Camp session is comprised of 6 segments
  - Each Boot Camp session also provides 10 hours of 1:1 time with the organizations attendee(s) on the topics of their choosing!!!

How to get started –

- Contact your CRE – Customer Relationship Executive
- Contact your Sales Executive
- Submit a request to the Customer Support Team









- Classes are filling up very quickly. If you see something you're interested in, please sign up. If you later decide you can't attend, please let us know so we can open that seat up to someone else.
- Designed for new or struggling System Managers or Midas hospital staff
- No CEUs will be awarded for attending the Classroom sessions
- Will be first-come / first-serve sign-ups – the remaining number of Seats appears on within the information pertaining to the class.
- Will vary in topics across all 3 Core Solutions
  - Care Management
  - DataVision
  - Stait
- See Training > Classroom on COW
- The Classroom Training is updated often – be sure to review on the COW

# Classroom Training – Now Free!







## (Remote Class) Stait - SmarTrack Summary and Detail Data Sources

**Solution:** Stait PPR/piMD  
**Version:** 7.0, 7.1, 7.2, 7.2.3, 7.3  
**Days:** 1 Day  
[View Description](#)

 8/14/2023	 2 Hours	 Course Info	 View Agenda	 9 Open Seats	 Register
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## (Remote Class) DataVision Midas Risk Model Hospital and Provider Reports

**Solution:** DataVision  
**Version:** 10.0, 10.1  
**Days:**  
[View Description](#)

 8/31/2023	 1 hour	 Course Info	 View Agenda	 8 Open Seats	 Register
--	---	---	--	---	---



- Classes are filling up very quickly. If you see something you're interested in, please sign up. If you later decide you can't attend, please let us know so we can open that seat up to someone else.
- Designed for new or struggling System Managers or Midas hospital staff
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  - Care Management
  - DataVision
  - Stait
- See Training > Classroom on COW
- The Classroom Training is updated often – be sure to review on the COW

# Live Webinar Training






## DataVision Risk Model Toolpack

DataVision Risk Model Toolpack

**Solution:** DataVision

**Version:**

[View Description](#)

 7/26/2023	 1 Hour	 View Agenda	 43 Open Seats	 Register
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## Care Management Worklist Rules Definition Overview

Care Management Worklist Rule Definition Overview

**Solution:** Care Management

**Version:** 10.0, 10.1, 2014

[View Description](#)






 8/11/2023	 45 min	 View Agenda	 42 Open Seats	 Register
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## DataVision - Midas Website Resource Review

**Solution:** DataVision

**Version:**

[View Description](#)






 8/15/2023	 1 Hour	 View Agenda	 47 Open Seats	 Register
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## Stait - Midas Website Resource Review

**Solution:** Stait PPR/piMD

**Version:** 7.0, 7.1, 7.2, 7.2.3, 7.3

[View Description](#)

 8/16/2023	 1 Hour	 View Agenda	 48 Open Seats	 Register
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CONFIDENTIAL



# Next Boot Camp Scheduled!

## What comes with your \$3,500 registration?

- Six (6) 50-minute training sessions covering the various topics
- Up to 2 participants for each paid registration
- **Ten (10) hours of one-on-one system management assistance from our team of Certified System Managers**
- Hands-on build sessions to make your reports and documents stand out
- MCSM Exam registration fees are included at no extra charge if you choose to sit for the exam
- One-on-one Exam tutoring with one of our certified system managers
- Qualifies for Three (3) CEU credits

 **19–20 Oct.**

Care Management



If interested, please reach out to Ben or Rich at [bttruit@sympplr.com](mailto:bttruit@sympplr.com) or [rgraveline@sympplr.com](mailto:rgraveline@sympplr.com)

# 2023 MCSM/SCSM/DVCSM Examination Schedule

## MCSM

September 1  
December 1

## SCSM

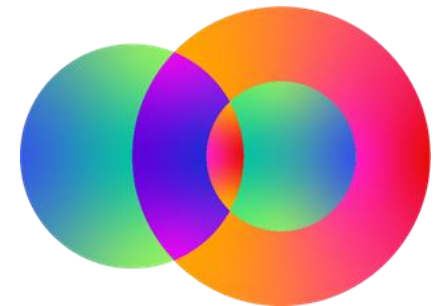
September 15  
December 15

## DVCSM

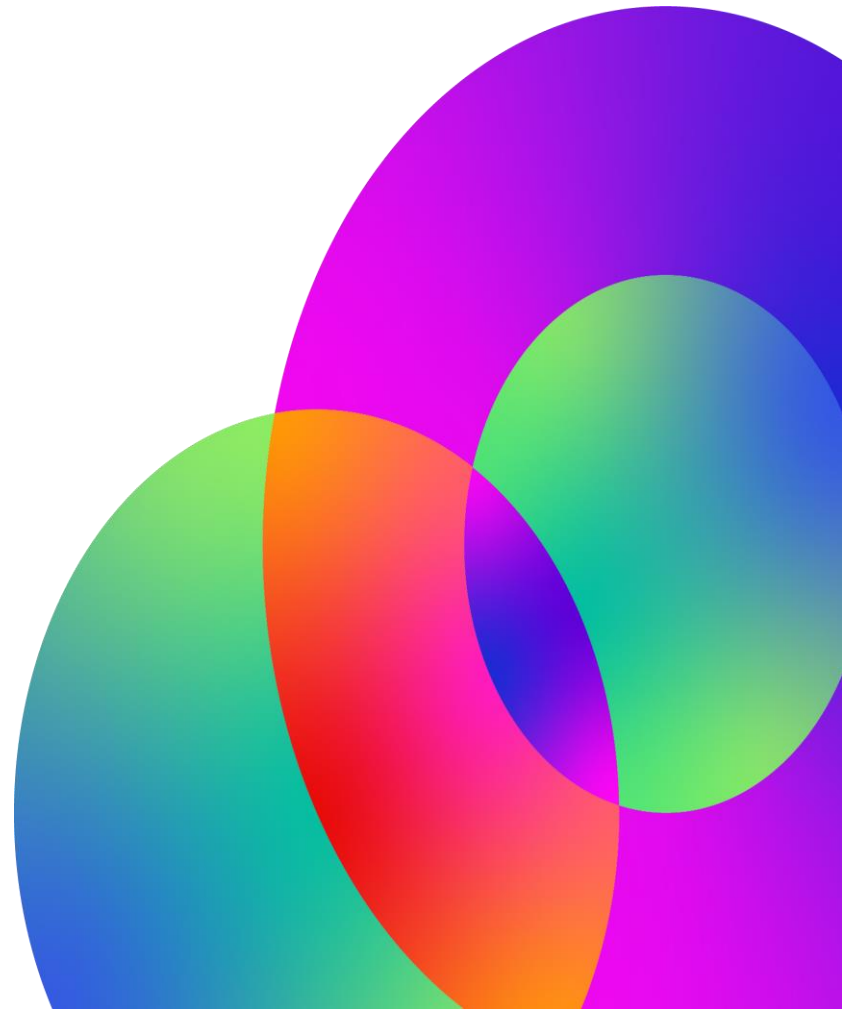
October 20

- *Currently credit cards are not being accepted for Certification Examination payment. Please reach out to Ben Truitt at [btruitt@sympplr.com](mailto:btruitt@sympplr.com) should you need to have an invoice prepared and sent to you.*

**Note:** The fee for the certification exam is \$200.00



Thank you!



Questions?

