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Designing the Effective OPPE Report

Reimagining the Path to Exceptional Care

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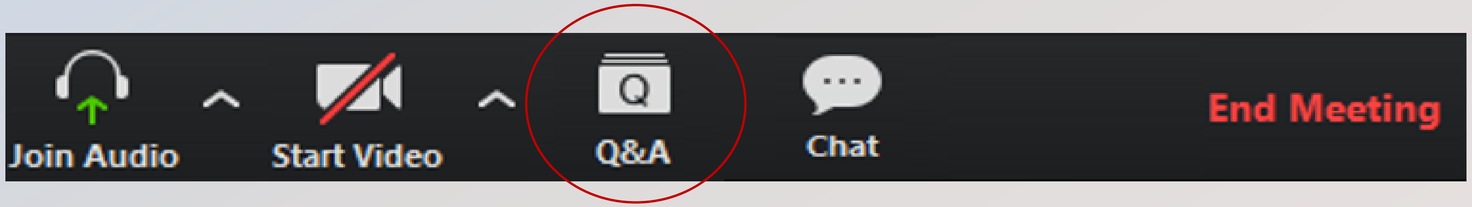

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Sharon Beckwith
Senior Vice President - General Manager
Peer Review & Clinical Quality
Consulting

Brock Bordelon, MD, FACS
Medical Director,
Physician Consultant

Why Do We Credential, Appropriately Privilege, and Monitor Performance of Physicians & APPs?

It’s all about
Competency

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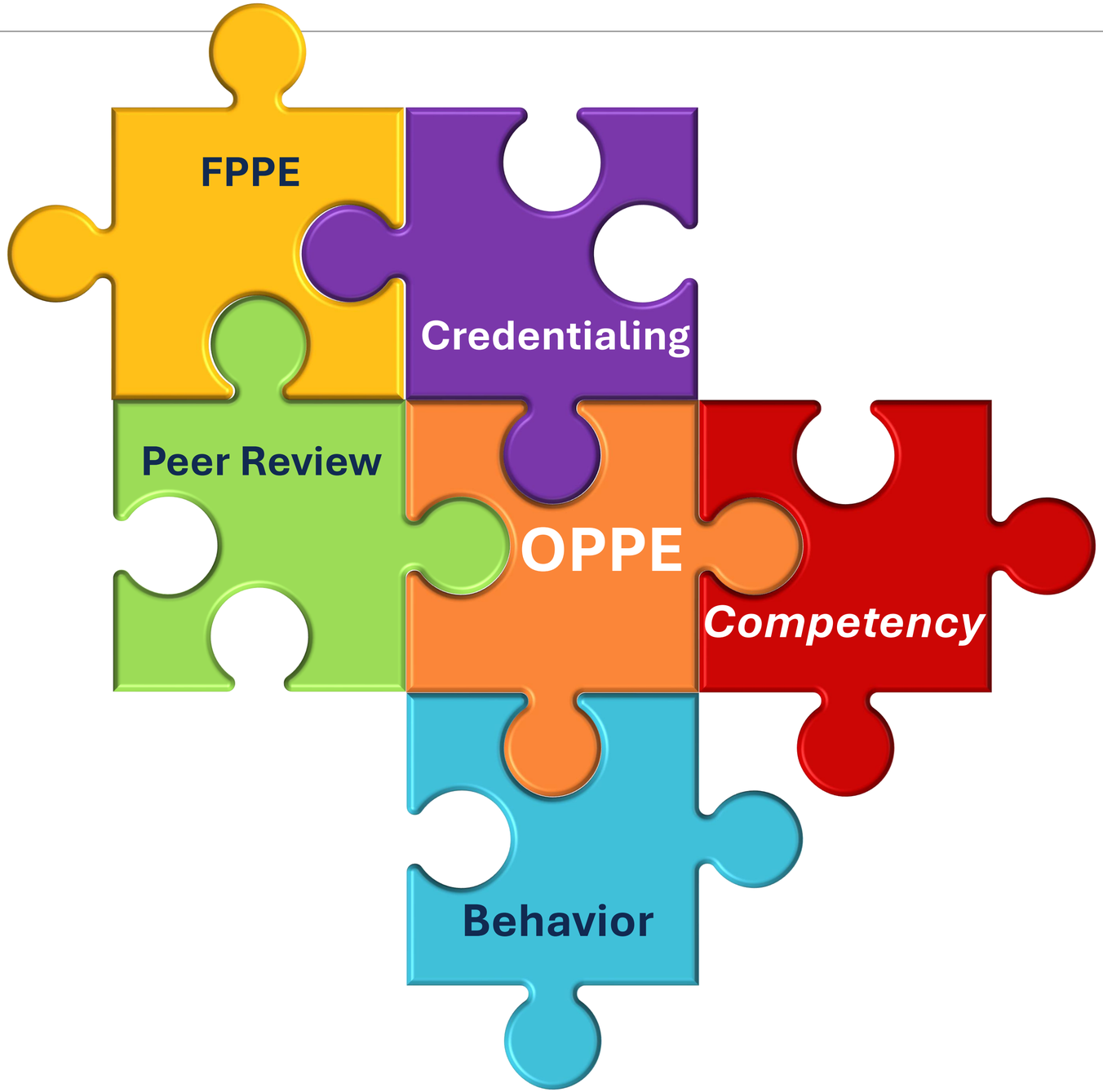


Ongoing Professional Practice Evaluation / Monitoring

(OPPE)

The process by which the Organized Medical Staff evaluates the **current clinical competency** of every licensed individual practitioner exercising privileges using appropriate ***quantitative*** and ***qualitative*** data.

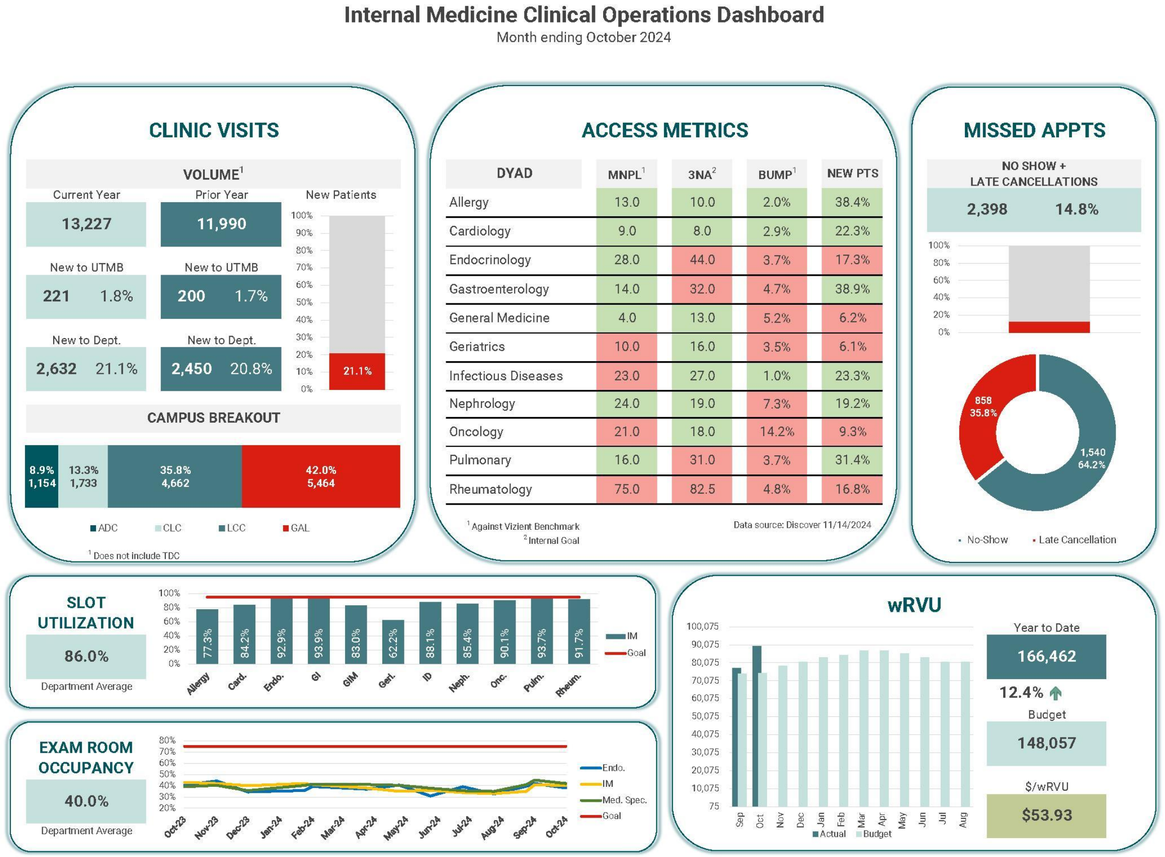
What OPPE Is (and Isn't)

OPPE Is:

- ***Ongoing*** evaluation of performance
- Data-informed decision-making

OPPE Is Not:

- A once-a-year checkbox
- A "data dump"



Regulatory Context

Hospital regulators expect **continuous visibility into clinician performance** — not just at reappointment

- The Joint Commission requires **ongoing evaluation**, not retrospective review
- *So does DNV*

~

Centers for Medicare & Medicaid Services expects hospitals to demonstrate:

- Clinicians are competent **at all times**
- Decisions are **data-informed and documented**

If your OPPE process doesn't clearly support credentialing and privileging decisions → it won't stand up in a survey

Surveyors aren't looking for data — they are looking for evidence of decision-making

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The Problem with Most OPPE Processes

Most organizations fall into one of these traps:

- “We track everything” → **data overload**
- “We track something” → **but it’s not meaningful**
  - *“We track what our EHR gives us”*
- “We track it” → **but nobody uses it**

Real-world issues:

- 20+ metrics with no thresholds
- Static reports no one reviews
- Manual spreadsheets maintained by MSPs
- No linkage to peer review

Most OPPE processes are reporting tools —
not performance evaluation & management tools

Scorecard Design Considerations

- Who is the audience?
  - Individual clinician
  - Department Chair
  - Credentials Committee
  - Peer Review Committee
  - MEC
  - Hospital Board

- What does this data impact?
  - Reappointment
  - Privileges
  - Possibly FPPE

Think ahead - start with the goal and then add the data

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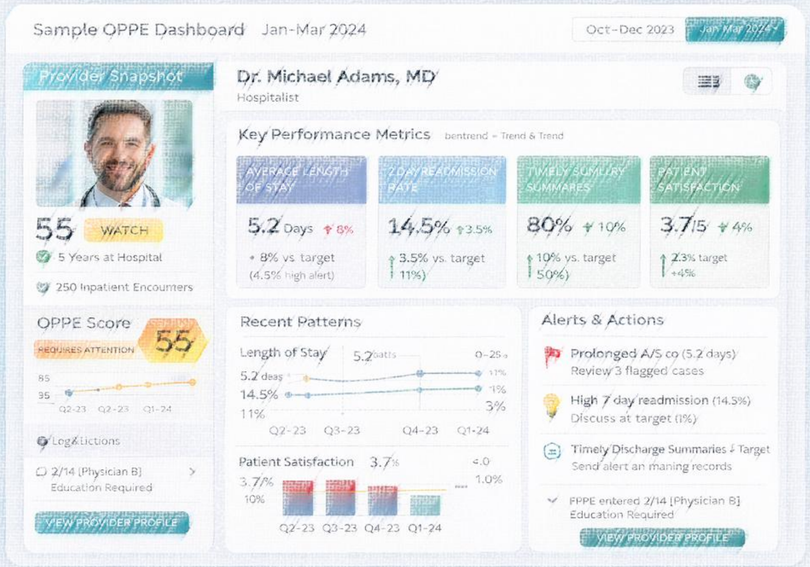
What a “Good” OPPE Scorecard Looks Like

An effective OPPE Scorecard answers **one question quickly**:
“Is this clinician performing as expected?”

- **Relevant metrics by specialty**
  - 6-10 meaningful metrics *(not 30)* *
- **Clear thresholds and benchmarks**
  - Unambiguous “normal vs concern” indicators
- **Drives action**
  - Trend visibility
  - Contains immediate action triggers
- **Easy to quickly interpret**
  - Obtain a “performance snapshot” in 10-15 seconds



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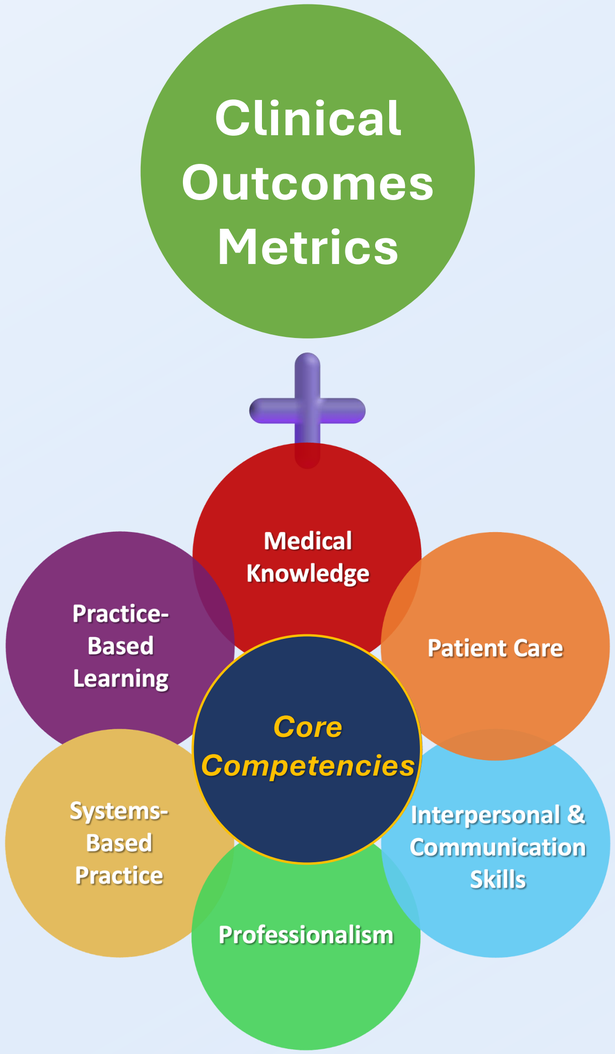
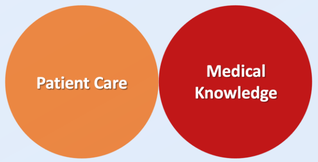
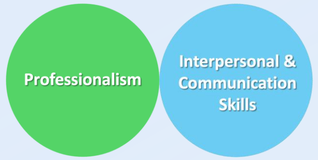
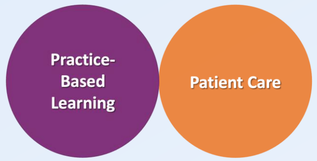
Core Components of an OPPE Scorecard



Balanced Performance Scorecard







Patient Care + *Medical Knowledge* → **Clinical Quality**

- Outcomes, complications, mortality
- Evidence-based care delivery

Systems-Based Practice + *Practice-Based Learning & Improvement* → **Utilization / Efficiency**

- LOS, resource use, throughput
- Ability to navigate and optimize within the system

Professionalism + *Interpersonal & Communication Skills* → **Professional Behavior**

- Team interactions, responsiveness
- Disruptive behavior, reliability

Systems-Based Practice + *Professionalism* → **Documentation / Compliance**

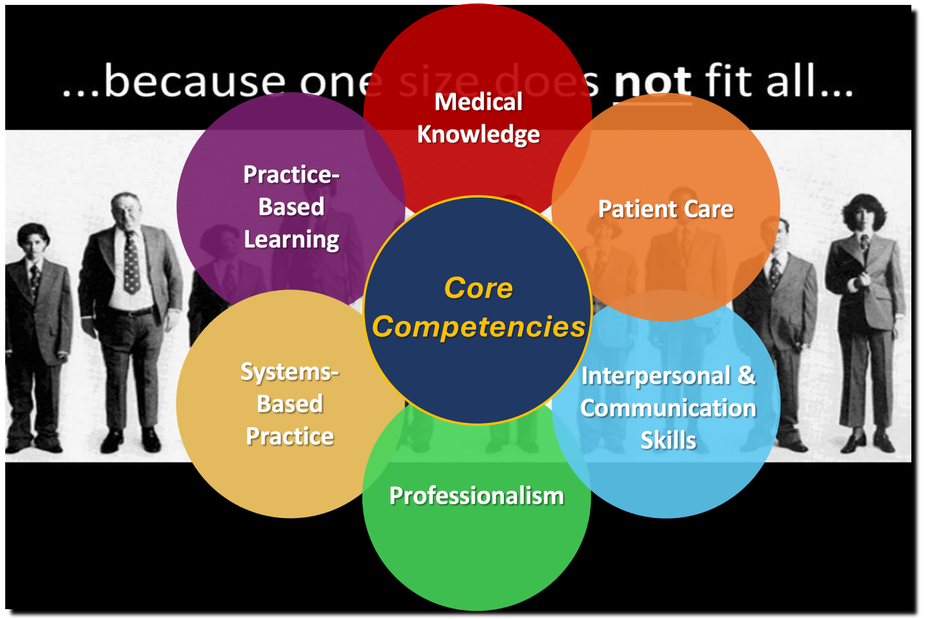
- Timeliness, accuracy, regulatory alignment
- Supports coding, billing, & patient safety

Practice-Based Learning & Improvement + *Patient Care* → **Peer Review Outcomes**

- Case review trends, opportunities for improvement
- Ability to respond to feedback and improve practice

Specialty-Specific OPPE Metrics

- Generally, the ACGME-required core competencies translate to universal OPPE metrics for all specialties
- Specialty OPPE Metrics are intended to be pertinent to a given clinician's practice
- "Generic / One Size Fits All" Specialty OPPE metrics are tempting *(because they are easy)*, but…
  - They don't reflect what a clinician ***actually does***
  - *As a result, clinicians will not trust the data*



Partner with Department Chairs

Align OPPE Metrics with a specialty's scope of ***privileges***

Clinical Quality OPPE Metrics

Measuring Care Delivery and Resource Utilization

- **Key Indicators**
  - Length of stay
  - Resource utilization
    - Lab, imaging, consults, pharmacy, etc
  - Readmissions
  - Case mix index

Reveals

- Practice variation
- System inefficiencies
- Standardization opportunities

- **Documentation & Compliance**
  - Charting timeliness
  - Chart deficiencies
  - Compliance with standards
    - Sepsis bundles, antibiotic stewardship, DVT prophylaxis, etc.

Reveals

- Practice reliability
- Accountability
- Compliance risks
- Impact on
  - Quality
  - Reimbursement

Where Cost and Efficiency intersect with Quality – ***where thoughtful leadership attention is required***

Clinical Quality OPPE Metrics

Measuring core safety and outcomes performance

- **Core Safety Indicators**
  - Complication rates
  - Mortality
  - Surgical site infections
  - Procedure-specific outcomes

Safety metrics must be interpreted in context –
data without risk adjustment can lead to wrong conclusions

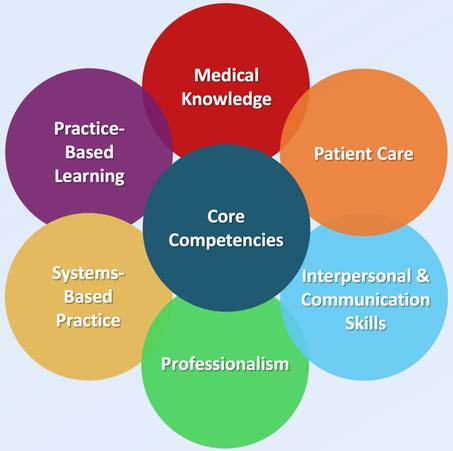
Best Practice:
Use Trends **plus** *Benchmarks,* **not** *isolated data points*

Clinical Quality Metrics

Continuous / Ongoing Quality of Care Monitoring

Departments define data for areas of competency

Outcome Data is gathered



Analyze Data

Dept Chair reviews data for outliers and opportunities for improvement

...must feed back into Peer Review & Credentials processes

Peer Review & Credentials

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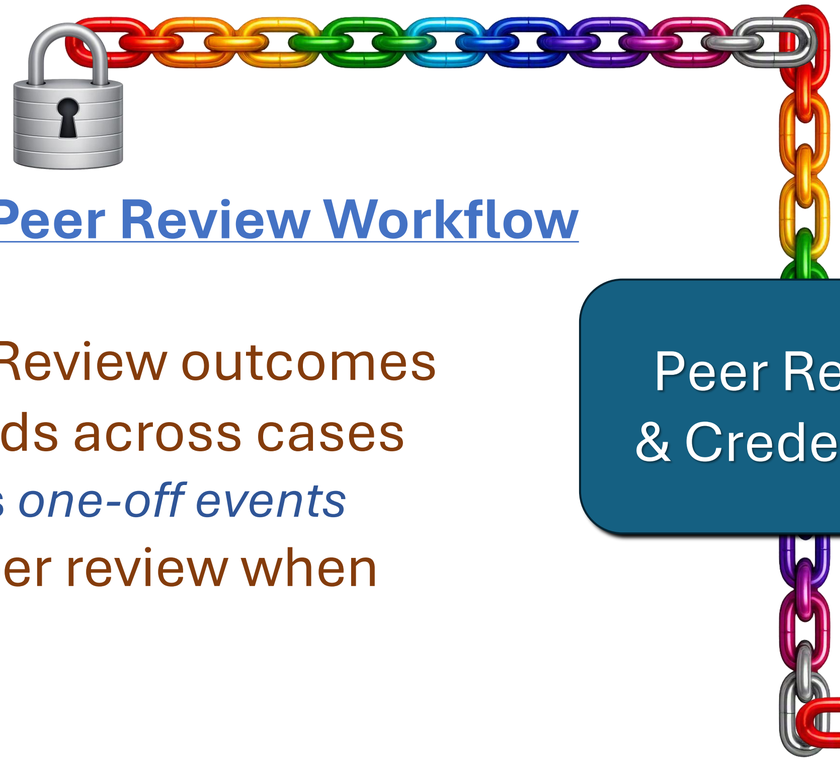
Getting the Most out of OPPE



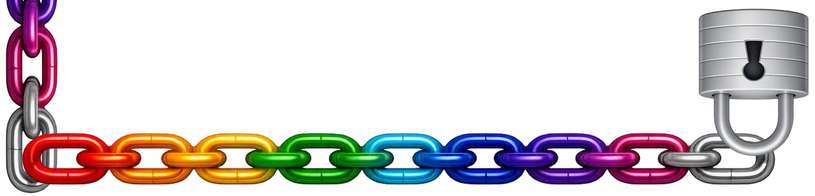
Link OPPE to Peer Review Workflow

- Pull in Peer Review outcomes
- Identify trends across cases
  - *Trends* vs *one-off events*
- Trigger deeper review when required

Peer Review & Credentials

OPPE Data Flows to Credentials

- Aggregate data
- Trend identification
- *This then flows to MEC and Board*



OPPE is a ***clinician competency monitoring*** process

Peer Review is a ***clinical care evaluation*** process

Both are essential for competency assessment & credentialing

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Data Sources & Interpretation

- **Data Sources**
  - Electronic Medical Record
  - Credentialing systems & processes
  - Quality & Safety reporting tools
    - Incident reports, RCAs, etc.
  - Peer Review & case review data

- **Common Data Challenges**
  - Incomplete and/or inconsistent data
  - Variability across data collection systems
  - Delayed or manual data entry
  - Lack of standard definitions

- **Make Data Meaningful**
  - Focus on trends over time
  - Compare outcomes against benchmarks

Data alone does not drive decisions …

… interpreted and trusted data does

Data Evaluation

- **Thresholds & Triggers**
  - Define “normal” *vs* “outlier” rates and outcomes
  - Set clear thresholds
  - Establish escalation pathways
- **Define Parameters**
  - “Normal”
  - “Watch”
  - “Requires action”
- **Examples**
  - Two standard deviations from the benchmark mean
  - Repeated outlier flags over time

OPPE data can drive action

Tie each threshold to
A defined action pathway

Outcomes & Actions

OPPE data can drive action

Tie each threshold to
A defined action pathway

OPPE is a *clinician competency monitoring process*

Possible Outcomes of OPPE Data Evaluation

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- **No Action / *“Meets Expectations”***
  - *Language matters*
- **Monitor / Track & Trend**
- **Intervention**
  - Education
  - Coaching
  - Focused Review
- **Escalation**
  - FPPE
  - Formal Peer Review

Visualization Matters

The layout should guide the conversation - not require explanation

If your OPPE requires explanation, it's too complicated

What Works:

- Dashboards (not spreadsheets)
- Red / Yellow / Green indicators
- Trend graphs over time
- Simple, decision-ready summaries

Best Practice Design Principles:

- Highlight what matters immediately
- Show direction, not just data points
- Use visual cues to guide attention
- Keep it intuitive—no explanation required

Leaders don't want to read spreadsheets –

They want clarity

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OPPE Workflow & Accountability

OPPE Data Review Frequency

- Align cadence to risk and specialty
- Monthly – high risk areas
  - Surgery
  - OB
  - ED
- Semi-annual - low volume areas

Best Practice – *Align OPPE cycles with:*

- Departmental meetings
- Credentials Committee cadence
- Board Credentials Subcommittee cadence

Role Clarity

- MSPs
  - Data integrity
  - Reporting
  - Tracking
- Medical Staff Leaders
  - Interpretation
  - Clinical context
  - Decision making

Risks for breakdown

- When roles are unclear
- ***Lack of accountability***

MSO manages the process

Physicians own the decisions

Stumbling Blocks & Blind Spots

Most OPPE failures are failures of the process,

Not Data Failures

Rampant OPPE Process Failures

Too many metrics

Leads to confusion rather than clarity

No thresholds

Data exists, but no action is triggered

No ownership

“Someone else is reviewing this”

Manual processes

Not scalable

Error prone

No follow-up

Issues identified, but never closed

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Turning Data into Insights: Platforms & Benchmarking

Credentialing Platforms & OPPE

Serve as OPPE Data Repositories

- Store clinician data
  - ➢ *Status*
  - ➢ *Compliance*
  - ➢ *Clinical activity*
- Support configurable data fields
- Enable basic OPPE Scorecard and reporting functionality

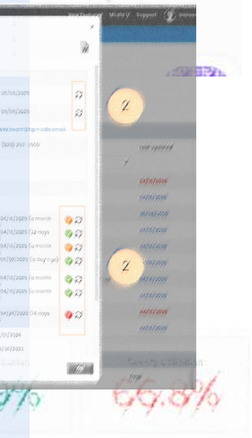
What to Expect in Practice

- Data feeds must be built & maintained
  - ➢ ***The "build" is crucial***
- EMR and other program integration can be complex
- Data may ***(will)*** require manual validation and scrubbing for accuracy
- Some elements of the OPPE process still require manual input

OPPE platforms provide structure

…but not complete OPPE Process automation

Turning Data into Insights: Platforms & Benchmarking



Credentialing Platforms & OPPE

Data Collection & Aggregation

- Effective OPPE requires data integration beyond what a platform provides
  - *EMR data*
  - *Incident reporting*
  - *Peer Review information*
  - *Manual or automated data fields*
- Data must be aggregated, validated, and compared to norms/benchmarks

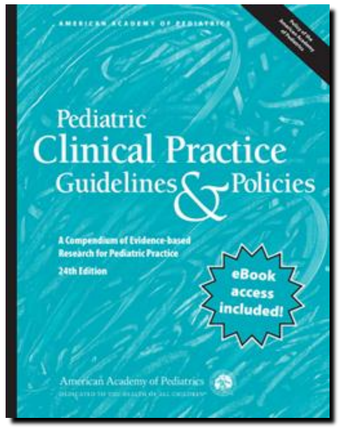
Benchmarking – *Context Matters*

- Specialty-specific data
- Local / facility / system data
- Regional data
- National Data
- External sources
  - *Sentact*
  - *Vizient*
  - *Premier / PINC AI*
  - *Truveta*
  - *MIDAS*

Credentialing platforms organize your OPPE data, but the work involved with collecting, validating, and interpreting that data remains with the organization

OPPE Benchmarking Data

Benchmarking – *Context Matters*



SVS Society for Vascular Surgery

Clinical Guidelines
ACP
American College of Physicians
Leading Internal Medicine, Improving Lives

THE SOCIETY OF THORACIC SURGEONS
Established 1964

ASCRS
American Society of Colon & Rectal Surgeons

AMERICAN COLLEGE OF SURGEONS
FOVNDED IN 1913
OMNIBVS PER ARTEM FIDEMQVE PRODESSE

ACOG
The American College of Obstetricians and Gynecologists

American College of Radiology™

ASCO®
American Society of Clinical Oncology

AMERICAN COLLEGE of CARDIOLOGY®

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OPPE Benchmarking Data

STS National Database™
Trusted. Transformed. Real-Time.

ACS tqip TRAUMA QUALITY IMPROVEMENT PROGRAM

ACS NSQIP
National Surgical Quality Improvement Program
American College of Surgeons

MIPS
Quality | Improvement Activities | Advancing Care Information | Cost

$$$$

Benchmarking – *Context Matters*

MBSAQIP
METABOLIC AND BARIATRIC SURGERY ACCREDITATION AND QUALITY IMPROVEMENT PROGRAM

Commission on Cancer® ACCREDITED PROGRAM
A QUALITY PROGRAM of the AMERICAN COLLEGE OF SURGEONS

Quality Incentive Programs
Anthem
aetna®
Cigna
Humana
UnitedHealthcare®

OPPE Data Sources

Data Collection & Aggregation

SENTACT: InSights

- Utilizes healthcare billing data ***(837 data)*** to aggregate practice patterns and extract safety and quality measures to assess performance
- 837 data is a standardized electronic file format used in healthcare to submit claims to insurance companies and contains:
  - *Demographics*
  - *Diagnostic codes*
  - *Services provided*
  - *Billed charges*
- InSights platforms
  - Enterprise Dashboard - looks at system & hospital level data
  - Clinician Dashboard – provides Physician & APP level data

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OPPE Process Implementation

Define Goals – *know what*

- OPPE supports
- Issues it can resolve

Validate Data

- Is it accurate?
- Is it timely?
- Do Medical Staff leaders trust the data?

Pilot the Process

- Start with 1-2 departments
- Refine before scaling

Select Metrics

- 6-10 per specialty
- Clinically relevant
- Available data sources
- Medical leader input

Build OPPE Scorecard

- Simple
- Visual
- Actionable
- Include thresholds & trends

OPPE processes are not static, “set it and forget it” –

They are intended to evolve

Key Takeaways

- OPPE should drive decisions, not just document them
- Simplicity + relevance wins the day
- Integration with Peer Review is critical
- Leadership engagement determines success

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Questions?

Sbeckwith@sentact.com

Bbordelon@sentact.com

Reimagining the Path to Exceptional Care

Hardenbergh Group | A Sentact Company

Thank You!