

III. Responsibilities of the Component and Specialty Peer Review Committee

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

The component peer review chair is responsible for overseeing all cases originating in his or her component, including specialty cases. The responsibilities of the chair include, but are not limited to, the format and content of all resolution letters and resolution addenda, including all specialty cases. The chair is also responsible for assuring that the composition, grammar, and accuracy of all resolution letters and addenda have been completed appropriately. Additionally, the chair must assure that all sections of the resolution addendum have been thoroughly documented prior to the case being forwarded to CDA peer review staff.

Resolution letters must not be sent to CDA before the component chair has reviewed the format, content, refund figures, etc., as this is the responsibility of the chair and committee. The resolution letter and resolution addendum must be forwarded to CDA only after being reviewed and approved by the chair.

All resolution letters will be finalized on CDA letterhead. Due to confidentiality issues, component and specialty committee members must utilize component peer review staff for administrative purposes (typing resolutions, copying, etc.) rather than their own personal office staff.

Thorough documentation of the activities of the reviewing committee is required and essential to protect against future allegations of prejudice, failure to consider pertinent material, or improper procedures.

If a case involves a member of the peer review committee as the treating dentist or subsequent treating dentist or if there is a perceived conflict of interest, the case will be forwarded to a neighboring component peer review committee for review, at the direction of the CDA Council on Peer Review chair. Additionally, a dentist or patient may request that the peer review case be transferred to a neighboring component if there is a valid or perceived conflict of interest with one or more members of the peer review committee at the direction of the CDA Council on Peer Review chair.

Component and specialty peer review committee chairs will receive periodic reports from CDA of all cases in review. Specialty cases will also be listed on the component report. These reports will enable each committee to track cases and will provide statistical data regarding the number of cases, the length of time a case has been open, and the type and disposition of the case.

If at any time during the review a committee member has a question on procedures, refunds, corrective treatment, etc., contact either CDA peer review staff or Council on Peer Review Liaison for direction on how to proceed prior to completing the resolution letter and/or addendum.

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

Clinical Examination

Note: 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 chair.

Prior to conducting the clinical examination, these procedures must be followed:

1. Notify CDA peer review staff in writing of the date, time, and location of the patient examination.

2. Provide the names of the examiners to CDA staff for confirmation that all CDA requirements have been met.
3. Upon receipt of the Examining Panel Notification Memo (Form #26) and the case file, each peer review committee member must study the case content thoroughly and acquaint themselves with the exact nature of the inquiry under review. The committee must collectively review the case content to determine that all needed information is included, and that the case qualifies for review, i.e., time limitation, altered treatment, litigation, conflict of interest, etc.

Note: The case chair must contact the patient when a positive response is noted on the Request for Review Form (Form #3) (Do you require antibiotics for dental treatment?) to advise the patient to contact his or her physician regarding pre-medication.

4. Make notes of the initiator's inquiry and be prepared to discuss the case with the co-committee members and to clinically examine the patient.
5. If the dental condition demands immediate treatment that could affect the committee's determination for review, the committee must make every effort to immediately conduct a patient examination prior to treatment.
6. An uneven number of dentists (minimum of three) must be in attendance at the patient examination. In all cases of review, thorough documentation of the reviewing committee's activities are required and essential to protect against future allegations of prejudice, failure to consider pertinent material, or improper procedure.

Conducting the Clinical Examination

The examiners must 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 Guidelines for the Assessment of Clinical Quality and Professional Performance (Quality Evaluation for Dental Care).
2. A **thorough** examination of the treatment in question must be performed, and the findings must be legibly documented on each examiner's Clinical Examination Worksheet. The clinical examination must address all the issues relevant to the complaint, and must exclude treatment planning, observations, or implications without a demonstrable basis of fact.
3. Queries from the patient during the examination must be handled diplomatically without implying any wrong-doing on the part of the dentist under review.
4. Findings are not to be discussed in the presence of the patient, nor should the peer review committee discuss any evidence or conclusions of the case with the patient.
5. The appropriate clinical examination worksheet **must** be completed **thoroughly** by each examiner when recording the clinical findings. The findings must be recorded in such a way that notes are legible and will provide sufficient detailed information for the peer review committee to make a rational decision in the case.
6. Verbal or written information furnished by the patient during the examination must be entered on the clinical examination worksheet and must be identified as a comment from the patient. If the patient raises additional questions concerning treatment that was not included in the Request for Review Form (Form #3) or expands upon the original inquiry, the committee must make a note of it in the clinical examination worksheet. The dentist under review must be given the opportunity to address these additional questions and/or concerns in writing and must be afforded another interview prior to the committee making a determination.

7. If the committee recognized substandard care or an area of an emergency nature that is not included in the patient's initial complaint, these steps must be followed:
 - a. Verbally inform the patient at the time of the examination that there are conditions that require the attention of a dentist.
 - b. Note the problem areas on the clinical examination worksheet and record that the patient was verbally informed about the need to seek the attention of a dentist.
 - c. In the resolution letter draft, indicate that the committee noted areas in the patient's mouth that require further dental treatment.
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 must perform periodontal probings, when appropriate.
10. The findings from the Clinical Examination Worksheets must be incorporated into the typed Resolution Addendum (Form #63) that is attached to the dentist's copy of the resolution letter. These findings must support 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 address all of the patient's complaints?
- b. Does the resolution addendum state the results of the clinical examination as it relates to the patient's inquiries?
- c. Does the resolution addendum offer advice, give reprimands, or otherwise contain information unrelated to the actual "findings" of the committee? If so, delete.
- d. Does the resolution addendum include treatment planning by the committee? If so, delete.

- e. If radiographs were reviewed, are the type(s), date, and findings included in the resolution addendum? Likewise, if radiographs were reviewed but no clinical examination was conducted, has a resolution addendum been prepared from the radiographic evidence?
 - f. If periodontal probings were performed, are the committee's findings noted in the resolution addendum?
 - g. Does the resolution addendum support the recommendation of the peer review committee in the resolution letter?
 - h. Do the clinical examination worksheets support the recommendations of the committee in the resolution addendum and 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 must be drafted and held in the case file. The case must 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. No recording or eves-dropping devices are permitted during any peer review meeting.

Dentist Interview

The dentist interview must be conducted in a professional and diplomatic manner following the patient examination.

Interview Guidelines

- ◆ It is not an interrogation
 - ◆ It must 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 or her side of the story
1. The dentist interview, if applicable, follows the patient's interview and examination. Patient and dentist must never be interviewed together. The dentist interview must be conducted by a minimum of three peer review committee members.
 2. If the dentist attends the meeting, he or she shall be excused after being given an opportunity to present his or her position. **No deliberations shall take place while the dentist under review is present and the dentist must not be advised of any interim or tentative decisions of the committee.**
 3. The chair must explain how the interview will be conducted to the treating dentist prior to the interview. Give the dentist ample time to state his or her case and ask at the conclusion if he or she has anything further to contribute.
 4. The committee must 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 or her treatment records, ask for clarification or interpretation.

If further complaints have been presented by the patient at the clinical examination, the dentist must be given an opportunity to respond in writing.
 5. Do not discuss any evidence, findings, or conclusions of the case with the dentist during the interview.

6. Staff members of the dentist under review are not permitted to be present during any portion of the meeting. Such staff members, however, may submit written information to the committee.
7. Legal counsel for any party involved in the review is not permitted to be present during any portion of the meeting.
8. No recording or eaves-dropping devices are permitted during any peer review meeting.

Peer Review Committee Meeting

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

1. Thoroughly review the case material again. Each examiner must discuss with the committee his or her clinical examination findings as they were recorded on the clinical examination worksheet. Then address 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 must 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 any member of the committee 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 the committee's findings.
3. Using the notes from the clinical examination worksheets, write a Resolution Addendum (Form #63) that addresses exactly what was seen during the examination and that addresses all treatment in question. The resolution addendum **must** support the 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. Forward the drafted resolution letter, resolution addendum, and clinical examination worksheets to CDA. Additionally, the draft resolution letter and resolution addendum must also be forwarded to peer review staff via e-mail.
6. Once the committee concludes the review, the case must be discussed with no one. The case must only be discussed by the committee members again if there is a question to be answered for CDA. Resolutions returned for clarification must be rewritten by the committee, making necessary corrections or amendments according to the comments provided by the CDA Council on Peer Review. A new letter of resolution must be written and the procedures previously outlined must be followed, unless otherwise notified. Forward the revised resolution letter and addendum to CDA peer review staff via e-mail.

In situations where resolutions are remanded by either the Advisory Panel Subcommittee or a member of the CDA Council on Peer Review or the Appeals Panel to the component or specialty peer review committee, which requires review of **new** evidence provided by the patient, the dentist under review must be given the opportunity to respond.

Use of the Clinical Examination Worksheet

All peer review component and/or specialty committee members must carefully review the complaint (Patient's Request for Review Form (Form #3)) prior to the clinical examination and prepare the clinical examination worksheets.

List your findings for each portion of the complaint and then indicate the appropriate code from the Quality Evaluation Manual, i.e., Romeo, Sierra, Tango or Victor. Detailed notes of the peer review committee's findings must be included in all the clinical examination worksheets.

If a case is appealed, it may be necessary to refer to the clinical examination worksheets several months after the patient examination. If the clinical examination worksheets are incomplete or illegible, they will not be a reliable source of reference.

Send copies of the Clinical Examination Worksheets (minimum three), and the typed Resolution Addendum (Form #63), Resolution Letter (Form #59), to the CDA peer review staff.

If a clinical examination of the patient was not performed, the Clinical Examination Worksheets **must** still be completed to document radiographic and record findings.

Purpose of the Resolution Addendum (Form #63)

The purpose of the Resolution Addendum is to support the committee's decision and to inform the dentist of the actual clinical condition of the treatment in question, as noted during a clinical

examination of the patient and/or records, 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. A Resolution Addendum is included regardless of whether the treatment is acceptable or unacceptable. **THE PATIENT IS NOT COPIED ON THIS ADDENDUM. (ADDENDA MUST NOT BE DISTRIBUTED ON A NON-DETERMINATION CASE.)**

Clinical Examination Worksheets have been provided in the manual for use when examining the patient. A clinical examination worksheet must be completed by each examining dentist and must address each of the patient's complaints, indicating exactly what is being examined, and the clinical condition at time of the examination. A clinical examination worksheet must be completed even if the patient was not examined. These clinical examination worksheets are used to write the final Resolution Addendum (Form #63) that will be mailed to the treating dentist with the Resolution Letter (Form #59). Fact and accuracy are imperative. The Resolution Addendum (Form #63) must support the final determination made by the committee in the Resolution Letter (Form #59).

The Resolution 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, committees' clinical findings, 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 unrelated to the treatment in question, such as results of a full mouth comprehensive 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.

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 examination worksheets (minimum three) must be forwarded to the CDA Council on Peer Review for evaluation, approval, and finalization prior to 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 via e-mail copy to CDA for review and finalization.

- If the review was conducted by a specialty committee, this must 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 Guidelines (Form #62) 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 must provide a complete description of the initiator's concerns, using the verbatim of the initiator.
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 radiographs and study models were reviewed, 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 CDA; therefore, no recommendation is made for a refund or retreatment. In a non-clinical manner, explain to the patient why the dental treatment 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 CDA guidelines but is incomplete, a refund/adjustment may be awarded for the portion of the treatment that was not completed. (See Incomplete Treatment section of this manual.) A thorough explanation of the reason for the partial refund and/or adjustment must accompany the ruling. NOTE: No refunds/adjustments for incomplete treatment must 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.
 - 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 CDA):
 - (1) A refund not to exceed the original fee collected must be proposed in the resolution.
 - (2) If further damage was caused and 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 that 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 CDA within ten (10) working 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 check(s) and the signed Release of All Claims form, peer review staff will record and forward the check(s), to the patient and/or carrier. The carrier's check will be forwarded to reestablish eligibility.
 - c. In the event a committee recommends corrective treatment, the resolution letter must include language specifying the limitations of the corrective treatment. The patient must be advised to submit a written corrective treatment plan and cost estimate to CDA for review and approval within 30 working days from the expiration of the appeal period or the determination of any appeal of the decision. The component or specialty peer review committee and the CDA Council on Peer Review must review and approve all corrective treatment plans and cost estimates prior to informing the parties involved. 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 is not postmarked from the patient within the thirty (30) working day specified time period, and/or if reasonable reason for failing to do so is not provided in writing, the cost of the corrective treatment will be the responsibility of the patient. At the discretion of CDA, an extension for submitting a corrective treatment plan and cost estimate may be granted if deemed appropriate and necessary. (For further instructions please see Form #62 – Corrective Treatment Guidelines.)
6. If the committee recommends a partial refund, the resolution will be screened by the CDA Advisory Panel Subcommittee before authorization for release will be given by the

CDA 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 component or specialty 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 final resolution letters must be sent by CDA peer review staff to the parties involved with a copy of the Appeal Criteria Statement (Form #29). There must 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 in addition to the resolution letter. This attachment is to be sent only to the dentist with his or her copy of the final resolution letter from CDA peer review staff. **A Resolution Addendum (Form #63) is required for all cases that result in a “meets” or “fails to meet” the guidelines determination.**
9. The signature line of the resolution letter must be listed as: Council on Peer Review.

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 grossly inadequate treatment, it may be wise to talk with the dentist. A dentist that is developing a track record of problems may 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 or her patients. However, counseling 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.