

2 DR. SIMMER: Thank you. Commission is
3 pleased to welcome Lawrence Greenberg, participant
4 number 16.

5 DR. GREENBERG: I'm going to keep this brief
6 and simple. I'm a physician and a private
7 practitioner. And I came to testify about the -- the
8 thing I have most familiarity with is the in-hospital
9 peer review system.

10 I'm on staff at about five hospitals, and I
11 see some problems with the peer review system as it
12 exists in the hospitals where I'm on staff.

13 First is that the -- I'm sorry. The first is
14 is that the practitioners whose responsibility it is
15 to report to this system, us and the nurses, really
16 don't have any knowledge or education about the
17 process; and, (A), what should be reported; secondly,
18 how it should be reported, or even what the effect or
19 what's done with that report.

20 The other thing I see is that there is
21 inconsistency from hospital to hospital in terms of
22 the level of concern that a -- that an event is
23 investigated. Some hospitals may totally ignore an
24 event and feel that it's not a problem. Some
25 hospitals may investigate fully and even a physician

1 may get punitive action taken against them because of
2 that event, and it may be the same event in two
3 different hospitals. And there's factors there, there
4 are interpersonal factors in terms of the members who
5 are on the committee, the fact that they're judging
6 their own physicians, in terms of why things get
7 prosecuted, not prosecuted, investigated or not, and
8 there's probably financial, as well, factors that go
9 into that.

10 The other thing, problem I see is that
11 there's no output -- there's very little output for
12 the physician or for the person involved in the peer
13 review process. Either the practitioner gets a letter

14 going over the problem and telling the practitioner
15 what, you know, what should be done in the future,
16 it's not very educational, or there's sanctions, which
17 can affect the practitioner's practice or even
18 privileges at that hospital.

19 My suggestion to you is that there be some
20 consistent education of the nursing staff and
21 physician staff about the peer review process because
22 I don't think -- I have never seen it to exist. There
23 is -- other than the people directly involved in the
24 process, some of which -- some of whom are
25 hospital-hired physicians and nurses, there's no

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1 involvement on the part of practitioners in the
2 community.

3 And also I think that the -- that the peer
4 review process should be removed from the hospital
5 where it occurs at. And my suggest there would be
6 that hospitals of similar size and of similar activity
7 look at other hospitals of similar size and similar
8 activity, peer review material, and judge them
9 dispassionately and in an uninvolved fashion.

10 Those are my -- you know, I don't know a lot
11 about the system, but just doing this for 15 years,
12 that's some of the problems that I see, and it's not
13 all of them. I thank you.

14 DR. SIMMER: Thank you very much. Do we have
15 any questions?