

CODE OF ETHICS / PRINCIPLES OF ETHICAL BEHAVIOR

A Code of Ethics is the set of rules or principles that govern right conduct.

Purpose:

This Code sets forth ethical principles, to be used in and applied to the field of Quality Assurance/Utilization Review, and in an equal manner to the professional conduct of the following:

1. ABQAURP Board and Committee Members,
2. ABQAURP Diplomates, Affiliate Members and Honorary Diplomates, and
3. QA/UR professionals in general.

It is the intent of the organization that this Code of Ethics shall be adopted by all health care professionals performing QA/UR services.

Introduction:

1. Diplomates must understand the distinctions between legal and ethical obligations when making clinical decisions, and should seek counsel when concerned about the potential legal consequences of ethical decisions.
2. Quality of patient care should be the emphasis of any medical review process.
3. To the degree possible, quality assurance and medical review systems should be structured to recognize high quality care and to correct instances of deficient practice.
4. The initial thrust of any quality assurance or medical review activity should be to help the practitioner enhance and apply knowledge, skills, and techniques.

Principle I - Ethical Conduct:

Diplomates shall practice their professions with honesty, integrity, and dedication, and protect the public, ABQAURP, and the professions from unethical, incompetent and illegal acts.

Ethical principles that guide all professionals and their activities include but are not limited to:

1. Nonmaleficence -- the duty to do no harm,
2. Beneficence -- the duty to promote good,
3. Autonomy -- the patients' right of self-determination, and
4. The duty to treat patients fairly.

Principle II - Consent, Confidentiality and Data:

1. Confidentiality involves protection of privileged information.
2. Diplomates shall uphold the doctrine of confidentiality regarding privileged information and related data. In special circumstances confidentiality may be breached when necessary to protect the welfare of the patient or the community. Confidentiality is not absolute and therefore can be overridden to protect others or the public, but done so in such a way as to minimize harm. Diplomates should remember that they are not free to discuss, release or disclose information about a patient outside of the scope of their review.
3. Conflicts between a patient's right of privacy and a third party's need to know should favor the patient's privacy.

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4. Third-party payors that are granted access to patient health care information shall be held responsible for reasonable security measures.
5. Patients generally have the right to know what is in their medical records, but the treating physician, or other health care practitioner, must exercise discretion as defined within professional standards in deciding how, where, when and to whom the information chart should be disclosed.
6. Professionals involved in QA activities are expected to uphold the principle of informed consent. Informed consent includes sufficient content and unbiased information and discussion of probable alternatives or probable outcomes as well as the consequences of refusing treatment.
7. Collection of data, in the process of QA and UR, is generally for the use of these processes and not to be utilized for the benefit of other organizations not associated with these named processes. The sharing or reporting of these data and the interpretation thereof is reserved for systems involved in the standardized QA/UR process and should include standards at the benchmarking levels and the use of audit trails.
8. Plagiarism, which involves incorporating the words of others into one's own works without credit, is unethical.

Principle III - Review of Material:

Diplomates shall not participate in the review of cases in which they are personally involved or from which they may benefit financially based on the outcome of their findings.

Principle IV - Conflict of Interest:

1. Determination of other cases within the activities of ABQAURP shall be made by the Board of Directors in accordance with Section 3 hereof:

"Whenever a Director or committee member has cause to believe that a matter to be voted upon would involve a conflict or possible conflict of interest, said Director or committee member shall announce the conflict of interest and shall abstain from voting on such matter. The question of whether an actual conflict exists shall be decided by a majority vote of the Directors or the committee in which the member having the conflict or potential conflict of interest is serving. Any other Directors or committee members present who have already been disqualified from voting on the issue because of their own similar conflicts of interest shall be excluded from voting on the determination of the existence of any such conflict of interest."

2. There should not be any referral to an outside facility or to health care providers in which the parties have an ownership interest or a compensation relationship or an investment, unless no other resource is available and/or it would represent better quality of care.
3. Diplomates participating in QA activities, when involved in potential conflict of interest activities, shall make public those conflicts of interest. Diplomates should, by way of disclosure form, reveal their interests in a company product, when speaking or writing about the particular company product.

Principle V - Competence, Qualifications and Relationship to Others:

1. Diplomates shall maintain a level of competency through continuing education, as promulgated in ABQAURP Bylaws, and share the knowledge and information with colleagues and with patients, when appropriate.
2. Health care professionals involved in QA/UR have the responsibility to share knowledge with colleagues and patients and have the ethical duty to teach the principles of QA/UR relative to the science and art of health care. All health care professionals must work together to serve the patients' interests.

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3. Reviews:

- a. Peer review should be performed by appropriately credentialed professionals.
 - b. Medical Appropriateness Review must be performed by a physician or under the close supervision of a physician.
4. A physician, qualified in a like area of medicine, must be involved in any decision relative to a third-party payor, to deny or reduce coverage for services based on questions of medical necessity.
 5. Any physician or other health care professional who makes judgments or recommendations regarding the necessity or appropriateness of services or site of services should be licensed in the relevant field, and must be professionally and individually accountable for his or her decisions.

Principle VI - Peer Review:

1. It is unethical to question or disparage the professional competence and/or qualifications of another practitioner without substantial verifiable evidence. It is unethical to refrain from reporting fraud, misconduct or incompetence of another practitioner when one has verifiable knowledge of the same.
2. It is unethical to abuse the peer review process for the purpose of excluding another health care professional from practice or to restrict clinical privileges.

Principle VII - Ethical Issues in Managed Care:

1. Physicians and other health care professionals must primarily advocate the best interest of the patient first.
2. When the care given to a patient is restricted by a plan, the following principles should be applied:
 - a. Guidelines that restrict payment for care should be made at a policy-making level of a managed care organization (and not at the bedside by the health care professional) and appropriate written medical management policies and procedures addressing such issues should be in place.
 - b. Allocation guidelines, made within the managed care plan, shall have knowledgeable health care professionals participating in the development and review.
 - c. Adequate mechanisms of appeals, for both the health care professional and the patient, should be in place to address disputes regarding health care.
 - d. Any financial arrangements that may tend to limit the services offered to patients, or contractual provisions that may restrict referral or treatment options, should be fully disclosed to prospective enrollees by plans utilizing such arrangements.

Principle VIII - Impaired Professional:

Patient care must never be compromised by a diminished level of competency of the health care professional or because the health care professional's judgment or skill is impaired. The impaired health care professional must refrain from activities that may result in harm to the patient or to the general public, and policies should be in place to adjudicate any case if the impaired professional does not refrain from such activities.

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Principle IX - Review Criteria:

1. The medical protocol and review criteria used in any third-party payor medical review program must be developed by physicians and/or relevant health care professionals.
2. The criteria upon which quality of care is assessed, and the quality assessment methodology itself, must be continuously reviewed and revised under the direction of the physician using them to reflect increased scientific knowledge, improved technologies, availability of resources, and other developments relating to the demand for and provision of health care.
3. On request, third-party payors should be required to disclose to health care professionals the screening and review criteria, weighting elements, and computer algorithms utilized in the review process, and how they were developed.
4. Any errors that are identified in any review process should be corrected by appropriate and accepted means.

Principle X - General:

1. Diplomates shall not knowingly be involved in any false, fraudulent, or deceptive activity. Such activity extends to dishonesty involving expenses incurred while on official business of the organization. The reporting of travel, lodging and all other expenses related to the delegated activities of the organization shall be reported truthfully, and it shall be considered unethical to report and charge for payment any expenses not related to services provided to the organization.
2. Deceptive activity also extends to willfully misrepresenting the organization.

References:

1. AMA, Department of Medical Review, "Principles of Managed Care"
2. American College of Physician Ethics Manual, 1992
3. JAMA, "Principles for Making Difficult Decisions in Difficult Times", June 1994
4. ACPE, "The Higher Ground, Biomedical Ethics and the Physician Executive", 1991
5. AMA, "Principles of Medical Review"
6. President's Commission for the Study of Ethical Problems in Medicine and Biomedical and Behavioral Research, "Deciding to Forego Life-Sustaining Treatment: A Report on the Ethical, Medical and Legal Issues in Treatment Decisions", Washington, D.C.: Government Printing Office, 1987
7. AMA, Council on Ethical and Judicial Affairs, "Ethical Issues in Managed Care", JAMA, January 25, 1995;273(4):330D335
8. Robbins D.A., PhD, MPH, "Integrating Managed Care and Ethics" and "Managed Care on Trial" - © 1998, The McGraw Hill Companies

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