



The Quality Improvement Act (QIA) Frequently Asked Questions

What is “Peer Review”

- The health care system relies on robust quality improvement activities and a strong regulatory system to improve patient safety and advance the quality of health care in Wisconsin.
- “Peer Review” means the review, study and evaluation of health care providers and services to improve quality and avoid improper utilization. Active and open participation in peer review is encouraged through strict confidentiality of the investigations, evaluations and conclusions, including protection from use in a civil action against a provider.

Why Do We Need the QIA

- Enacted in the 1970’s, Wisconsin’s peer review laws do not recognize the significant and positive evolution of health care delivery and the quality improvement movement. *It’s time for a tune up!*
- Wisconsin providers are national leaders in delivering health care through coordination and collaboration. We are moving away from the inefficient “silos” of stand-alone physicians, clinics and hospitals. Wisconsin is a national leader in creation of regionally integrated systems of care, where providers are “on the same page”, collaborating, sharing information and aligning to deliver care efficiently to produce superior outcomes.
- *Our antiquated peer review statute hampers this efficient and coordinated approach to delivering care and has a chilling effect on collaboration and information sharing necessary to improve quality, minimize errors and produce superior outcomes.*

Enacting the QIA will ...

- Help create jobs. The QIA will enable more cost-efficient and effective medical care – meaning a healthier workforce and more value for employers’ health care dollars. Moderating the health care component of labor costs will enhance Wisconsin’s competitiveness and provide an economic development selling point.
- Encourage collaboration. The QIA will encourage health care providers, networks, and systems to share quality improvement information and analyses. Through this collaboration, providers can work to determine best practices, improving the quality and efficiency of health care services.
- Encourage transparency and public reporting. Actual data that providers publicly report would of course not be confidential under the QIA. Health care providers would be encouraged to report the data that becomes public because the underlying information used to produce a public report would be confidential and its use protected.
- Encourage cooperation with regulators. Wisconsin’s health care regulatory system is dependent on providers openly talking to regulatory investigators. In order to preserve the oversight capabilities of the regulatory agencies, the QIA would ensure that the agencies’ interviews and reports could not be used in criminal and civil proceedings.
- Encourage consistency. The QIA would make the definition of patient abuse and neglect in the criminal statute consistent with the Department of Health Services’ definition used for regulatory oversight, meaning that acts by a health care provider that are not “abuse” or “neglect” for purposes of regulatory oversight also would not be “abuse” or “neglect” for purposes of a criminal charge.
- Rescue providers from Wisconsin’s peer review island. While Wisconsin is a national leader in health care delivery and integration, our providers have been forced to work in an environment that is lost in time; a “peer review island” compared to our neighboring states. For example, Minnesota’s statute has enabled an innovative public reporting system that not only focuses on “adverse events,” but also allows the state and providers to share information in order to prevent adverse events in the future.