



How Do the New York and Patient Safety Act Privilege Protections Affect MSP Responsibilities?

Summary of New York Peer Review Statutes

- New York Public Education Law Section 6527(3)
 - The proceedings and records relating to the performance of a medical or quality assurance review function or participation in a medical and dental malpractice prevention program as well as any reports required by the New York Department of Health, including the investigation of an incidence, shall not be subject to disclosure
 - No person in attendance at a meeting when a medical or quality assurance review or a medical and dental malpractice prevention program or an incidence reporting function was performed, including the investigation of a reported incidence, shall be required to testify as to what transpired.

Summary of New York Peer Review Statutes

- The prohibition relating to discovery of testimony shall not apply to the statements made by any person in attendance at such a meeting who is a party to an action or proceeding the subject matter of which was reviewed at such meeting
- The privileged protections apply to individuals who serve as a member of:
 - A committee established to administer the utilization review plan of a hospital
 - A committee having the responsibility of an incident which must be reported to the state pursuant to state law

Summary of New York Peer Review Statutes

- Any medical review committee or subcommittee of a local, county or state medical, dental, podiatry or optometrical society performing a medical or quality assurance review function including the investigation of a incident reportable to the state or involving any controversy or dispute between and physician, dentist, podiatrist or optometrist or hospital administrator and a patient concerning the diagnosis, treatment or care of such patient or the fees or charges therefore
- A committee appointed under New York law to participate in the medical and dental malpractice prevention program
- An individual who participated in the preparation of incident reports required by the state

Summary of New York Peer Review Statutes

- A committee established to administer a utilization review plan, or a committee having responsibility for evaluation and improvement of the quality of care rendered in an HMO including a committee of an individual practice association (“IPA”) or medical group acting pursuant to contract with an HMO
- Public Health Law Section 2801(1)
 - “Hospital” means a facility or institution engaged principally in providing services by or under the supervision of a physician, dentist or midwife for the prevention, diagnosis or treatment of human disease, pain, injury, deformity or a physical condition including but not limited to:

Summary of New York Peer Review Statutes

- A general hospital
 - Public health center
 - Diagnostic center
 - Treatment center
 - Dental clinic
 - Dental dispensary
 - Rehabilitation center other than a facility used solely for a vocational rehabilitation
 - Nursing home
 - Tuberculosis hospital
 - Midwifery birth center
 - Lying-in-asylum
 - Out-patient department
 - Out-patient lodge
 - Dispensary
 - Residential health care facility
 - Laboratory
-

Summary of New York Peer Review Statutes

- Public Health Law Section 2805-m
 - None of the records, documentation or committee actions or records nor any incident report and requirements imposed upon diagnostic and treatment centers shall be subject to disclosure
 - No person in attendance at a meeting then such committee shall be required to testify as to what transpired
 - This prohibition shall not apply to statements made by any person in attendance at such meeting who is a party to an action or proceeding the subject matter which was reviewed at such meeting
 - Such protections apply as part of a hospital's obligation to "maintain a coordinated program for the identification and prevention of medical, dental and podiatric malpractice" which include the following:

Summary of New York Peer Review Statutes

- The establishment of a quality assurance committee with responsibility to review the services rendered in the hospital in order to improve the quality of health care and prevent malpractice
- Medical, dental and podiatric staff privileges sanction procedures to which the credentials, physical and mental capacity incompetence in delivering healthcare services are periodically reviewed and is warranted
- The periodic review warranted in specific instances and circumstances of the credentials, physical and mental capacity and competence of all persons who are employed or associated with the hospital
- A procedure for prompt resolution of the patient grievances relating to accidents, injuries of treatment

Summary of New York Peer Review Statutes

- The maintenance and continuous collection of information concerning the hospital's experience with negative healthcare outcomes and incidents and injuries to patients
- The maintenance of relevant and appropriate information gathered concerning individual practitioners within the practitioner's personnel or credentials file maintained by the hospital
- Education programs dealing with patient safety, injury prevention, staff responsibility to report professional misconduct or the legal aspects of patient care
- Continuing education program
- Policies to ensure compliance with the reporting requirements

Patient Safety and Quality Improvement Act (PSQIA) /aka/ Patient Safety Act

- Focuses on creating a system where health care providers can share information related to patient safety events with a PSO
- The Statute attaches privilege and confidentiality protections to this information without fear of discovery and creates PSOs to receive this protected information and analyze patient safety events.
- These protections will enable all health care systems to share data within a protected legal environment, both within and across states, without the threat that the information will be used against the providers.
- Protections apply in all state and federal proceedings.

Patient Safety Organizations (PSOs)

- PSOs offer healthcare providers a protected environment to share and analyze patient safety and quality information
- Participating providers are granted confidentiality and privilege protections to encourage transparency in addressing patient safety concerns and improving quality of care
- These federal legal protections were established by the Patient Safety and Quality Improvement Act (PSQIA) of 2005, often referred to as the Patient Safety Act
- PSOs are certified by the Agency for Healthcare Research and Quality (AHRQ)

Patient Safety Work Product (PSWP)

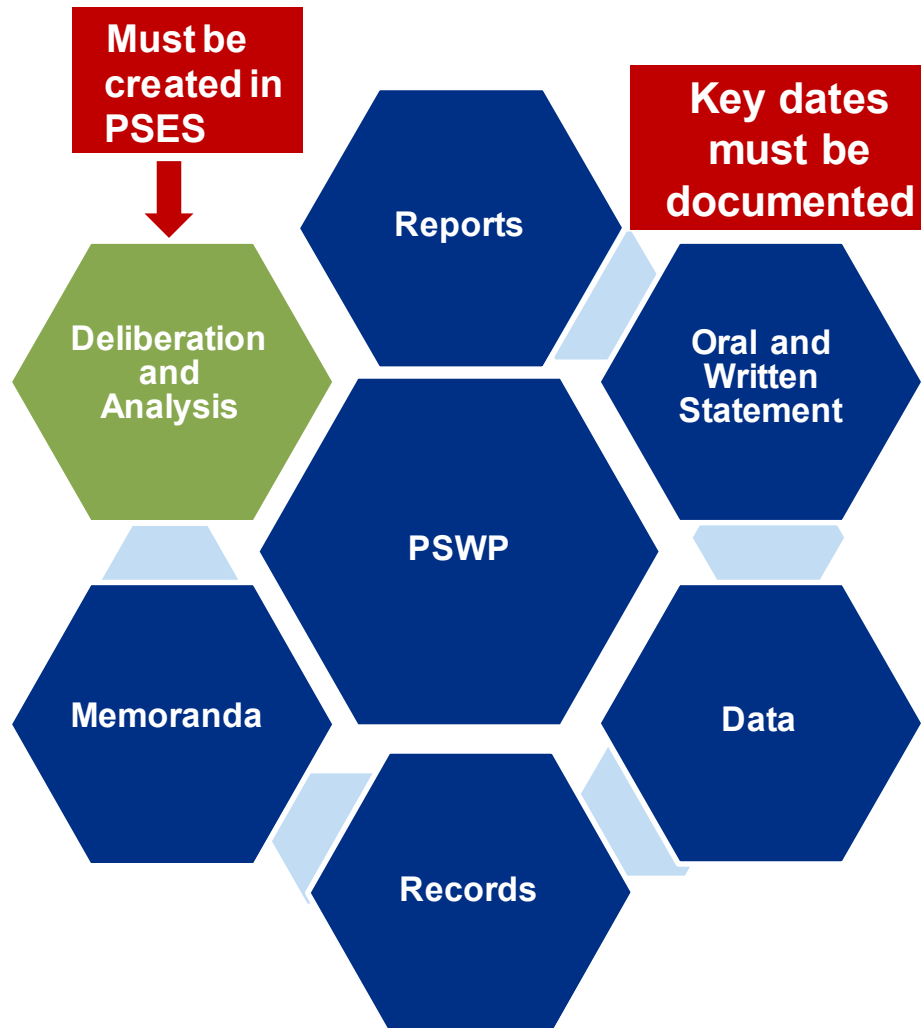
Patient Safety Work Product (PSWP)

- Any data, reports, records, memoranda, analyses (such as Root Cause Analyses (RCA)), or written or oral statements (or copies of any of this material) which could improve patient safety, health care quality, or health care outcomes;

And that:

- Are assembled or developed by a provider for reporting to a PSO and are reported to a Patient Safety Organization (PSO), which includes information that is documented as within a patient safety evaluation system (PSES) for reporting to a PSO, and such documentation includes the date the information entered the PSES; or
- Are developed by a PSO for the conduct of patient safety activities; or
- Which identify or constitute the deliberations or analysis of, or identify the fact of reporting pursuant to, a PSES.

What is Patient Safety Work Product (PSWP)?



Requirements

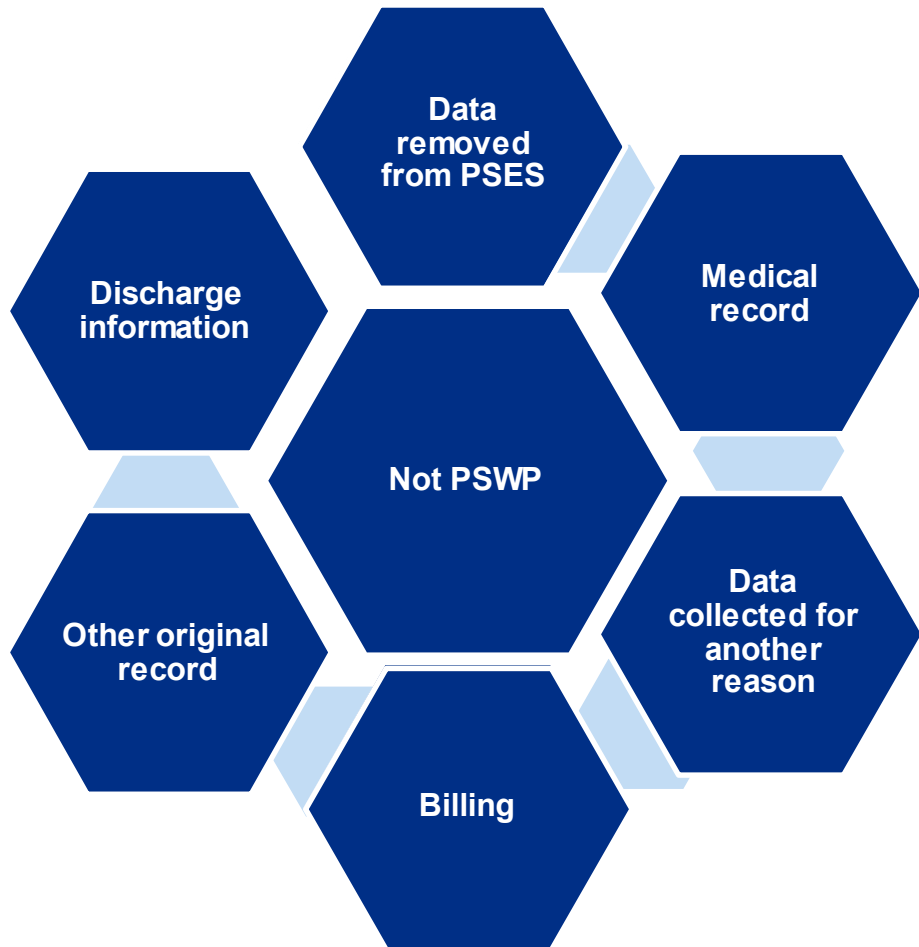
Data which could improve patient safety, health care quality, or health care outcomes

- Data assembled or developed by a provider for reporting to a PSO and are reported to a PSO

Analysis and deliberations conducted within a PSES

- Data developed by a PSO to conduct patient safety activities

What Is Not PSWP?



Information collected, maintained, or developed separately, or exists separately, from a patient safety evaluation system

- Data removed from a patient safety evaluation system

Data collected for another reason

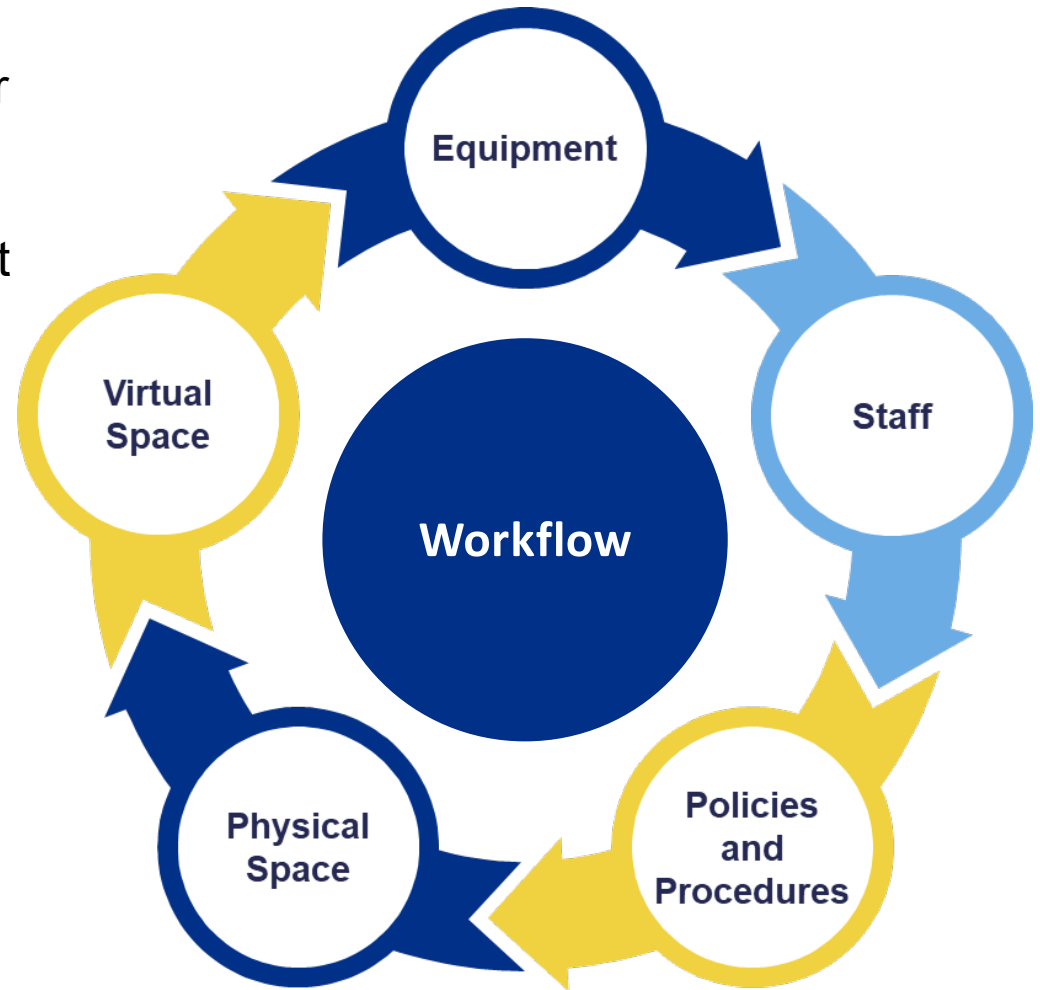
Mandated reports

Patient Safety Activities

- Patient safety activities mean the following activities carried out by or on behalf of a PSO or a provider:
 - Analyzing and deliberating on near misses or bad outcomes to prevent future events
 - Efforts to improve patient safety and the quality of health care delivery.
 - The collection and analysis of patient safety work product.
 - The development and dissemination of information with respect to improving patient safety, such as recommendations, protocols, or information regarding best practices.
 - The utilization of patient safety work product for the purposes of encouraging a culture of safety and of providing feedback and assistance to effectively minimize patient risk.
 - The maintenance of procedures to preserve confidentiality with respect to patient safety work product.

Patient Safety Evaluation System (PSES)

- The collection, management, or analysis of information for reporting to or by a PSO. A provider's PSES is an important determinant of what can, and cannot, become patient safety work product.



Example PSES Patient Safety Activities

- What types of information can be considered for inclusion in the PSES for collection and actual or functional reporting to the PSO or treated as deliberations or analysis if used to promote patient safety and quality and treated as PSWP?
 - Medical error or proactive risk assessments, root cause analysis
 - Risk Management — Not all activities will qualify such as claims and litigation management, but incident reports, investigation notes, interview notes, RCA notes, etc., tied to activities within the PSES can be protected
 - Outcome/Quality—may be practitioner specific
 - Peer review
 - Relevant portions of Committee minutes for activities included in the PSES relating to improving patient quality and reducing risks
 - Deliberations or analysis
 - Incident/adverse event reports

Example PSES

- Deliberations or analyses are any activities carried out or information used for the purpose quality and patient safety improvement, but are not directly reported to, or generated by the PSO including but not limited to:
 - Quality improvement and patient safety activities, communication, and/or information reported, developed, or captured directly or in minutes by individuals or committees including but not limited to:
 - Notes including but not limited to chart reviews and interviews
 - Data analyses reports and communication
 - Documents reflecting insights and action plans
 - Root Cause Analyses (RCAs)
 - Outcome reports
 - Research related to quality improvement and safety
 - Data collected and reported to third-party organizations **Example** has partnered with as reflected in **Example's** Quality Assessment and Performance Improvement (QAPI) Plan
 - Quality dashboards
 - Patient Safety dashboards
 - Voluntary reporting of adverse events
 - Social determinants of health and health equity activities
 - Failure Mode Effects Analyses (FMEAs)
 - Risk Management activities
 - Patient Experience activities
 - Written statements by providers involved in patient care

Example PSES

- Data and documents that support quality improvement and patient safety activities that are created, derived from, and/or obtained during or for the above activities.
- The development and implementation of committees and programs to address quality and patient safety improvement at both department and hospital-wide levels. These committees and programs include but are not limited to:
 - Medical Committee of the Board of Trustees
 - **Example** Quality Council
 - Medical Executive Committee
 - Network Performance Group
 - **Example** Center for Performance Improvement
 - **Example** Health System Quality Collaborative
 - **Example** Peer Review Board
 - Bioethics Committee
 - Patient Safety Committee
 - Antibiotic Stewardship and Infection Control Committee
 - **Example** Medical Group Quality Improvement and Informatics
 - Enterprise Data and Information Management and Business Intelligence
 - Centers for Excellence Quality Improvement
 - Nursing magnet
 - Stroke Center
 - Solid Organ Transplant Quality Committee
 - Medication Safety Committee

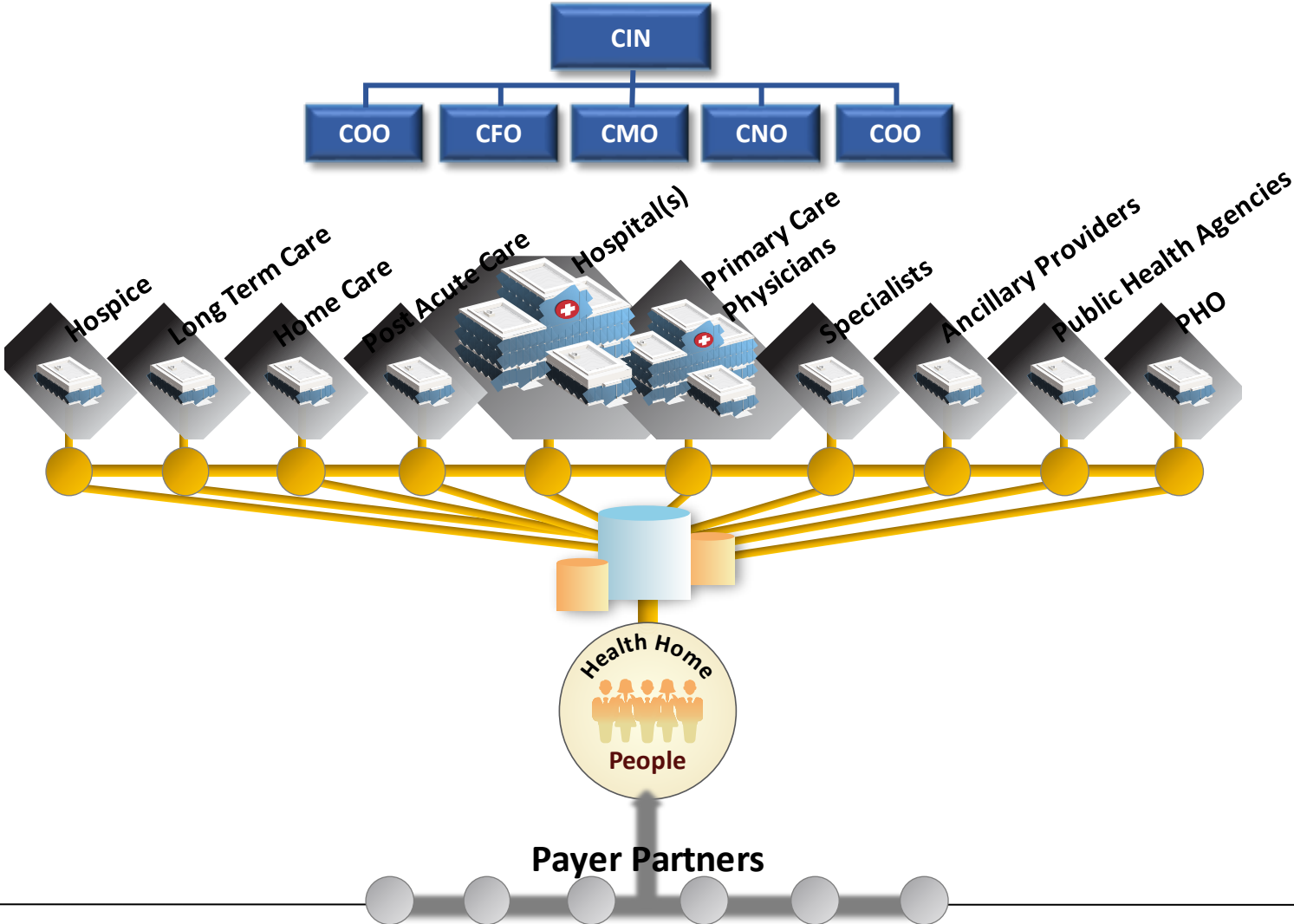
Example PSES

- Serious Safety Event (SSE) / Never Event (NE) Committee
 - Serious Adverse Event Review Committee
 - Division Councils
 - Organ Donor Council
 - Morbidity and Mortality Committees
 - Resident Clinical Review
 - Interdisciplinary Review Committee
- Any committee not listed but included in **Example's** QAPI Plan is incorporated by reference herein.

Reporting Pathway

- Reporting includes any information or document entered, submitted or uploaded by **Example** PSO including but not limited to:
 - Adverse Event Documents
 - Midas Data
 - Interview Summary Sheets
 - AEI Review Documents
 - Investigation Decisions
 - Comments
- All data on the **Example** PSO platforms generated by or for **Example** are PSWP.

Complete view of an operational CIN



Hypothetical

- You get a call from the Health System CMO, Dr. Susan Carealot, who also Chairs the Health System's Quality and Credentials Committee. She informs the RM and GC, that the Health System's administrative offices have received a subpoena from a medical malpractice attorney for all and Health System records and documents pertaining to the review of care provided to a Ms. Hada Bad-Outcome. Ms. Hada Bad-Outcome's family is suing the providers involved in her care for malpractice and negligent credentialing. All of her providers are Health System participants, including a PCP employed by Health System Physician Group, a cardiac surgeon who is a member of the hospital's medical staff and of a participating independent physician group of six (6) surgeons, a Health System hospital, and an affiliated skilled nursing facility.

Hypothetical (cont'd)

- Dr. Carealot tells you that Ms. Hada Bad-Outcome is a 65 year old CEO of a large, closely-held family company, who has 4 minor children and a stay-at-home husband, who experienced severe complications after her hypertension went undiagnosed by a Health System PCP. Ms. Bad-Outcome had seen the PCP because she was experiencing severe headaches, anxiety and nosebleeds. He believed she was stressed and dehydrated from travel, and prescribed zoloft and regular exercise. Two weeks later she experienced a heart attack, and after a CABG procedure performed by the independent surgeon, developed post-surgical complications, and had a stroke. During her subsequent rehabilitation at a SNF, a medication error caused her to have another stroke, and she is now in a permanent vegetative state.

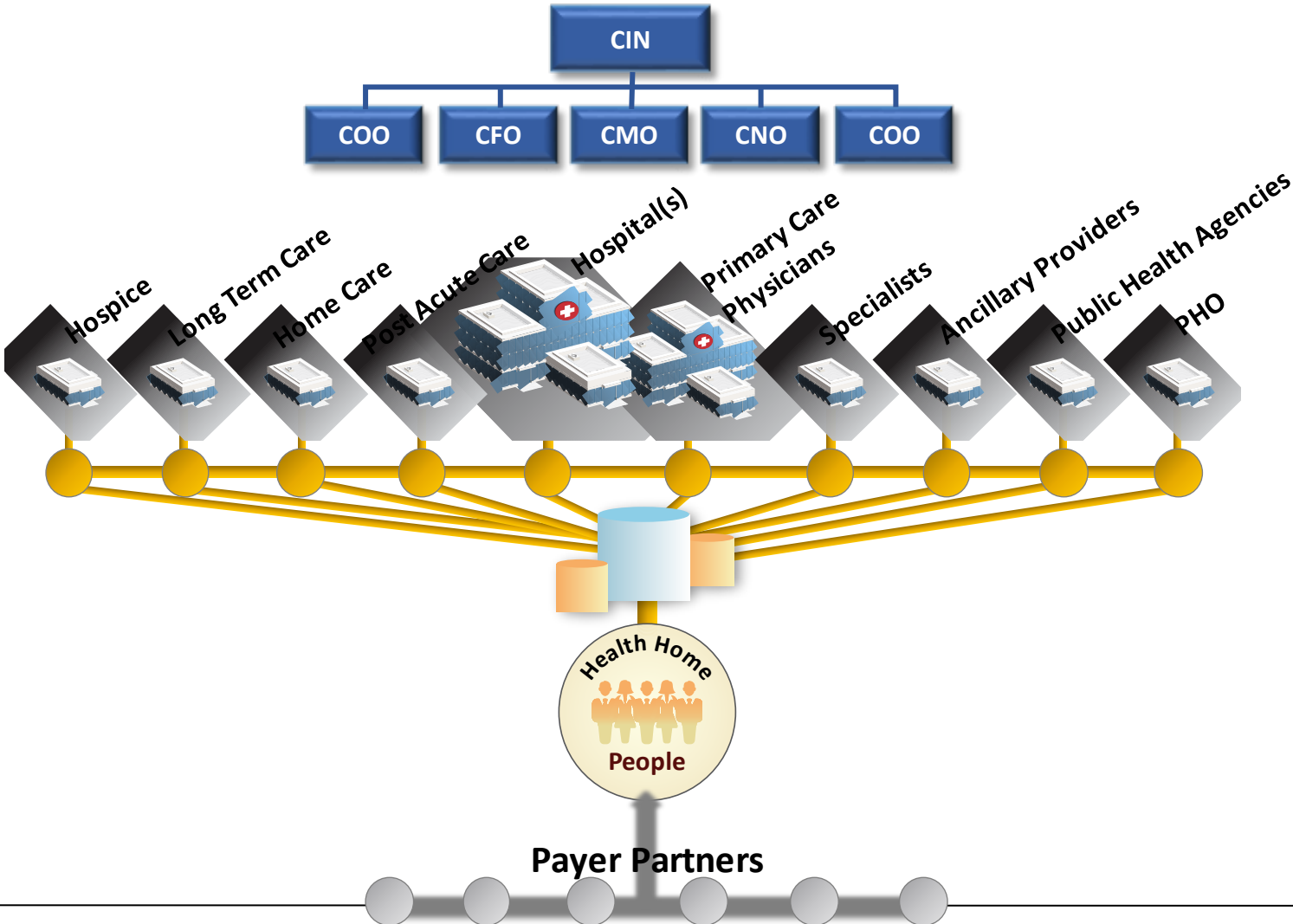
Hypothetical (cont'd)

- Dr. Carealot provides you copies of the applicable peer review policies of the Health System, and the credentialing and quality review procedures of the Hospital, physician group, and the SNF, and asks you to analyze whether the medical records and peer review materials reviewed and produced the Health System facilities are privileged from discovery under Michigan state law and/or the Patient Safety Act. She does not want to release the records because after reviewing the case, the Health System's Quality and Credentials Committee determined that the PCP, who had a history of noncompliance with care protocols and poor quality scores, had not followed standard procedures for assessing the patient for hypertension.

Hypothetical (cont'd)

- She also tells you that the cardiac surgeon had a history of similar post-surgical complications, and that based on this data, they decided he should be terminated from participation in the System's ACO and managed care programs. Finally the SNF is under an accreditation watch status with The Joint Commission due to several patient complaints of substandard care.

Complete view of an operational CIN



Analysis of New York Peer Review Statutes

- Analysis
 - Does statute arguably protect requested records?
 - Medical records — No
 - Bylaws, policies and procedures — No
 - What about the peer review, quality, adverse event and related information created by the various provider entities?
 - Does Health System Quality and Credentials Committee qualify as a peer review committee? — If the Health System qualifies as a "hospital" engaged principally in providing healthcare services and if it complies with state requirements then Yes. But if it is not a provider but is only a corporate parent then No.
 - Is the Hospital and SNF covered? — Yes, but does the SNF have the appropriate committee structure?

Analysis of New York Peer Review Statutes (cont'd)

- Is the Hospital's employed/managed physician group covered? — Yes, if considered part of the Hospital or if the group established a committee to evaluate the improvement of the quality of care rendered in an HMO or a committee of an IPA under contract with an HMO and the patient is an HMO patient.
- Is the independent surgeon or surgical group covered? — No unless it establishes the committee standard above.
- Can privileged information be shared across the Health System without waiving the privilege? — Probably
 - New York laws are silent on the issue of waiver
 - Arguably, privileged information can be shared within the System.
- Does the state privilege apply in federal proceedings? — No

Patient Safety Act Analysis

- Analysis
 - Do the privilege protections apply to the requested documents?
 - Medical records — No
 - PSES policies and procedures — No
 - Records that must be reported to a state or federal governmental entity? — No
 - Committee reports, analysis, etc.
 - Yes, if collected and identified in a system-wide PSES or in the PSES of a provider which has collected the PSWP for reporting to a PSO and is reported or if it constitutes deliberation or analysis

Patient Safety Act Analysis (cont'd)

- Are all Health System entities covered? — Yes
 - All licensed providers facilities including the Hospital, employed physician group and the SNF and the physicians are covered if participating in a PSO with appropriate system-wide or individual PSES policies
 - Health System parent corporation is not covered unless it is a licensed provider and/or it owns, controls or manages licensed providers or has veto authority over decision making
 - If not, patient safety and peer review activities must be conducted in a licensed facility.
 - Are peer review activities outside of or separate from a duly appointed committee covered? — Yes if described and included in their PSES policy

Patient Safety Act Analysis (cont'd)

- What about the independent physician group — Yes but must have an agreement with a PSO and have a PSES policy and otherwise comply with the Patient Safety Act
- Can PSWP be shared?
 - Identifiable PSWP can be shared by and between all affiliated providers but not the independent physician group
 - Physicians and other licensed professionals need to authorize, in writing, the sharing of identifiable PSWP
- Can protections be waived?
 - There are disclosure exceptions but privilege protections are never waivable
 - Do protections apply in all state and federal proceedings? Yes

Expanding Protections for Quality and Peer Review Activities

- NYS law protects certain quality activities that allow teams to review incidents that impact patient, staff and visitor safety, encourages learning from mistakes and promote projects that improve outcomes
- The decision in *Siegel v. Snyder* eroded the protections provided to hospital quality assurance and peer review practices under the New York State Public Health and Education Laws
- Concern that statements made will be used in a legal action is a barrier to candid peer review and investigation of patient safety events
- As a participant of Pascal Metrics PSO, **Example** is also entitled to the confidentiality and privilege protections afforded through the PSQIA
- By layering the federal protections on top of the state protections, **Example** can maximize its defenses against discovery and seek to restore confidence in peer review and patient safety efforts

Pushing Back NY Quality Qualified Privilege Protections

Siegel v. Snyder – NY Appellate Court (2nd Dept Dec. 21, 2021)

- Patient with head trauma, **admitted** through ED and expired (2015)
- Lawsuit filed by decedent's estate in 2016
- Court compelled disclosure of peer review minutes
- The minutes referenced statements made by “committee members” without attributing the specific individuals who made such statements – and a physician that later became a defendant attended the meeting - the court ordered the entirety of the minutes to be discoverable under the “party statement” exception.
- Court held that the burden of demonstrating “privilege” is on the hospital that asserted it. Since the hospital *could not demonstrate the physician defendant did not make a statement reflected in the minutes*, the minutes were deemed to be discoverable as a party statement and the court ordered the entirety of the minutes to be provided to the plaintiff.

Comparison of the New York Statutes to the Patient Safety Act

- Patient Safety Act
 - The confidentiality and privilege protections afforded under the PSA generally apply to reports, minutes, analyses, data, discussions, recommendations, etc., that relate to patient safety and quality if generated or managed, or analyzed within the PSES and collected for reporting to a PSO or treated as D or A
 - Protections are not limited to duty appointed committees of qualifying review entities
 - The scope of what patient safety activities can be protected, generally speaking, is broader than the activities and documents privileged under the New York statutes
 - The scope of what entities can seek protection are very similar
 - The protections under the PSA apply in both state and, for the first time, federal proceedings. The New York only apply in state proceedings and state claims in federal courts

Comparison of the New York Statutes to the Patient Safety Act

- Patient Safety Act, cont'd
- The protections can never be waived under the PSA and probably not under the New York statutes.
- PSA preempts less protective state law.
- PSWP can be shared among affiliated providers but whether information can be shared under New York law is not quite as clear.
- Key to these protections under both laws is the design of the provider's bylaws and policies and its patient safety evaluation system ("PSES").

Patient Safety Act Privilege and Confidentiality Protections Prevail Over State Law Protections

State Peer Review

- Limited in scope of covered activities and in scope of covered entities
- State law protections not apply to federal claims
- State laws usually do not protect information when shared outside the institution – considered waived
- Does not apply to participants outside of the state
- Does not apply to statements made by persons involved in a lawsuit

Patient Safety Act

- Consistent national standard
- Applies in all state and federal proceedings
- Scope of covered activities and providers is broader
- Protections can never be waived
- PSWP can be more freely shared throughout a healthcare system
- PSES can include non-provider corporate parent
- Protections not limited to peer review committee activity

Working with a PSO must be implemented in a way that facilitates a Just Learning Environment while taking advantage of privilege and confidentiality protections.

Use and Disclosure of PSWP

- Remember the distinction between a “use” and a “disclosure”
 - PSWP can be used/shared for all internal purposes consistent with PSES and confidentiality requirements
 - An example of a permitted use is sharing PSWP with attorneys and accountants
 - PSWP, however, also can be used “outside of the PSES” but you should be able to document why such use is necessary in order to fulfill a business or related purpose
 - A “disclosure” is sharing PSWP to an unrelated third party which meets one of the permissible disclosure exceptions, i.e.:
 - Independent contractors
 - Accrediting bodies
 - Affiliated entities
 - From one PSO to another PSO

Use and Disclosure of PSWP

- Important considerations
 - PSWP which is disclosed under one or more of the permissible disclosure does not waive the privilege
 - PSWP is not subject to discovery or admissibility into evidence by any party. At some point therefore, hospitals cannot disclose PSWP when defending against a state (breach of contract) or federal (discrimination) claim
 - Other privileges which could be available include attorney-client work product and communications, and the insured/insurer privilege are still available

Regulatory Reporting and Surveys: What is protected what is not

- Obligation to reports to the state or federal government and agencies, i.e., never events, adverse events, remains
 - The actual (original) report document (i.e. NYSNYPORT RCA form) should not be prepared as part of the PSES, nor reported to its PSO
 - A *copy* of the form reported per state or federal law, may resided in the PSES deliberative files or reported to the PSO (for **Example**, uploading a copy of the document submitted to the State/Feds, into RTM)
 - But, all the *information gathered and documents used to create the reporting document* may be collected within the PSES processes- and hence can be PSWP.
- Regulators or JC, or CMS may obtain the resulting action plan which is generated as part of the RCA document and are permitted to seek proof of compliance.

Use of PSWP for HR and Risk Management Purposes

- Remember the distinction between a “use” and a “disclosure”
 - PSWP can be used/shared for all internal purposes consistent with PSES and confidentiality requirements
 - An example of a permitted use is sharing PSWP with attorneys and accountants
 - PSWP, however, also can be used “outside of the PSES” but you should be able to document why such use is necessary in order to fulfill a business or related purpose
 - A “disclosure” is sharing PSWP to an unrelated third party which meets one of the permissible disclosure exceptions, i.e.:
 - Independent contractors
 - Accrediting bodies
 - Affiliated entities
 - From one PSO to another PSO

Use of PSWP for HR and Risk Management Purposes

- PSWP which is disclosed under one or more of the permissible disclosure exceptions remains PSWP—the privilege is not waived
- Sharing PSWP with HR and risk management is considered a use and not a disclosure
- Important considerations
 - Must be able to establish that any PSWP which is shared with HR and/or risk management was developed for the purpose of improving patient care and not for employment or claims and litigation management purposes
 - Does HR and risk management really need access to PSWP whether identifiable or non-identifiable?
 - PSWP should not be placed in the employees HR File because
 - Employees are legally entitled to access all file materials

Use of PSWP for HR and Risk Management Purposes

- PSWP is not subject to discovery or admissibility into evidence by any party. At some point therefore, hospitals cannot disclose PSWP when defending against a state (breach of contract) or federal (discrimination) claim
- HR needs to create its own non-privileged investigation record, notes, interviews, etc., which are then placed in the HR file and can be used in the event of litigation
- Risk management also can access PSWP but like HR, must create its own forms, reports, etc., for claims and litigation management which generally are discoverable
- For this other information, other privileges which could be available include attorney-client work product and communications, and the insured/insurer privilege

PSWP Questions and Answers

- What should be included or referenced in minutes/documentation in order to access the privilege?
 - Make sure the committees or activities producing the minutes are reflected in the PSES
 - Determine whether the minutes/reports are going to be actually reported to the PSO and are reported with the date on which they are reported or are being treated as deliberations or analysis – clarify which method is being utilized for the information in the PSES
 - The language “Privileged and Confidential under the Patient Safety and Quality Improvement Act of 2005 [and the _____ Act]” for those portions of the minutes you are treating as privileged
 - Some hospitals have an email system which includes this or similar language of privileged emails

PSWP Questions and Answers

- Remember, it is not fatal if this language is not inserted. It is more important that the minutes be identified in the PSES
- Who can review PSWP minutes/documentation?
 - Workforce members who have been identified by the provider – these are the individuals who prepare or need to access PSWP as part of their job responsibilities
- What PSWP can be shared from the Peer Review process and who can see it?
 - Workforce members
 - Hospital identifiable PSWP can be shared with affiliated entities, including the parent corporation and their workforce members, who are members of the PSO and are in a single system PSES

PSWP Questions and Answers

- PSWP can be shared/disclosed if utilizing a permissible disclosure exception, i.e. attorneys, accountants, business associates, accreditation bodies, etc. (See Section 3.206 of the Final Rule)
- Is any report, analysis, study, etc., prepared by a PSO considered PSWP?
 - Yes
- If CMS or other government agency demands PSWP, must it be turned over to them?
 - No – HHS in its May, 2016 Guidance for Patient Safety Rule stated that government agencies cannot require providers to turn over PSWP, but must otherwise demonstrate compliance

PSWP Questions and Answers

- Sharing physician identifiable PSWP generated within a hospital is considered a use and not a disclosure and therefore can be shared with the hospital's workforce members
- In order to share physician identifiable PSWP generated in the hospital with outside entities, including affiliated providers, the physician must sign a written authorization permitting the disclosure of this information
 - Authorization can be included in a separate form or in the appointment/reappointment application, or an employment agreement.



Questions & Answers

Firm Bio



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A nationally recognized advisor to health care providers across the country, Michael Callahan provides deeply informed business and legal counseling in all areas of hospital-physician relations and health care regulatory compliance and governmental investigations, including the Emergency Medical Treatment and Active Labor Act (EMTALA), the Health Insurance Portability and Accountability Act (HIPAA), Medicare Conditions of Participation (CoPs), hospital licensure and accreditation standards. He is widely respected for his leading work on the Patient Safety Act from a regulatory compliance, policy and litigation standpoint, including the development of patient safety organizations (PSOs).

The knowledge to identify efficient and practical solutions

Health systems, hospitals and physician groups large and small across the country come to Michael for practical, real-world guidance and answers to challenging legal and operational issues, which he can provide quickly because of his many years of experience. He understands the reality of hospital quality, peer review, risk management and related operational legal and regulatory complexities and can rely on a large client base in order to provide better and comparative solutions.

He also is sought out by many of the largest health systems around the country for his understanding and interpretation of the Patient Safety Act. In a case of first impression, he advised a national pharmacy that became the first provider to successfully assert an evidentiary privilege under the Patient Safety Act. Since that case, he has represented or advised many hospitals, physician groups and other licensed providers in creating or contracting with federally certified PSOs and has been directly involved in most of the major state appellate and federal court decisions interpreting the Patient Safety Act.



Community Involvements

- American Bar Association
- American Health Law Association (AHLA), Fellows Coordinating Council, former Chair of the Medical Staff, Credentialing and Peer Review Practice Group
- DePaul College of Law, Mary and Michael Jaharis Health Law Institute Advisory Board
- Illinois Association of Healthcare Attorneys
- Illinois Association Medical Staff Services
- Massachusetts Association of Medical Staff Services
- National Association Medical Staff Services, former Public Member, Board of Directors
- New York State Association for Medical Staff Services
- Northlight Theatre, former President and Member, Board of Directors
- National Practitioner Data Bank, former Member, Executive Committee



Recognitions

Recognized or listed in the following:

- American Health Lawyers Association
 - Fellow, 2019
- AV Preeminent Peer Review Rating by LexisNexis Martindale-Hubbell
- *Best Lawyers in America*
 - Health Care Law, 1991–2024
- *Chambers USA*
 - Healthcare, 2005–2023
- Illinois Association Medical Staff Services
 - Leadership Award, 1995
- LAF Katten José de Diego Legal Clinic
 - Volunteer of the Year, 2017
- Massachusetts Association of Medical Staff Services
 - Honorary Lifetime Member
- National Association Medical Staff Services
 - ICON Award, 2020
- New York State Association for Medical Staff Services
 - Honorary Lifetime Member
- *Super Lawyers*
 - Illinois, 2005–2020

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