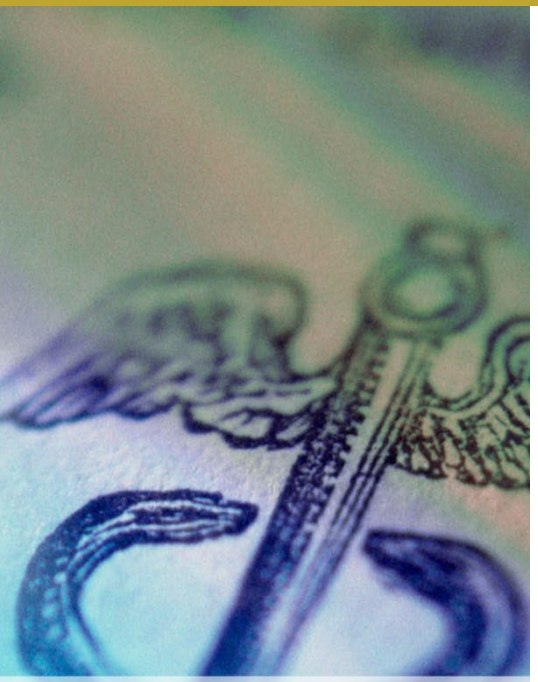

CHART INSTITUTE PSO

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Maximizing Peer Review Privilege Protections under State Laws and the Patient Safety Act

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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.

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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.

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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.

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Factors/Questions to be Assessed

- Are you seeking state and/or federal privilege protections?
- What is the scope of protected activities? — peer review, quality improvement, RCAs, adverse events?
- What corporate entities, licensed facilities, licensed health care practitioners or others are protected under state/federal laws?
- What committees or organizational construct is required in order to assert the protections?
- Are your existing bylaws, rules, regs and policies properly structured to maximize available privilege protections?
- Can privileged information be shared across the Health System without waiving the privilege?

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Factors/Questions to be Assessed (cont'd)

- How does applicable case law affect statutory interpretation?
- What impact, if any, of mandated adverse event reporting obligations?
- Do state privilege protections apply to federal claims filed in federal court, i.e., antitrust, discrimination?

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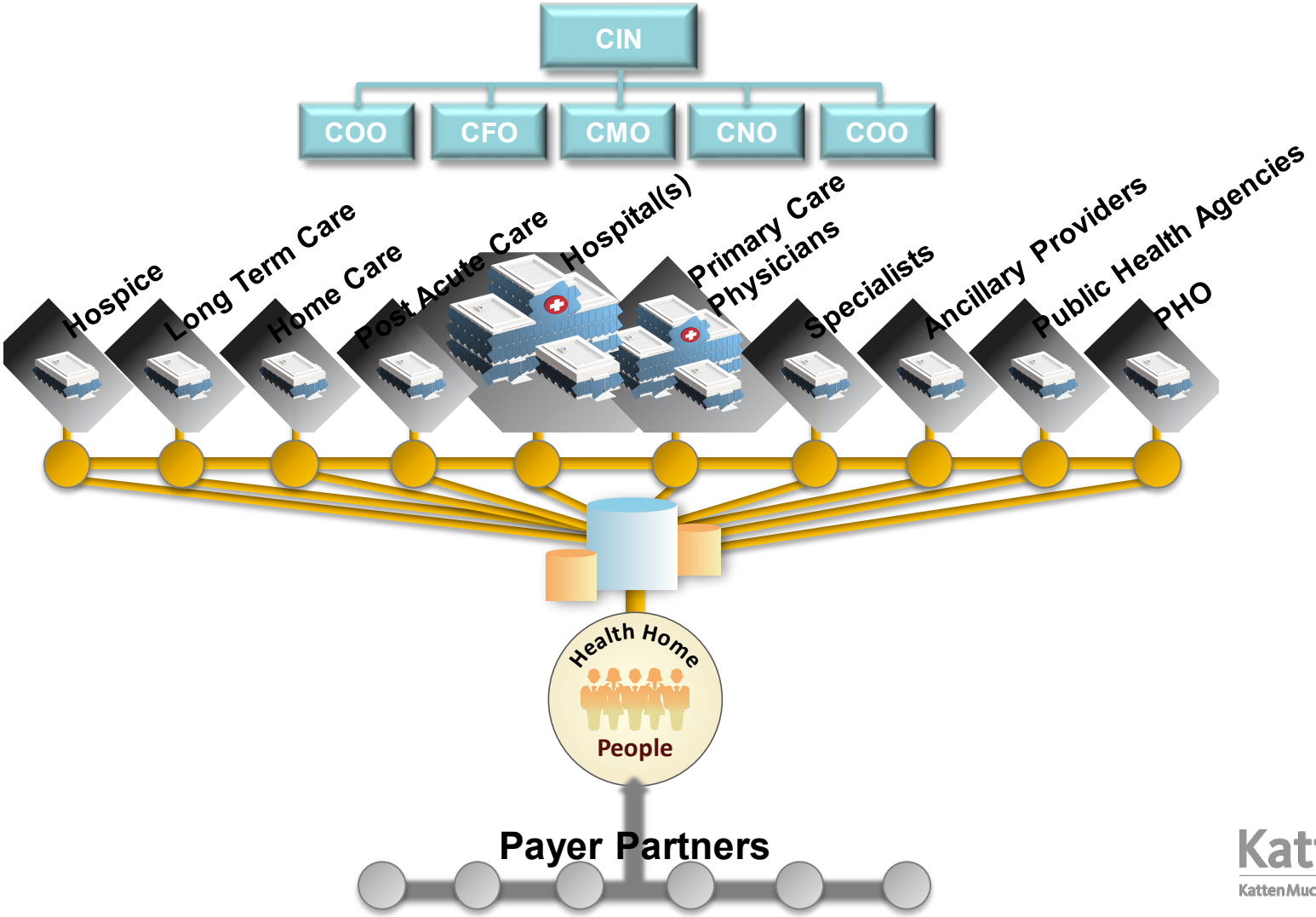

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Summary of New York Peer Review Statutes

- 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.

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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

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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

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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:

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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

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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:

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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

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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

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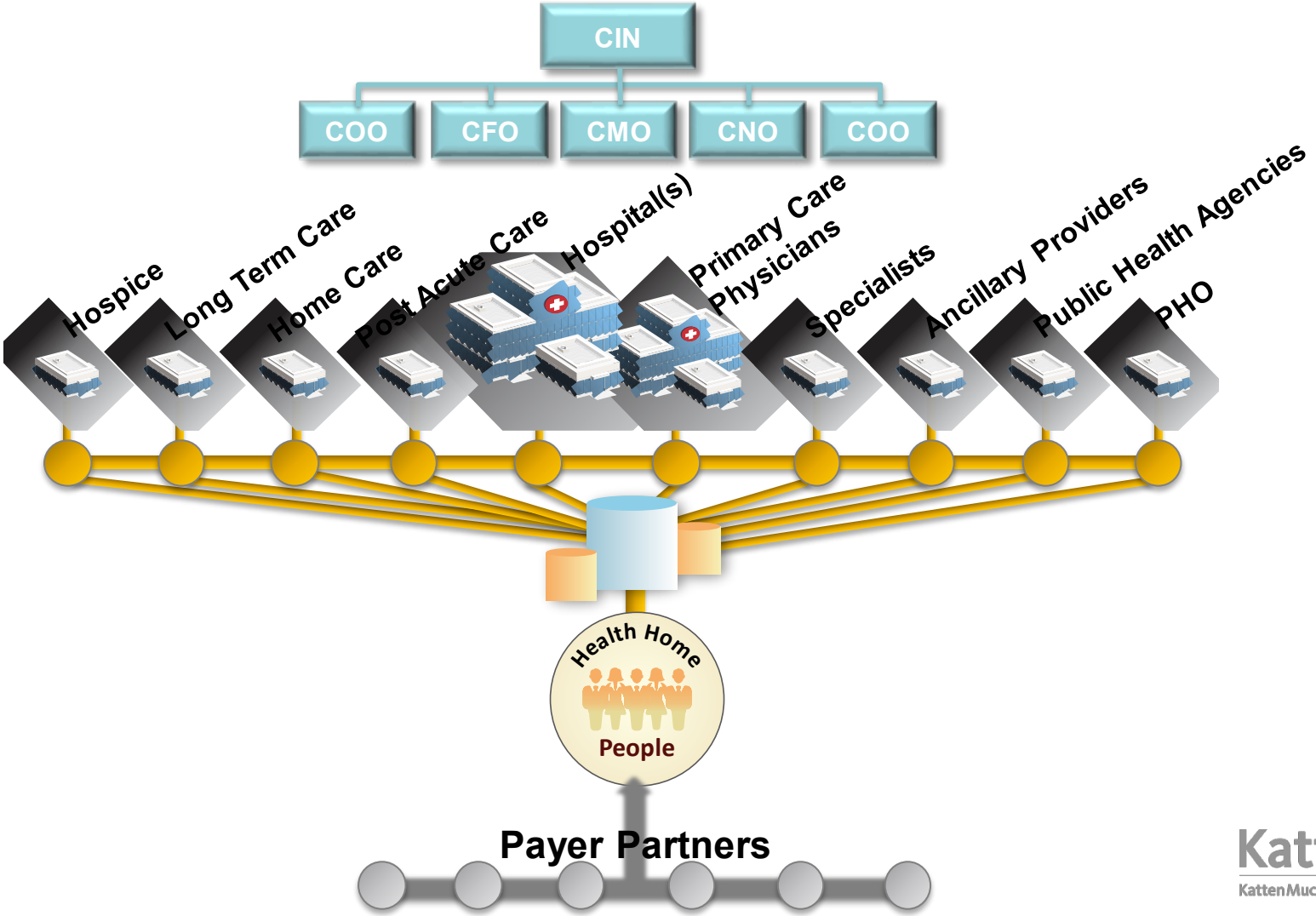

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Analysis of New York Peer Review Statutes

- 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?

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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

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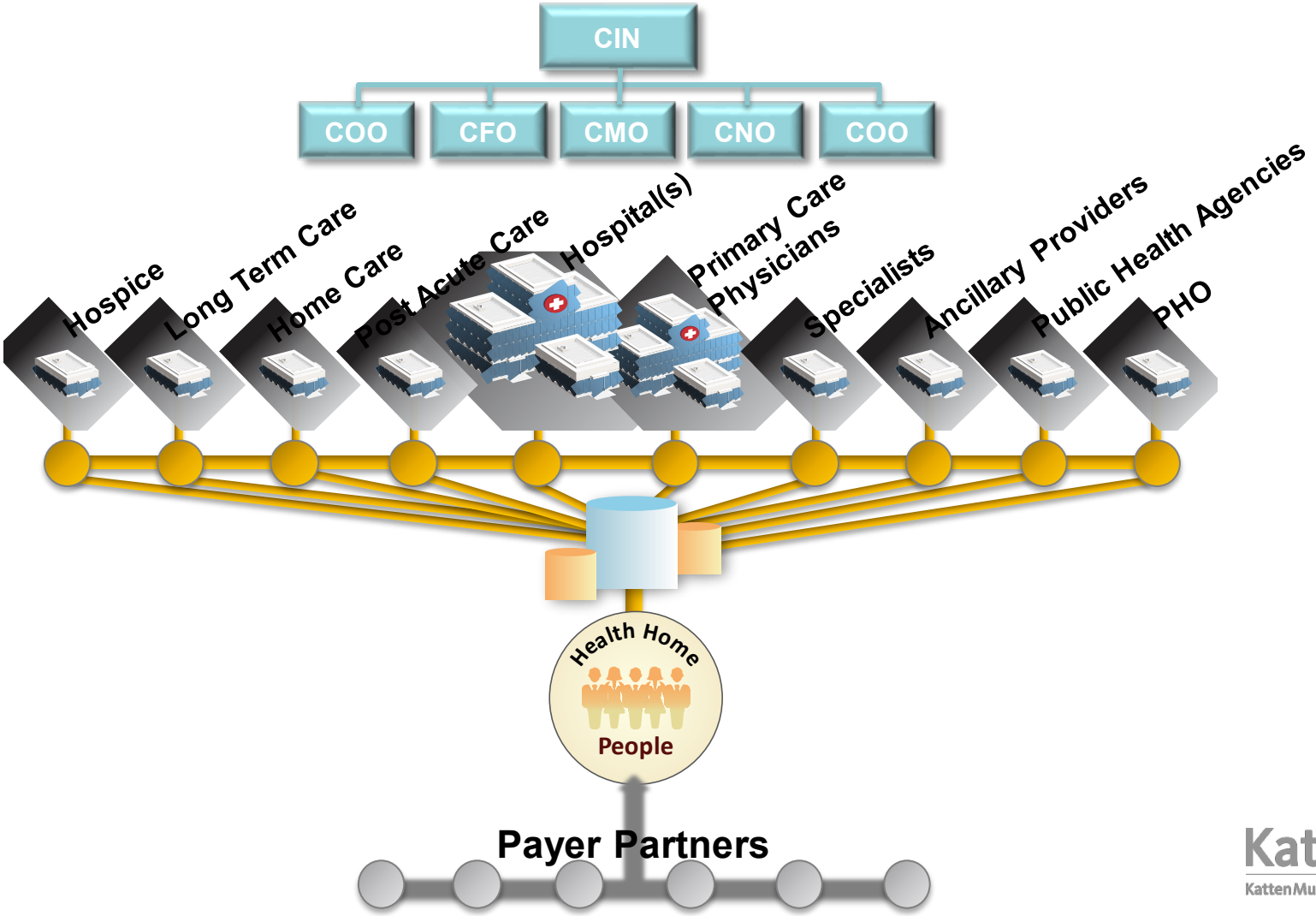

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Summary of Pennsylvania Peer Review Statutes

- Pennsylvania Peer Review Protection Act – 63 P.S. Section 425.1 et seq.
  - Peer review means the procedure for evaluation by professional healthcare providers of the quality and efficiency of services ordered or performed by other professional healthcare providers including:
    - Utilization review
    - Medical audit
    - Ambulatory care review
    - Claims review
    - Compliance of a hospital, nursing home or convalescent home or other healthcare facility operated by a professional healthcare provider with required standards and laws

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Summary of Pennsylvania Peer Review Statutes

- "Professional healthcare provider" means:
  - Individuals or organizations who are approved, licensed or otherwise regulated to practice in the healthcare field including but not limited to the following individuals or organizations:
    - A physician
    - A dentist
    - A podiatrist
    - A chiropractor
    - An optometrist
    - A psychologist
    - A pharmacist
    - A registered or practical nurse
    - A physical therapist
    - An administrator of a hospital, nursing or convalescent home or other healthcare facility
    - A corporation or other organization operating a hospital, nursing or convalescent home or other healthcare facility

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Summary of Pennsylvania Peer Review Statutes

- "Review organization" means any committee engaging in peer review, including:
  - A hospital utilization committee
  - A hospital tissue committee
  - A health insurance review committee
  - A hospital plan corporation review committee
  - A professional health service plan review committee
  - A dental review committee
  - A physicians' advisory committee
  - Any committee established pursuant to the medical assistance program

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Summary of Pennsylvania Peer Review Statutes

- The purpose of the review organization must be to gather and review information relating to the care and treatment of patients for the purposes of:
  - Evaluating and improving the quality of care rendered
  - Reducing morbidity mortality
  - Establishing and enforcing guidelines designed to keep within reasonable bounds the cost of healthcare
- Review organization also means any hospital board, committee or individual reviewing the professional qualifications or activities of its medical staff or applicants for admission

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Summary of Pennsylvania Peer Review Statutes

- The proceedings and records of a review committee shall be held in confidence and shall not be subject to discovery or introduction into evidence and any civil action against a professional healthcare provider arising out of matters which are the subject of evaluation review by such committee
- No person in attendance at a meeting of such committee shall be permitted or required to testify in any such civil action as to the evidence or to materials produced or presented during the proceedings of such committee or as to the finding, recommendations, evaluations, opinions or other actions of such committee or any members.
- Information, documents and records otherwise available from original sources are not to be construed as immune from discovery or used in any civil action merely because they were presented during proceedings of such committee

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Summary of Pennsylvania Peer Review Statutes

- Nor should any person who testifies before such a committee or who is a member of such committee be prevented from testifying as to matters within his knowledge but the witness cannot be asked about his testimony before such a committee or opinions formed by him as a result of the hearings

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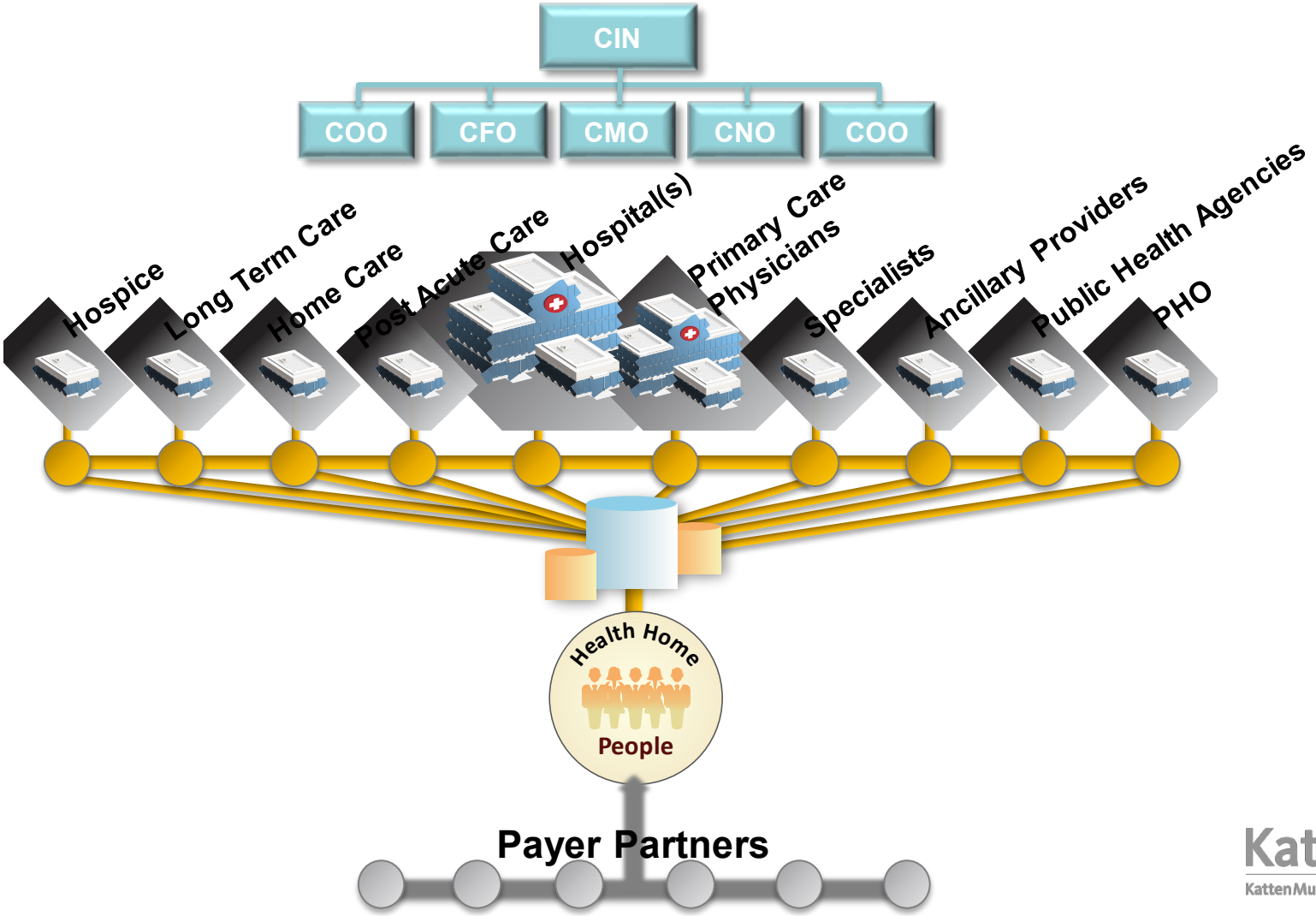

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Analysis of Pennsylvania Peer Review Statutes

- Reginelli v. Boggs (181 A.3d 293 Penn. Sup. Ct. (2018))
  - This was a medical malpractice action filed by a patient who was treated in the Emergency Department of a hospital by a Dr. Boggs who was employed by the physician group which had an exclusive provider agreement with the hospital.
  - The medical director of the Emergency Department, who was employed by the group, testified that she had prepared and maintained a "performance file" on Boggs as part of the group's regular practice of reviewing randomly selected physician charts. Plaintiff sought access to the performance file to which the hospital objected under the Act.

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Analysis of Pennsylvania Peer Review Statutes

- The group argued that it qualified as a "professional healthcare provider" with regard to its peer review activities even though physician groups are not specifically listed as a covered provider because it was comprised of hundreds of individual ED physicians for the purpose of providing medical services
- They also argued that because it was under a hospital contract to manage the Emergency Department it qualified as a "corporation operating healthcare facilities"
- Court rejected the argument because it disqualified the group as being "unregulated and unlicensed"
- Court also determined that the Medical Director acted in her individual capacity and not as a member of the hospital's peer review committee.

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Analysis of Pennsylvania Peer Review Statutes

- The record did not include a copy of the contract the hospital had with the group to determine whether the group had agreed to conduct peer review on behalf of the hospital which might have made a difference in their decision
- The court went further to state that a hospital's credentialing review is not privileged when prepared by an individual as opposed to a committee

- Analysis
  - Does the statute arguably protect the requested records?
    - Medical records — No
    - Bylaws, policies and procedures — No

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Analysis of Pennsylvania Peer Review Statutes

- 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 professional healthcare provider? — It depends
    - One question is whether the health system is actually operating the hospital or any other healthcare facilities within the system – if so, it probably qualifies when engaging in peer review activities
    - As to the Quality and Credentials Committee, the system has to demonstrate that the responsive documents were created or prepared through committee versus individual actions, or that the individual acted as an agent or on behalf of committee and that it was a review organization

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Analysis of Pennsylvania Peer Review Statutes

- Is the Hospital and SNF covered? — Yes, but otherwise have to establish that they engaged in covered peer review activities through their own respective committees.
- Is the hospital's employed/managed physician group covered? — It depends
  - Physician groups, under the Reginelli decision, do not qualify as a professional healthcare provider
  - A court might accept the argument that a physician group which is effectively controlled by the hospital is an extension of the hospital and therefore covered
  - But is the group even conducting any peer review activities through a committee and is this being done for the benefit of the group or for the hospital or the system?

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Analysis of Pennsylvania Peer Review Statutes

  - Is the independent surgeon or surgical group covered? — No
- Can privileged information be shared across the Health System without waiving the privilege? — Probably
  - Pennsylvania law is silent on the issue of waiver
  - Arguably, privileged information can be shared within the System but probably not among unaffiliated entities
- Does the privilege apply to federal proceedings? — No

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Patient Safety and Quality Improvement Act of 2005

- Privileged Patient Safety Work Product
  - 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.

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Patient Safety Act (cont'd)

- What types of information can be considered for inclusion in the PSES for collection and reporting to the PSO if used to promote patient safety and quality?
  - Medical error or proactive risk assessments, root cause analysis
  - Risk Management — Not all activities will qualify such as claims 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

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Patient Safety Act (cont'd)

- What is not PSWP?
  - Patient's medical record, billing and discharge information, or any other original patient or provider information
  - Information that is collected, maintained, or developed separately, or exists separately, from a PSES. Such separate information or a copy thereof reported to a PSO shall not by reason of its reporting be considered PSWP
  - PSWP assembled or developed by a provider for reporting to a PSO but removed from a PSES is no longer considered PSWP if:
    - Information has not yet been reported to a PSO; and
    - Provider documents the act and date of removal of such information from the PSES

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Patient Safety Act (cont'd)

- Reports that are the subject of mandatory state or federal reporting or which may be collected and maintained pursuant to state or federal laws be treated as PSWP
  - Michigan does not have mandated adverse event reporting requirements but federal requirements apply

- What entities are covered under the Act?
  - All entities or individuals licensed under state law to provide health care services or which the state otherwise permits to provide such services, i.e., hospitals, SNFs, physicians, physician groups, labs, pharmacies, home health agencies, etc.
  - A non-licensed corporate entity that owns, controls, manages or has veto authority over a licensed provider is considered a provider.

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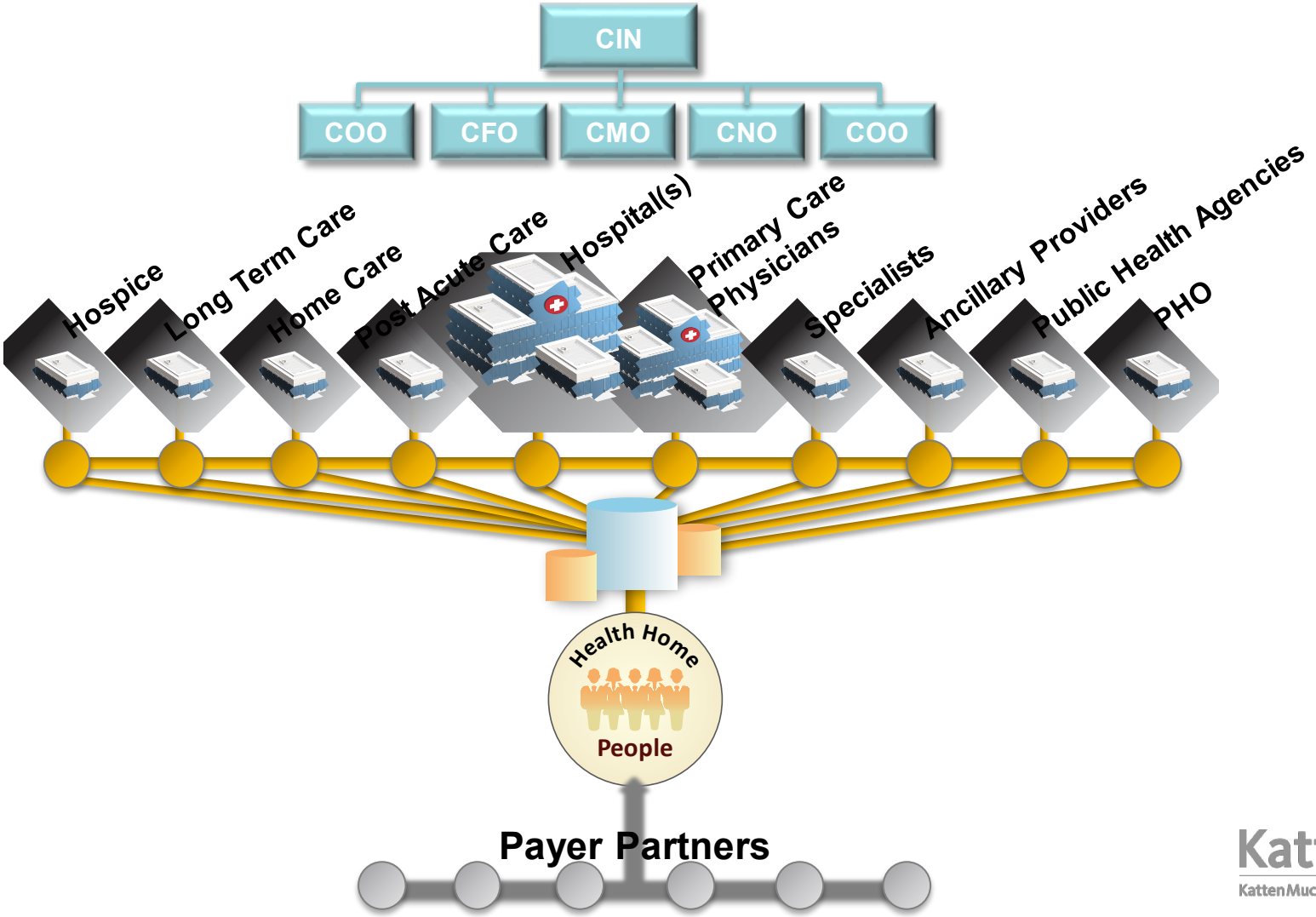

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Patient Safety Act Analysis

- 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

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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

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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

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Comparison of the New York and Pennsylvania 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 — 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 or Pennsylvania 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 and Pennsylvania statutes only apply in state proceedings and state claims in federal courts.

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Comparison of the New York and Pennsylvania Statutes to the Patient Safety Act (cont'd)

- The protections can never be waived under the PSA and probably not under the New York and Pennsylvania statutes.
- PSA pre-empts less protective state law.
- Non-provider corporate parent organization which controls, owns or manages licensed providers can receive and generate privileged information under the PSA under both Michigan statute and PSA if structured correctly.
- PSWP can be shared among affiliated providers but whether information can be shared under Michigan 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").

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Impact and Lessons Learned

- **Develop Both a Specific and Broadly Worded PSES policy**
  - One of the fundamental documents for internal educational purposes as well as to be introduced to a court in demonstrating that the materials in dispute are indeed PSWP is a provider's PSES policy.
  - The courts are not going to simply accept the word of the hospital or other provider that information qualifies as PSWP.
  - The provider should conduct an inventory of all of its performance improvement, quality assurance, peer review and other related patient activities as well as the various committees, reports and other analyses being conducted within the organization.

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Impact and Lessons Learned (cont'd)

- This is the starting point when determining the scope of activities you wish to include within the PSES and therefore claim as privileged PSWP.
- The details of these activities and the information to be protected should be reflected within the PSES.
- When seeking to claim privilege protections over an incident report, committee minutes or other internal analysis, a provider can then cite to the specific reference within the PSES as evidence of the hospitals intent to treat this information as privileged.
- The provider should also include a "catch all" to account for other privileged patient safety activities that are not included in the PSES policy.

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Impact and Lessons Learned (cont'd)

- **Carefully Describe Your PSWP Pathway**
  - As reflected in the Appellate Court's decision in Daley, a provider can create PSWP via actual reporting, function reporting or through deliberations or analysis.
  - It is critical that your PSES policy distinguish which forms of information, incident reports, etc., are being actually reported to the PSO or scanned and downloaded and reported and what forms of information are being treated as deliberations or analysis.
  - As a practical matter, most patient safety activities can be characterized as deliberations or analysis.
  - Information that is deliberations or analysis automatically becomes PSWP when collected within the PSES and does not need to be reported to the PSO although reporting is certainly an option.

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Impact and Lessons Learned (cont'd)

- Most of the PSO appellate court decisions, including the Daley decision, involved actual reporting and not deliberations or analysis. As yet, there are no deliberation or analysis cases that have been reported.
- Keep in mind too, that information which is being treated as deliberations or analysis cannot be "dropped out" and used for other purposes but can be shared if you meet one or more of the disclosure exceptions. These include disclosing to consultants, your attorney, independent contractors that are assisting the hospital in patient safety activities and other disclosures permitted under the PSA.
- It is unlikely the hospital actually reports every single incident report to the PSO. Your PSES policy, therefore, should treat these unreported incident reports as deliberations or analysis.

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Impact and Lessons Learned (cont'd)

- **Use Detailed Affidavits to Support Argument**
  - The role of the provider and its legal counsel is to effectively educate the courts about the PSA so the judges have a better understanding as to the context as to why the disputed materials are PSWP.
  - As is true in most cases, and in the Daley decision, the Appellate Court relied heavily on the affidavits that were submitted to demonstrate compliance with the PSA requirements in order to determine whether the information qualified as PSWP.
  - All representations in an affidavit are accepted as true unless they are otherwise rebutted.

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Impact and Lessons Learned (cont'd)

- The type of representations and documents to include within an affidavit include the following:
  - The PSO AHRQ certification and recertification letters
  - The provider's membership agreement.
  - The PSES policy.
  - Screenshots of the redacted forms, reports, etc., for which the privilege is being asserted.
  - Documentation as to when the information was reported, either electronically or functionally, or when the information qualified as "deliberations or analysis" under this separate pathway.

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Impact and Lessons Learned (cont'd)

- A description of how information is collected within the PSES, how it qualifies as PSWP, if not otherwise set forth in the PSES.
- Representation as to how the PSWP is used for internal patient safety activities.
- Representation that the information has not been collected for unrelated purposes, such as satisfying a state or federal mandated reporting requirement.
- If possible, a representation that the provider is not required by state or federal law to make the information available to a government agency or other third party.

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Impact and Lessons Learned (cont'd)

- An affidavit from the PSO acknowledging the provider's membership and that the information, if reported, was received and is being used to further the provider's and the PSO's privileged patient safety activities
- Limit the amount of sensitive detail contained in "incident reports".
- Make sure that use of outside experts used to conduct patient safety activities to benefit the hospital or PSO are correctly documented and use referenced in PSES.
- Remember, risk management information and activities relating to claims and litigation support will not be considered PSWP.

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Additional Litigation Lessons Learned and Questions Raised

- Most plaintiffs/agencies will make the following additional types of challenges in seeking access to claimed PSWP:
  - Did the provider and PSO establish a PSES? When?
  - Was the information sought identified by the provider/PSO as being collected within a PSES?
  - Was it actually collected and either actually or functionally reported to the PSO? What evidence/documentation?
  - If not yet reported, what is the justification for not doing so? How long has information been held? Does your PSES policy reflect a practice or standard for retention?

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Additional Litigation Lessons Learned and Questions Raised (cont'd)

- Has information been dropped out? Did you document this action?
- Is it eligible for protection?
- May be protected under state law.
- Is provider/PSO asserting multiple protections?
  - If collected for another purpose, even if for attorney-client, or in anticipation of litigation or protected under state statute, plaintiff can argue information was collected for another purpose and therefore the PSQIA protections do not apply – cannot be PSWP and privileged under attorney-client

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Additional Litigation Lessons Learned and Questions Raised (cont'd)

- Is provider/PSO attempting to use information that was reported or which cannot be dropped out, i.e., an analysis, for another purpose, such as to defend itself in a lawsuit or government investigation?
  - Once it becomes PSWP, a provider may not disclose to a third party or introduce as evidence to establish a defense.
- Is the provider required to collect and maintain the disputed documents pursuant to a state or federal statute, regulation or other law or pursuant to an accreditation standard?

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Additional Litigation Lessons Learned and Questions Raised (cont'd)

- **Document, document, document**
  - PSO member agreement
  - PSES policies
  - Forms
  - Documentation of how and when PSWP is collected, reported or dropped out
  - Detailed affidavits
  - Separate Attorney-client privilege protections
  - Independent contractor agreements
  - Utilization of disclosure exceptions

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Additional Litigation Lessons Learned and Questions Raised (cont'd)

- Advise PSO when served with discovery request.
- Educate defense counsel in advance – work with outside counsel if needed.
- Get a handle on how adverse discovery rulings can be challenged on appeal.

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Speaker Bios

Michael R. Callahan - michael.callahan@kattenlaw.com

Michael R. Callahan assists hospital, health system and medical staff clients on a variety of health care legal issues related to accountable care organizations (ACOs), patient safety organizations (PSOs), health care antitrust issues, Health Insurance Portability and Accountability Act (HIPAA) and regulatory compliance, accreditation matters, general corporate transactions, medical staff credentialing and hospital/medical staff relations.

Michael's peers regard him as "one of the top guys […] for credentialing—he's got a wealth of experience" (Chambers USA). Additionally, his clients describe him as "always responsive and timely with assistance," and say he is "informed, professional and extremely helpful" and "would recommend him without reservation" (Chambers USA). Michael's clients also commend his versatility, and say "He is willing to put on the hat of an executive or entrepreneur while still giving legal advice," according to Chambers USA.

He is a frequent speaker on topics including ACOs, health care reform, PSOs, health care liability and peer review matters. He has presented around the country before organizations such as the American Health Lawyers Association, the American Medical Association, the American Hospital Association, the American Bar Association, the American College of Healthcare Executives, the National Association Medical Staff Services, the National Association for Healthcare Quality and the American Society for Healthcare Risk Management.

Michael was recently appointed as chair of the Medical Staff Credentialing and Peer Review Practice Group of the American Health Lawyers Association. He also was appointed as the public member representative on the board of directors of the National Association Medical Staff Services.

He was an adjunct professor in DePaul University's Master of Laws in Health Law Program, where he taught a course on managed care. After law school, he served as a law clerk to Justice Daniel P. Ward of the Illinois Supreme Court.

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