



GOVERNING BOARD & SENIOR MEDICAL STAFF LEADER CONFERENCE

SEPTEMBER 19, 2025

-9:00 AM – 1:00 PM-

AGENDA

8:30-9:00

BREAKFAST

9:00-9:45

MEET DR. EMBER? (PEER REVIEW OF CLINICAL CONCERNS CASE STUDY)

After suffering a few setbacks during the credentialing process, Dr. Ember joined our Medical Staff. While his initial appointment term went relatively smoothly, recently concerns about his clinical performance have come to the leadership's attention. With his checkered background – and now spotty performance – is there room for a second chance? How can we get there from here? And what would the second chance look like?

9:45 – 10:15

MEET DR. VAN WINKLE - CONDUCTING A COLLEGIAL INTERVENTION (CLINICAL CONCERN)

10:15 -11:00

TIPS FOR NAVIGATING THE PROGRESSIVE STEPS OF PEER REVIEW

- The Peer Review Continuum
- When and how to notify a practitioner that clinical concerns have been raised through the peer review process
- Obtaining practitioner input
- Documenting peer review activities
- Managing conflicts of interest

11:00-11:15

MORNING BREAK

11:15 – 12:15

DEFENSIBLE & FAIR PRECAUTIONARY SUSPENSION, INVESTIGATION, AND MEC ACTION

Sometimes progressive steps of intervention are not an option. Collegial intervention may fail to address the concern. Or the practitioner may refuse to participate. At times, the concern is simply so great that nothing less than adverse professional review action seems plausible. In other words, sometimes, despite their best efforts, Medical Staff leaders have no choice but to resort to less routine peer review activities. While these more formal parts of peer review activity are less common than collegial steps, they have high stakes and it's important that they be performed with precision. During this session, we will discuss best practices for getting through the end game while managing risk.

12:15 – 1:00

THE NATIONAL PRACTITIONER DATA BANK (NPDB): – WHAT'S REPORTABLE? WHAT'S NOT? WHY IS IT SO COMPLICATED?

PRESENTER

RACHEL REMALEY



PARTNER, HORTY, SPRINGER & MATTERN, P.C.

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Rachel joined the law firm of Harty, Springer & Mattern, P.C. in 2000 and is a partner in the firm. Often described as genuine and “real,” Rachel has an easy-going demeanor balanced with a detail-oriented approach. She tends to be a creative thinker, helping clients and colleagues to fashion new methods for addressing old problems. She has helped countless clients manage difficult credentialing and peer review issues and frequently works with hospital and physician leaders to review and revise Medical Staff documents. When she’s not at work, Rachel enjoys traveling and conquering her bucket list (marathon running, skydiving, and climbing Mt. Kilimanjaro included), though in recent years, she has largely devoted her time to raising a family.

Practice Areas

- Hospital and medical staff consulting and legal services, including services related to credentialing, peer review, and Medical Staff structure and function, physician employment and other hospital-physician relationship issues (e.g., on-call disputes), drafting Medical Staff Bylaws and related governance documents, and Board and hospital/physician-leader education
- HIPAA privacy and security and breach notification



Founded in 1971, Harty, Springer & Mattern, P.C. has always been devoted to excellence in health care law. To that end, Harty Springer’s attorneys have focused their practice to provide education, consulting, and legal services exclusively to health systems, hospitals, hospital medical staffs, and related health care organizations (such as affiliated managed care organizations, physician group practices, and clinics). Harty Springer has served clients in all 50 states and the District of Columbia.

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