# Index

<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preface</td>
<td>2</td>
</tr>
<tr>
<td>Exemption From Liability</td>
<td>2</td>
</tr>
<tr>
<td>Matters for Peer Review</td>
<td>3</td>
</tr>
<tr>
<td>Matters Not for Peer Review</td>
<td>3</td>
</tr>
<tr>
<td>Termination of Process</td>
<td>3</td>
</tr>
<tr>
<td>Confidentiality of Review</td>
<td>3</td>
</tr>
<tr>
<td>Periodic Review of Cases by ISDS</td>
<td>4</td>
</tr>
<tr>
<td>Composition of Committee</td>
<td>4</td>
</tr>
<tr>
<td>Origin of Cases</td>
<td>4</td>
</tr>
<tr>
<td>Initiator’s Responsibility</td>
<td>5</td>
</tr>
<tr>
<td>Component Procedures</td>
<td>5</td>
</tr>
<tr>
<td>Guidelines for Mediation</td>
<td>5</td>
</tr>
<tr>
<td>Guidelines for Hearing</td>
<td>6</td>
</tr>
<tr>
<td>Peer Review Involving a Specialist</td>
<td>6</td>
</tr>
<tr>
<td>Peer Review Chair Duties</td>
<td>7</td>
</tr>
<tr>
<td>Peer Review Committee Duties</td>
<td>7</td>
</tr>
<tr>
<td>Preparing Chair’s Report</td>
<td>7</td>
</tr>
<tr>
<td>Appeal Mechanism</td>
<td>8</td>
</tr>
<tr>
<td>Complaint Form</td>
<td>10-12</td>
</tr>
<tr>
<td>Letter Rejecting Complaint</td>
<td>13</td>
</tr>
<tr>
<td>Opening Letter</td>
<td>14</td>
</tr>
<tr>
<td>Mediation Report</td>
<td>15</td>
</tr>
<tr>
<td>Mutual Release Form</td>
<td>16</td>
</tr>
<tr>
<td>Mediation Closing Letter</td>
<td>17</td>
</tr>
<tr>
<td>Dentist Refuses Participation</td>
<td>18</td>
</tr>
<tr>
<td>Letter- Litigation Has Begun</td>
<td>19</td>
</tr>
<tr>
<td>Letter Scheduling Hearing</td>
<td>20</td>
</tr>
<tr>
<td>Worksheet for Clinical</td>
<td>21</td>
</tr>
<tr>
<td>Chair’s Composite Report</td>
<td>22</td>
</tr>
<tr>
<td>Component Checklist</td>
<td>23</td>
</tr>
<tr>
<td>Closing Letter</td>
<td>24</td>
</tr>
<tr>
<td>Acknowledgement of Appeal</td>
<td>25</td>
</tr>
<tr>
<td>Appeal Memo to State</td>
<td>26</td>
</tr>
<tr>
<td>Letter–Appeal is Denied</td>
<td>27</td>
</tr>
<tr>
<td>Letter–Appeal is Justified</td>
<td>28</td>
</tr>
<tr>
<td>Letter–No Contract</td>
<td>29</td>
</tr>
</tbody>
</table>

January 2015
Editorial Note: For ease of reading this publication, the masculine gender is used throughout to denote both masculine and feminine gender.

PREFACE

When communication breaks down, PEER REVIEW can often bridge the gap for both patient and dentist. The individual dentist is expected to be sensitive to his patient's needs and be willing to discuss thoroughly and openly any problems and/or misunderstandings that may arise. Third party involvement in dental care has made the delivery of dental services more complex and can often lead to other disagreements and misunderstandings. The old informal methods of resolving these problems are often no longer adequate. Consequently, a more formal method of response has been developed -- PEER REVIEW.

Peer review is a confidential and voluntary mechanism by which the dental profession reviews the appropriateness of the treatment and the quality of the care it renders.

The Peer Review Committee is not a court and has no disciplinary function. Its purpose is to educate, mediate, clarify and make recommendations for the resolution of problems resulting from dental treatment rendered.

Volunteer dentists serve on the Peer Review Committee. They try to solve problems, clarify areas of misunderstanding, educate the participants and establish communication where it has broken down. They are concerned with appropriateness of care, necessary and consistent with diagnosis, and quality of treatment, within acceptable professional dental standards. They do not attempt to pass judgment on fees or other administrative or business matters.

The findings of a Peer Review Committee are not binding unless mutual release forms have been signed by all of the involved parties. Experience has shown, however, that patients and dentists usually welcome the availability of a quick, cost-free and independent fact finder; thus the parties accept most decisions.

The Committee on Peer Review of the Illinois State Dental Society has developed this manual. It contains policies, procedures and guidelines applicable to the peer review process.

Peer review complaints can be initiated by a patient, parent of a minor or legal guardian.

As a service to the public and the dental profession, the peer review process will also address patient’s complaints that are initiated against non-member dentists. If this occurs, all rights and privileges extended to members of the Illinois State Dental Society in peer review cases will apply to non-members.

A request for review must be made in writing on a standard ISDS Request for Review of Dental Services form and mailed to the Illinois State Dental Society Committee on Peer Review, P. O. Box 376, Springfield, IL 62705. The ISDS Committee on Peer Review, or assigned representative, will determine if the case is appropriate for peer review. If so, the case will be referred to the appropriate component society committee representing the area where the services were performed.

PURPOSE AND RESPONSIBILITY

A Peer Review Committee has been established within each component society to review matters concerning quality of care and appropriateness of treatment. Its responsibility is to explore referred matters so that its efforts are effective and expeditious.

The peer review process is a public service. When a case goes to hearing the committee must conduct an unbiased and objective hearing since it has an equal responsibility to all involved parties. The committee has no enforcement power and can only make recommendations based upon its investigations and findings.

When a review has been completed, it is the ultimate responsibility of the committee to bring the case to closure by either negotiating a mutual agreement between the parties or by making a specific recommendation.

EXEMPTION FROM LIABILITY

Illinois statutes (225 Illinois Compiled Stat. 2000, para. 25/54) provide that any dentist serving as a member of a duly constituted Committee on Peer Review shall not be liable for civil damages as a result of his acts, omissions or decisions in connection with his duties on such committee, except those involving willful or wanton misconduct.
Any dentist that has been appointed by his constituent, component or branch to serve on a Peer Review Mediation or Peer Review Hearing Committee shall be duly recognized as a formal member of the committee. In addition, the Chair of any Peer Review Mediation Committee or Peer Review Hearing Committee shall be authorized to appoint any other dentist to the committee for any particular case because of the appointed dentist’s particular expertise and such appointed dentist shall be considered a formal member of the Peer Review Committee for purposes of that particular case.

**BECAUSE OF PRIVACY AND LIABILITY ISSUES, IT IS MANDATORY THAT PROCEDURES OUTLINED IN THIS MANUAL ARE RIGOROUSLY FOLLOWED AND THAT ONLY THE FORMS OUTLINED BE USED.**

**MATTERS FOR PEER REVIEW**

**APPROPRIATENESS OF TREATMENT**

The committee shall determine the professional acceptability of performed treatments, as necessary and consistent with diagnosis. It is emphasized that cases will only be reviewed where services have actually been rendered.

**QUALITY OF TREATMENT**

An evaluation of the quality of treatment provided shall be made in light of the standards or parameters of care, which generally prevail within the community in which the services were provided. The committee shall also determine whether or not the services were rendered as reported.

Cases involving gross or continual faulty dental treatment will be reviewed by the ISDS Committee on Peer Review and may be referred to the ISDS Committee on Judicial Affairs or the Illinois Department of Professional Regulation.

**MATTERS NOT FOR PEER REVIEW**

Complaints received more than two years after date that treatment was completed normally will not be considered for review. The ISDS Committee on Peer Review will consider appeals from this denial to access to the peer review process, provided that the complaining party can demonstrate that unusual circumstances existed that delayed the filing of the complaint and that clinical evidence is still available which will allow a Peer Review Committee to review the case.

The peer review process is not designed to handle every type of situation or problem that may arise between patients and dentists. The current peer review system is not intended to handle a complaint initiated by one dentist against another. Such complaints should be sent to the ISDS Committee on Judicial Affairs if they involve two members of ISDS.

The committee will not review complaints that are not clinical in nature. Non-reviewable matters include issues related to fees or billings, office personnel and management matters.

The committee will not review complaints that are currently in formal litigation or that have been resolved by litigation.

A case will be considered inappropriate for peer review if it is not possible to adequately examine and evaluate the complaint.

When a dentist has ceased practice and moved permanently from the state of Illinois or the patient has permanently moved from the state, the peer review case is closed unless all mediations/and or examinations have been completed.

In general, the State of Illinois Peer Review system will not provide examination or assist other states in their Peer Review Process unless approved by the Chair of the Peer Review committee, ISDS.

**TERMINATION OF PEER REVIEW PROCESS**

Situations may arise where an open peer review case may have to be terminated. This would include a case where during the peer review process, one of the involved parties would file a formal case in court. It would also include any cases where the complaining party decides to end the process, does not cooperate with the component committee or cannot be contacted by the committee.

**CONFIDENTIALITY OF REVIEW**

One of the basic precepts of peer review, and one of the reasons for its success, is its confidentiality. Professional services being contested and under review cannot be discussed outside the peer review hearing.

All correspondence and documents between involved parties and the Committee on Peer Review should be clearly marked "Confidential," and all documents and reports resulting from peer review are filed with the ISDS Committee on Peer Review at the conclusion of the process and not retained by the component committee. Peer review cases are not the subject of conversation or reports at dental society meetings or with dentists who are not members of the Committee on Peer Review.

The confidentiality of peer review proceedings (including mediation) cannot be guaranteed against subpoena. If any involved party institutes litigation after the completion of a review, the committee records and members of the committee may be subject to subpoena by the court.
PERIODIC REVIEW OF CASES BY ISDS COMMITTEE ON PEER REVIEW

One of the functions of the Illinois State Dental Society is to protect the health of the public. Alleged violations of the Illinois Dental Practice Act and/or apparent negligent dental treatment can endanger the dental health of patients. Therefore, the ISDS Committee on Peer Review will review its files periodically to determine whether, in its opinion, there have been questionable or repeated acts which would suggest the need for investigation and/or possible further corrective or disciplinary action.

The ISDS Committee on Peer Review will review a dentist’s file if any of the following criteria has been met in the last four year period.

- If three or more cases are found in the patient's favor.
- If the dentist has repeatedly not cooperated in the peer review process.
- If the dentist has been named in six or more separate complaints.

In making its determination relative to referral to the Illinois Department of Professional Regulation, ISDS Committee on Peer Review shall take into account the types of allegations upon which peer review was instituted, as well as any corrective actions taken by the dentist in question.

The ISDS Committee on Peer Review may, with majority vote:
1. Refer a patient complaint or Peer Review File to the Illinois State Dental Society Judicial Affairs Committee (if the dentist is a ISDS member.)
2. Refer the file to the Illinois Department of Professional Regulation for their review.
3. Make recommendation for additional specific continuing education or other action that the committee deems appropriate.

If the dentist in question has appealed the findings of the component Peer Review Committee to ISDS, no referral or complaint shall be made by the ISDS Committee on Peer Review until it has decided on that appeal.

COMPOSITION OF COMPONENT COMMITTEE

The component society committee shall be composed of dentists well respected in their professional community. The committee shall include members representing a cross section of age and experience (at least five years) who have developed maturity and good judgment.

Members should serve staggered terms of three to five years to assure continuity of experience. The size of the committee should reflect the geographic area of the component society, the membership of the Society and the anticipated caseload.

There should be at least five members on the committee.

Each component should appoint a Chair of Peer Review and a Chair of Mediation. Both Chairs should have prior experience as members of a Peer Review Committee. The Peer Review Chair shall administer the peer review system in the manner as outlined in the manual. The Chair of Mediation shall handle the mediation duties for the cases that are forwarded to the component. The Mediator should fully understand the mediation process and the peer review system in general.

An individual who serves on the ISDS Committee on Peer Review is excluded from serving on a component committee because of the potential conflict of interest. Component society officers should also refrain from participation on the Peer Review Committee. It is understood that this may not be possible in some of the smaller components.

If a committee feels the need for additional expertise in order to render a proper judgment in a particular case, the Chair may appoint additional members or consultants who have the necessary expertise to hear that case (see page 5 – Peer Review Involving a Specialist). These newly appointed members will automatically be considered formal members of the committee and therefore, exempt from liability under Illinois law.

ORIGIN OF CASES

A patient, parent of a minor or legal guardian can initiate a request for review. All requests must be made in writing on the Request for Review of Dental Services (see Appendix Pages 10-12) form and sent to the Illinois State Dental Society Committee on Peer Review, Post Office Box 376, Springfield, IL 62705.

If the request has been initiated by an attorney or other uninvolved person on behalf of the patient, they will be informed that our purpose is to reestablish communication between the patient and the dentist. If possible, we will contact the patient directly and request that he/she complete the Request for Review of Dental Services form.

Request for Review of Dental Services form may be obtained by calling the Illinois State Dental Society or the Chicago Dental Society. The form is also available on the ISDS website at www.isds.org. If a request for review is made directly to a component society by the initiator, that component society will forward it at once - without taking any action at the component level - to the ISDS Committee on Peer Review for processing.

The ISDS Executive in charge of Peer Review and under the authority of the committee shall determine if the request is a matter falling within the purview of the peer review system. If so, the request shall be forwarded to the component society Committee on Peer Review of the geographic area in which the dental services were rendered (see Appendix Page
14). If the request does not fall within the purview of the peer review system, a denial letter is forwarded to the person requesting review (see Appendix Page 13).

**INITIATOR’S RESPONSIBILITY**

All requests for peer review must be made in writing on a Request for Review of Dental Service form to the Illinois State Dental Society Committee on Peer Review, P. O. Box 376, Springfield, IL 62705. The request should include all supporting records and pertinent information, stating the specific questions to be answered.

**COMPONENT SOCIETY PROCEDURES**

If a request for review is made directly to the component society by telephone, it shall be explained to the caller that a Request for Review of Dental Services (see Appendix Pages 10-12) form must be completed and forwarded to ISDS before action can be taken.

If the component society receives a written request for review that shall be forwarded immediately, without action, to ISDS Headquarters.

After receiving a Peer Review case from ISDS headquarters, the local Peer Review Chair should study the case to become familiar with the complaint. He should then transfer the case to the Chair of the appropriate component society who will initiate the mediation process.

The component Chair will send successfully mediated cases to ISDS at once, with copies of all correspondence and other documents (see Appendix Page 23). If mediation is unsuccessful, the Chair will appoint a minimum of three committee members to the Peer Review Hearing Committee to hear the case, including the Chair or his designate as Chair. **THE ORIGINAL MEDIATOR SHOULD NOT SERVE ON THIS HEARING COMMITTEE.**

The Mediator and all members of the Peer Review Hearing Committee shall maintain the confidentiality of the system. With the exception of the component or branch president, who is an ex-officio member of all committees, no other committee or component society officer or member shall be privy to the activities of the Committee on Peer Review.

Peer Review committee members are encouraged to refrain from any telephone discussions INITIATED by patients regarding DETAILS of their Peer Review case. Any conversations with said parties should be limited to general procedural information only. Patients should not call the professional office or home of the Peer Review volunteer unless instructed to do so. Dentists should refuse to take such calls but should be courteous and instruct patients to make any requests in writing as might be appropriate to the process.

**GUIDELINES FOR MEDIATION**

**Mediation is an independent process.**

It is encouraged that people with a personality for effective mediation be recruited and retained for service. Experience in mediation makes for a better Mediator. Mediators should also avail themselves to opportunities in continuing education that might make them more effective in their role. Successful mediation is a wonderful service to dentist and patient alike and enhances the image of dentistry as a responsible profession.

**Mediation is the first stage in PEER REVIEW.**

Its purpose is to resolve the dispute between dentist and patient using a process that fosters respect for the dental profession and that responds to the needs of the patient. It is a way for dentist and patient to reach an agreeable solution rather than have one imposed on them. Cases that can be resolved by mediation save the considerable time, effort, and complexity required to conduct the examination phase of peer review. **The Mediator should consider that his highest priority is to achieve a successful mediation.**

**Mediation does not involve an evaluation of the causes for a problem.** The Mediator’s job is simply to negotiate an agreement between dentist and patient that is acceptable to each party. The focus must be on settlement rather than determination of fault. Clinical information gained during this process is confidential and not to be shared with others in peer review or anyone else. **Avoid any clinical evaluations or judgments of clinical evidence.** The Mediator must stay calm, neutral, and earn the trust of both parties. He must be a good listener and his conversations with both parties must be confidential. Consistent with this confidentiality, at the conclusion of the process, the Mediator reports only the dates of contact with each party and whether or not the parties reached agreement.

**The reason that only dates should be reported is to assure that the peer review hearing committee is not influenced by statements made by either party in an effort to reach a solution during the mediation process that were offered as a compromise. If the compromise offer was refused, each party should retain their initial rights and position in front of the hearing committee. This also assures the parties that the mediation phase is confidential and that any comments will not be passed on to anyone.**

If the Mediator has been unable to contact and discuss the case with the patient over a 90-day period, the Mediator may recommend to the component Chair that the case be closed. The case will then be returned to ISDS and recorded as closed and unresolved. **Certified letters will be sent to the involved parties notifying them that the case is closed.**

If the dentist does not wish to participate in the
peer review process, the Mediator shall inform the dentist that mediation is a confidential process and encourage him to cooperate with the process. Should he choose not to participate in the mediation process, mediation process immediately terminates and proceeds to the Peer Review Hearing. Should the dentist still choose not to participate in the peer review process, the process will continue without his testimony.

**Recommended Procedure:**

1. Determine if the patient has contacted an attorney for advice. Such contact is not litigation, and the peer review process may proceed. If either party has filed suit, then the case is closed.

2. Contact each party as soon as possible. Explain the process. Emphasize that you will be helping to achieve an agreement that is acceptable to both parties and that your role is not to determine fault. Stress that if agreement can be reached at this stage that it will save considerable time and perhaps stressful involvement for each party. Explain that all conversations are confidential and that you will not convey anything to the other side that a party does not want revealed.

3. Listen carefully to each party’s version of the event. Talk separately to all parties at all times. Be prepared for an emotional presentation. Stay neutral, calm, and avoid agreement or conflict with each party involved. Focus on finding a solution. Encourage each party to verbally state what they would consider to be an acceptable solution or resolution. You may find that you have a possible solution or options to suggest. "Shuttle" between the parties to achieve resolution if at all possible.

4. Any notes taken during this process are your private notes and not to be shared with anyone. At the conclusion of the mediation process you should destroy your notes. If successful, summarize the agreement on the form and obtain signatures on the mutual release form (see Appendix Page 16). If unsuccessful, return the mediation report form noting only dates of party contact to the committee Chair in order that he may proceed with the examination/hearing process.

*To review:* When mediation does not resolve a case, the mediator shall not report anything more than the lack of settlement. The reasons for this are not only to make mediation as effective as possible, but even more importantly, to protect the decision making process of the Peer Review Hearing committee should that become necessary. If a dentist or patient were not consulted during the examination process because the committee used information gained during the mediation process, that dentist or patient has a complaint against the society for sponsoring an unfair process. Even when the dentist or patient is consulted, conciliatory comments either made earlier in an attempt to settle a claim should not influence the peer review process. In order to be credible, the Peer Review Hearing Committee must reach an independent judgment, based on an examination of the patient and dental records along with interview with the dentist and patient.

**GUIDELINES FOR PEER REVIEW HEARING COMMITTEE**

In all unsuccessfully mediated cases, the Chair must appoint a minimum of three (3) committee members to the Peer Review Hearing Committee to consider the case referred for review. One of these members must be the Chair or his designate. The original mediating member shall not serve on this Peer Review Hearing Committee.

*It is essential that the Peer Review Hearing Committee is completely impartial in reviewing their peers and deals with specifics of the case, and not in generalities or other clinical issues that are not raised in the complaint.*

In all cases, a final recommendation must be made by a majority of the Peer Review Hearing Committee members. In rare cases, if a Peer Review Hearing Committee unanimously agrees that a final recommendation is inappropriate for the peer review process, it may so state. In this case, all clinical information is to be forwarded to the ISDS Peer Review Committee for its review. The ISDS Peer Review Committee will either confirm the decision that a final recommendation is not appropriate, or it may return the case to the local committee requesting that it make the best recommendation possible. If the state committee agrees with the local committee that a final recommendation is not appropriate, then both parties involved in the complaint are so notified and the case is considered closed.

The intent of the peer review hearing is to offer a recommendation to the involved parties. While this recommendation is not legally binding on either party, the Peer Review Hearing Committee can express its opinion as to what an appropriate solution could be in light of the facts presented.

Any member of a Peer Review Hearing Committee who believes he cannot, for any reason, give an unbiased judgment should withdraw from the committee.

**Peer Review Hearing Involving a Specialist:**

Review involving a specialist, a dentist licensed in one of the recognized dental specialties, is the same; however, there are some additional considerations. The Peer Review Hearing Chair should advise all involved parties that if a specialist is the subject of a peer review hearing, he must be informed that he has the right to require the Chair of the committee to obtain a panel of
specialists (at least three). This panel, along with the Chair or his designate, will comprise the Peer Review Committee. If a three-person specialty panel is not requested, or is not available in the geographic area, at least one dentist of the specialty involved should be added to the regular Peer Review Hearing Committee.

With respect to review of cases involving treatment in specialty areas by general practitioners, the underlying principle remains that there is only one standard of care, regardless of who provides the care.

The component committee may also make a request to the ISDS Committee on Peer Review that the case be reviewed by a recognized constituent specialty organization’s Peer Review Committee. The final decision on the referral to a recognized constituent specialty organization will be made by the Chair of the ISDS Committee on Peer Review.

The Chair of the Peer Review Committee Hearing shall:
• ascertain whether an involved party has instituted litigation since the attempt at mediation was unsuccessful. If so, he will terminate further proceedings on the part of the committee and notify ISDS. ISDS will notify the parties and close the case (see Appendix page 19).
• send a certified letter, return receipt requested, and marked "Confidential" to all involved parties, at least fifteen days prior to the review and/or examination, announcing the mutually agreed upon time and place of the review (see Page 20).
• inform all of the involved parties, prior to the review, of the names of the members comprising the Peer Review Hearing Committee that will be considering the case. Any involved party may request the Chair to dismiss a committee member for good cause. The component Chair has the final determination as to whether the request is accepted or denied.
• terminate the review if the complaining party is not present for the hearing.
• continue the hearing if the other involved parties are not present. If the dentist declines to be interviewed, that is his choice. However, the exam review committee must insure that the dentist was properly notified (by certified letter) of the time and place of the examination and has had ample and fair opportunity to present his side of the case. All parties must have the opportunity to present their testimony.
• terminate the review if a patient refuses to permit a clinical examination which the committee feels is necessary. A written explanation of the reason for termination will be given to all involved parties.
• ensure that no audio/visual equipment or any other type of recording device is in the hearing room.

During the Peer Review Committee Hearing, the Committee shall:
• not allow testimony or conversation during the process from anyone other than the involved dentist or patient. This could create a diversion that would prevent the examination committee from being totally directed to their defined task (i.e. patient examination and recommendations)
• interview all involved parties separately and consider other written testimony or clinical records. It is suggested that involved parties be scheduled for interview at least one hour apart to avoid any confrontation or feelings of tension between them.
• if deemed necessary by the committee, conduct a clinical examination. The examination shall be carried out thoroughly and in a professional manner. During the clinical examination there shall be no discussion of the findings with the patient, and/or other examiners in the presence of the patient in order that statements will not be misunderstood.

Following the Peer Review Committee Hearing, the Committee shall:
• complete all of the clinical worksheets independently, and separately, from each of the other committee members (see Appendix Pages 21-22). This information must be written clearly so that it could be understood in a court of law.
• not discuss findings of the case prior to writing individual reports.
• meet in closed session to study the committee members’ clinical worksheets and review the testimony and other records and arrive at its recommendations for resolution of the problem based on the evidence presented.
• not include any editorializing philosophy or prejudicial remarks in the reports and limit the comments only to the specific treatment in question.
• remember that all of the records of the hearing, as well as individual committee members personally, may be subpoenaable in the event of subsequent litigation. Care should be taken to forward the entire record to ISDS headquarters. Any subpoena for records will then have to be issued to ISDS rather than to the component committee.

Points to consider in preparing the Component Chair’s Composite Report: (See Appendix Page 22) The Peer Review Hearing Committee should keep in mind that:
• a majority vote shall constitute the decision of the Peer Review Hearing Committee; however, a written minority opinion may be submitted separately and included in the completed file, which is forwarded to the ISDS headquarters. Minority reports are not a part of the findings given the patient and/or dentist but expand the information available in the overall consideration of a case in the event of appeal to the ISDS Committee on Peer Review.
• THE ACTUAL COPY OF THE COMPOSITE REPORT WILL BE SENT TO THE INVOLVED
PARTIES. THEREFORE, YOUR COPY SHOULD BE WRITTEN WITH THAT THOUGHT IN MIND (clearly legible or typed). There should be no inappropriate comments on this form or anywhere in the file.

• the recommendation(s) must respond to the specific allegations of the complainant.
• the report should be factual and use terminology which is understandable to the lay person.
• each recommendation must contain enough reasoning to support its validity. It is essential to give the rationale for the decision of the committee.
• the report must include recommendations for final action. If the committee concludes that the performance of the dentist calls for corrective action, the following might be considered:
  • Perform the treatment again.
  • Have another dentist perform the treatment.
  • Refund all or part of any fee paid.
• if a refund is recommended, the specific amount of the refund must be determined and the receipt of the refund (either the patient or a third party) must be indicated in the report.
• the patient and ISDS must be advised of any condition that may be detrimental to the patient's health.
• all involved parties will be notified in writing of the decision and/or recommendations of the committee by ISDS, with an explanation of the right of appeal to the ISDS Committee on Peer Review. Such members of the subcommittee whose decision, based on the materials available, will be one of the following:
  • reject the appeal as not justified;
  • refer the case back to the component committee for further action;
  • refer the case back to the component for a hearing by a new committee;
  • recommend that the ISDS Committee rehear the case.

The ISDS Peer Review Appeals committee may contact the component peer review Chair to inform that an appeal has been made. A request for additional information may be made in order to provide further insight that might not be present in the original documentation.
ISDS will appoint a sub-committee of three members of the ISDS Committee on Peer Review to study the request for appeal (see Appendix Page 26).
ISDS will forward the entire case file to the members of the subcommittee whose decision, based on the materials available, will be one of the following:
  • reject the appeal as not justified;
  • refer the case back to the component committee for further action;
  • refer the case back to the component for a hearing by a new committee;
  • recommend that the ISDS Committee rehear the case.
If the ISDS committee rejects the appeal, all involved parties will be notified (see Appendix Page 27).
If the decision of the component committee is affirmed, all involved parties will be so notified (see Appendix Page 28).
When a case is returned to the component committee, the ISDS Peer Review Committee at its discretion may direct the Chair to convene an entirely new hearing committee and follow the usual procedure.
The ISDS Committee on Peer Review at his discretion also may elect to have the ISDS Committee on Peer Review rehear a case on appeal; or may appoint a sub-committee composed of dentists in the geographic area involved to act on behalf of the ISDS Committee on Peer Review. This decision is the prerogative of the Chair.
The decision of the ISDS Committee on Peer Review is the final step in the appeal process. When the peer review process has been completed, no involved party is required to accept the recommendations of the committee. All parties retain their normal legal remedies.
Appendix

(forms and letters to be used in the peer review process)
Instructions to Complete the Request for Review of Dental Services Form

The Illinois State Dental Society’s mediation and clinical peer review process can assist in reviewing disputes between patient and dentist. The disputed issues must be clinical and have occurred in the last two years. This means that the dispute is about the appropriateness or the quality of the dental care that has been provided by the dentist.

The mediation and clinical peer review process is not a court and has no disciplinary function. It merely provides an alternative dispute mechanism, at no cost to either party.

The process cannot review office billing or fee disputes or any issue that deals with the business aspects of operating a dental practice. The Mediation and Clinical Peer Review Committee also will not review cases where there is a difference of opinion between two dentists if no actual services have been provided. The process is not designed to compensate for pain and suffering.

If ISDS decides that your complaint is appropriate for review, it will be sent to a local dentist who will attempt to mediate your dispute by phone between the two parties. A copy of your Request for Review of Dental Services form will also be sent to the treating dentist so that he/she can be prepared to discuss the complaint with the mediator. If mediation is unsuccessful and it is deemed appropriate, your case will then be referred to a three-dentist peer review panel (not including the Mediator), who will review your complaint and make a recommendation. It must be noted that the recommendation of the Clinical Peer Review Committee is confidential and is not binding on either party. Each party retains his or her full legal remedies. It is the experience of ISDS, however, that the recommendations of the three-dentist panel are accepted by both parties.

Please make sure that:

- you DO NOT list a specific remedy that you are seeking to resolve the case.
- you have listed the specific name of the dentist that provided the care and not the name of the dental office.
- the dispute was not or is currently not part of a lawsuit.
- you have provided a full description of the events that occurred.
- all documents that you believe are important are included with the form.
- refrain from posting disparaging remarks on social media.
- both parties currently reside in the state of Illinois.
- you have signed and dated the form.

You are returning the form to:
Illinois State Dental Society
Committee on Mediation and Clinical Peer Review
P.O. Box 376
Springfield, IL 62705
Fax: 217/525-8872
## REQUEST FOR REVIEW OF DENTAL SERVICES

**RETURN TO:** Illinois State Dental Society  
Committee on Mediation and Clinical Peer Review  
P.O. Box 376  
Springfield, IL 62705  
Fax: 217/525-8872  

(Please Type or Print Clearly in Black Ink)

<table>
<thead>
<tr>
<th>Patient's Name</th>
<th>Dentist's Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>Address</td>
</tr>
<tr>
<td>City</td>
<td>State</td>
</tr>
<tr>
<td>Home Phone</td>
<td>Work</td>
</tr>
</tbody>
</table>

**Parent/Guardian if patient is less than 18 years old**  
Name  
Address  
City | Zip  
Home Phone | Work

**Date treatment started**  
**Date treatment completed**  
**Date last treated by this dentist**

When did you first recognize there was a problem with the clinical treatment?

**Have you discussed it with the dentist?**  
Yes | No

If yes, what dates?

**Did the dentist respond?**  
Yes | No

If yes, what action was taken?

**Have you been examined/treated by another dentist(s) for this problem?**  
Yes | No

If yes, please list name, address and phone number of other dentist(s).

Has a lawsuit ever been filed involving this case?  
Yes | No

**Have you asked for help from any other person, organization or agency?**  
Yes | No

If yes, who?

**Did insurance pay for any portion of this treatment?**  
Yes | No

Name of Insurance Company

Name of Insured’s Employer  
Policy #
Please provide a full written description of the clinical dispute.

I authorize the release, to this committee, of any dental records or information by anyone who has examined, treated and/or processed claims for me. I further give my permission for the committee to perform a limited clinical examination if it is deemed necessary by the committee to make a recommendation in this complaint.

Date Submitted: ___________________________ Signature: ___________________________

(patient, parent or guardian)
Your request for review of dental services has been rejected for the following reason(s).

___ You provided the name of the dental office and not the name of the specific dentist that provided the care in dispute.

___ Your complaint is about fees or a billing dispute.

___ The dispute is or was part of a lawsuit.

___ Your dispute concerns the release of your dental records. This is subject to the Illinois Department of Financial and Professional Regulation. IDFPR may be contacted at 312/814-4481.

___ An official Peer Review form has not been completed.

___ You did not provide a full description of the events that occurred.

___ You listed a specific remedy that you are seeking to resolve the case.

___ The dental care was provided over two years ago.

___ You did not sign or date the form.

___ Your dispute is with a dental student and not a licensed dentist. Please contact the dental school directly concerning this issue.

___ No services were actually provided.

___ Contact the Illinois Department of Financial and Professional Regulation at 312/814-4481 for assistance.

___ Both parties must currently reside in the state of Illinois.

___ Services provided by a Medicaid Provider. Contact Medicaid to file a complaint.

___ Other: __________________________ __________________________________________

If the above issue(s) has or can be corrected, please make the correction(s) and return it to the Illinois State Dental Society for further consideration.

Sincerely,

Director of Professional Services
DATE

Patient Name
Address
City State Zip

RE: Dr. ______________________

The Illinois State Dental Society’s Committee on Mediation and Clinical Peer Review has received your request for review of dental services. We have established this process for the purpose of attempting to assist in resolving differences between patients and their dentists.

Mediation and Clinical Peer Review is not a court and has no formal disciplinary function. It merely provides a free, voluntary service to assist in resolving disputes. The recommendations of the committee are not legally binding on either party. If the parties do accept the recommendations, however, each party will be requested to sign a mutual release.

Your case will be forwarded to our local dental society’s peer review Chair. He or she will assign the case to a volunteer dentist that serves on the local peer review committee who will serve as the mediator. A copy of your complaint will also be sent to the dentist so that he or she can be informed of the dispute and be ready to participate in the process.

The appointed mediator will be in contact with you shortly.

Sincerely,

Director of Professional Services

Cc: Dentist
   Local Peer Review Committee Chair
Mediation Report

Initiating Party:

Name:_____________________________________ Telephone (______)____________________
Address:_____________________________________________
(Street) (City) (State) (Zip)

vs.

Name:_____________________________________ Telephone (______)____________________
Address:_____________________________________________
(Street) (City) (State) (Zip)

Is Formal Litigation in Process? Yes_________ No__________

The first step in the Peer Review process is to see if the parties involved can settle their conflict through mutual agreement. At this stage, clinical details are not necessarily important. The Mediator’s role is to facilitate agreement if at all possible.

Mediation is confidential and the Mediator should not report the content of any discussions with either party, to the peer review committee or anyone else. Report only the dates of your contacts. If the mediation is successful, summarize the terms of the settlement. If not, refer the case back to the Peer Review Chair for the examination process. It is particularly important that the Mediator not convey information gained from parties so that the examination committee can be completely objective in gathering information and reaching their conclusions.

<table>
<thead>
<tr>
<th>Dates of Patient Contact:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of report:____________</td>
</tr>
<tr>
<td>________________</td>
</tr>
<tr>
<td>________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Dates of Doctor Contact:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of report:____________</td>
</tr>
<tr>
<td>________________</td>
</tr>
<tr>
<td>________________</td>
</tr>
</tbody>
</table>

Outcome

Resolved_________ Summary of agreement____________________________________
________________________________________________________________________
________________________________________________________________________

Unresolved________(Refer back to Peer Review Committee Chair)

_________________________________  ________________________________
Component/Branch                   Signature of Mediator

_________________________________
Date of report:____________________

Print name
MUTUAL RELEASE AND SATISFACTION OF CLAIMS

This mutual release executed between ____________________ (hereinafter called "Dentist") and _________________ (hereinafter called "Patient") is intended to effect the extinguishments of obligations as hereinafter designated.

Disputes and differences have arisen between the parties with respect to dental treatment of patient by dentist. The parties have agreed to execute this mutual release in settlement of such disputes and differences.

In consideration of the mutual relinquishment of their respective legal rights with reference to the above mentioned disputes and in consideration of the execution of this mutual release, and in consideration of the sum of $___________, to be paid by dentist to patient, dentist and patient expressly release the other, and the other's heirs, assigns and legal representatives, from all liability for claims and demands arising out of all treatment of the patient by the dentist prior to and including the date of this agreement.

Furthermore, dentist and patient shall not make disparaging comments about each other, and the other’s heirs, in any form or media, including by way of online or printed media.

Dated this _________ day of __________________, ________.

___________________________________     ________________________________
(Signature of Dentist)                                     (Signature of Patient or Guardian)

WITNESS:  _________________________     WITNESS: _________________________
Address_________________________          Address  _________________________
________________________________    ____________________________
DATE

Patient Name
Address
City State Zip

RE: Dr. ______________________

The local Mediation and Clinical Peer Review Committee has informed us that your complaint has been satisfactorily resolved and that a mutually acceptable solution has been reached.

We would like to thank both parties for cooperating in the peer review process.

Sincerely,

Director of Professional Services

Cc: Dentist
DENTIST REFUSES PARTICIPATION
(To be used by component Chair)

(Confidential)

Date

Involved Dentist
Address
City State Zip

Dear Involved Dentist:

The (name of component) Mediation and Clinical Peer Review Committee has attempted to mediate the complaint between you and (name of patient).

As you have chosen not to actively participate in this process, we are notifying you that this case may now proceed to a full peer review hearing. If this occurs, the panel of three dentists will make a recommendation as to how they believe the case should be resolved.

This non-binding recommendation will be made based on the information that is available to the committee and the testimony presented during the hearing.

Sincerely,

(Component Peer Review Chair)

cc: Involved Patient
Date

Patient Name
Address
City State Zip

RE: Dr. _______________

Your local Mediation and Clinical Peer Review Committee has informed us that it has learned that this subject matter is part of a lawsuit between the parties. As a result, we must officially terminate the process.

Thank you for considering the Mediation and Clinical Peer Review process. We regret that we could not resolve this matter before the legal process began.

Sincerely,

Director of Professional Services

Cc: Dentist
(CERTIFIED MAIL – CONFIDENTIAL)

Date

Involved Party
Street
City State Zip

Dear Involved Party:

Pursuant to a request of (name of person initiating request) the Committee on Mediation and Clinical Peer Review of the (name of component dental society) has scheduled your review for (date, time and place).

You and (name of other involved party) are requested to appear before the committee for separate interviews. The hearing committee is composed of (names of dentists composing committee).

If you should have any questions or desire any further information relative to the review process, please do not hesitate to contact me at (phone #).

Sincerely,

Chair
Committee on Mediation and Clinical Peer Review
(Name of Component Dental Society)

cc: Involved dentist/patient (Confidential)
Peer Review Worksheet for Clinical Examination

(please type or print)

Patient Interview and Examination

Patient __________________________ Address______________________________
Specific Complaint: __________________________________________________________
Clinical Findings:
____________________________________________________________________________________
____________________________________________________________________________________
Conclusions of Examiner:_________________________________________________________ 
____________________________________________________________________________________
____________________________________________________________________________________

Dentist Interview

Dentist____________________ Address__________________________________ __________ _____
Dentist response to patient’s chief complaint:___________________________________________________________________________ 
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Other Testimony (If Applicable):

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Examiner Recommendations:

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Name of Examiner (print)____________________________ Exam Location__________________________
Signature of Examiner________________________ Date:________________________
Date Certified letters sent to both parties notifying the date/time/place of this examination_________________

Illinois State Dental Society 21 Peer Review Manual
Peer Review Clinical Examination – Composite Report
(Peer Review Chair’s Report)

Patient_____________________________________ Telephone (____)___________________________

Address:_____________________________________ City__________________________ Zip________

Dentist_____________________________________ Telephone (____)___________________________

Address:_____________________________________ City__________________________ Zip________

Date Examination:_________________ Time/Place Examination________________________________

Certified Letters of notice of Examination sent to both parties? Yes_____No_____ Date Sent_________

Were both parties present and interviewed? Yes_____No_____ 

Exam committee Members Present:  

____________________________________  

Specific Complaint:___________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Clinical Findings:___________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Composite Examiner
Conclusions:_____________________________________________________________ ____________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Composite Examiner Recommendations:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Date:_____________________________ ____________________________________

(Signature of Peer Review Chair)

____________________________________

(Please Print Name)

____________________________________

(Component Dental Society)
Completed Peer Review Checklist

(To be forwarded to the ISDS Headquarters Office with completed file.)

Component Dental Society_________________________Date____________________

_____________________________   vs   ___________________________________
(Initiator of Complaint)        (Complaint Against)

Date of Review Request:   _________

Date sent to Mediator:     _________

Date of Peer Review Hearing:   _________

Items to be Enclosed

_______ Original Peer Review Request Form

_______ Mediation Report

_______ Copies of all Certified Letters, Return Receipts and all correspondence indicating time and place of Review (Examination)

_______ All Clinical Examination Worksheets

_______ Peer Review Chair’s Composite Report/Recommendations

_______ Records of any other testimony/documentation

_______ Release & Satisfaction of Claims form (if used)

These records are submitted by:_________________________Tel__________________
DATE

Patient Name  
Address  
City State Zip  

RE: Dr. ______________________

The local peer review committee has completed the review of your case. Enclosed you will find a copy of the report that was submitted by the committee. This report reflects its decision based on the evidence submitted.

As mentioned in our opening letter, the peer review system is not a court of law and the decision of the committee is not legally binding. It is the hope of the committee that the parties will utilize the decision of the committee and abide by its recommendations.

If the doctor and patient agree to the recommendation of the committee, mutual release forms are available to legally bind each party to the acceptance of the recommendation.

All involved parties have the right to request an appeal to the Illinois State Dental Society Committee on Peer Review. It is the role of the ISDS committee, however, to review only requests for appeal based on one or more of the following: (1) the facts presented were ignored or misinterpreted by the committee (2) information is available that can document that the committee was prejudiced or biased in rendering a decision (3) new information or dental records became available that would affect the committee’s decision.

If the findings in this case are to be appealed, a written letter of appeal must be filed within thirty days of your receipt of this report and sent to: Committee on Mediation and Clinical Peer Review, Illinois State Dental Society, P. O. Box 376, Springfield, Illinois 62705.

Thank you for using the Illinois State Dental Society peer review mechanism.

Sincerely,

Director of Professional Services

Enclosure

cc: Dentist (Confidential & Certified)  
Component Peer Review Chair
Date

Patient Name
Street
City State Zip

Dear Involved Party:

Your request for appeal of the findings of the local committee have been received.

The entire file in this case will be forwarded to the members of the Illinois State Dental Society Committee on Peer Review so that they may determine if an appeal should be granted.

As soon as we receive the findings, we will inform you of their decision regarding your appeal.

Sincerely,

Director of Professional Services

cc: Dentist (Confidential)
Local Peer Review Chair
DATE:

TO:                  ISDS COMMITTEE ON PEER REVIEW

                      Dr.
                      Dr.
                      Dr.

FROM:    Director of Professional Services

SUBJECT:   (Involved Dentist/Patient)

The file in the above case is enclosed for your study. You may wish to contact the Chair of the Peer Review Committee for more information.

Please review this material and return the mail ballot below as quickly as possible. You may also fax your decision to ISDS at 217/525-8872.

=======================================================================
(Involved Dentist/Patient/Carrier)

An appeal in the above case is _______ is not _______

justified on: _____ procedural error
             _____ inconsistency of facts or findings
             _____ prejudice or bias
             _____ new information now available

ISDS Committee should: _____ reject as not justified
                       _____ return to component committee for further action
                       _____ rehear the case

_________________       ________________________________
       Date                                              Signature
Date

Patient Name
Street
City State Zip

RE: Dr. _________________________

It is the decision of the Illinois State Dental Society Committee on Peer Review that your request for appeal be denied since the committee finds no evidence of justification for such request.

The provisions of our peer review system have now been completed and investigation of the complaint is terminated.

Thank you for using the peer review mechanism.

Sincerely,

Director of Professional Services

cc: Dentist (Confidential)
    Local Mediation and Clinical Peer Review Chair
    Appropriate ISDS Peer Review Sub-Committee
LETTER NOTIFYING APPEAL IS JUSTIFIED  
(CERTIFIED MAIL)

Date

Patient Name  
Address  
City State Zip

RE: Dr. __________________________

It is the decision of the Illinois State Dental Society Committee on Peer Review that your request for appeal is justified.

The entire file in this complaint is being returned to the local dental society’s peer review committee for a further review by the previous committee or a re-hearing by a new committee.

Someone will contact you from that committee soon.

Sincerely,

Director of Professional Services

cc: Dentist (Confidential)  
Local Mediation and Clinical Peer Review Chair  
Appropriate ISDS Peer Review Sub-Committee
TERMINATION LETTER AFTER 90 DAYS OF NO CONTACT

Date

Patient Name
Address
City State Zip

RE: Dr. ________________________

The Mediator who has been assigned to your case involving (name of the dentist) has attempted to contact you by telephone over the last 90 days and has been unsuccessful. Based on this information we are closing this case as unresolved.

If you have been unavailable because of extenuating circumstances and wish for us to continue our review, please send a letter to me explaining why you have been unavailable and if any relevant facts of your case have changed since you originally filed your complaint with us.

Sincerely,

Director of Professional Services

Cc: Dentist
    Local Peer Review Chair