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Community Health Centers



America's Voice for Community Health Care

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NATIONAL ASSOCIATION OF
Community Health Centers

America's Voice for Community Health Care

The National Association of Community Health Centers (NACHC) represents Community and Migrant Health Centers, as well as Health Care for the Homeless and Public Housing Primary Care Programs and other community-based health centers.

Founded in 1971, NACHC is a nonprofit advocacy organization providing education, training and technical assistance to health centers in support of their mission to provide quality health care to medically underserved populations.

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NATIONAL ASSOCIATION OF
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The NACHC Mission

To promote the provision of high quality, comprehensive and affordable health care that is coordinated, culturally and linguistically competent, and community directed for all medically underserved populations.

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For further information about NACHC and America's Health Centers

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NATIONAL ASSOCIATION OF
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Clinical Affairs Division: Risk Management Webcast Series, Monday, August 10, 2:00 p.m. Eastern

The Nuts and Bolts of Peer Review for Health Centers

Dale S. Benson, MD, CPE, FACPE, via Ambulatory Care Innovations, Inc.
 Peyton G. Townes, Jr. – President, Ambulatory Innovations, Inc., "Practical Solutions in Health Care"
 Katja Laepke, Director of Clinical Quality Projects, NACHC

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Important Logistics – Thank You!

- Please mute your phone but do not put on hold
- Audio-recording and downloadable Presentation and Monograph to be accessible on NACHC website in NACHC LiveLEARNING Center within two weeks—will be back in touch promptly with details
- **Q&A via e-mail ONLY to Katja at klaepke@nachc.com or via WebEx's "chat" function**
 - Answers will be provided via e-mail to all participants within two weeks

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Contact Information for Follow-ups

- More than glad to follow-up at anytime after the Webcast:

–Katja: klaepke@nachc.com , 206.780.4972

HRSA's FTCA HelpLine: 1-866-FTCA-HELP (1-866-382-2435)

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Background and Learning Objectives

Webcasts designed specifically for health centers in NACHC's continuing efforts to work together with health centers to develop and sustain as well as coordinate and align integrated quality and risk management programs

LEARNING OBJECTIVES for this Webcast:

- Describe what Peer Review is and why health center practitioners need to be actively involved in it.
- Articulate the various types of Peer Review and when each should be used in the health center setting.
- Delineate the role of both internal and external practice guidelines in Peer Review.
- Structure Peer Review so that it is fair and non-judgmental.
- Use Peer Review data to positively impact the quality of care in a non-threatening way.
- Describe mechanisms for cross-specialty or single-provider Peer Review.
- Explore the options for enabling busy practitioners to find time for Peer Review.
- Assess the role of legal considerations in Peer Review.

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NACHC Risk Management Resources

- **NACHC LiveLEARNING Center—audio-recordings, Presentations, and Monographs:**
 - “Risk Management Issues for Community Health Center Board Members;”
 - “Developing an Effective Quality Management (QM) Plan for Health Centers,” also presented by Dr. Dale Benson;
- **Educational Session** at CHI in Chicago:
 - Tuesday, August 25, “FTCA Developments: Update on Federal Policies and Issues and Implications for Health Centers”

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NACHC Risk Management Resources

- NACHC Risk Management Bulletin Series (23):
<http://web.nachc.com/Purchase/CatalogSearchResults.aspx?Option=1&ProductTypeText=Risk+Management+Series+Bulletins&ProductTypeValue=16&Title=&Author=&ProductDesc=&TitleText=Title+contains&AuthorText=Author++name+contains&ProductDescText=Product+description+contains>
- Risk Management Learning Community—COMING SOON
 - www.nachc.com /Clinical Knowledge Management Portal and Learning Communities
 - Resources: Documents and Links on hot topics
 - Calendar of Events
 - Ask the Expert Triage
 - Discussion Board

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For more information

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The Nuts & Bolts of Peer Review

WEBINAR – August 10, 2009

Speaker: Dale S. Benson, MD
(via Ambulatory Innovations, Inc.)



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The Nuts & Bolts of Peer Review

- Peer review can be extremely beneficial
 - Done well = Quality ↑
 - Done poorly = Quality ↓
 - Conflict
 - Morale
 - Bad data
 - Legal liabilities

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The Nuts & Bolts of Peer Review

- Consider...
 - What it is
 - Structure
 - Participation
 - Fairness and equitability
 - Results

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The Nuts & Bolts of Peer Review

- Peer review must be designed so that it is...
 - Efficient (practitioners are busy)
 - Effective (value needs to be worth time and energy invested)

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The Nuts & Bolts of Peer Review

It **CAN** Be Done!



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The Nuts & Bolts of Peer Review

- What is Peer Review?
 - Structured, ongoing assessment
 - By peers
 - Another practitioner's care
 - Often a colleague

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The Nuts & Bolts of Peer Review

- 4 components of practitioner performance:
 - Complete documentation
 - Appropriate diagnostic procedures
 - Appropriate therapeutic procedures / plans
 - Progress toward predetermined outcomes

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The Nuts & Bolts of Peer Review

- Functional definition of Quality:
 - "The degree of excellence of an organization's:
 - Processes
 - Practitioner / support staff performance
 - Practitioner / support staff decisions
 - Practitioner / support staff human interactions"

Peer review focuses on the decisions and performance of the practitioner staff.

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The Nuts & Bolts of Peer Review

Is Peer Review required?



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The Nuts & Bolts of Peer Review

- HRSA's Program Requirements (Quality)*
 - Periodic assessment
 - Appropriateness of service utilization
 - Quality of services

** (Sec. 330(k)(2)(c) of PHS Act / 42 CFR 51c.303(c)(1-2)*

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The Nuts & Bolts of Peer Review

- HRSA's Program Requirements (cont'd)
 - Peer Review must:
 - Be periodic (ongoing)
 - Focus on appropriateness of utilization
 - Focus on quality of services
 - ✓ Health care decisions of practitioner staff
 - ✓ Performance of practitioner staff

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The Nuts & Bolts of Peer Review

- HRSA's Program Requirements (cont'd)
 - Assessments shall:
 - Be conducted by physicians (or licensed health care professionals under the supervision of physicians)
 - Be based on systematic collection / evaluation of patient records
 - Identify / document necessity for change
 - Result in institution of change

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The Nuts & Bolts of Peer Review

- 2 Fundamental phases of QM
 - Quality assessment
 - Quality improvement

HRSA requirements address both

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The Nuts & Bolts of Peer Review

- Peer Review

Flexible approaches to structuring

BUT...

NOT optional!



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The Nuts & Bolts of Peer Review

- Specific Requirements

- **HRSA** =
 - "Appropriate clinical protocols"

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The Nuts & Bolts of Peer Review

- Specific Requirements

- Federal Tort Claims Act (**FTCA**) =
 - "Clinical protocols defining appropriate treatment / diagnostic procedures"
 - "Written QA Plan incorporates peer review"
 - "Peer review results become part of deeming process"
 - "QA findings are used to improve care"

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The Nuts & Bolts of Peer Review

- Specific Requirements

- The Joint Commission (**TJC**) =
 - Leadership Standard
 - ✓ "Clinical practice guidelines" / "Leadership review & approval"
 - HR Standard
 - ✓ (Privileging) "Evaluates Peer Review of clinical judgment"
 - Performance Improvement Chapter
 - ✓ "Data collection and analysis"
 - (Ambulatory Standards)

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The Nuts & Bolts of Peer Review

- Specific Requirements


- State health bureaus



- Managed care organizations

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The Nuts & Bolts of Peer Review



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The Nuts & Bolts of Peer Review

- Benefits of Peer Review
 - For individual practitioners
 - For overall practitioner staff
 - For QM program
 - For medical staff leadership (CMO)

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The Nuts & Bolts of Peer Review

- For Individual Practitioners
 - Excellent learning experience:
 - Which systems / processes work
 - Which don't
 - Patient care decisions made
 - Decisions not made
 - Treatment results over time



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The Nuts & Bolts of Peer Review

- For Overall Practitioner Staff
 - More unified and consistent approach:
 - Practice guidelines (developed or adopted)
 - Evidence-based approaches
 - Unify diagnostic / therapeutic approach
 - More stable treatment plan over time
 - "Best practice" orientation

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The Nuts & Bolts of Peer Review

- For the QM Program
 - Documents quality of practitioner staff care
 - Ongoing assessment / improvement
 - Practitioner performance
 - Practitioner decisions
 - Integral to quality management
 - "Phase THREE"

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The Nuts & Bolts of Peer Review

- For Medical Staff Leadership (CMO)
 - Assists in the discovery / documentation
 - Unacceptable performance - dysfunctional practitioners
 - Inadequate performance – incompetent practitioners
 - Hopefully a very rare occurrence

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The Nuts & Bolts of Peer Review

- 1. Two types of peer review:
 - Internal peer review
 - External peer review

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The Nuts & Bolts of Peer Review

- 1. Internal Peer Review
 - Organization's own practitioners
 - An important part of QM Plan
 - Integral to quality assessment and improvement

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The Nuts & Bolts of Peer Review

- 2. External Peer Review
 - By practitioners not from own organization
 - Useful if there are significant quality concerns - specific provider

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The Nuts & Bolts of Peer Review

- Structuring Peer Review
 - Fair
 - Non-judgmental
 - Credible
 - Efficient
 - All-inclusive
 - Effective

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The Nuts & Bolts of Peer Review

- Practice Guideline = Clinical Protocol
 - Required by:
 - FTCA
 - The Joint Commission
 - HRSA

Practice guidelines are NOT optional


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The Nuts & Bolts of Peer Review

- Definition: **Practice Guidelines**
 - "Statements that assist the practitioner in making decisions about appropriate health care for specific clinical circumstances."
 - Scientifically proven = "Evidence-based"

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The Nuts & Bolts of Peer Review

- Two categories of Practice Guidelines
 - **Internal** — you develop yourself 
 - **External** — developed by outside experts
 - You can use either (or both)

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The Nuts & Bolts of Peer Review

- Benefits of Practice Guidelines
 - Moves away from “judging”
 - Moves toward “data retrieving”
 - Enables Peer Review to be:
 - Fair
 - Non-judgmental

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The Nuts & Bolts of Peer Review

- Benefits of Practice Guidelines (cont'd)
 - Annual review = Helps keep practitioners current
 - “Guidelines encode expertise and help focus the conversation.”

- D. Berwick, MD
Institute for Healthcare Improvement


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The Nuts & Bolts of Peer Review

- Internal Practice Guidelines
 - “Your own”
 - Reflect uniquenesses:
 - Your environment
 - Your patient population
 - Options available for your patients
 - Wording that makes sense to your practitioners


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The Nuts & Bolts of Peer Review

- 10 Tips for Internal Guidelines
 1. Simple format
 - Max 2 pages
 - SOAP format:
 - ✓ S = Subjective
 - ✓ O = Objective
 - ✓ A = Assessment
 - ✓ P = Plan
 2. One guideline at a time 

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The Nuts & Bolts of Peer Review

- 10 Tips (cont'd)
 3. List most common diagnoses
 - Prioritize guideline development 
 4. Assign guidelines for development
 - Research latest information
 - Draft proposal in SOAP format

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The Nuts & Bolts of Peer Review

- 10 tips (cont'd)
- 5. Include only *critical* data
 - Subjective (historical)
 - Objective (physical findings)
 - Assessment (diagnostic)
 - Plan (therapeutic)
 - Critical requirements for diagnosing / treating
 - Avoid tendency to expand guideline

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The Nuts & Bolts of Peer Review

- 10 Tips (cont'd)
- 6. Include:
 - Desired outcome(s)
 - Literature references
- 7. Summarize each guideline with 4 key questions for chart audit

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The Nuts & Bolts of Peer Review

- EX: AltaMed *Hyperlipidemia* guideline (the 4 audit questions):
- 1. **Documentation of history**, or lack thereof, of major coronary heart disease factors?
- 2. Lipoprotein level **screening or follow-up** done per guideline?
- 3. **Drug therapy** initiated per guideline?
- 4. **Therapeutic lifestyle changes** discussed w/patient?

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The Nuts & Bolts of Peer Review

- 10 Tips (cont'd)
- 8. Medical staff review & approval
 - Buy-in / consensus
- 9. Once approved:
 - Distribute to all practitioners
 - Incorporate into chart audit program
- 10. Review guidelines annually
 - Assign to practitioners

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The Nuts & Bolts of Peer Review

- Internal Guidelines
 - Generated your own internal practice guidelines
 - Evidence-based
 - Responsive to who you are and your particular patient population
 - Practitioners have a vested interest
 - Effective / efficient Peer Review program

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The Nuts & Bolts of Peer Review

- External Guidelines
 - Disadvantage: Not "your own"
 - Format / Length
 - Lack of flexibility
 - Advantage: Ready-made
 - Expert involvement
 - Rigorous evaluation / testing
 - National credibility
 - Immediate availability

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The Nuts & Bolts of Peer Review

- External Guidelines (cont'd)
 - Potential sources:
 - HEDIS* guidelines
 - Agency for Healthcare Research and Quality (AHRQ)
 - National Guideline Clearinghouse
 - Professional organizations
 - Federal: Health promotion / disease prevention
 - Books and websites

* Healthcare Effectiveness Data and Information Set
(National Committee for Quality Assurance)

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The Nuts & Bolts of Peer Review

■ Internal & External Guidelines

- Take seriously!
- "Cookbook medicine"?
 - Not necessarily
 - Don't have to follow guideline
 - ✓ If not, must document a good reason



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The Nuts & Bolts of Peer Review

- Selecting External Guidelines
 - Choose carefully
 - Choose one at a time
 - EX: HEDIS guidelines
 - Start simple
 - A few guidelines
 - Your high volume / high risk diagnoses

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The Nuts & Bolts of Peer Review

**Guidelines should *help* your providers,
not overwhelm them.**



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The Nuts & Bolts of Peer Review

- Ensure:
 - Guideline is *relevant*
 - Guideline is *concise*

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The Nuts & Bolts of Peer Review

■ Peer Review Process

- "Practitioner Performance Review"

OR

- "Practitioner Performance Audit"

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The Nuts & Bolts of Peer Review

- 2 Types of Peer Review chart audits
 - Explicit & Implicit
- **Explicit:** Objective (specific Practice Guidelines)
 - Part of chart audit system (Assessment phase)
- **Implicit:** Subjective (no specific guideline)
 - Reviewer experience/understanding of best practices

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The Nuts & Bolts of Peer Review

- **Explicit Chart Review**
(Practitioner Performance Audit)
 - Fair / non-judgmental
 - Ongoing and objective
 - Systematic yet random sample

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The Nuts & Bolts of Peer Review

- **Explicit Chart Review**
(Practitioner Performance Audit)
 - Individual practitioners (or groups)
 - Pre-established guidelines
 - Important component of quality assessment phase of quality management

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The Nuts & Bolts of Peer Review

- **System Design: Explicit Audit**
 - Which charts
 - Sample size
 - Which practitioners
 - Finding the time
 - Using the Data



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The Nuts & Bolts of Peer Review

- **Which Charts to Pull?**
 - "Random pull" method
 - **Key:** Within last 1-2 weeks
 - Can do "focused review"
 - EX: Adult onset diabetics (only)

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The Nuts & Bolts of Peer Review

- **What Is Sample Size?**
 - Trade-off: time (cost) vs. credibility of data
 - "Statistically valid" = not needed
 - Practitioners = 4 charts / hr.
 - Idea: 4 charts / month / practitioner
 - Result = 50 charts / yr. on each practitioner
 - ✓ Good indication of performance
 - ✓ After 50 charts = drop year-old data

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The Nuts & Bolts of Peer Review

- Which Practitioners Should Participate?
 - ALL!
 - Recommend: 1 hr. / mo. / practitioner
 - Involve midlevel advanced practitioners, too
 - Objective review

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The Nuts & Bolts of Peer Review

- Peer Review Should Be Done *For...*
 - All "Doctors"
 - Includes dentists & podiatrists
 - Dental folks = dental audit (etc.)
 - Practice guidelines for all
 - NPs and PAs doing patient care
- Overall: Anyone providing professional services**

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The Nuts & Bolts of Peer Review

- What to Do When There's No Time?
 - Multiple approaches:
 - Spare time... (!)
 - Pre-scheduled review (1 hr.)
 - "Coffee and charts" meeting (centralized)
 - MUST find the time
 - Practitioners required per contract to participate
 - Charts reviewed become factor in annual job evaluation

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The Nuts & Bolts of Peer Review

- How Should Data Be Used? (***Aggregate***)
 - Provide opportunities to improve:
 - Guidelines
 - Patient care processes
 - Group decision-making
 - Document one aspect of quality
 - To Corporate Quality Committee
 - Then, to Board Quality Committee

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The Nuts & Bolts of Peer Review

- How Should Data Be Used? (***Individual***)
 - To CMO
 - Reviews individual results with practitioner
 - Discusses personal improvement opportunities (if appropriate)



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The Nuts & Bolts of Peer Review

- Include Peer Review Data in Annual Performance Evaluation?
 - Yes!
 - Opportunity for communication



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The Nuts & Bolts of Peer Review

- **Include Peer Review Data in Annual Performance Evaluation? (cont'd)**
 - ***The Critical Question:*** Impact salary / raise?
 - **No!**
 - Colleagues don't want to harm colleagues
 - Use separate system RE: compensation

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The Nuts & Bolts of Peer Review

- **What if Only 1 Practitioner?**
 - Still do "Peer Review"... Requires:
 - Integrity
 - Commitment to ongoing improvement
 - Use guidelines if possible
 - Must allot adequate time
 - Alternative: Another community practitioner

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The Nuts & Bolts of Peer Review

- **Overview**
 - Leaders must believe:
 - Guidelines = Good idea
 - Peer Review audit system = Good idea
 - ✓ Required / Ensure excellent care
 - Leaders need to:
 - Assure available time
 - Not say, "Work it in"!

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The Nuts & Bolts of Peer Review

- **If done well...**
 - Practice Guidelines, coupled with a functional Practitioner Performance Audit System:
 - Positively impact the quality of care
 - Fair and non-threatening
 - As efficient as possible

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The Nuts & Bolts of Peer Review

- **Implicit Chart Review**
 - Subjective
 - No guideline available
 - Performed by practitioners who are aware of the standards of evidence based care

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The Nuts & Bolts of Peer Review

- **Implicit Chart Review (cont'd)**
 - 4 fundamental questions:
 1. **Clinical impression** documented?
 2. Adequate **subjective / objective documentation** to support the clinical impression?
 3. **Diagnostic and treatment plan** appropriate, based upon the clinical impression?
 4. **Evidence of progress** toward an established treatment goal?

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The Nuts & Bolts of Peer Review

- Implicit Chart Review (cont'd)
 - Randomly-pulled charts, or specific issue
 - Data can be moved into QM system
 - Implicit review when it is important to focus on:
 - Concern - specific aspect of care
 - Concern - care by specific provider
 - ✓ Review questions = more focused

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The Nuts & Bolts of Peer Review

- Implicit Chart Review (cont'd)
 - Potential legal ramifications
 - Adverse or sentinel event
 - Non-professional behavior
 - Dysfunctional provider
 - Incompetent provider



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The Nuts & Bolts of Peer Review

- Implicit Chart Review (cont'd)
 - Carefully chosen subcommittee
 - Members / Issues protected
 - Documents = strictly confidential
 - Access restricted
 - Get prospective guidance
 - HR / Legal



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The Nuts & Bolts of Peer Review

- Implicit Chart Review (cont'd)
 - Specifically commissioned chart audit data:
 - NOT to general QM program
 - "Need-to-Know" basis
 - ✓ CMO
 - ✓ Commissioned subcommittee

Data used only by leadership in determining
how to resolve a significant problem.

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The Nuts & Bolts of Peer Review

- Peer Review & Quality Management
 - Phase ONE = Quality Assessment
 - Monitoring / Evaluation
 - Phase TWO = Quality Improvement
 - Problem resolution
 - "Phase THREE" = Practitioner Involvement
 - Peer Review: a "quality assessment" phase activity
 - Critically important

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The Nuts & Bolts of Peer Review


- Practitioners and Quality Improvement
 - Must be active on improvement teams
 - Requires:
 - Time
 - Money
 - Leadership commitment / support

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The Nuts & Bolts of Peer Review

- Practitioners and Quality Improvement

"Bottom Line":
Better care /better outcomes for patients



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The Nuts & Bolts of Peer Review


- **SUMMARY**
 - Peer Review = Inherently good!
 - Learning opportunities
 - Improvement opportunities
 - Keeps providers honest



"The soul of quality is the never-ending effort to improve."

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The Nuts & Bolts of Peer Review



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