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Please mute your phone but do not put on holdAudio-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)

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 nonthreatening way.
- Describe mechanisms for cross-specialty or single-provider Peer Review
- Explore the options for enabling busy practitioners to fir
 Assess the role of legal considerations in Peer Review. ers to find time for 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): tp://iweb.nachc.com/Purchase/CatalogSearchResults.aspx?Optio =1&ProductTypeText=Risk+Management+Series+Bulletins&Prod uctTypeValue=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

- www.nachc.com
- NACHC: Katja at klaepke@nachc.com, 206.780.4972
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WEBINAR - August 10, 2009

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





The Nuts & Bolts of Peer Review

Consider...

What it is

Structure

Participation

Fairness and equitability

Results

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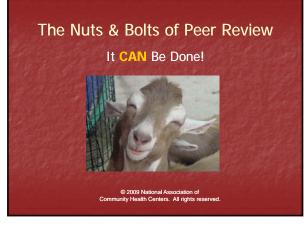
The Nuts & Bolts of Peer Review

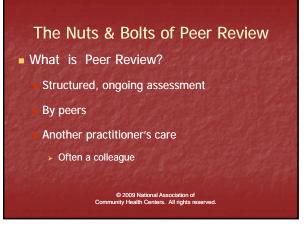
Peer review must be designed so that it is...

Efficient (practitioners are busy)

Effective (value needs to be worth time and energy invested)

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

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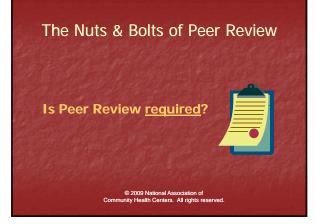
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Functional definition of Quality:

- "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

HRSA's Program Requirements (Quality)*

Periodic assessment

Appropriateness of service utilization

Quality of services

* (Sec. 330(k)(3)(c) of PHS Act / 42 CFR 51c.303(c)(1-2)

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

HRSA requirements address both

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Specific Requirements

HRSA =

"Appropriate clinical protocols"

Specific Requirements

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- 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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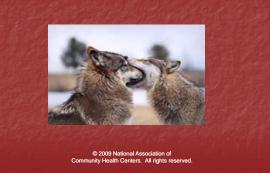
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Specific Requirements

- The Joint Commission (TJC) =
- Leadership Standard
 - "Clinical practice guidelines" / "Leadership review & approval"
 "Los charactered"
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- > 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

- 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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For Medical <u>Staff Leadership (CMO)</u>

- Assists in the discovery / documentation
- Unacceptable performance dysfunctional practitioners
- Inadequate performance incompetent practitioners
- Hopefully a very rare occurrence
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• 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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- 2. External Peer Review
 - By practitioners not from own organization
 - Useful if there are significant quality concerns specific provider

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

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Practice Guideline = Clinical Protocol

Required by:

- > FTCA
- > The Joint Commission

Com

> HRSA

Practice guidelines are NOT optional

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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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Two categories of Practice Guidelines

Internal - you develop yourself



External — developed by outside experts You can use either (or both)

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

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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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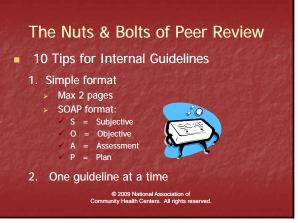
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"Your own"

- Reflect uniquenesses:
- Your environment
- > Your patient population
- > Options available for your patients

Wording that makes sense to your practitioners

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

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- <u>EX</u>: 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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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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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 <u>Disadvantage</u>: Not "your own"

- Format / Length
 - Lack of flexibility
 - Lucit of Hoxiolity
- Advantage: Ready-made
- > Expert involvement> Rigorous evaluation / testing
- National credibility
- Immediate availability
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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 : (National Committee for Quality Assurance) © 2009 National Association of Community Health Centers. All rights reserved.

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Internal & External Guidelines

Take seriously!

- "Cookbook medicine"?
- Not necessarily
- Don't <u>have</u> to follow guideline



If not, must document a good reason

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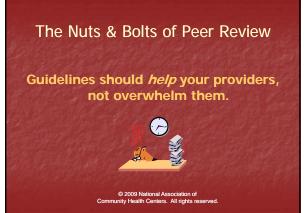
Selecting External Guidelines

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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Ensure:

Guideline is relevant

Guideline is concise

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- Peer Review Process
 - "Practitioner Performance Review"

OR

"Practitioner Performance Audit"

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

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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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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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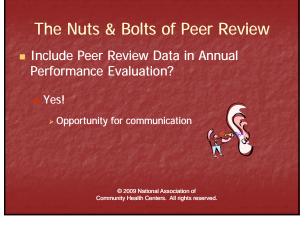
How Should Data Be Used? (Aggregate)

- 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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- Include Peer Review Data in Annual Performance Evaluation? (cont'd)
 - The Critical Question: Impact salary / raise?
 - > Colleagues don't want to harm colleagues
 - > Use separate system RE: compensation
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- 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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Implicit Chart Review

Subjective

No guideline available

Performed by practitioners who are aware of the standards of evidence based care

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

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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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Implicit Chart Review (cont'd)

- Specifically commissioned chart audit data:
- > NOT to general QM program
- "Need-to-Know" basis
- CMO
 Commissioned subcommittee
- Service of the servic

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

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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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Practitioners and Quality Improvement

Must be active on improvement teams

Requires:

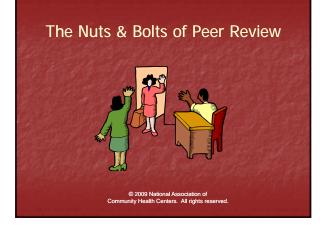
- ➤ Time
- Money
- > Leadership commitment / support

Practitioners and Quality Improvement

"<u>Bottom Line</u>": Better care /better outcomes for patients



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