

Pennsylvania Association of Community Health Centers

# Peer Review

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Presented by

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# Peer Review Overview

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- *Peer review is a systematic process for clinical providers to review a sampling of each other's charts for quality indicators.*
- *Proactive PI strategy because done routinely, monthly or quarterly -- not triggered by specific problem or incident.*

# Peer Review Summary

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- Providers review random sampling of each other's charts
- Proactive strategy for improving quality
- Identifies potential clinical quality problems
- Encourages consistent care and documentation
- Triggers specific performance improvement projects

# Peer Review Implementation

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- Standardized Audit Tool
- Each Question Answered Yes, No, or N/A
- Yes is Always Compliant, No is Deficient
- Definition of Peer
- Audit Frequency
- Number of Charts

# Peer Review Goals

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- Answer Specific Targeted Clinical Quality Questions
- Measure Improvements from Prior Audit Results
- Compare Your Health Center's Quality Indicators to External Indicators

# Specific Clinical Quality Questions

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- How well do we handle acute asthma visits?
- Do we address nutrition and exercise at routine clinical visits?
- Are we consistently screening for substance abuse and mental health needs?

# Improvements from Prior Audits

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- Internal historical data evaluates changes over time for pre-defined quality indicators
- Are we documenting improved immunization rates?
- Are we meeting pre-determined goals for increasing HIV counseling among patients with pregnancy tests?

# Your Clinical Quality Compared with Others

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- General data vs. CHC-specific benchmarking
- Sources for external benchmarking data
  - *Bureau of Primary Care – UDS*
  - *State PCA*
  - *Healthy People 2010*
  - *Managed Care / HEDIS*
  - *CDC – State Level Data*
  - *Kaiser Family Foundation – State Profiles*
  - *State or Local Health Departments*



# Electronic Medical Records

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- EMR provides easy access to data
- Reports must be set up correctly
- Chart audit process is much faster
- Still need to design and implement each component of a peer review program

# Audit Tools

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- Standardized Audit Tool
- General vs. Targeted Audits (see handouts)
- Audit of Individual Visit, Past Year, Full Chart

# General Audits

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- Applicable to any chart
- Simpler process – same audit tool for all providers and departments
- Can compare changes in quality over time
- Doesn't give detailed clinical information

# Targeted Audits

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- Selecting Audit Topics
  - PI Priorities
  - National Priorities
  - Funding Opportunities
- Selecting Audit Tool Questions
- Use of Clinical Guidelines/Protocols  
([www.guidelines.gov](http://www.guidelines.gov))

# After Audit Forms are Completed

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- **IMMEDIATE PATIENT FOLLOW-UP FOR INDIVIDUAL FINDINGS**
- Individual Comparison Report to Clinician
- Clinician Signs Off on Deficiencies, or Notes Disagreements
- Medical Director or Departmental Review

# Data Aggregation

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- Use of Paper Tallies vs. Database
- Aggregate Data for Health Center Overall
- Aggregate Data by Site
- Aggregate Data by Service or Department
- Aggregate Data by Provider Type
- Aggregate Data by Individual Provider

# Trend Analysis

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- Clinical Practice Trends
- Comparison Trends
- Individual Provider Trends

# Clinical Practice Trends

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- Are we meeting basic quality goals?
- How are we doing compared with last year?
- Are we in line with national goals?



# Comparison Trends

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- Identify any differences between:
  - Site
  - Service
  - Department
  - Provider Type

# Individual Performance Trends

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- Compare Individual Results to Aggregate Data
- Measure Individual Provider Performance Over Time

# Follow-Up

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- Who should receive results?
- Who is responsible for follow-up?
- What areas of care can the health center improve?
- What changes can I make to my clinical practice?
- PI project implemented based on findings

# Performance Improvement Project

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- *Performance improvement project initiated to address PPD follow-up*
- *Benchmark set at 85%*
- *School nurses or CHC nurses can read results*
- *Appointment not needed*
- *Reminder phone calls*
- *Re-audit in 3 months*
- *Additional quality improvements if benchmark is not achieved*

# Clinician Buy-In

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- Potential for Defensive Response
- Input on Topics
- Feedback on Audit Tool
- Data Integrity Questions
- Sample Size
- Individual Results
- Data is a Strong Motivator

# Peer Review Pitfalls: Ambiguous Audit Questions

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- Multiple issues in one audit question
  - *EXAMPLE: Appropriate Medication for Appropriate Interval*
- Use of “AND” and “OR” – easy to misread
- Definitions are Subjective
  - *Immunizations for At-Risk Patients*
  - *What is Appropriate Care*
  - *Leads to Auditor Inconsistency*
- **BE SPECIFIC:** *Geriatric Functional Assessment Completed -- “must include assessment of vision, hearing, arm and leg mobility, physical disability, memory, incontinence, depression, nutrition, home environment and social supports”*

# Peer Review Pitfalls: Documentation

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- Not documented = not done
- Legibility
- Chart out of order

# Peer Review Pitfalls: Other

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- Not Applicable Category Used Frequently
- Multiple Related Findings Not Identified
- Barriers to Care
- Sample Size



# Related Types of Chart Audit

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- Chart Completeness Audits
- High Risk Procedure Audits

# Chart Completeness Audits

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- Evaluates chart documentation – process vs. care
- Identifies documentation problems by individual and overall
- Conducted daily, weekly, or monthly
- Can be done by non-clinical staff
- EMR may identify documentation problems automatically
- Need patient-level and systems-level response

# High Risk Procedure Audits

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- Definition of high-risk procedure
  - ✓ *Risk of serious complications*
  - ✓ *Examples include perforation & infection*
- Informed consent needed
  - ✓ *Understand Benefits & Risks*
  - ✓ *Be Informed Of Alternatives*
  - ✓ *Good Clinical Care*
  - ✓ *Liability Protection/ Risk Management*

# High Risk Procedure Audit Tool

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- Audit questions may include:
  - *Was there excessive bleeding?*
  - *Was there an infection?*
  - *Was there perforation?*
  - *Was appropriate follow up conducted and documented?*

# Integration of Chart Audit Data

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- Looking at the big picture: trends across audit types
- Developing coordinated PI projects rather than parallel processes
- What gives you the most useful information with the least amount of effort?

# Step-By-Step

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Pre-Kindergarten Well-Child Visit

# Process is Defined

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- *10 charts per provider per quarter (40 charts annually)*
- *Decision about who is considered a peer*
- *All clinicians must serve as auditors*
- *12 charts per auditor, 5 minutes per chart (1 hour per auditor)*
- *Clinical oversight responsibility*
- *Coordinator*

# Develop Audit Tool

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- Topic selected: Pre-K Well-Child Visit
- Audit tool developed by pediatric dept head
- Medical Director reviews audit tool questions for clarity – does appropriate follow-up need to be defined?
- Departmental feedback on tool



# Pre-Audit Activities

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- *Audit Scheduled – Clinician Time Needed*
- *Provider Reminders*
- *Chart Pull List Created*
- *Charts Pulled (not needed for EMR)*

# Trends Identified

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- *One provider did not do appropriate follow-up*
- *Immunization shortage at one site*
- *Developmental screening inconsistent*

# Follow-Up

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- *Written summary and individual reports*
- *Results presented to clinicians*
- *Results presented to PI Committee, leadership, and Board*
- *Simple issues can be resolved immediately (individual provider performance, immunizations)*
- *PI project is implemented for complex issues (developmental screening)*

# Summary of Steps

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- *Procedures Defined*
- *Topic Selected*
- *Tool Developed*
- *Appropriate Charts Pulled*
- *Chart Audits Conducted: Immediate Follow-Up if Needed*
- *Provider Response to Deficiencies Obtained*
- *Data Aggregated*
- *Summary and Individual Reports Developed*
- *Results Presented*
- *PI Projects Implemented as Appropriate*

# Questions and Discussion

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# How to Contact Us

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