Health Centers' 20

Most Frequently Asked Questions & Answers About Peer Review

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1. What is the significance of these questions about Peer Review?

Over the last two years the National Association of community Health Centers (NACHC) has been tracking the questions that health center clinical staff members ask about Peer Review. The questions selected for inclusion in this document are the most frequently asked questions or have the most significant impact for the organization. NACHC hopes these responses give health centers meaningful, timely and comprehensive information to structure and implement an effective peer review program.

2. What is Peer Review?

Peer Review is an ongoing provider staff performance review activity in which providers conduct random assessments of fellow providers' charts. These reviews are aimed at determining the completeness of documentation, the appropriateness of the diagnostic and therapeutic procedures and plans, and the extent of progress toward predetermined clinical outcomes.

When the review is conducted by providers on the organization's staff, it is called internal Peer Review. Internal Peer Review is an activity that should be carried out on an ongoing basis in every health center. It is an important piece of the center's Quality Management Plan and an integral component of its quality improvement activities.

When the Peer Review is conducted by providers who are not members of the organization's staff, it is termed external Peer Review, which can be particularly useful if there are any significant concerns regarding practice quality of any provider.

A functional peer review program is designed to accomplish the following objectives:

1. Serve as a learning experience for the provider
2. Provide an opportunity for continuous quality improvement
3. Unify the diagnostic and treatment approaches of the provider staff
4. Enable documentation of the performance of the provider staff
5. Potentially aid in the discovery and documentation of unacceptable performance by dysfunctional providers

These objectives underscore the importance of maintaining a thorough peer review program. Internal Peer Review is an appropriate methodology for the first four objectives listed above. External Peer Review would be a better approach for the fifth objective. Although the fifth objective can be critically important, the first four serve as the justification for the time and effort required for an ongoing peer review program.

3. Which agencies require that health centers conduct Peer Review and adopt clinical practice guidelines?

Health Center Program Requirements require a written Quality Assurance (QA) plan, and clinics are encouraged to consider findings from peer review activities when they review or revise these plans. Additionally, while the Federal Tort Claims Act (FTCA) does not specify how Peer Reviews should be conducted, it does require documentation that QA findings are used to improve care. Furthermore, The Joint Commission's Human Resources (HR) standard states that in privileging providers, the organization evaluates the results of any Peer Review of the individual's clinical performance. The Commission's "Performance Improvement" chapter includes data collection and analysis, but does not cover Peer Review. Although the ambulatory

standards do not specifically require Peer Review, The Joint Commission personnel in their seminars have announced that Peer Review is an expectation. Many state health departments/bureaus and managed care organizations also require Peer Review. Check the requirements of your state health department and of the various managed care organizations with which you have contracts.

Both Health Resources and Services Administration (HRSA) and FTCA require clinical protocols that define appropriate treatment and diagnostic procedures for selected medical conditions. Likewise, The Joint Commission, in its leadership standards, requires that organizations use clinical practice guidelines. The chapter also requires that the organization's leaders review and approve clinical practice guidelines.

4. How should Peer Review be structured so that it is fair and nonjudgmental?

Peer Review will be fair and nonjudgmental if it is based upon pre-established and pre-agreed to clinical practice guidelines. When Peer Review is conducted in this manner, it is considered an objective Peer Review (called explicit) and is the least threatening. The guidelines should be selected, reviewed, modified as appropriate and formally adopted by the provider staff.

Physicians dislike or are uncomfortable in the role of judge. Practice guidelines move providers from the role of judge to that of professional data retriever and can help reduce the role of subjective judgments in the process of examining charts. It is simply a matter of looking at the guideline and then looking at the chart. Is there documentation that the requirements of the guideline have been followed—yes or no? That's it.

5. Who should be participating in Peer Review?

Although chart reviews are sometimes considered auxiliary and time consuming, the peer review process provides an excellent learning opportunity. Providers can learn a great deal about their practice, and the practice of their organization, by sitting down and looking through a chart, especially as it relates to pre-established clinical practice guidelines. Thus, the most effective peer review programs involve all providers. The providers should be involved in selecting, adapting and officially adopting the guidelines. The peer review process should then be structured so that all providers participate on a regular basis.

6. How should Peer Review be done?

The keys are to make Peer Review an expectation and to structure the process so that it is efficient, effective and nonthreatening. Peer Review can consist of a general chart review. Under this approach, there needs to be a plan to randomly select charts from each provider. The review process can focus on either specific diseases or preventive measures, though a combination of both is better.

7. What should the sample size be?

When deciding on sample size, you can talk about statistical validity. You can also talk about practicality. In most cases, practicality should trump statistical validity. Your providers have other daily responsibilities, such as seeing patients! For the most part, the point of the chart review process is to find potential areas for improvement. This can be done with a reasonable sample, but not necessarily a statistically valid sample, which can be too time consuming and too expensive. A reasonable sample can tell you what you need to know.

If a statistically valid sample is not an option, the sample size needs to make sense. "Will this sample tell us with a reasonable amount of certainty what we need to know?" One approach can be to look at sample size from the perspective of total charts reviewed per year. If each provider reviews one chart per week, the sample size would be roughly 50 charts per year per provider. Fifty charts is a pretty good sample (1-2%). But more important, it is feasible.

8. How often should the Peer Review group meet?

Once you determine your sample size you can plan how to accomplish the peer review activity. Most providers can review four charts in an hour. Thus, one chart per provider per week equals approximately four charts per month. Accordingly, one hour per month per provider could be the allocated time for Peer Review.

If all providers participate in Peer Review, then each needs to schedule one hour per month for Peer Review. (If it is not scheduled, it will not happen.) It could be a peer review meeting when all the providers get together to review charts, or the hour could be built into each provider's clinic schedule, in which case there would be no need for a formal peer review meeting to review the charts. On the other hand, it is a good idea to have a selected group of providers meet periodically (perhaps bimonthly) to review the aggregate results and to plan improvement activity.

9. What kinds of questions should be included in Peer Review?

When Peer Review is objective (explicit), questions will simply relate to the requirements of the pre-established/pre-agreed-to clinical practice guideline(s). To begin with, guidelines selected should relate to conditions more commonly dealt with, such as those characterized by The Joint Commission as "high-volume, high-risk and problem-prone." Your information technology staff may be able to provide you with a list of your 10 most frequent diagnoses.

For each of the guidelines, the provider group may want to proactively identify three or four critical questions for inclusion on the peer review audit.

In certain situations, it may not be possible to use clinical practice guidelines or such guidelines may not be available. In such cases, Peer Review can still be conducted, albeit subjectively (i.e., through implicit review). With implicit chart reviews, the following four fundamental questions should be addressed:

- Is the clinical impression documented?
- Is there adequate subjective and objective documentation to support the clinical impression?
- Is the diagnostic and therapeutic treatment plan appropriate based upon the clinical impression?
- Is there evidence that there is progress toward an established treatment goal?

10. Why do we need clinical practice guidelines?

Clinical practice guidelines enable

- Peer Review to be fair and non-judgmental (they are explicit)
- Provider staff to be up to date on the latest evidence-based criteria (they should be reviewed and updated annually)
- Provider staff to unify around its diagnostic and therapeutic approach for a variety of conditions

In addition, it should be noted that guidelines are a requirement of accreditation.

Ultimately, practice guidelines can assist the provider in making decisions about appropriate health care for specific clinical circumstances. Guidelines in which the recommended diagnostic and treatment modalities have been scientifically proven to be effective are referred to as evidence-based guidelines. Always be sure that you are using evidence-based guidelines.

11. Where can we find clinical practice guidelines?

There are an abundance of professionally developed and rigorously tested guidelines, including the *Healthcare Effectiveness Data and Information Set* (HEDIS) guidelines from the National Committee for Quality Assurance (NCQA). Other sources include the Agency for Healthcare Research and Quality (AHRQ) and the National Guideline Clearinghouse (NGC). A number of professional organizations have developed their own specialty guidelines. The federal government publishes guidelines for health promotion and disease prevention. There are books and websites available that provide evidence-based guidelines on a large number of conditions.

While these are excellent sources, it is important to choose your guidelines carefully and one at a time. It is not good to adopt right away all of the HEDIS guidelines or all of the guidelines in a particular book. Start simple with a few guidelines relating to your high-volume or high-risk diagnoses, and then work up to a more complete collection of guidelines. Clinical guidelines should assist the provider staff, not overwhelm them.

Be certain that the criteria in the guidelines are relevant to the community health center setting. You may need to modify certain criteria in any given guideline so that they make sense.

12. Is cross-specialty Peer Review allowable (i.e., pediatricians looking at internal medicine charts)?

Your basic philosophy should be that all of your primary care physicians have graduated from medical school and completed a primary care residency. There is no reason to think they would not be qualified to do a chart review on the chart of a primary care physician of a different specialty. This is especially true if the review is based upon pre-established guidelines.

Even if the review is subjective (implicit), the review process, if done with integrity and respect, can create opportunities for mutual discussion and learning.

13. Can midlevel advanced providers review physician charts?

If it is an explicit peer review process (review is based upon pre-established clinical practice guidelines), there is no reason that a midlevel provider cannot review the charts of physicians. Midlevels have sufficient training and experience to review a chart to determine whether there is documentation that the requirements of the guidelines have been met. Basically, the midlevels will be answering "yes" or "no" questions.

Without guidelines, the peer review process becomes subjective (implicit). In this case, midlevels making judgments regarding care provided by physicians is problematic, even though these judgments may be accurate. In the absence of guidelines, only physicians should review physician charts.

14. What if our organization only has one physician?

If one physician is the organization's only provider, he or she can still do Peer Review on the medical records. The only requirement is that the provider has a high degree of integrity and a commitment to continuous improvement. Reviewing one's own charts becomes a learning experience, highlighting opportunities for performance improvement and providing substantive insights into the quality of care.

In the case of self Peer Review, guidelines can be very helpful. A guideline-based chart review allows the provider to examine his or her clinical performance against predetermined criteria.

For self Peer Review to work, the administration must allocate adequate time for the solo provider to conduct the review. Alternatively, the provider or the organization can find another provider in the community who would be willing to serve as a reviewer.

If you have several midlevel providers and only one physician, then agree on which guidelines you will be using. Once you have established your practice guidelines, then all of the providers (physician and midlevels) can review all of the charts against the guidelines.

15. What about dentists and other non-medical specialties?

A functional rule of thumb is that Peer Review should be carried out for anyone considered a provider of professional patient care and—definitely—for any discipline in which the provider has the word "Doctor," including dentists and podiatrists, in front of his or her name. Nurse practitioners and physician assistants also should be included in the category of "professional patient care."

It is important to keep in mind that Peer Review is a useful exercise. It creates learning and improvement opportunities. Knowing that their charts may be pulled for Peer Review helps to keep providers honest. It is worth the investment of time and resources. Organizational leadership should support Peer Review for all of its specialties.

16. What should providers do if they have no time for clinical practice guidelines and Peer Review?

The organization's leaders have to believe that clinical practice guidelines and Peer Review are a good idea not only because they may be required, but also because they help to ensure excellent quality care for patients. Administration must bite the bullet and ensure that time is available for the providers to adopt the guidelines and do the chart reviews. Asking them to work it in during the course of an already overwhelmingly busy day does not work.

17. What should be done with the results of Peer Review?

The aggregate results of Peer Review can be used to identify opportunities for performance improvement activity—potentially to improve the guideline, improve the processes involved in the care of the patient, or improve the decision-making performance of the provider. Peer review and performance improvement activity should go hand in hand, particularly given the time and effort invested in the peer review process.

Of course, the aggregate results also become data that documents one aspect of the level of quality in the organization. These data would go to the Corporate Quality Committee and, ultimately, the Quality Committee of the Board of Directors.

Individual results of Peer Review should go to the Chief Medical Officer who will review the results with the provider and, if appropriate, discuss personal improvement opportunities. Whether individual results should be published is a provider/staff decision.

18. Should the results of Peer Review be included in the provider's performance evaluation?

Certainly the results should be included in the provider's performance evaluation, as they offer another opportunity for the provider and his or her supervisor to discuss them. The critical question is whether the peer review results should impact the provider's salary or potential raise. The best answer is "no." Other providers in the organization typically do not like doing things that could impact a colleague's salary. If the peer review process is going to be effective, it must be rigorous. However, reviewers will be reluctant to employ such rigor if it has the potential to damage a colleague. The organization should use an alternate approach to determine compensation adjustments.

19. What is the legal vulnerability relating to Peer Review and how should we protect ourselves regarding discoverability and confidentiality with Peer Review?

Precautions regarding discoverability and confidentiality should be in keeping with the laws of the particular state. Certainly all of your peer review documents and reports need to be identified as protected under state law from discoverability. Providers who participate in Peer Review need to be reminded of discoverability and confidentiality. In particular, they need to respect the need for confidentiality of peer review findings.

Although legal vulnerability should definitely be kept in mind and all peer review activity should be protected, too much focus on legal vulnerability can cripple the program. The key is to focus on the positive and continuous improvement, treat the data and the providers with respect, and avoid retribution based upon peer review data.

The issues of discoverability and confidentiality become truly significant when the Quality Management Committee is required to investigate adverse events or the nonprofessional behavior of a dysfunctional provider. Such cases involve issues far removed from those of a regular ongoing peer review system. A genuine legal risk becomes a significant consideration. Malpractice exposure, disciplinary action and possible termination could result.

The best approach in this case would be to designate a carefully chosen subcommittee to do the investigation. These authorized members are protected, as are the issues they discuss. Any documents relating to the subcommittee investigation are strictly confidential; they should be kept under lock and key and never discussed in a public place. Access would be granted only to designated individuals. In these instances—hopefully rare—the organization and Chief Medical Officer would be well served to seek legal guidance in advance.

20. How are clinical practice guidelines, outcomes and Peer Review related?

Outcomes are the point of it all. Good clinical practice guidelines should specify what the desired outcome should be. You should know where you are going before you develop the treatment plan.

Peer Review should look to see if there is documentation of the treatment goal and documentation regarding the patient's current status in relation to the desired outcome.

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