NARBHA DESKTOP PROTOCOL FOR PEER REVIEW

The NARBHA Peer Review Committee is chiefly responsible for overseeing the clinically appropriate peer review process conducted by NARBHA.

The Peer Review Committee includes the NARBHA Chief Medical Officer (chair), Clinical Record Reviewers, Chief Clinical Officer, the Children’s Medical Administrator, Associate Medical Director/Telemedicine Medical Director, Director of Quality Management, Performance Improvement Coordinator and the Quality and Performance Improvement Manager.

The Peer Review Committee Meeting Coordinator is responsible for overall coordination and preparation of the meeting. The Peer Review Committee meets quarterly at a minimum, but may meet monthly or more frequently depending on the number of reviews. Meetings occur after Morbidity & Mortality Committee meetings. All attendees will receive a formal meeting invite through Outlook. All Peer Review Committee meetings will have written and signed minutes.

Process:

I. The Medical Practitioner or individual provider files to review are given to the Peer Review Committee Meeting Coordinator by the Provider Monitoring Coordinator. The Peer Review Action sources mostly include but are not limited to mortalities, adverse drug reactions and/or medical errors, and Individual BHMP Practice Profiles which are developed from outpatient provider case file reviews and inpatient facility reviews. Each Peer Review Action source is electronically stored in the individual Medical Practitioner folder.

II. Referrals by any NARBHA staff or provider can be submitted to the CMO on the Peer Review Referral form. If the referral is approved by the CMO for peer review, the concern will be reviewed in the Peer Review Committee.

III. Handouts are given to the committee which includes the Peer Review Agenda, previous Minutes up for approval, and the files to review. Each Committee Member must sign a Confidentiality and Conflict of Interest Agreement or a Sign in Sheet attached to the Confidentiality and Conflict of Interest Agreement. All Protected Health Information, except one copy of the packet for administrative filing, will be collected and shredded at the end of the meeting. The Confidentiality and Conflict of Interest Agreement forms will be scanned and filed electronically.

IV. The committee utilizes a NARBHA quality level system to review. The committee members come to consensus on each review’s Level of Concern classification, which is recorded in the Peer Review Committee Minutes (Levels 0-III with III having the highest potential for significant adverse effects on the patient).

V. The committee will review if an action then needs to take place based on the Levels of Concern. Such actions could include letters of concern, technical assistance, or corrective action. Other available actions are as per the NARBHA Provider Manual Peer Review Policy. It is recorded in the Minutes whether an action was deemed necessary or not.
VI. In each Peer Review Committee meeting, the previous Minutes will be reviewed. Revisions can be suggested or the minutes can be approved as written. The Chair of the meeting will sign the minutes. The minutes will be scanned and filed electronically.

VII. A log of all the peer reviews completed each quarter titled “(Current Year) Peer Review List” is kept in the protected “PR by Practitioner” folder in order to cross reference the review dates, the BHMP reviewed, the case name, the reason for review.

Actions:

I. If an action is a Letter of Concern, the Peer Review Committee Meeting Coordinator will devise a standard letter addressed to the medical practitioner or provider detailing the concern and the Level of Concern that NARBHA Peer Review determined. The Letter of Concern will be signed by the committee chair, the Chief Medical Officer. The signed letter will be scanned and electronically filed in the medical practitioner’s file. The letter will be mailed to the medical practitioner and a copy sent to the medical director of the practitioner’s agency.

II. Other actions will be completed by the CMO and other involved parties dependent on the nature of the action.

DBHS Submissions:

I. Each Medical Practitioner has a code which de-identifies the practitioner. This code is used in place of the practitioner’s name when the Peer Review information is submitted to DBHS upon request. The folder where this information is stored is titled, “DBHS Quarterly Requests.”

II. The requested files will be redacted files prior to submission. The information will be emailed to the requestor at the Division of Behavioral Health Services in PDF format.

III. DBHS submits closure letters or additional information requests/ actions based on the review. These letters are filed in the “DBHS Peer Review Requests” folder and in the individual medical practitioner folder.