

NORTHCARE NETWORK

POLICY TITLE: Clinical Peer Review	CATEGORY: Utilization Management	
EFFECTIVE DATE: 12/14/16	BOARD APPROVAL DATE: 12/14/16	
REVIEW DATE: 1/18/24	REVISION(S) TO POLICY STATEMENT: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	OTHER REVISION(S): <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
RESPONSIBLE PARTY: Clinical Practice Coordinator	CEO APPROVAL DATE: 2/6/24 Megan Rooney, CEO	

APPLIES TO

NorthCare Network Personnel
Network Providers

POLICY

NorthCare Network is committed to identifying and correcting processes or variations in care/services that may lead toward undesirable or unanticipated events affecting individuals served. Peer review is utilized as an evaluation mechanism to examine clinical care and service delivery to determine if there are opportunities for improving care.

PURPOSE

Peer Review is defined as a process in which mental health professionals evaluate documentation and the quality and appropriateness of care/services provided to individuals based on documentation. The review may focus on an individual event or aggregate data and information on clinical practices.

DEFINITIONS

1. **Adverse Event:** Events that do not qualify as Critical events but are serious and could identify process improvements. The Provider and/or NorthCare may determine if an event is an adverse event when the event does not qualify as a Critical Event.
2. **Clinical Chart Review Process:** A process for trained, qualified clinical staff to perform case reviews of records of individuals being served.
3. **Clinical Supervision/Case Conferences:** Team meetings held by NorthCare clinical staff, or consultations with Network Provider staff, where consumer care and clinical planning takes place and/or is discussed, including suggestions to assist in treatment.
4. **Incident Report Review:** Review of unusual incidents of consumer care relating to any incident that disrupts or adversely affects the course of treatment or care of an individual or the program caring for individuals. Incident Reports regarding individuals receiving CMHSP services are to be entered into the regional electronic Incident Report Module. SUD residential providers are required to submit incident reports per MDHHS guidelines to NorthCare clinical staff for review and follow-up if indicated. All other providers are required to report incidents as outlined in their contract.
5. **The Office of Recipient Rights** (ORR) will review CMHSP incident reports as part of its required monitoring function. The incident reports with apparent or suspected recipient rights violations will be investigated per the MI Mental Health Code. When the circumstances of an incident report are subject to an ORR investigation, a copy of the incident report will be maintained in the Recipient Rights case file in accordance with Section 330.1755 of the MI Mental Health Code.

6. **Peer Review** is defined as a process in which mental health professionals evaluate the clinical competence of staff and the quality and appropriateness of care/services provided to individuals (Michigan Mental Health Code Section 330.1100(c)(2)). The review may focus on an individual event or aggregate data and information on clinical practices.
7. **Peer Review Protections:** Clinical Chart Reviews are considered peer reviews, the confidentiality of which is protected by Michigan statutes. Clinical Chart Reviews are conducted only for ongoing quality improvement efforts related to the necessity, appropriateness, or quality of health care rendered to a person, or the qualifications, competence, or performance of a health care provider.
8. **Peer Reviewer:** Any physician, social worker, psychologist, nurse, nurse practitioner or professional counselor and/or any other Mental Health Professional (MHP), Child Mental Health Professional (CMHP) or Qualified Intellectual/Developmental Disability Professional (QIDP), who meets basic qualifications and has the clinical experience and training to provide an evaluation of a significant issue or general case or process review. The peer(s) involved in the review shall have the same level of license/credentials, at minimum, as the person or persons involved in the event or service process.
9. **Performance Improvement:** A systematic way of addressing improvement opportunities that involve the use of soft skills (e.g., facilitation techniques, problem solving processes) and hard skills (e.g., data analysis, statistical tests) to understand, recommend and implement change.
10. **Root Cause Analysis:** A method of review aimed at identifying the root causes of problems or events. The practice of RCA is predicated on the belief that problems are best solved by attempting to address, correct or eliminate root causes, as opposed to merely addressing the immediately obvious symptoms. By directing corrective measures at root causes, it is more probable that reoccurrence will be prevented, or at least reduced. Within three days of a critical incident a determination will be made if it meets the sentinel event standard (see definition below), if it does meet that standard the organization has two days subsequent to start the root cause analysis.
 - An RCA may be initiated, and it may be evident that an action plan and follow up is not necessary due to the clear nature of the sentinel event. In this instance, the rationale needs to be documented on the RCA form.
 - Action Plan: The product of the root cause analysis is an action plan that identifies the strategies, individual(s)/department(s) responsible for the action, and target dates for completion that the organization intends to implement to reduce the risk of similar events occurring in the future.
 - Follow-Up to Root Cause Analysis: Documentation that action has been taken to correct the causes identified in the root cause analysis and that the action plan has been implemented.
 - The RCA is not included in the electronic clinical record.
 - The RCA is reviewed by NorthCare and may be discoverable. Internal deliberations and/or HR functions should not be included.
11. **Sentinel Event:** An unexpected occurrence involving death or serious physical or psychological injury to an individual, or the risk thereof. The phrase “or risk thereof” includes any process variation for which a recurrence would carry a significant chance of a serious adverse outcome for an individual (JCAHO, 1998). Any injury or death that occurs from the use of any behavior intervention is considered a sentinel event.

12. **Utilization Management/Utilization Review:** Management of the authorization and utilization of certain services (as described in the NorthCare Utilization Management manual) and analysis of the patterns of service authorization decisions and service usage to determine the means for increasing the value of services provided. Processes include Specialist Reviews for service authorization, Continued Stay Reviews for authorization of Inpatient Hospitalization, Second Opinions, and State Facility placement approval processes.

REFERENCES

- Federal 42CFR 51.41(c) & 45CFR 1386.22(b)
- MCL 331.531; 331.532; 331.533 & MCL 333.21515
- Michigan Mental Health Code Section 330.1100(c)(2)).
- Incident, Event, & Death Reporting, Monitoring & Oversight Policy

HISTORY

NEW POLICY: 12/14/16

REVISION DATE: 9/25/17, 4/1/19, 7/28/21, 4/5/23, 1/18/24

REVIEW DATE: 9/25/17; 6/27/18, 4/1/19, 1/20/20, 7/28/21, 5/18/22, 4/5/23, 1/18/24

CEO APPROVAL DATE: 10/3/17, 7/3/18, 5/6/19, 2/4/20, 9/7/21, 7/12/22, 6/5/23, 2/6/24

BOARD APPROVAL DATE: 12/14/16

PROCEDURES

A. Clinical Chart Review Protections

1. Clinical Chart Reviews are considered peer review, the confidentiality of which is protected by Michigan statutes. Clinical Chart Reviews are utilized only for ongoing quality performance improvement efforts related to the necessity, appropriateness, or quality of health care rendered to a person, or the qualifications, competence, or performance of a health care provider.

2. Clinical chart reviews can be requested or initiated for multiple reasons. Reviews are considered confidential and will be used for quality improvement purposes only. Results will be shared with appropriate parties, for appropriate purposes in a format that fits the request and maintains the confidentiality of the review. The record of the Clinical Chart Review including, but not limited to, (i) the associated forms, (ii) the data collected by or for the entity and individuals conducting the Clinical Chart Review, and (iii) the resulting reports, findings, and conclusions of the entity and individuals conducting the Clinical Chart Review are confidential, shall not be incorporated into the healthcare record of any recipient, are not shared externally (outside the reviewed and reviewing organization), are not public records, are not discoverable, and shall not be used as evidence in a civil action or administrative proceeding (MCL 331.531; 331.532; 331.533). Additionally, the records, data, and knowledge collected for or by the entity and individuals conducting the Clinical Chart Reviews are confidential, shall be used only for the purposes expressly by law, shall not be public records, are not discoverable, and shall not be available for court subpoena (MCL 333.21515).

3. The only exception to section A. 2 above is that the Michigan Protection and Advocacy Service (MPAS) may receive peer review documents per *Michigan Protection & Advocacy Service, Inc. v. Olga Dazzo* (Attachment A to this policy), where it was agreed that federal law entitles MPAS to peer review documents pursuant to its federal access authority (42CFR 51.41(c)).

B. NorthCare Clinical Chart Review may be requested for many reasons:

1. NorthCare may conduct peer review(s) of a network provider, a specific provider location, summary review of a specific service line such as Behavior Treatment or any other clinical area of concern based on provider or consumer incident reports, provider site reviews and other sources of review. NorthCare may initiate a review based on issues identified by a consumer, their family or on behalf of an individual represented by an advocate and brought to the Customer Services Department.
2. A Network Provider may request assistance from the NorthCare Peer Review Team to review specific consumer charts or an aggregate of consumer charts focused on a specific concern.
3. An Individual served or their designee files a request for a Medicaid Fair Hearing or Appeal and NorthCare is requested by the network provider to assist in the review
4. The NorthCare Senior Clinical Director assigns the PIHP peer reviewer(s) based on the qualifications needed for the specific type of review. If the request for a review is denied, the reasons for the denial are provided and alternatives are proposed.

C. Review of CMHSP/SUD Incidents

1. CMHSP Incident Reports are reviewed by trained staff, typically recipient rights and/or quality management, to determine appropriate category for each incident. The primary reviewer assigning event severity is responsible to ensure appropriate clinical review is completed and will include other clinical specialties as necessary for a comprehensive review of the incident.
2. If the CMHSP Recipient Rights Officer (RRO) determines an incident may be a violation of a consumer's rights, the RRO will conduct their investigation separately from any root cause analysis or peer review. The RRO does not participate in the peer review process.
3. If a CMHSP incident qualifies as a MDHHS Critical Event, the provider may conduct a root cause analysis. If it is determined that the incident qualifies as a Sentinel Event, the provider must conduct a root cause analysis. All root cause analyses are to be entered into the electronic Incident Report module attached to the corresponding incident where NorthCare may review the RCA. A peer review may also be conducted but will not be reported within the electronic incident module.
4. SUD providers are required to report all critical incidents to NorthCare Network. If it is determined that the incident qualifies as a Critical Event, the provider may conduct a root cause analysis. If it is determined that the incident qualifies as a Sentinel Event, the provider must conduct a root cause analysis. A copy of all root cause analyses must be forwarded to NorthCare Network. A peer review may also be conducted but will not be reported within the electronic incident module.

- D. Documentation of Reviews and Results submitted to appropriate staff
1. Based on the nature of the request and the results of the review, NorthCare will document the Peer Review findings in a format that fits the request.
 2. The results of the Peer Review will be sent to the appropriate party for purposes of quality / practice improvement but shall not be incorporated into the healthcare record of a recipient. The information contained in the Peer Review may be incorporated into the decision made in a Local Appeal and into the PIHP's preparation for a Medicaid Fair Hearing.