

INDEPENDENT PEER REVIEW PROTOCOL

Introduction

The Substance Abuse and Mental Health Services Administration (SAMHSA) requires each state that receives Substance Abuse Prevention and Treatment (SAPT) Block Grant funds to develop an Independent Peer Review (IPR) process that assesses the quality, appropriateness, and efficacy of treatment services. In addition, SAMHSA requires OASAS to conduct peer reviews in at least 5% of the programs that receive Block Grant funding and requests that states in its IPR process focus on "...treatment programs and the substance abuse service system rather than on individual practitioners..." in an effort to continuously improve client services. Independent Peer Review can serve as a catalyst for continuous quality improvement. It is in the context of quality and process improvement, and with a commitment to strengthening the field of prevention, treatment, and recovery that OASAS invites agencies to volunteer to participate in the Independent Peer Review process.

Participating providers will have the opportunity to identify areas of strength in their programs, assess the degree to which identified Quality Improvement Infrastructure and Practices might be considered for possible replication by other programs, and have the ability to identify potential improvement opportunities based upon the completion of a data gathering exercise using the Patient Tracking Log. The Patient Tracking Log is intended to glean specific information about patient access to treatment and to identify areas that could potentially be improved. In addition, participating programs will be encouraged to identify varied elements of service delivery and their program operations. Those exercises might provide an opportunity for the application and adoption of administrative processes or clinical improvements to strengthen services as through the implementation of evidence-based practices. OASAS field office staff, LGUs, and Local Mental Hygiene Directors have been invited to help identify areas of focus for peer review, opportunities for process improvement, and specific programs that might benefit from participation in an Independent Peer Review.

Participants are encouraged to conduct an agency "walk-through," which is an experiential exercise designed to gain a firsthand experience of the host program's intake and assessment process. Similar to the Patient Tracking Log, the agency walk-through is designed to stimulate discussion of improvement opportunities. Overall the walkthrough could help to identify a process improvement opportunity and can also stimulate a commitment to participate in a *PDSA change exercise* (Plan-Do-Study-Act Rapid-Cycle Testing) as spirited by NIATx. Subsequently, it is hoped that peer review participants will continue to implement, evaluate, and repeat the process improvement cycle and potentially implement viable and efficacious evidence-based and empirically developed best practices.

Independent Peer Review and NIATx

Since 2005 the IPR process has focused on the application of principles developed by NIATx [Network for the Improvement of Addiction Treatment] to help stimulate process improvements and strengthen treatment services. Underlying the procedural processes of IPR is the conceptual framework derived from NIATx. OASAS has refocused the peer review instrument to not only address the six areas required by SAMHSA, but in addition focus on process improvement opportunities in the areas of patient access and retention, as well as, clinical supervision. For example, the process of patient monitoring through the Patient Tracking Log is a first step toward furthering quality improvement practices, and is ideally suited for use with PDSA Rapid-Cycle Testing. The IPR process itself mirrors one of the major assumptions of NIATx, which states, "Involving staff in change projects and requesting their reactions to and advice about improvements helps addiction treatment agencies implement changes that meet their staff's unique needs." Those empirically-derived concepts have become known as guiding principles for improving treatment outcomes for chemically addicted individuals. Efficient and effective practices serve to enhance both patient (e.g., increased retention rates) and staff/program outcomes (e.g., decreased turnover rates, sustainable engagement of patients) and as such, affect the quality of patient care. All volunteers are encouraged to visit the [NIATx web site](#) for more detailed information and to help prepare for the peer review discussion.

Preparation for Participating Programs

OASAS has primary responsibility for the recruitment of volunteer providers to act as peer reviewers and the host agencies willing to be reviewed. OASAS will conduct peer review orientation and training sessions with the volunteer providers in the following areas: (1) orientation to the federal requirements for peer review including the six required areas for clinical review, (2) overview of the IPR forms, (3) appropriate provider selection of one PRU for participation (PRU must not have participated in IPR during the past two years), (4) scheduling of dates to facilitate the peer reviews, (5) overview of the agency Walk-Through and Patient Tracking Log, which will be utilized by providers to gather data, (6) provider identification of at least two staff people to conduct the peer review interviews/processes (participation of Qualified Health Professionals [QHP] is encouraged), and (7) the methodology providers should utilize to provide feedback to OASAS about the peer review process. The training session will also clarify the role, specific tasks, and responsibilities of the participants, including the use of the IPR instrument.

Completion of the Patient Tracking Log

The Patient Tracking Log (PTL) is modeled on NIATx process improvement principles pertaining to the rapid engagement of patients into treatment services. In preparation, the host agency will collect data for 1 to 2 months prior to the scheduled peer review. In addition to providing valuable information to both the reviewer and the host agency, the reviewer can utilize the Patient Tracking Log to complete questions 4 through 6 on the IPR instrument. The reviewer and the program being reviewed should examine the Patient Tracking Log together to determine if any indicators emerge that could subsequently become areas for potential process improvements.

The Patient Tracking Log should be collected and submitted to OASAS by the reviewer along with the completed IPR instrument and other relevant documents. Reviewers should submit this documentation within two weeks after their on-site visit. Please note that the Patient Tracking Log data is anonymous and program or patient names should not be provided. It is also recommended, aside from the peer review process, that programs continue to utilize the Patient Tracking Log as a means to sustain the evaluation of their access and retention processes, as well as identification of improvement opportunities.

The Peer Review Interaction

Upon arrival peer reviewers should be given a program tour and have the opportunity for a brief orientation with the host program, and staff if applicable. Historically, most peer reviews have taken between 4 and 6 hours to complete, however, the time may vary with the addition of reviewers. In some cases it might be more effective to schedule an extended or extra day to complete the review.

The Independent Peer Review Instrument is the guide and recording document for data collection. Each of the six Clinical Review components must be completed to be in compliance with SAPT Block Grant regulations. This part of the IPR process should take approximately two to three hours and requires a review of a total of at least six (6) patient case records.

The Quality Improvement Infrastructure and Practice Interview (QUIP)

In sustaining a quality improvement (QI) component with independent peer review, the QUIP instrument has been condensed and can be integrated into the IPR review process. The QUIP interview is tailored to enable the gathering of qualitative information about a program's current QI practices such as infrastructure, the use of specific QI activities, performance measurements, and performance evaluation. In addition to the QUIP interview assisting providers in identifying areas for quality improvement the exercise is designed to stimulate thinking about QI as integral to program operations.

Post Independent Peer Review Activities

The independent peer review formally ends after completion of all related interviews, document completion, and the review of patient medical case records. In addition, this is normally a time for the IPR reviewer and host agency staff to discuss their experiences and to complete the last section of the peer review instrument, "Reviewer's Assessment of the Independent Peer Review Process."

The peer review process is finished when the reviewer submits all completed instruments and documents to OASAS within two weeks of the peer review interview and site visit. To expedite completion of reviews and the submission of IPR documentation, all of the forms have been made available in an electronic format and can be sent back to OASAS via email. You can access this information and all related IPR documents on the OASAS website - [Independent Peer Review \(IPR\) Forms and Resources](#).