

# Elements of a Clinical Peer Review

## 1. Selection of reviewers and the role of the chair and the psychometrician.

The qualifications of the clinical reviewers is critical. They must have superior professional multi-disciplinary judgment. A multi-disciplinary team of experts enhances the quality of care and improves the effectiveness of clinicians. Each panel member brings a particular area of expertise and knowledge to the panel, enabling the panel, as a whole, to comprehensively and accurately review the cases. All panel members must be at an advanced professional level.

Clinical reviewers must evaluate the consistency among signs, symptoms, and behaviors as they correlate to identified problems, diagnoses, and corresponding treatment plans. Testing for interrater reliability of the reviewers is essential.

An ideal panel consists of a psychiatrist for the medical perspective, a psychologist for the knowledge of testing, a psychiatric nurse for the medical and counseling perspective, and a social worker for the knowledge of families and communities. Another appropriate professional is a certified addictions counselor. These counselors possess an expertise in addictions and, when reviewing a record, can recognize signs and symptoms of substance abuse. Each panelist evaluates the case records and clinical process differently, yet each panelist's opinions are considered equally valid in all areas.

The responsibilities and standards of conduct panelists are expected to follow include:

**Confidentiality**—Each panel member must sign a Confidentiality Agreement before the review takes place. Under no circumstances should review documents or findings be disclosed to persons who are not involved in the review without appropriate consent and release of the evaluator. Any information discovered in the review about the

corporate client is held in strictest confidence.

**Ethical Standards**—Each panel member is governed by the code of ethics of his/her profession. In practicing as a psychiatrist, psychologist, or social worker, the professional must abide by these ethical requirements that cannot be ignored when participating in the review.

**Standards of Practice**—No panel member should review or make a judgment about a case in an area of practice outside his/her area of professional expertise.

**Conflict of Interest**—No panel member should be involved in either an EAP or managed behavioral care program. This ensures that there will be no conflict of interest and removes the possibility of a biased review by a panelist.

**Completeness of Review**—Each question on the case review protocol must be answered and, if appropriate, an explanation provided. Panel members are expected to submit a complete and comprehensive written report. Panel members must be able to communicate a rationale for their specific recommendations. This is important because the program under review will be advised of review results and is entitled to an explanation of why the panel made the recommendation(s) it did.

The chair of the clinical review coordinates the clinical review with the client company. The chair also interviews and selects panelists. The panel and review process is monitored and supervised by the chair. The chair also works with the psychometrician who reviews, tabulates, and analyzes the data. Once the statistical information is completed, the chair writes the final report to be presented to the client company. The chair then monitors the vendor, ensuring that it complies with the Action Plan.

The psychometrician determines the appropriate number of cases and selects a sample of cases to be reviewed

using a table of random numbers. Along with other staff, the psychometrician may also observe the vendor's offices and pull the cases. The psychometrician, along with the chair and client company's input, develops two protocols to be used for the review—one to review clinical cases and the other to review counselor credentials. The psychometrician is present at the review to answer any questions panelists may have about protocol. Once the review is completed, the psychometrician analyzes and tabulates the data and compiles it into tables.

## 2. Selection of sample.

The number of cases to be reviewed depends upon the number of employees using the EAP. A psychometrician computes the number needed for review to assure significance and approves the method of case selection to ensure a random sample. Individual cases can also be selected by subgroups based on sex, managerial level, worksite, or any other variable the company chooses.

## 3. Development of the instrument.

A unique feature of the clinical review is the case review protocol. The primary goal of this instrument is to ascertain the profile of each client, determine the appropriateness of treatment, and to analyze the counseling process. Reviewers independently rate and evaluate each case for its overall quality of service and case documentation using yes/no questions as well as a Likert scale. The rating scale is as follows:

- 1 = Superior, exceeds expectations
- 2 = Competent, meets expectations
- 3 = Minimum, meets expectations in some areas
- 4 = Below Average, below expectations
- 5 = Unacceptable

The protocol instrument asks questions about adequate documentation of individual case records. Although

clear and precise documentation should be standard practice, counselors often assign it low priority, despite potential clinical and legal implications. The protocol instrument also asks for basic employment data and demographic information about the client.

To achieve a thorough clinical appraisal, ratings of the cases are conducted jointly by all review members. Each case is rated numerically in the areas of case documentation, clinical strengths, and recommendations. In cases that need to be re-opened, individual write-ups are produced.

Most clinical reviews have had cases that need to be re-opened. These cases often involve a threat of violence and are re-opened to ensure the client's safety and well-being. The panelists determine if a case is to be re-opened while they are reviewing the case and completing the protocol. This information is included in the written report.

The case review protocol includes over 50 questions from the following general areas:

- Client Demographic Information
- Primary Assessed Problem
- Primary Presenting Problem
- Initial Contact Information
- Clinical Documentation
- Services Provided
- Assessment Information
- Violence of High Risk Case (if applicable)
- Efficacy of Short-term Counseling
- Level of Clinical Supervision
- Follow-up/Referral Information
- Overall Panelist Rating
- Case Summary -- Strengths/Weaknesses
- Rationale for Re-Opening a Case (if applicable)

#### **4. Orientation session for panelists.**

The orientation is an opportunity for officials from the client company to provide the review panel with an overview of the company, its goals for the EAP, its concerns (if any), and to clarify any

necessary issues before the review process begins. Participants in the orientation should include representatives of the client company, the EAP staff director, and the clinical review panelists. The EAP staff briefs the panel on its forms and procedures.

#### **5. Review of case records.**

Reading and rating cases should take place at a neutral site under secure and confidential conditions. At the beginning of the review, case records are dealt to panel members by a clinical review staff member. Upon receipt of the cases, each panel member is required to sign a Chain of Custody form. This form states that the reviewer has received 'x' number of cases from a review staff member. Both the reviewer and a witness sign and date the form. Upon completion of the review, cases are returned to the review staff member. This time, it is the staff member who completes, signs, and dates the Chain of Custody form, which is again signed and dated by a witness.

Once panelists have read their cases, they are brought together to discuss and present their findings. At times during the review, the panel will identify a case(s) warranting attention and recommend that the case(s) be re-opened for follow-up. Once the report is written and the debriefing is completed, the cases are destroyed and disposed of appropriately.

#### **6. Analysis of data/written report.**

The data is then analyzed and a written report is prepared based on the calculations from the review. The report should include information about case maintenance (ease of readability), sections where the panel disagreed with information in the cases (counselor's primary assessment is alcohol whereas the panel's assessment is a family problem), and the panelists' comments regarding strengths, areas for improvement, and recommendations.

The final oral and written report is compiled by the evaluator and staff and presented to the client company. The report contains data resulting from the case protocol questions. These data are the basis for the final report and are accompanied by a summary of the panelists' recommendations. The report is strictly confidential. The client company determines how the findings of the report will be distributed.

The contents of the written report should include:

- Introduction
- Methodology
- Demographics
- Procedural/Documentation Findings (Strengths, Areas for Improvement, and Recommendations)
- Clinical Findings (Strengths, Areas for Improvement, and Recommendations)
- Counselor Credentials
- Cases for Special Attention
- Quantitative Tables (If there are two or more vendor companies, comparison tables are presented.)

#### **7. Company debriefing.**

The next step in the review process is the company debriefing. This usually occurs a month after the clinical review findings report is issued. During the debriefing, panelists, the client company, and EAP personnel discuss the findings of the panel.

#### **8. Action plan.**

After the EAP director receives and reviews the final report and debriefing, it prepares an action plan describing the changes it will make in response to the clinical review. Action plan recommendations are incorporated and used as a standard in the following year's review of the program.

— Dale A. Masi, DSW