Qualitative Evaluation of EAPS: Peer Review

by Dr. Dale A. Masi

INTRODUCTION

Since the 1970s there has been a dramatic growth in corporate employee assistance programs (EAPs) in the United States. As in other developing program areas with a clinical component, concern with expansion carries with it commensurate concern for determining and maintaining service standards.

In January, 1985, new ground was broken in the EAP field when the first peer review evaluation was conducted on one of the largest corporate EAPs in the United States. Since that time the peer review has been contracted for by other corporate and public sector employers.

Although the concept of peer review is new to the EAP field, it has long been an accepted practice in other, more established professions.

PEER REVIEW HISTORICAL PERSPECTIVE AND CONCEPTUAL BASE

The Confidentiality of Alcohol and Drug Abuse Records Regulations and Proposed Regulations of Confidentiality et al clearly state that in bona fide evaluation, records may be examined.[1]

The principle of monitoring or evaluating records to assure responsible care is deeply rooted in the history of medicine. Subsequently such review has extended to the activities of other professions.

As noted by Rodriguez (1984) the earliest allusion to peer review can be traced to the Hippocratic Oath where responsibility to patients and the medical profession as collectively derived from the practices of the individual physician and his/her peers, is a well respected principle.

Over the years, the American Medical Association has promoted the development of peer review of activities: as an ongoing process of assessment and evaluation; when based on appropriateness, medical necessity and efficiency of services to assure quality medical care; and as a tool to maintain and improve the quality of medical care through educating physicians.

Interest in quality assurance and utilization review by the mental health professions has been spurred by increasing recognition that few mechanisms exist to protect the patient from unnecessary or poor quality care and that the cost of health benefits has risen dramatically. These factors have made third party payors, most notably the federal government, begin an attempt to control costs through such devices as a state professional standards review organization (PSRO) and utilization review. The pressures that brought about these efforts have also led to the establishment of the American Psychological Association/Civilian Health and Medical Program of the Uniformed Services (APA/CHAMPUS) peer review project.[2]

CHAMPUS, created by Congress in 1956, was modeled by federal law after the Blue Cross high-option plan. The initial legislation provided for medical benefits for dependents of active duty military personnel and for retired service personnel and their dependents, when such care was not available in nearby military medical facilities. In 1966 Congress expanded the existing legislation to include coverage for other ambulatory services and for a liberal mental health benefit.

In early 1974 a Senate investigation led by Senators Henry Jackson and Charles Percy, uncovered allegations of serious sexual and physical abuse in children's psychiatric facilities, known as residential treatment centers (RTC). CHAMPUS came under attack because it was using many of these facilities as authorized service providers.

As a result of these actions, CHAMPUS, in conjunction with the National Institute of Mental Health (NIMH), developed a project known as the Select Committee on Psychiatric Care and Evaluation (SCOPCE). This pioneering effort was the first multidisciplinary mental health peer review ever undertaken on a national scale. Phases of the project were continued through 1977 when an evaluation indicated that in addition to controls placed on quality of care, the re-

view yielded a benefit-cost ratio to CHAMPUS of at least 25:1 (Sorensen & Zelman)*.

Under CHAMPUS, the mental health benefit is for care that is "medically/psychologically necessary" and that is of sufficiently high quality. Although fiscal control of the mental health benefit is one reason for CHAMPUS involvement with these review projects, control of expenditures could be accomplished much more easily by simply limiting the mental health benefit. The decision by CHAMPUS to permit a benefit for necessary and good quality care places the onus on the professions to define necessity and quality. If reviewers are unable or unwilling to judge their peers or be judged it is likely that the outcome will be clinically arbitrary restrictions of mental health benefits.[3]

Two essential elements are necessary for the success of peer review programs: adequately documented case records and superior professional multidisciplinary judgment. Peer reviewers must evaluate the consistency among signs/symptoms and behaviors correlated to identified problems and diagnosis and corresponding appropriate treatment plans.

It has been shown that peer review activities can improve the quality of care and make clinicians more effective (Sinclair and Frankel, 1982). Quality care frequently reduces later utilization and costs which would otherwise be born by the beneficiary, health care system, and payor. Findings from the CHAMPUS peer review project indicate that the quality and appropriateness of care—in accordance with professional peer review standards—as well as the case record documentation have shown broad, consistent, and significant improvements since the initiation of peer review activities. (Rodriguez, 1983)

THE PEER REVIEW PROCESS

In designing a peer review evaluation, having a multidisciplinary team of experts, will enhance the quality of care and improve the effectiveness of clinicians.

The peer review process has four major components:

- a general orientation session
- actual review of case records
- direct dialogue with company vendors (optional)
- a company debriefing

The orientation session includes representatives of the client company, the EAP program staff director and staff and all peer panel members. It provides the opportunity for both company personnel and vendor to clarify all aspects of the program for the panel.

It is also an opportunity for the company officials to provide the peer panel with a general overview of and orientation to the company, and to clarify any necessary issues before the onset of the review process. The EAP staff briefs the panel on its procedures, forms et al. This orientation session is a fundamental part of the development of the initial peer review process.

The second and core component of peer review is the reading and rating of a representative sample of case records by the panel members conducting the company's review. This activity, aimed at customizing the process, usually takes place at a neutral site, under secure and confidential conditions. Each case record is then rated using a quality evaluation instrument with built-in reliability and validity checks. The numerical ratings as well as the qualitative comments are then studied, documented and integrated.

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The actual number of cases which should be reviewed is directly related to the number of employees using the company's EAP. A psychometrician computes the significant number based on number of cases and approves the method of selection to assure a random sample. The selection of individual cases can be done in various ways, e.g. by sex, managerial level, work site, or any other variable the company chooses.

A dialogue is carried on with the contractor to provide informal feedback and to clarify any questions raised during the on-site evaluation process. A final oral and written report which includes comments on the company's program as well as a list of recommendations designed to improve the overall quality of the EAP is done by the panel and addressed to the corporate client. It is strictly confidential and available to no one else. It is up to the discretion of the corporate client to determine distribution of findings.

CASE REVIEW PROTOCOL

Perhaps the most unique feature of the peer panel evaluation is the use of a case review protocol. Each case is rated and evaluated based on a score received on this instrument.

Cases are rated independently, and assigned an overall score based on each expert panelist's judgment about the quality of service and of case summary documentation. The case may be scored:

- excellent, exceeds expectations;
- above average, exceeds expectations in some areas;
- average, meets expectations; and
- below average, below expectations.

The instrument includes basic employment data and de-

[1] Subpart 408—Section B—P. 27803

[2] William L. Claiborn, Bruce H. Biskin, and Linda S. Friedman "CHAMPUS and Quality Assurance" in Professional Psychology, p. 40.

*See A. Psy. pg. 946 (Aug. 1983)

[3] Claiborn, Bruce, Biskin and Friedman, p. 40.

scriptive biographical information, yet at the same time recognizes the evaluator's responsibility to insure strict anonymity for the employees whose cases are reviewed by the panel. Protection of confidentiality applies to the process as well as to cases.

The instrument consists of scaled items covering everything from the academic credentials of the practitioner involved with the case, to information on the appropriateness of the type of referral made.

The following is a sample of questions taken from a case review protocol (each is rated in the four point scale previously described):

- In your opinion, was there an adequate and complete assessment of alcoholism?
- If the client was referred out was the referral appropriate?
- If additional medical, psychological or psychiatric workups, were required for assessment, were they conducted?
- Were options discussed, including self-help groups if appropriate?
- What was the level of the overall counseling in this case?

These are a few of the more than forty items that have been developed for case review protocol. The comprehensive nature of this instrument, requires vendors to provide adequate documentation of individual case records. Although clear and precise documentation should be standard practice in all EAPs, it is an activity often assigned low priority despite potential clinical and legal implications.

THE PEER PANEL

A peer panel should be composed of experts in the fields of psychology, psychiatry and social work. Each panel member brings his or her unique expertise to bear when evaluating a company's program. Panelists are expected to use sound professional judgment and reasoned opinion when assessing the quality of services provided.

There are, however, certain responsibilities and standards of conduct to which panelists are expected to adhere. These major areas of responsibility include:

1) **Ethical Standards**—Each panel member is subject to the code of ethics of his/her particular profession. In practicing as psychiatrist, psychologist or social worker the professional incurs certain ethical obligations that cannot be abridged by membership on a peer panel.

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

3) **Conflict of Interest**—No panel member should be involved in EAP work.

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4) **Confidentiality**—Under no circumstances shall review documents or findings be communicated to persons who are not part of the review system without appropriate consent and release. All panel members sign a document attesting to this. Any information found out about the corporate client is held in confidence.

5) **Completeness of Review**—All questions on the case review protocol must be addressed and, when appropriate, an explanation provided. In addition, panel members are expected to provide a complete and comprehensive written report. It is extremely important that panel members are able to communicate their rationale for specific recommendations since the vendor under review will be advised of review results, and is entitled to know why the panel acted as it did.

FUTURE OF PEER REVIEW IN EAPs

The use of peer review among EAPs as an emerging concept that is now gaining wider support as growing fiscal concerns within organizations require program administrators to justify the cost benefit and cost effectiveness of their programs. In addition, legal protection for the corporation is provided by assuring that appropriate forms are utilized, records are maintained in a professional manner and federal and state laws are followed by counselors in working with employers. Peer review has, and will continue to serve these functions. But the most significant contribution of all, is the ability of peer review to meet the consumer's needs for quality care. It is in this arena that the future of employee assistance will be determined.

The peer review is the introduction of quality assurance into the EAP field. As professionals it is our responsibility to monitor ourselves. That is the true hallmark of a mature profession. □

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