**Purpose:** To provide an effective, objective, and uniform method of evaluating clinical mental/behavioral health services to assure that high quality care is provided to all patients in a professional manner.

**Policy:** Mental/behavioral providers will undergo a quarterly peer review based on a process that assesses various aspects of (ten) 10 randomized mental/behavioral health patients’ progress notes.

**Procedure:**

1.0. **Peer Review Overview**

1.1. All mental/behavioral health providers will complete a peer review on a quarterly basis. These reviews will be initiated by the Director of Quality Management in coordination with the Chief Medical Officer (CMO) and accomplished in January, April, July, and October of each year.

1.2. The peer review process will consist of an audit based on a Mental/Behavioral Peer Review form that assesses focused areas of patient progress notes.

1.3. Focused topics may be submitted by the Director of Quality Management or the Clinical Performance Improvement Team (CPIT) for consideration.

1.4. Mental/behavioral providers will be assigned in pairs, and the provider pairs will rotate each quarter to ensure that no auditing provider will audit the same provider the following quarter.

2.0. **Chart Selection**

2.1. Each provider will be given ten (10) random mental/behavioral patient charts for a specified quarter.

2.2. The patient charts will be chosen from a report generated in i2iTracks Population Management System that will define mental/behavioral patients who had been seen during the reporting period.
2.3. The report will be randomized to choose the ten (10) charts for audit.

2.4. Patient identifying notations (i.e. name, patient ID, etc.) shall be obliterated on all copies.

3.0. Peer to Peer Review Process

3.1. Each provider will review the ten (10) patient charts selected utilizing the appropriate Mental/Behavioral Peer Review form. The provider will verify that the title of the form used matches the visit type (warm hand-off, chronic care or mental health).

3.2. If a patient is selected that does not meet the criteria for the mental/behavioral peer review, the auditing provider must let the Director of Quality Management know, and another randomly selected patient chart will be substituted.

3.3. Each provider will review the most recent mental/behavioral visit within the selected quarter.

3.4. All providers will be given two weeks to complete his/her chart audit and will return the audits given to the Director of Quality Management via distribution.

4.0. Peer Review Committee

4.1. A Mental/Behavioral Peer Review Committee made up of two Mental/Behavioral Providers and the Director of Quality Management will convene after each peer review process is completed to review and summarize the findings.

4.2. The Mental/Behavioral Peer Review Committee will meet and fill out a summary form for each provider.
   a. The summary form will consist of the audited provider’s name, the auditor’s I.D., the review date, the number of charts audited, the
compliance goal, and a numeric summary of each of the areas assessed using the appropriate Mental/Behavioral Peer Review form.

b. The Mental/Behavioral Peer Review Committee will also include a narrative on the summary form with areas of compliance/ non-compliance and suggestions for improvement.

4.3. The Mental/Behavioral Peer Review Committee will meet no later than two weeks following the peer review submission deadline for each provider.

4.4. Since the designated Lead Mental/Behavioral Health Counselor is subject to review by his/her peers, he/she will have to be excused from the Mental/Behavioral Peer Review Committee during the time that his/her audits are being reviewed by the remainder of the Committee. At this point, the CMO will assist on the committee.

5.0. Peer Review “Sign-off” and presentation

5.1. After all of the providers’ summaries have been completed by the Mental/Behavioral Peer Review Committee, the CMO will sign off on each summary.

5.2. Each provider will be given a copy of his/her peer review summary by the designated lead Mental/Behavioral Health counselor or another designee. The Director of Quality Management will retain each provider’s peer review packet in a confidential file.

5.3. The Director of Quality Management will summarize and present the final results of the peer review at the CPIT meeting and the CFHC Board of Directors meeting during the same quarter as the audit.

**Guidelines:** N/A

**Definitions:** N/A
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<th>Policy Number: OP-QM 1.1</th>
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<tr>
<td>Policy Classification / Section: Operations/Quality Management</td>
<td>Owner’s Title: Behavioral Health Lead</td>
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<tr>
<td>Last Revision Date: N/A</td>
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**Related Links/Forms:**

1. Mental/Behavioral Health (MBH) Peer Review Forms
   a. MBH Peer Review Form (Chronic Care Patient)- Attachment A1
   b. MBH Peer Review Form (Mental Health Patient)- Attachment A2
   c. MBH Peer Review Form (Warm Hand-off)- Attachment A3
2. Mental/Behavioral Health (MBH) Peer Review Committee Summary Forms
   a. MBH Peer Review Summary (Chronic Care Patient)- Attachment B1
   b. MBH Peer Review Summary (Mental Health Patient)- Attachment B2
   c. MBH Peer Review Summary (Warm Hand-off)- Attachment B3
3. Research Randomizer (www.randomizer.org/)

**References:** N/A

**Appendix:** N/A