OASAS

NEW YORK STATE
OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES

Independent Peer Review 1995-96 Annual Report

(March 1997)

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I. INTRODUCTION

A. Federally Mandated Independent Peer Review

In March 1993, the U.S. Department of Health and Human Services promulgated final rules and regulations for the Federal Substance Abuse Prevention and Treatment (SAPT) Block Grant, which included the following requirements for independent peer review {*45 CFR Part 96, Section 96.136*} to become effective for the 1994-95 Federal fiscal year:

- *For the fiscal year for which the grant is provided, the State will provide for independent peer review to assess the quality, appropriateness and efficacy of treatment services provided in the State to individuals under the program involved, and ensure that at least five percent of the entities providing services in the State under such program (subrecipient provider agencies) are reviewed. The programs reviewed shall be representative of the total population of such entities;*

- *Independent peer reviewers shall be individuals with expertise in the field of alcohol and drug abuse treatment:*

- *As part of the independent peer review, the reviewers shall review a representative sample of patient/client records to determine quality and appropriateness of treatment services; and specifically, examine: admission criteria/intake process; assessments; treatment planning, including appropriate referral; documentation of implementation of treatment services; discharge and continuing care planning; and, indications of treatment outcomes;*

- *The State shall ensure that the independent peer review will not involve practitioners/ providers reviewing their own programs, or programs in which they have administrative oversight, and that there be a separation of peer review personnel from funding decision-makers;*

- *The State shall ensure that independent peer review is not conducted as part of the licensing/certification process.*

Through Federal fiscal year 1993-94, the New York State Office of Alcoholism and Substance Abuse Services (OASAS) complied with the SAPT Block Grant's existing general requirement for independent peer review through its statutorily mandated program recertification activities. However, with the March 1993 promulgation of the final rules and regulations for the SAPT Block Grant, which specifically precluded the conduct of independent peer review as part of OASAS' licensing/recertification processes, in Federal fiscal year 1994-95, OASAS began to develop a new Independent Peer Review (IPR) process for New York State's alcoholism and substance abuse (ASA) service provider system.

In accord with the requirements of the SAPT Block Grant and, in cooperation with representatives of OASAS certified providers, in Federal fiscal year 1995-96, OASAS implemented an IPR process for New York State's ASA treatment system.

B. Developmental Background

In August 1994, an IPR Work Group, comprised initially of OASAS staff, was formed to develop a work plan for the implementation of the IPR process. During the 1994-95 Federal fiscal year, the major activities/accomplishments of this Work Group included:

- Contacting other states and securing information on their IPR processes and learning from their experiences;
- Identification of OASAS' SAPT Block Grant subrecipient provider agencies (approximately 140 in any given Federal fiscal year), and determination that the largest single service category in New York State, as well as the service category that was inclusive of a relatively large number of SAPT Block Grant subrecipient provider agencies, was alcoholism outpatient clinics;
- Recruitment of approximately 40 alcoholism outpatient clinic providers to participate/assist in the IPR Work Group's activities;
- Development of the IPR Protocol, Guidelines and Report Format (PAS-22 Form) for alcoholism outpatient clinic programs; and,
- Coordination of the performance of six pilot peer reviews by alcoholism outpatient clinic provider staff, in the Summer and Fall 1995, and utilization of the feedback from the pilot reviews to modify the peer review process and the program assessment protocol.

Feedback from the 1994-95 pilot peer reviews also highlighted the need to distinguish the process from other traditional monitoring systems (i.e., regulatory compliance/ recertification reviews by licensing authorities; contract performance reviews by funding agencies; surveys by accrediting organizations; etc.) Accordingly, it was agreed by the IPR Work Group participants that the PAS-22 Form had to incorporate the components mandated by the Federal regulations, yet avoid duplication of the aforementioned other monitoring mechanisms. This was essential in order to assure that the process had value to peer professionals in truly fostering the promotion of professional development and quality improvements in the delivery of alcohol and substance abuse treatment services.

C. New York State's Independent Peer Review Process

The previously outlined developmental activities were instrumental in the establishment of the mission of New York State's IPR process, which was defined by the IPR Work Group as: **to contribute to the efficacy of New York State's ASA service delivery system through: (1) an organized process of assessment, by professional peers, of the quality and appropriateness of the clinical and therapeutic practices employed in OASAS certified ASA treatment settings; and (2) the effective application of quality improvement opportunities, identified from the assessments, within the ASA system, so that the quality and appropriateness of services are continuously improved.**

Therefore, consistent with this mission, the focus of the IPR process, both in the conduct of the peer reviews and application of related findings and conclusions, is directed toward the following primary ASA system improvement objectives:

- To assure that screening and assessment services are effective and that the level of care placement is appropriate to the patients'/clients' needs;
- To assure that treatment planning, including referral, is appropriate to the patients'/clients' needs;
- To assure that the documentation of the implementation of treatment services demonstrates the delivery of appropriate treatment services to meet the patients'/clients' needs in a timely manner;
- To assure that there is a comprehensive continuum of care and mechanisms that afford patients/clients access to appropriate services when and where needed;
- To promote ongoing efforts by the field to address the alcoholism and substance abuse service delivery system's responsiveness, efficiency and effectiveness, and related need to produce and document positive patient outcomes; and,
- To enhance networking and promote mutual professional development and quality improvement in the delivery of care.

II. THE 1995-96 INDEPENDENT PEER REVIEW CYCLE

A. Administration of the Independent Peer Review Process

During the 1995-96 Federal fiscal year, the IPR Work Group completed its developmental tasks and transitioned to an Independent Peer Review Committee (IPRC), comprised of OASAS staff. The IPRC drafted an interim Policy and Procedure Statement on the IPR process, providing a formal basis for communicating the mandatory and conceptual framework for New York State's IPR activities.

The IPRC also reviewed the draft PAS-22 Form developed for the alcoholism outpatient clinic program pilot peer reviews and concluded that the protocol, guidelines and report format were broad enough to be generally utilized as the standard review instrument for conducting peer reviews of all alcohol and substance abuse treatment program categories.

In addition, the IPRC reviewed the universe of treatment program categories operated by all subrecipient provider agencies and determined that the 5 percent Federal mandate for annual program coverage by the State's IPR process could be complied with by drawing peer review candidates from the two largest categories -- alcoholism outpatient clinic and drug free residential programs. Consequently, in May 1996, orientation meetings with both alcoholism outpatient clinic and drug free residential provider representatives, were convened by the IPRC's Planning Subcommittee. The orientation meetings provided an opportunity for the participant providers to review and reach a consensus on the final IPR policy and procedure statement and the PAS-22 Form. Also, the 1995-96 peer review schedule was established, with assignment of specific Team Leaders for each of the reviews. Four reviews were scheduled for drug free residential providers, and six were scheduled for alcoholism outpatient clinic providers (due to unforeseen scheduling conflicts, only five of the six scheduled reviews were performed) Moreover, all of the peer reviews were scheduled to be completed by July 15, 1996, to accommodate OASAS' mandate to have the requisite number of peer reviews completed within the 1995-96 Federal fiscal year.

B. 1995-96 Peer Review Findings

The identification and sharing of peer review results was the logical next step of the IPR process and consistent with the SAPT Block Grant regulations which state, "The intent of the independent peer review process is to continuously improve the treatment services to alcohol and drug abusers within the State system." Accordingly, in order to analyze the results of the completed 1995-96 peer reviews, an Evaluation Subcommittee of the IPRC was formed to review the PAS-22 Forms submitted by the peer review teams. In accord with the SAPT Block Grant regulations, the Evaluation Subcommittee was made up of OASAS staff who were <u>not</u> involved in the Agency's funding decision or the licensing/certification processes. The objective of the Evaluation Subcommittee's analysis activities was to identify those findings in the completed peer reviews that offered promising approaches and innovative features for delivering services that might be of interest to the provider community, as well as ways to improve the IPR process itself.

The members of the Evaluation Subcommittee independently analyzed the completed PAS-22 Forms and subsequently met to discuss their findings and develop a summary for this report. It should be noted that this summary identifies content contained in the PAS-22s and does not represent OASAS policy, or program direction. The approaches and innovative features are provided for the reader's information and should be subscribed to only after careful consideration of their applicability to the individual circumstances of the program.

General Impressions

The analyzed PAS-22 Forms varied in the level of narrative detail. The completed PAS-22s generally followed the probe questions; however, in one instance, the reviewer provided only "yes" or "no" responses to the questions. Another PAS-22 contained a lengthy narrative covering the background, history and need for programming similar to the program that was reviewed. Future training might indicate that some narrative is expected as part of the review. In general, the reviewers noted that the experience was positive and the completed reviews were primarily positive. Some constructive suggestions were offered; however, the Evaluation Subcommittee's impression was that reviewers may have been reluctant to document negative findings or criticisms, although, these areas may have been addressed and discussed during the actual review.

The Evaluation Subcommittee recognized that this initial annual peer review cycle represented only one year's results from a limited number of programs. A compilation of several years of results indicating similar trends could more confidently be considered for broad programmatic and/or policy applications.

Specific Findings

The Evaluation Subcommittee identified a number of findings on promising approaches and programming features that may be of interest to the provider community. Such information exchange and knowledge transfer is a key component of the IPR process and potential applications for broader segments of providers may result in system improvements and enhancements. Due to the relatively small sample of programs reviewed, OASAS and the reader should be cautious in generalizing these findings. However, certain findings may provide a starting point or a basis for discussion for individual programs, provider organizations and/or OASAS to consider their system improvement potential.

The following findings were identified by one or more of the peer reviews completed.

IPR Objective -- To Promote Positive Patient Outcomes

- Outcome information was identified as an important program component and needed to be addressed and incorporated if not already done so. Specific program approaches identified in this regard included:

  1) making follow-up phone calls to patients/clients three months after discharge;

  2) use of an outcome assessment checklist; and,

  3) inclusion of outcome information in the program's annual report.

- A number of programs utilized client satisfaction surveys as part of their quality improvement process. One program scheduled administrative strategy meetings to discuss results of the client satisfaction surveys and outcome assessment forms.

IPR Objective -- To Assure Appropriate and Timely Treatment Services

- Interesting and innovative service delivery approaches identified included:

  1) individual psychotherapy within a residential framework;

  2) group counseling with rotating counselors to promote group cohesion and expose group members to different styles and approaches;

  3) use of lesson plans and detailed syllabus for groups;

  4) rotating staff coverage (each staff person half day/week) for crisis services;

  5) use of client logs and self-assessment. as part of the treatment plan;

  6) job hunting group sessions;

  7) client questionnaire to monitor quality-of-life issues as a way to assess treatment progress and relapse potential; and,

  8) use of support staff to collect demographic information at intake, then assign to a counselor to complete the intake interview.

- Difficulty in determining client progress through case file review was raised in a portion of the reviews. Two suggestions identified were implementation of monthly progress summaries and a summary progress sheet.

IPR Objective -- To Promote Professional Development and Quality Care Improvement

- Staff and quality care improvement approaches identified included:

  1) use of flex time to provide evening coverage;

  2) staff familiarity with the program's mission;

  3) maintenance of a daily activities reporting sheet by counselors: and.

  4) utilization of a comprehensive competency checklist to review staff skills and training needs.

The Evaluation Subcommittee noted that a number of the peer reviews identified various program forms, associated with some of the previously noted program practices, that they found to be particularly useful. It would be helpful if, in future peer reviews, blank copies of such forms are appended to the completed PAS-22 Form.

Reviewer Comments on the IPR Process

In general, reviewers felt the IPR experience was positive and that the guidance provided by the PAS-22 Form, for completing the reviews, was helpful. The following are some reviewer observations/suggestions for improvement of the IPR process:

1) Revise the PAS-22 Form format so that expanded responses can be accommodated;

2) Integrate OASAS work scopes and outcome criteria into the peer review process;

3) It would be beneficial to match programs by size, so that similar sized programs reviewed each other;

4) Due to staff and client availability issues, avoid scheduling peer reviews of outpatient programs to begin on a Friday;

5) The interesting aspect of coming from a suburban-based program and reviewing an urban program; and,

6) Commitment of a significant level of time can be involved in the conduct of peer reviews (e.g., training, traveling to a review site, hosting a review, and writing up the review results).

III. FUTURE GOALS FOR THE INDEPENDENT PEER REVIEW PROCESS

During this initial implementation year of the IPR process, OASAS assumed primary responsibility for its administration in order to facilitate the implementation, as well as to obtain necessary practical experience, beneficial toward assuring the effective transition of the system's administration to the ASA provider system. As such, OASAS' long-term goal is to have the IPR process substantially administered by OASAS certified ASA providers, thereby enabling the providers, within a general framework of OASAS oversight, to have wide discretion in the overall management and operation of the IPR system.

In building toward this long-term goal, the following major objectives will be pursued in the forthcoming annual independent peer review cycles:

- Growth in the level of provider representation on the IPRC, with eventual predominance over OASAS representation;

- Expansion of provider participation in the peer review process, enabling broader coverage of alcoholism and substance abuse program categories operated in New York State, thereby creating a larger base of knowledge and innovation for the fostering of greater access to professional development and quality improvement opportunities within the entire provider system; and,

- Continuous quality improvement of all major elements of the IPR process, including peer reviewer/peer review recipient training/orientation activities; standard review protocols and reporting formats; evaluation, reporting and application of peer review results.

MAJOR CONTRIBUTORS TO THE DEVELOPMENT AND IMPLEMENTATION OF NEW YORK STATE'S INDEPENDENT PEER REVIEW PROCESS

The following providers' assistance was instrumental in OASAS' establishment of an IPR process for New York State's ASA provider system:

Alcoholism Center of Broome County
Argus Community, Inc.
Cattaraugus County Council on Alcoholism
Columbia-Greene County Alcohol Services
Community Center for Alcoholism of Jefferson County, Inc.
Coney Island Hospital
Dutchess County Department of Mental Hygiene
Educational Alliance, Inc.
Finger Lakes Alcoholism Counseling and Referral Agency, Inc.
Hudson-Mohawk Recovery Center, Inc.
Kings County Hospital
Lincoln Medical and Mental Health Center
Long Beach Memorial Hospital
Long Island College Hospital
Lutheran Medical Center
New Hope Manor, Inc.
Oneida County Drug Abuse Prevention Council
St. John's Episcopal Hospital
St. Joseph's Rehabilitation Center
St. Lawrence County Alcohol and Substance Abuse Services
Outreach Development Corporation
Veritas Therapeutic Community, Inc.
Westchester County Medical Center
Women In Need, Inc.

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