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The Health Care Quality Improvement Program: A Move Towards More Effective Peer Review Organizations

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The Health Care Quality Improvement Program: A Move Towards More Effective Peer Review Organizations

The Health Care Financing Administration (HCFA) has mandated the state Peer Review Organizations (PROs) to ensure quality health care for Medicare beneficiaries. Traditionally the PROs have attempted to achieve this laudable goal by reviewing samples of Medicare hospital discharges looking for adverse events or evidence of fraud. In many ways the PROs functioned like quality of care police seeking out and sanctioning "wrong-doers." Needless to say, hospital administrators and physicians often cringe at the mere mention of the acronym PRO.

In the early 1990s, inspired by the continuous quality improvement movement that is sweeping the country, HCFA changed the focus of the PRO contracts by developing the Health Care Quality Improvement Program (HCQIP).^{1,2} The aim of the HCQIP is to shift the role of the PROs from quality police to facilitators of quality improvement. Through the HCQIP, the state PROs analyze Medicare claims data to identify patterns of care, to improve care, and increase cost effectiveness. The PROs invite providers (hospitals or physicians) to collaborate with them to develop interventions to achieve project goals. The PROs then conduct follow up analyses for the collaborating providers to document the effectiveness of improvement efforts. When successful quality improvement programs are identified, the PRO works to disseminate the programs throughout the state as appropriate.

Pennsylvania's PRO, known as the Keystone Peer Review Organization or KePRO, has been one of the most active PROs in this effort. To date, KePRO has undertaken quality improvement projects in the diverse areas of cardiac catheterization, cataract surgery, pneumonia, deep venous thrombosis, breast cancer, prostate cancer, diabetes, congestive heart failure, atrial fibrillation, and platelet transfusions. KePRO has also begun to collaborate through the HCQIP with professional societies, Pennsylvania Blue Shield, managed care organizations, and the Health Care Cost Containment Council. In addition to the local projects described, PROs participate in nationwide projects such as the widely publicized Cooperative Cardiovascular Project.^{3,4}

KePRO, in this effort, has established partnerships with selected academic institutions in the state through the involvement of faculty physicians to serve as Assistant Clinical coordinators for KePRO HCQIP projects. The Assistant Clinical Coordinators are responsible for formulating project ideas, working with KePRO staff to develop project methodology and oversee data collection and analysis, leading study groups composed of expert physicians in the clinical areas of specific projects, meeting with key personnel of collaborating hospitals, and disseminating project results. Christine Laine, MD, MPH, Jefferson Medical College; Jeffrey Whittle, MD, MPH, Pittsburgh VA Medical Center; and Neil O. Fishman, MD, University of Pennsylvania, currently serve as Assistant Clinical Coordinators. In addition, Russel Localio, JD, MPH, JS, Center for Biostatistics and Epidemiology, Penn State University College of Medicine provides the biostatistical expertise to conduct methodologically sound HCQIP projects.

Providers, made wary by the old ways of the PROs, remain leery of PRO efforts to improve quality. Yet those that have collaborated with the PROs have been pleasantly surprised at the positive nature of the interaction. Many providers are now actively seeking out collaboration in projects. Project ideas stem from published practice standards and suggestions from health care providers. Anyone in Pennsylvania with a project idea should contact the Health Care Improvement Office at KePRO (717) 564-8288.

References

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