



Promoting Life Long Learning



PHYSICIAN PEER REVIEW

In late 2003, The Texas A&M Health Science Center Rural and Community Health Institute (RCHI) developed a unique program to address a special need of rural hospitals-physician peer review. The Rural Physician Peer Review Program (RPPR)© is an “internal” peer review program facilitated by RCHI. Using e-technology and teleconferencing, physicians of like specialties are brought together across the state to discuss patient care. The program has grown from an initial two (2) hospitals to forty-eight (48).

RPPR© is a program developed to not only address the issues encountered by providers but to utilize peer review as a venue in which shared learning can occur. Incorporating shared learning into

the peer review process removes bias, promotes a “Just Culture” and removes the traditional punitive focus. Participating physicians receive Continuing Medical Education (CME) credits that are awarded through the Texas A&M Coastal Bend Education Center. Unique features of the program include the ability for physicians to participate from any location.

Information is provided through a HIPAA compliant, secure web portal. The actual meeting is then conducted via a secure conference call.

RPPR© also promotes system learning. When “systems” issues are recognized in a peer review session,

feedback is provided to the hospital as opportunities for improvement. This information can then be used to enhance the hospital’s quality and safety program.

The program is very helpful in meeting regulatory and accrediting compliance with medical staff, patient care, quality improvement and patient safety requirements/standards. Additionally, the program assists in meeting Ongoing Professional Practice Evaluation (OPPE).

Comments from physicians: *“I enjoy the reviews. They help ME do a better job on my own records,”* *“Their organization and passion for improved quality has improved the standard of care in rural emergency rooms.”* *“Their successful implementation of peer review across rural Texas has helped to create a useful standard of care for rural medicine that is helping us all to implement better peer review within our rural hospitals.”* *“From a personal perspective, I feel the RCHI’s peer review programs have made me a better physician ...”*

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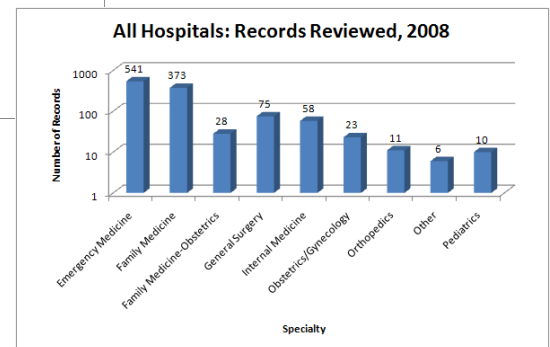
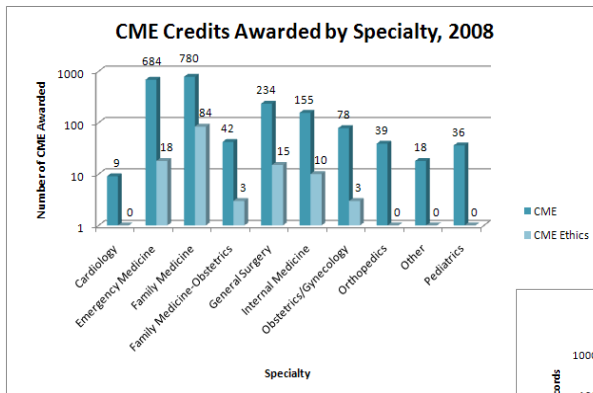
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Everything can be improved.

-- CW Barron

RCHI started assisting critical access, small and rural hospitals with the use of data for patient safety and quality improvement in 2004, through a grant funded by the Agency for Healthcare Research and Quality (AHRQ). The grant was designed to implement advanced information technology that allowed hospitals to analyze quality and safety, as well as, financial and market performance using administrative data. With the end of the grant in 2007 RCHI, together with one of the grant partners, continued to offer the same technology as a service named the Texas Rural Hospital Partnership (TRHP).

Now with a grant from the Texas Department of Rural Affairs, formerly the Office of Rural Community Affairs (ORCA), the project is offering expanded tools and provides RCHI with the ability to subsidize costs for up to 30 hospitals.

Tools now provide outpatient data reporting to Texas Health Care Information Council (THCIC) and submission enhancement of core measures to Centers for Medicare & Medicaid Services (CMS) and/or The Joint Commission. The expanded tools are powered by Quadra-Med. This new service is called: **Healthcare Data Integration Program or HDI.**

Integration program or HDI. QuadraMed is known for their services in healthcare information technology, data management, reporting, and performance improvement. Access to their tools and technology will allow us to expand services to our participating hospitals. The Texas Department of Rural Affairs grant will allow us to once again offer a substantial discount to our current hospitals and to bring on ten new hospitals at the same discounted rate.

The HDI program offers the following services:

- Collection, error correction and warehousing of inpatient and outpatient data,
- Submission of inpatient and outpatient data to the Texas Department of State Health Services – THCIC,
- Submission of core measures to CMS and The Joint Commission (TJC),
- Core Measures abstracting tool with identification of medical records requiring abstraction, specification updates, abstraction validation and reporting capabilities,

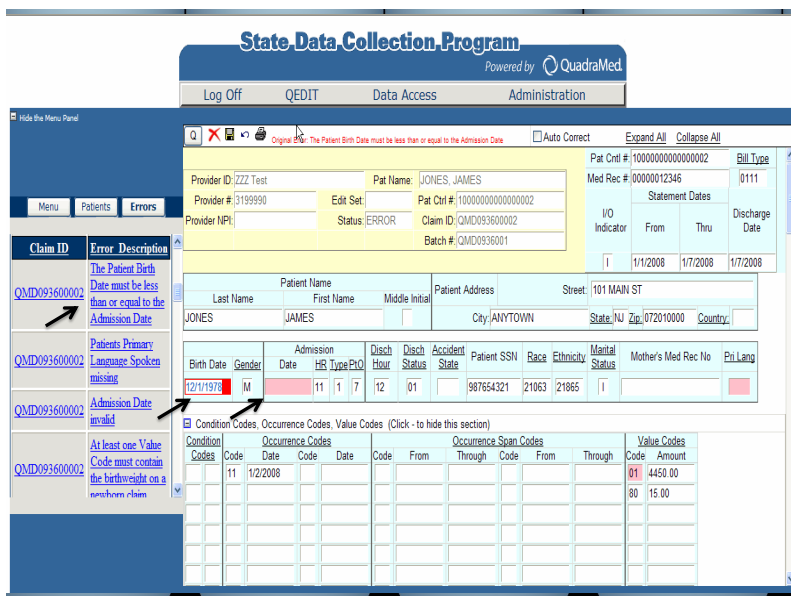
- Integration of inpatient and outpatient administrative data, and abstracted data in a broader data repository.

Web Based analytic tools provide:

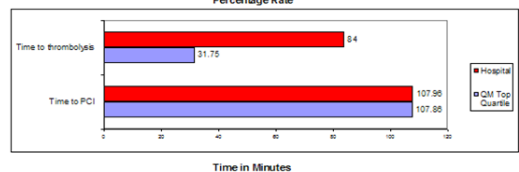
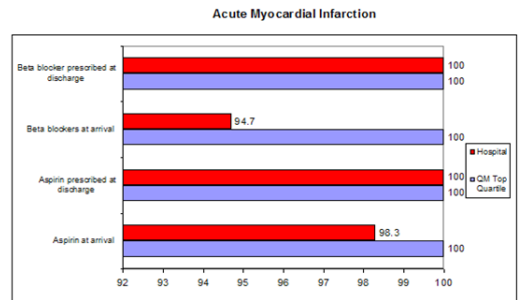
- Patient Quality and Safety indicators calculated from administrative data using AHRQ algorithms,
- Physician and Patient drill down capability,
- Benchmarking at an individual, state and national level,
- Strategic planning and market analysis,
- Physician credentialing.

RCHI will continue to work closely with hospitals providing:

- Assistance working with the hospital's billing vendor to obtain data,
- Assistance with data cleansing,
- Training and staff support,
- Support with using the tool and creating reports.



Sample Reports
JCAHO ID: 9000
Report Date: 10/31/2007
Hospital to Top Quartile Performance Quarterly Comparative Report
Q4 2005



Note: A rate of zero indicates a measure for which no data was collected.
COPE: TOP Quartile Comparative Graph
QuadraMed Proprietary Format

Many more examples are available on request. Call Tammy Wilemon or Marisa Galimberti 979.862.5001



Today’s doctors face more demands than ever before—increased workload pressures, higher public and patient expectations, continuous technological advances, new responsibilities to meet explicit clinical standards, greater emphasis on training, and a need to participate in a continuing professional development.

With these arduous demands comes the potential for medical errors or omissions of care because of poor performance or the perception that a physician has a trend of negative events. Still another factor is the physician peer review that holds

each other accountable for performance and analyzes errors within their institutions so causes can be found and avoided in the future.

The KSTAR program which stands for “Knowledge, Skills, Training, Assessment and Research” developed by the Texas A&M Health Science Center Rural and Community Health Institute is designed for the physician who needs an assessment program to demonstrate the quality of their care or their skills knowledge base. The program can assist in determining if problems are systematic or specific to a physicians’ practice. Some desire to use the program for physician’s seeking new responsibilities or wanting to perform new procedures.

The KSTAR program works collaboratively with the Coalition for Physician Enhancement, whose mission is

to support and develop expertise in personalized assessment and education to enhance physician performance and John Peter Smith Hospital in Fort Worth, Texas to provide the physicians a mini-residency training program if recommended.

Referrals to the KSTAR program include hospital medical staff executive committees, self-referral for re-entry physicians, physicians who have been out of clinical medicine for a period of time, or those desiring to demonstrate their ability to practice and assist with issues. For more information

contact: **Tammy Wilemon —**
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979.862.5010

Quality Collaboration Meeting

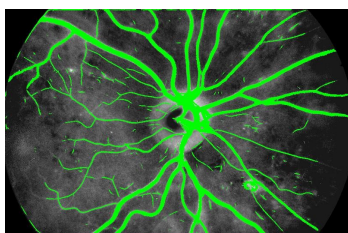
The Quality Collaboration Meeting is a quarterly webinar that gives many Texas rural hospitals the opportunity to discuss current quality/patient safety topics in an open forum with key staff in similar facilities. This meeting provides rural hospitals with the opportunity to network with each other in seeking solutions and or input to issues common to similar hospitals. Discussions often include patient safety issues, quality improvement and upcoming legislative changes. At

the conclusion of the meeting, the floor is open to all for discussion of any current issues, questions or problems. Typically the meeting is scheduled the third Tuesday in January, April, July and October at 12:30 pm. If you are not currently on our contact list regarding the meeting and would like to be, please contact: **Kim Clay -**

clay@tamhsc.edu
979.862.5011



Retinopathy



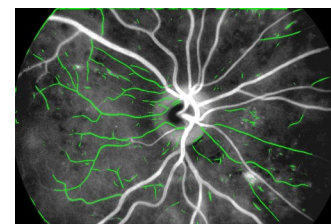
The Computer Assisted Diabetic Retinopathy Photo Screening is a research project that has been ongoing between the Texas A&M University Health Science Center Rural and Community Health

Institute (RCHI) and the Texas A&M Computer Sciences department. It is funded by The Texas Health and Human Services Commission. The object of the project is to utilize a combination of digital photography and computer technology to improve access to retinopathy (eye) screening for high risk diabetic Medicaid patients. Currently camera sites include the following locations: Conroe, Mineral Wells, Laredo,

McAllen, Paris, Brenham, Eagle Pass, Georgetown, Round Rock, Austin and Waco.

If you have a high population of Medicaid diabetics and would like to participate

contact: **Kim Clay -**
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RCHI's goal is to offer programs you need. Call us and tell us how we can help you and your fellow Rural hospitals.

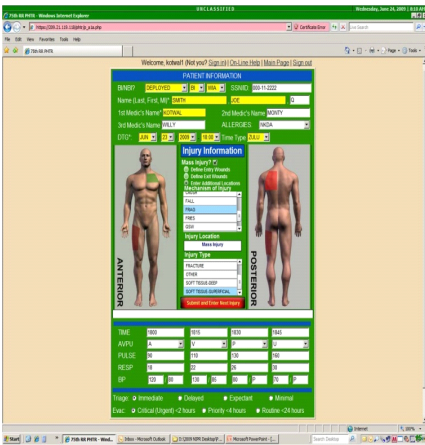
InterQual

In striving to assist Texas rural hospitals in meeting Utilization Review requirements, the Rural and Community Health Institute (RCHI) offers the availability of evidenced based standards of care criteria through a group purchase option with McKesson Health Solutions called InterQual Level of Care. The InterQual criterion is recognized by CMS as an acceptable criterion for a large number of Texas' population. Resource management of the In-

terQual service is provided by RCHI with a commitment to impact rural hospital care management programs. RCHI provides web-based access to the InterQual Bookview and CERME Interactive Utilization Criteria at a substantial savings through group pricing. If you are interested in this opportunity or have questions please contact: Erna Winkler
979-862-5016
winkler@tamhsc.edu

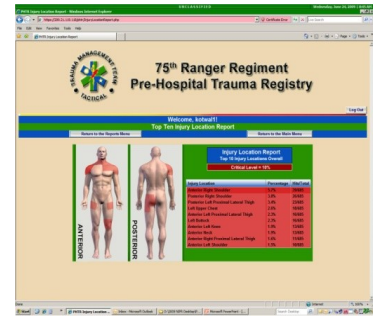


Pre-Hospital Trauma Registry



The U.S. Army 75th Ranger Regiment, Altarum Institute and TAMHSC RCHI have collaborated to develop the Pre-Hospital Trauma Registry (PHTR) to track the treatment of casualties from the point of injury until the time that the Ranger casualty enters the hospital system. This tool provides the ability to continue to track the casualty's progress until a final disposition for the injury and care related to the injury is reached. This tool will allow research on type of injury, mechanism of injury, treatments, outcomes, trends, etc. and provide close to real time feedback to commanders that will allow for better decision making, treatment and best practices for the Ranger medics and first responders. Unique to this tool is that it is developed **"by the medic, for the medic."**

RCHI is hoping the capabilities of the tool in gathering pre-hospitalization data may be useful to rural Emergency Medicine Services (EMS) in the future.



We're on the web!
<http://www.rchitexas.org>