**Department of Veterans Affairs** **VHA DIRECTIVE 2008-032**
**Veterans Health Administration**
**Washington, DC 20420** **June 23, 2008**

# EXTERNAL PEER REVIEW PROGRAM (EPRP)

**1. PURPOSE:** This Veterans Health Administration (VHA) Directive establishes the policy pertaining to record selection and management for the External Peer Review Program (EPRP).

## 2. BACKGROUND

a. EPRP is designed to provide medical centers and outpatient clinics with diagnosis and procedure-specific quality of care information. It provides a database for analysis and internal and external comparison of clinical care. Data used for these analyses are abstracted from a random sample of both paper and electronic medical records. EPRP data is primarily used for quality improvement, evaluation, and benchmarking with external organizations.

b. EPRP is a contracted review of care, specifically designated to collect data to be used to improve the quality of care delivered. As such, EPRP can generate documents protected by Title 38 United States Code (U.S.C.) § 5705 and the implementing regulations, specifically Title 38 Code of Federal regulations (CFR) 17.501(a) (4). Records protected by that statute and its implementing regulations may not be disseminated or released except as authorized by that statute and its implementing regulations. Documents generated by EPRP are to be marked and handled as required by the regulation governing medical quality assurance records subject to 38 U.S.C. § 5705 and any other applicable confidentiality statutes, namely the Privacy Act, 5 U.S.C. § 552a, 38 U.S.C. § 5701, and 38 U.S.C. § 7332.

c. Abstractors, who are always employed by a contractor, visit each facility on a regular basis to review medical records, both paper and electronic, using explicit criteria.

**3. POLICY:** It is VHA policy that a national EPRP be implemented in all VA medical facilities under a contract with an external quality review vendor.

## 4. ACTION

a. **Office of Quality and Performance, VHA Central Office.** The Office of Quality and Performance, VHA Central Office is responsible for:

(1) Identifying the cases for review (randomly selected from a national database) and forwarding to the contractor. ***NOTE:*** *The contractor is chosen through the current VHA procurement process.*

(2) Oversight of the EPRP process.

(3) Monitoring abstractor performance through a combination of audits, reviews, and input from field evaluation.

**THIS VHA DIRECTIVE EXPIRES JUNE 30, 2013**

(4) Requesting that an abstractor be reassigned or removed.

(5) All requests for records or any data collected, maintained, or developed as a result of the work performed under this contract.

(6) Reviewing the quality control of the abstraction process, in conjunction with the contractor.

b. **Contractor.** The contractor is responsible for:

(1) Notifying each facility of the cases to be reviewed. ***NOTE:*** *Every effort will be made to provide the facility with at least 2 weeks notice of the upcoming abstractor visit.*

(2) Ensuring records or any data collected, maintained, or derived as a result of work performed under this contract are not released to any person or organization other than VHA.

(3) Training of the abstractors and in the use of data collection instruments

c. **Facility Director.** The facility Director is responsible for:

(1) Identifying an EPRP Liaison to coordinate the details of the review at the VA facility.

(2) Ensuring, once the facility has been notified of the cases to be reviewed, the records and any loose filing pertaining to the cases are located and sequestered in a secure location until the time of the review; and ensuring records are released from this location only for patient care needs.

(3) Ensuring no attempt is made to rearrange, or in any way alter the contents of the medical records. ***NOTE:*** *The date that the cases are identified for review is the date on which the Office of Quality and Performance drew the sample from the national database.*

(4) Ensuring identified records are available for the abstractor upon arrival at the facility. For Privacy Act purposes, abstractors are to be given access to those records pursuant to Routine Use 29 of VHA System of Records 24VA19, titled "Patient Medical Records-VA." Contractor personnel who need to have access to patient medical records concerning the diagnosis and treatment for sickle cell anemia and substance abuse, and the diagnosis, testing, and treatment for the human immunodeficiency virus (HIV) in order to perform their duties under the contract must have access to those records under 38 U.S.C. § 7332(b)(2)(B).

(5) Ensuring that an appropriate workspace, including a small secure area in which to store portable electronic storage media, a telephone, and convenient access to a power supply is provided.

(6) Ensuring necessary security identification is provided to the abstarctors, "consistent with the Department's security program," to allow the abstractors access and movement throughout the facility.

(7) Providing access to electronic records, including electronic patient medical records.

(8) Providing support resources, such as photocopying and fax equipment in accordance with the Agency's Information Security Program. Copies of the medical records are the property of VA and must be handled in accordance with requirements of the Privacy Act 5 U.S.C. 552a, 38 U.S.C. § 5701, and where applicable, 38 U.S.C. § 7332, as well as the VA regulations implementing these statutes.

(9) Ensuring all the records under review remain in a secure area for 48 hours following the review to allow for unannounced audits of the abstractor's work.

d. **Abstractors.** Abstractors are responsible for:

(1) Reviewing the electronic medical records remotely, and onsite any additional paper records located, and

(2) Providing case-specific information pertaining to data that should have been in the medical records and that could not be located in the records. At this time, it is appropriate for the facility to attempt to locate any missing documentation so that appropriate credit can be given. The abstractor includes any additional documented information that can be located prior to the time of the exit conference. ***NOTE:*** *Only on rare occasions, and with the approval of the Office of Quality and Performance, will information located after the review be included in the database for reconsideration. Information located after the publication of the quarterly report will not be included.*

(3) Conducting an exit conference to review the scored findings from the data collected with the Director, Chief of Staff, Quality Manager, and others designated by the Director to discuss preliminary findings of the review.

**5. REFERENCE:** Joint Commission on Accreditation of Healthcare Organizations' Comprehensive Accreditation Manual for Hospitals: The Official Handbook.

**6. FOLLOW-UP RESPONSIBILITY:** Chief Officer, Quality and Performance Office (10Q) is responsible for the contents of the Directive. Questions may be addressed to 202-266-4533.

**7. RESCISSIONS:** VHA Directive 2000-030, Quality Assurance External Peer Review Program; VHA Directive 2001-015, External Peer Review Program. This VHA Directive expires June 30, 2013.

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