Hypertension Clinical Practice Guidelines (CPG) Medical Record Audit (MRA) Report

The CPG Medical Record Audit (MRA) process assesses whether the provider's medical practices conform to clinical standards of practice. The audit tool serves as an instrument to gather information on the use of evidence-based clinical practice guidelines in order to identify the effectiveness, or lack thereof, of the treatment provided in accordance with the guidelines. This audit tool incorporates the standards, established and published by the American College of Cardiology and American Academy of Family Physicians, for the management and treatment of Hypertension.

https://www.aafp.org/family-physician/patient-care/clinical-recommendations/all-clinical-recommendations/highbloodpressure.html

https://www.acc.org/latest-in-cardiology/ten-points-to-remember/2017/11/09/11/41/2017-guideline-for-high-blood-pressure-in-adults

What is a Clinical Practice Guideline?

The IOM in its newest definition describes CPGs as 'statements that include recommendations, intended to optimize patient care, that are informed by a systematic review of evidence and an assessment of the benefits and harms of alternative care options.'
(Consensus report, Institute of Medicine. Clinical practice guidelines we can trust. March 23, 2011)

Purpose of Clinical Practice Guidelines

The intent of clinical practice guidelines are to:

1. Improve the quality of patient care and health care outcomes
2. Summarizes research findings and make clinical decisions more transparent
3. Reduce inappropriate variation in practice
4. Promote efficient use of resources
5. Identify gaps in knowledge and prioritize research activities
6. Provide guidance for consumers and inform and empower patients

Source: Davis D, Joanne G, Palda VA, *Handbook on Clinical Practice Guidelines*, Canadian Medical Association

The medical records to be audited under the MRA will be selected on a quarterly basis using a true random sample. The actual number of providers audited each quarter will reflect no less than 20% of the total allocated providers within the CMO. The clinical reviewer will randomly select 5 medical records of the selected providers for the review of Hypertension care according to the CPG. The Georgia Families CMOs are required to collaborate to develop a process of equally dividing all providers and assigning each CMO the same group of providers on an annual rotation. Individual CMO should create a review process that: 1) ensures at least 90% of total allocated providers are reviewed by the end of the review year and 2) avoids repeat reviews of any one provider, unless in the event of a reaudit for a previously identified deficit.

The provider's office manager or designee should be notified in advance of the pending MRA. The medical records should be pulled upon the arrival of the reviewer or may be submitted directly to the CMO (paper or electronic version) for review. Reviewers must utilize the DCH-approved forms (see attached) to conduct the audits. All individually identifiable health information must be kept confidential and private by the reviewer, in accordance with the

continued next page

Health Insurance Portability and Accountability Act of 1996 (HIPAA) and applicable Medicaid laws and regulations. The preliminary results of the audit shall be shared with the provider. Within seven (7) business days of the MRA, formal review findings must be given to the provider's office. Each reviewer/reviewing organization must comply with the DCH approved CPG MRA process when conducting the MRA.

CPG MRA Process:

1. Provider Audit

The CPG Provider Audit Form (Form A) should be completed for each provider selected through the random sample process. Based on the identified indicators, the reviewer should thoroughly evaluate the medical record to determine whether the provider's medical practices conform to the clinical practice guidelines for the particular medical condition. Weights have been assigned to each indicator based on the degree of its importance to the members' overall health outcomes. The weights are calculated to render a weighted rate. (Note: When an indicator is determined to be "not applicable," indicate NA. The assigned weight of that indicator will be credited in calculating total compliance rate).

2. Cumulative Medical Record Audit Report

The Cumulative Medical Record Audit Report (Form B) must be submitted to DCH within 30 days from the end of each quarter. The Cumulative MRA Report is a compilation of the weighted rates calculated for each quarter. The purpose of this document is to inform DCH and the CMOs of the quarterly trends for compliance with this CPG.

3. CPG Quarterly Report

The CPG Quarterly Report (Form C) must be submitted to DCH within 30 days from the end of each quarter. The Quarterly Report, which may be submitted as a Microsoft Word or Excel document, should be completed in accordance with the CPG MRA Specifications.

Rev. 11.2022

Form A - Provider Audit (Hypertension)	CMO Name:
Physician ID/Name:	Office Contact:
Telephone:	Auditor:
Reporting Period: MM/DD/YYYY-MM/DD/YYYY	Date of Audit:

INDICATORS	ASSESSMENT TIMEFRAME			MEDICAL RECORDS					Numerator	Denominator	Weights	Weighted Rate
									(A)	(B)	(C)	(A/B X C) X 100
Match Number to Patient in Confidential Manner	Initial Visit	Follow-Up Visit	Annual Visit	1	2	3	4	5	Total # of charts compliant with indicators	Total # of charts audited		
Assessment (Physical and Mental)											**18%**	
Documentation of Allergies, Vital Signs, Height, Weight, and BMI; *Growth/Pubertal Development in Children and Adolescents (e.g. signs of malnutrition), *Last Menstrual Period (LMP) *(*Note: If applicable, depending on age of member and prescribed medications, elements must be documented in the medical records to receive the weighted rate)*	✔	✔	✔								7%	
Documentation of Mental/ Behavioral Health Screening: including, but not limited to, depression, anxiety, substance use disorder	✔		✔								6%	
Documentation of Co-morbid Conditions: (e.g. obesity, diabetes, if applicable)	✔	✔									5%	
Medical History											**10%**	
Documentation of Hypertension History: (family, characteristics at onset e.g. age, symptoms; abnormal labs or diagnostics, review of previous treatment regimens and responses; assess frequency/ cause/severity of past hospitalizations)	✔										5%	

Form A - Provider Audit (Diabetes), continued

Documentation of Personal History: of nutritional history, activity level, medication/ treatment and psychosocial. (If a child, documentation of perinatal history)	✔	✔	✔							5%	
Medications and Vaccinations										**30%**	
Documentation of Treatment or Medication(s) Therapy	✔	✔	✔							10%	
Documentation of Evaluated Response to Treatment/ Medication Therapy Regimen and Adherence (e.g. medication-taking behavior, medication intolerance or side effects. If no pharmacological treatment, documentation of response to lifestyle changes/ alternate therapy)	✔	✔	✔							10%	
Documentation of Medication Reconciliation, if applicable	✔		✔							5%	
Documentation of Vaccination History and Needs: (e.g. influenza, if applicable)	✔		✔							5%	
Education and Referral										**11%**	
Education on Blood Pressure Monitoring, Self-management, Lifestyle Changes: {e.g. nutrition/diet/weight management (DASH eating plan, dietary sodium reduction etc. and/or other education, if applicable	✔	✔	✔							6%	
Referral to Specialist: e.g. cardiologist, nephrologist, and nutritionist, if applicable	✔	✔	✔							5%	
Social Life Assessment										**3%**	
Documentation of Social Network: (e.g. existing social supports, identify surrogate decision maker, advanced care plan, identify social determinations of health)	✔	✔	✔							3%	

Form A - Provider Audit (Diabetes), continued

Laboratory Evaluation											28%	
Documentation of Lab Tests: glucose, urinalysis, sodium, potassium, serum creatinine & estimated glomerular filtration rate (eGFR) other renal panel tests not listed here, if applicable based on previous findings	✔	✔	✔								7%	
Documentation of Serum Potassium Levels were ordered in patients on *ACEs inhibitors, **ARBs, or ***diuretics, if applicable based on previous findings	✔	✔	✔								7%	
Documentation of Lipid Profile was ordered including total LDL, HDL cholesterol, and triglycerides, if applicable based on previous findings	✔	✔	✔								7%	
Documentation of Liver Function Tests were ordered including ALT, AST, ALP, albumin and bilirubin, if applicable based on previous findings	✔	✔	✔								7%	
								TOTAL COMPLIANCE RATE			**100%**	

Footnote:
https://thepafp.org/website/wp-content/uploads/2017/05/2014-JNC-8-Hypertension.pdf

References:

AAFP: Hypertension - Clinical Preventive Service Recommendation | AAFP https://www.aafp.org/family-physician/patient-care/clinical-recommendations/all-clinical-recommendations/hypertension.html

AHA: https://www.ahajournals.org/doi/10.1161/HYPERTENSIONAHA.120.15026

AAP: Clinical Practice Guideline for Screening and Management of High Blood Pressure in Children and Adolescents (2017) https://pediatrics.aappublications.org/content/140/3/e20171904

American College of Cardiology: https://www.acc.org/latest-in-cardiology/ten-points-to-remember/2017/11/09/11/41/2017-guideline-for-high-blood-pressure-in-adults

Note: Additional space has been provided in the event more than one medical record is selected for a provider. When an indicator is determined to be "not applicable," the indicator should be removed from the denominator.

*Commonly used ACE inhibitors: enazepril, benazepril, captopril, enalapril, fosinopril, lisinopril, moexipril, perindopril, quinapril, ramipril, trandolapril

**Commonly used ARBs: irbesartan, losartan, olmesartan, telmisartan, valsartan

***Some diuretics : furosemide, spiranolactone, hydrochorotiaziade

Form B - Cumulative Medical Record Audit Report (Complete Quarterly)

CMO Name:	Reporting Period: MM/DD/YYYY-MM/DD/YYYY

Indicators	Weights	QUARTER 1 Weighted Rate	QUARTER 2 Weighted Rate	QUARTER 3 Weighted Rate	QUARTER 4 Weighted Rate
Assessment (Physical and Mental)	**18%**				
Documentation of Allergies, Vital Signs, Height, Weight, and BMI; *Growth/Pubertal Development in Children and Adolescents (e.g. signs of malnutrition), *Last Menstrual Period (LMP) *(*Note: If applicable, depending on age of member and prescribed medications, elements must be documented in the medical records to receive the weighted rate)*	7%				
Documentation of Mental/Behavioral Health Screening: including, but not limited to, depression, anxiety, substance use disorder	6%				
Documentation of Co-morbid Conditions: (e.g. obesity, diabetes, if applicable)	5%				
Medical History	**10%**				
Documentation of Hypertension History: (family, characteristics at onset e.g. age, symptoms; abnormal labs or diagnostics, review of previous treatment regimens and responses; assess frequency/cause/severity of past hospitalizations)at Initial visit	5%				
Documentation of Personal History: of nutritional history, activity level, medication/treatment and psychosocial. (If a child, documentation of perinatal history)	5%				
Medications and Vaccinations	**30%**				
Documentation of Treatment or Medication(s) Therapy	10%				
Documentation of Evaluated Response to Treatment/ Medication Therapy Regimen and Adherence (e.g. medication-taking behavior, medication intolerance or side effects. If no pharmacological treatment, documentation of response to lifestyle changes/alternate therapy)	10%				
Documentation of Medication Reconciliation, if applicable	5%				
Documentation of Vaccination History and Needs: (e.g. influenza, if applicable)	5%				
Education and Referral	**11%**				
Education on Blood Pressure Monitoring, Self-management, Lifestyle Changes: {e.g. nutrition/diet/ weight management (DASH eating plan, dietary sodium reduction etc. and/or other education, if applicable	6%				

Form B - Cumulative Medical Record Audit Report, continued

Referral to Specialist: e.g. cardiologist, nephrologist, and nutritionist, if applicable	5%				
Social Life Assessment	**3%**				
Documentation of Social Network: (e.g. existing social supports, identify surrogate decision maker, advanced care plan, identify social determinations of health)	3%				
Laboratory Evaluation	**28%**				
Documentation of Lab Tests were ordered including glucose, urinalysis, sodium, potassium, serum creatinine & estimated glomerular filtration rate (eGFR) other renal panel tests not listed here, if applicable based on previous findings	7%				
Documentation of Serum Potassium Levels were ordered in patients on *ACEs inhibitors, **ARBs, or ***diuretics, if applicable based on previous findings	7%				
Documentation of Lipid Profile was ordered including total LDL, HDL cholesterol, and triglycerides, if applicable based on previous findings	7%				
Documentation of Liver Function Tests were ordered including ALT, AST, ALP, albumin and bilirubin, if applicable based on previous findings	7%				
	100%				

Hypertension CPG Medical Record Audit — Report Specification for Quarterly Report

(may submit report as Microsoft Word or Excel document)

DO NOT MODIFY

Report Name	CPG Medical Record Audit (MRA) Quarterly Report
CMO Name	Enter name of CMO
Report Date	Enter report date as MM/DD/YYYY
Frequency	Submit report quarterly

	CPG Claims	**Date of Review**	**Report Due**
Reporting Period	Jan 1 – Mar 31	Apr 1 – Jun 30	July 31
	Apr 1 – Jun 30	Jul 1 – Sept 30	Oct 31
	Jul 1 – Sept 30	Oct 1 – Dec 31	Jan 31
	Oct 1 – Dec 31	Jan 1 – Mar 31	April 30

FIELD	FIELD DESCRIPTION
Total Number of Records Reviewed	**Conduct a true random sample of records per providers who bill for services with diagnosis codes for the evidence-based clinical practice guideline (CPG) for Depression.** Enter total number of records reviewed this quarter *(Transfer number from Form B: Summarized MRA)*
Compliance Rate (%)	Enter compliance percentage rate for this quarter. *(Transfer % rate from Form B: Summarized MRA)*
Total Number of Providers Reviewed	Enter total number of providers reviewed this quarter. *(Transfer % rate from Form B: Summarized MRA)*
Total Number of Providers by Type	Using the "Total Number of Providers Reviewed" for this quarter, enter the total number of providers for each of the following categories: Family Medicine, Internal Medicine, Pediatrician, NP/PA, Behavioral Health, Specialist Acting as PCP or Other."
Quarterly Summary of Top 3 Providers Audit Deficits	Review office deficits as indicated on Form A: Provider Audit. Enter the top 3 deficiency areas in the numbered cells.
Number of Provider Sites with this deficit	For each of the Top 3 deficiencies listed, enter the total number of provider sites for each deficiency. A deficiency occurs if a provider scores a total compliance rate of less than eighty percent (80%).
Deficits Outcome	**Provider Focused Review:** for providers with deficits in the same CPG for two or more audited records, provide feedback and re-audit for initial CPG if deficits are identified from the re-audit, provide coaching by supervising clinician or designee of equal or higher clinical practice, and re-audit. If no deficits at second re-audit, no further action is needed. For deficits beyond second re-audit, consider continuing education, or provide proctoring. CMOs will complete a Corrective Action Plan(CAP) for providers with persistent deficiencies. **System Focused Review:** if total number of providers with deficit in any of the top three deficits is equal to or more than 20% of total reviewed providers for the quarter, CMOs will audit additional 10 randomly selected records per related CPG. If evidence of deficit, provide system wide provider education. Re-audit the following quarter. If deficit falls below threshold, no further action is required. If deficit persists, identify offending providers and initiate Provider Focused Review. For persistent system wide deficiencies, the CMOs will complete a Corrective Action Plan (CAP) for providers. **References:**  CPG Audit Process Map.pdf 

Form C- Quarterly Report	CMO Name:
Report Date: MM/DD/YYYY	Reporting Period: MM/DD/YYYY-MM/DD/YYYY

Overview

Quarterly Medical Record Review Summary	
Total Number of Records Reviewed	
Total Number of Providers Reviewed	
Total Compliance Rate (%)	

Provider Summary

Total Number of Providers by Type	
Family Medicine	
Internal Medicine	
Pediatrician	
NP/PA	
Behavioral Health	
Specialist Acting as PCP	
Other	

Provider Summary Review

Quarterly Summary of Top 3 Office Review Deficits (Place top 3 areas in numbered cells.)	**Number of Providers with this deficit**	**Focus Review**	**Review Type**
1.		Yes/No	
2.		Yes/No	
3.		Yes/No	

This form must be reviewed, signed, and dated by the CMO's Chief Medical Officer and submitted with each Georgia Families Clinical Practice Guidelines quarterly reports, as specified, to DCH via the CMO report portal. Graphs, charts, and other documentation can be attached to this form.

I, _____, do hereby attest that the above information is true and correct to the best of my knowledge.

Date: _____