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 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. 06/2021

Form A - Provider Audit CMO Name:_____ Reporting Period: MM/DD/YYYY-MM/DD/YYYY

Physician ID/Name:_____ Office Contact:_____ Date of Audit:_____

Telephone: Auditor:

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**		
Physical Examination											**19%**	
Documentation of height, weight, and BMI; review of systems, include EENT, skin, **growth/pubertal development in children and adolescents** at Initial visit, follow-up visit, annual visit as needed	✓	✓	✓								*5%*	
Documentation of mental/behavioral screening, include depression, anxiety, disordered eating, bullying at initial visit, annual visit or as needed	✓		✓								*3%*	
Documentation of co-morbid conditions (e.g. obesity, diabetes) at initial visit, and follow-up visit as indicated	✓	✓									*4%*	
Documentation of blood pressure reading or percentile rating, allergies, vital signs, pain, onset, location and intensity of pain; **last menstrual period (LMP)** as indicated, at Initial visit , follow-up visit, annual visit	✓	✓	✓								*7%*	
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 child, documentation of perinatal history**)at initial visit, follow-up visit, or annual visit if indicated	✓	✓	✓								*5%*	
Behavioral Factors											**18%**	
Documentation that member received education on nutrition/diet/weight management (DASH eating plan, dietary sodium reduction etc.) at Initial visit, follow-up visit, or annual visit as needed	✓	✓	✓								*6%*	
Documentation of interval history, change in physical activity and sleep behaviors at Initial visit, follow-up visit, or annual visit if indicated	✓	✓	✓								*8%*	
Documentation of tobacco, alcohol, and substance use at Initial visit, follow-up visit, or annual visit if indicated	✓	✓	✓								*4%*	
Medications and Vaccinations											**20%**	
Documentation of treatment or medication(s) therapy at Initial visit, follow-up visit, or annual visit as indicated	✓	✓	✓								*7%*	
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. - Initial visit, follow-up visit, or annual visit	✓	✓	✓								*10%*	
Documentation of vaccination history and needs e.g. influenza at Initial visit, or annual visit if indicated	✓		✓								*3%*	
Education and Referral											**10%**	
Education on Blood Pressure Monitoring and/or other education as needed	✓	✓	✓								*5%*	
Referral to sub-specialty at Initial visit, follow-up visit, or annual visit as indicated.	✓	✓	✓								*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) at Initial visit, follow-up visit, or annual visit	✓	✓	✓								*3%*	
Laboratory Evaluation											**20%**	
Documentation of lab tests: glucose, urinalysis, sodium, potassium, serum creatinine & estimated glomerular filtration rate (eGFR) other renal panel tests not listed here, at Initial, annual visit , frequency of testing as indicated by previous findings	✓	✓	✓								*5%*	
Documentation of serum potassium levels was ordered in patients on *ACEs inhibitors, **ARBs, or ***diuretics at Initial or annual visit or testing frequency as indicated by previous findings	✓	✓	✓								*5%*	
Documentation of Lipid profile was ordered including total LDL, HDL cholesterol, and triglycerides at Initial or annual visit or as indicated by previous findings	✓	✓	✓								*5%*	
Documentation Liver function test was ordered at Initial or annual visit or as indicated by previous findings	✓	✓	✓								*5%*	
									TOTAL COMPLIANCE RATE		**100%**	

Footnote:

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

References:

AAFP: https://www.aafp.org/family-physician/patient-care/clinical-recommendations/all-clinical-recommendations/highbloodpressure.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, enalapril; fosinopril; linsinopril; ramipril

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

***some diuretics: furosemide, spiranolactone, hydrochorothiaziade

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
Physical Examination	**19%**				
Documentation of height, weight, and BMI; review of systems, include EENT**,** skin**, growth/pubertal development in children and adolescents** *at Initial visit , follow-up visit, annual visit as indicated*	5%				
Documentation of mental/behavioral screening, include depression, anxiety, disordered eating, bullying *at initial visit, annual visit or as needed*	3%				
Documentation of co-morbid conditions (e.g. obesity, diabetes) a*t initial visit, and follow-up visit* as indicated	4%				
Documentation of blood pressure reading or percentile rating, allergies, vital signs, pain, location, and intensity of pain**; last menstrual period (LMP)** as indicated, *at Initial visit , follow-up visit, annual visit*	7%				
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 child, documentation of perinatal history**)at *initial visit, follow-up visit, or annual visit* if indicated	5%				
Behavioral Factors	**18%**				
Documentation that member received education on nutrition/diet/weight management *(DASH eating plan, dietary sodium reduction etc.) at Initial visit, follow-up visit, or annual visit as needed*	6%				
Documentation of interval history, change in physical activity and sleep behaviors *at Initial visit, follow-up visit, or annual visit if indicated*	8%				
Documentation of tobacco, alcohol, and substance use *at Initial visit, follow-up visit, or annual visit if indicated*	4%				
Medications and Vaccinations	**20%**				
Documentation of treatment or medication(s) therapy at Initial visit, follow-up visit, or annual visit as indicated	7%				
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. - *Initial visit, follow-up visit, or annual visit*	10%				
Documentation of vaccination history and needs e.g. influenza *at Initial visit, or annual visit if indicated*	3%				
Education and Referral	**10%**				
Education on Blood Pressure Monitoring and/or other education as needed	5%				
Referral to sub-specialty at *Initial visit, follow-up visit, or annual visit as indicated.*	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) at Initial visit, follow-up visit, or annual visit*	3%				
Laboratory Evaluation	**20%**				
Documentation of lab tests: glucose, urinalysis, sodium, potassium, serum creatinine & estimated glomerular filtration rate (eGFR) other renal panel tests not listed here, at Initial, annual visit , frequency of testing as indicated by previous findings	5%				
Documentation of serum potassium levels *was ordered in patients on *ACEs inhibitors, **ARBs, or ***diuretics at Initial or annual visit or testing frequency as indicated by previous findings*	5%				
Documentation of Lipid profile *was ordered including total LDL, HDL cholesterol, and triglycerides at Initial or annual vis* it *or as indicated by previous findings*	5%				
Documentation for Liver function test was ordered *at Initial or annual visit or as indicated by previous findings*	5%				
	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		
Reporting Period	**CPG Claims**	**Date of Review**	**Report Due**
	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 Hypertension.** 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.

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: _____