

## Provider Peer Review Criteria

Date of Review: \_\_\_\_\_

Provider Reviewed: \_\_\_\_\_

### Reason for Review:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Biennial             | <input type="checkbox"/> Appropriateness of care | <input type="checkbox"/> Adverse drug reaction |
| <input type="checkbox"/> Professional concern | <input type="checkbox"/> Critical Incident       | <input type="checkbox"/> Utilization issues    |
| <input type="checkbox"/> Other _____          |  |  |

### Criteria:

1. Discipline specific assessment is thorough?
2. Discipline specific assessment is completed within required timeframe?
3. Discipline specific assessment includes current observations and recent behavior changes?
4. Diagnosis is justified by history and current assessment?
5. Treatment plan is consistent with diagnosis?
6. Treatment plan is completed within required timeframe?
7. Treatment plan includes measurable goals?
8. Progress notes for provider (discipline) reviewed relate back to the problem(s) on the treatment plan?
9. Progress notes for provider (discipline) reviewed are completed within required timeframes?
10. Progress notes for provider (discipline) reviewed show changes in patient health/behavior/mental status?
11. Frequency of contact is consistent with diagnosis and severity of symptoms?
12. Treatment deadlines are consistently met?
13. Requests for consults/lab testing/special treatments are justified by diagnosis/behavior?
14. Requests for consults/lab testing/special treatments are requested timely consistent with immediacy of the problem?
15. Medications are justified by diagnosis and severity of symptoms? Medication interactions and iatrogenic effects are considered and appropriate labs are monitored.
16. Prescribing practices are consistent with peers, i.e., provider stays within the medical services formulary when prescribing? Polypharmacy prescribing is avoided when possible.
17. Applicable current national guidelines are followed?