



Subject: <b>Clinical</b>	Procedure: <b>Treatment Plan Peer Review Requests for MCCMH Direct Operated Services Clinic Licensed Prescribers</b>	
Last Updated: <b>4/11/2023</b>	Owner: <b>Chief Medical Office and Interim Director of Community and Behavioral Services</b>	Pages: <b>5</b>

**I. PURPOSE:**

To provide MCCMH Direct Operated Services Clinic licensed prescriber with an operational guidance when discrepancies occur between treatment plan recommendations and what the individual may be or may not be willing to consider, or when feedback is requested from a MCCMH Direct Operated Services Clinic licensed prescriber on a challenging case.

**II. DEFINITIONS:**

Assigned/Existing Licensed Prescriber: The licensed prescriber in charge of providing treatment to the individual at the time of the Treatment Plan Peer Review Request.

Reviewer Licensed Prescriber: The licensed prescriber assigned to do the Treatment Plan Peer Review Request. Assigned to complete a one-time encounter.

**III. PROCEDURE:**

1. When a case involves the scope of the above purpose statement, an MCCMH Direct Operated Services Clinic licensed prescriber may request a Treatment Plan Peer Review Request by contacting the Chief Medical Office (CMO).
2. All requests should be scheduled as soon as possible and suggested to be completed within 10 business days after the individual was last seen by their assigned licensed prescriber.
3. An MCCMH Direct operated Services Clinic licensed prescriber will complete such a request based on their availability to guarantee the expert opinion is well aligned with the right age population (Adult or Child).
4. When a request is received, the Chief Medical Office will collaborate with the Director of Community and Behavior Services and the supervisors of the licensed prescriber's clinic to facilitate fulfillment of the request.

Expectations For MCCMH Direct Operated Clinic Services Licensed Prescriber Placing the Request:

1. All Treatment Plan Peer Review Requests will be submitted in writing via email to the Chief Medical Office copying the supervisor of their clinic and the Director of Community and Behavioral Services.
2. When submitting a Treatment Plan Peer Review Request, the requesting licensed prescriber shall clearly state the reason for their request (i.e., disagreement with treatment plan recommendations, discrepancy between individual and licensed prescribers regarding medications prescribed, etc.).
  - a. It is important that the requesting licensed prescriber specifies what they expect the Treatment Plan Peer Reviewer to address in terms of recommendations.
  - b. It is expected that the requesting licensed prescriber provides appropriate contact information in case the Treatment Plan Peer Reviewer wishes to obtain or clarify details related to the request.
3. As it pertains to any medication refills, the licensed prescriber shall provide the individual with enough medication coverage until the Treatment Plan Peer Review is completed. When concerned about certain medications being refilled prior to the rendering of the peer review opinion, the licensed prescriber shall exercise caution and limit the number of day supply being given, if possible.
4. When a concern as above arises, the licensed prescriber shall strongly consider enrolling their individual in the MCCMH Prescription Monitoring Program available at each direct operated service clinic.

Expectations For MCCMH Direct Operated Services Licensed Prescriber Conducting the Peer Review Request:

1. Treatment Plan Peer Review Requests are a one-time encounter. The selected licensed prescriber will not be expected to provide continued care to this individual and if the individual is willing to accept the consensus between reviewer and treating licensed prescriber's recommendations, the individual will remain under the care of their assigned prescriber.
2. The assigned reviewer will carry on with an encounter to complete Treatment Plan Peer Review. It is recommended that whenever possible, a Treatment Plan Peer Review be completed with the individual in-office and in-person so nursing staff can complete any laboratory work ordered by the peer reviewer or update the vitals as applicable. The following exemptions may apply:
  - a. An individual (or in the event of a minor their applicable guardian) is deemed to be a vulnerable COVID 19 at-risk population, as defined by the CDC, or has a medical exemption from their medical provider that prevents them or puts them at risk following a community exposure;

- b. An individual (or in the event of a minor their applicable guardian) who has significant transportation issues and whose difficulties could not be ameliorated by providing alternative services such as cabbage or bus tickets; and/or
  - c. Any other extreme circumstance that when explored by the clinic's multidisciplinary team is deemed extenuating enough to qualify for such exemption by the majority of the team.
3. Recommendations by the licensed prescriber completing the peer review shall address the concerns raised by individual's assigned licensed prescriber, per the submitted request. The assigned reviewer completing the Treatment Plan Peer review request will not be expected to extend any medication prescriptions as those will be deemed out of the scope of the peer review expectations.
4. The licensed prescriber conducting the Treatment Plan Peer Review, upon completion of their encounter, shall provide the individual with a summary of his/her clinical impressions and document their determination in the individual's electronic record. The reviewer licensed prescriber is expected to provide any pertinent education to the individual as applicable and clarify any questions.
5. Once all documentation is entered in the individual's chart, the peer reviewer shall communicate their recommendations to the requesting licensed prescriber and his/her clinic supervisor.

Expectations for MCCMH Direct Operated Services Clinic Supervisors:

1. The supervisor or his or her designee will be responsible for collaborating with direct operated service providers to schedule the Treatment Plan Peer Review as soon as possible or within the suggested 10 business days from the date of the request. The CMO and Director of Community Behavior Services should be made aware of the need for the request via email notification.
2. The assigning of a case for a Treatment Plan Peer Review among MCCMH's Direct Operated Services licensed prescribers is based on the earliest availability of a colleague with the same level of expertise (adult vs. child) to provide prompt resolution on the issues raised by MCCMH Direct Operated Licensed prescriber making the request.
3. When assessing the most appropriate timeline to schedule the encounter, the supervisor and his/her designee shall consider the number of days left in medication supply provided by the treating licensed prescriber.
4. If an individual needs to reschedule their encounter, the supervisor or his/her designee will confirm other options and ensure the availability of other colleagues in the event the initially selected licensed prescriber is not available.
5. The supervisor or his/her designee explains to the individual the role of the Treatment Plan Peer Review and Reviewer and explains the individual, he or she should not expect to receive any medication prescriptions as that is not the purpose of the encounter.

6. The supervisor or his/her designee inform the reviewing provider in advance of the nature of the request and notifies all the assigned treatment team members (i.e. assigned licensed prescriber, case manager, therapist and nurse) that this request is in progress.
7. Once a Treatment Plan Peer Review is completed, the supervisor or his/her designee will connect with the individual to assess if the individual agrees or not with the recommendations.
8. If the recommendation provided by the peer reviewer does not support is not in consensus with the one provided by the individual's assigned licensed prescriber, the assigned licensed prescriber will be made aware, and the supervisor will elevate the matter to the Chief Medical Office and the Office of Behavioral and Community Services to determine further steps.
9. If the recommendations provided by the peer reviewer support the individual's existing licensed prescriber's decision and the individual agrees to accept the recommendations, the team should schedule a follow up appointment with the individual's existing licensed prescriber for continued care, granted all differences have been resolved.
10. If the recommendations provided by the peer reviewer support the individual's existing licensed prescriber and the individual is not in agreement to accept the recommendations, the supervisor will communicate the individual's decision to the Director of Community and Behavioral Services to determine appropriate next steps on reassigning the individual to a new licensed prescriber, in accordance with Policy 9-640.
11. The supervisors and his or her designee shall communicate to the individual's assigned licensed prescriber the individual's decision.
12. In the event the existing licensed provider does not have availability within the supply of medication left since last seen, the supervisor and his/her designee will work with the licensed provider to extend a bridging script as needed.
  - a. The individual must be scheduled for a continued follow up with their existing licensed prescriber within the period requested by the licensed prescriber.
  - b. It is up to the clinical determination of the individual's assigned licensed prescriber to extend a bridging script or request a formal encounter with the individual prior to extending a prescription.

**IV. REFERENCES:**

None.

**V. RELATED POLICIES:**

MCCMH Policy 9-640, "Choice of Mental Health Professional"

**VI. EXHIBITS:**

None.

**Annual Review Attestation / Revision History:**

Revision #:	Revision/Review Date:	Revision Summary:	Reviewer/Reviser:
1	03/08/2023	Creation of Procedure.	MCCMH CMO