Summary Presentation of a novel external peer review quality assurance program for anatomic pathology focused on continuous improvement in patient quality, reduction in diagnostic variability, professional development, laboratory productivity and certification support.

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Introduction
The reduction of Medical Error is a major focus of professional, government, payer and patient organizations. Diagnostic Error is major component of Medical Error and Pathologist as a specialty have greater risk of liability when identifying malignancies, than other medical specialties. To support continuous quality improvement, peer review is recognized as a standard method for Physician quality assurance programs. Meta-analysis of external peer review by specialist for anatomic pathology has shown a significant enhancement in the identification of diagnostic concordance or discordance and helps to facilitate benchmarking activities around a shared set of metrics. However, current methods of participation in external peer review programs are limited in coverage, may require shipment of slides, are difficult to assure confidentiality and lack standardization, reducing the capability of providing longitudinal benchmarking. We will review the process and outcomes of a novel quality assurance program in its ability to address these issues.

Methods
On membership, site and pathologist are assigned unique ID numbers. Retrospective cases for external peer review for quality assurance (QA) are randomly selected at a ratio of 1-10% pending tissue type and the member site QA policy. Randomness assures both potentially false negative and positive cases are included. Special software allows for electronic blinded case notes submission and the option to provide whole slide digital images or glass slides. Blinded cases are posted for review by specialist at pre-qualified academic medical centers. Cases are read and four key metrics are captured using the ADASP Graphing System. Quality assurance and improvement in Surgical and Autopsy Pathology, guidelines. Reviews are collected, metrics are converted into weighted numeric and after 20 cases by type are collected, the mean and +/- two standard deviations (SD) are calculated. Results are reported in multiple graphic formats on a monthly cycle.

Results
Monthly reports using multivariate, Kaplan-Meier and hi-low graphs were generated. Benchmarking funnel graphs are not reported at this time however, due to the need for 6 months of reporting data. Initial review identified additional refinement needed in graphing turnaround time. Allowance had to be made for cases requiring bone decalcification and labs operating 7 versus 5 days per week.

QualityStar Graph™

Diagnostic Discordance

Clerical Error

Path Review TAT

Results (continued)

Diagnostic Error in Litigation

- Pre-analytical
- Patient and specimen ID
- Act of diagnosis
- Post analytical
- Accurate and complete report delivery

Conclusion
- Reports offer a standardized tool to review both the site and the pathologist performance as compared to a relative peer group.
- Laboratories can learn what core competencies they have, areas that need improving and track corrective action effectiveness over time.
- Institutions have a tool to measure standards of care across multiple sites, strategic compliance to the long term goals for cancer specialty focus and support marketability.
- As with all data, the reports are best used in consideration of the pathologist and laboratories environment. Pathologist acceptance and buy in is important for program success. Time needs to be taken to train users and gain their confidence that the program is accurate and fair.
- Initial assessment is part of this quality assurance program but the ongoing focus must be made on continuous improvement for these programs to be successful in enhancing patient safety and quality. Interpretation of the data should be reviewed in union with the site or person of focus and documented as part of an On Going Professional Practice Evaluation (OPPE).
- This program has received the approval of the American Board of Pathology for maintenance of certification level IV quality assurance.
- Approved by CMS under the Physician Safety and Quality System (PQRS) for Incremental 0.5% payment on total pathology Medicare Part B.

Conflict of Interest
Mark Priebe is the Managing Director of QualityStar LLC.