

FOR THE RECORD

E-news Exclusive

Using Evidence-based Criteria to Meet the Quality Challenge

BY DIANE PAINE, RN, BSN, MS

Four years ago, the Institute of Medicine (IOM) published its landmark study titled *Crossing the Quality Chasm*. In this study, the IOM outlined six aims or goals for healthcare: safety, effectiveness, efficiency, patient-centeredness, timeliness, and equity.

In January, the American Accreditation HealthCare Commission (URAC) published findings from several focus groups and public comment on current medical management practice and the adoption of the IOM goals. URAC reported that medical management organizations indicate a high level of support for the IOM agenda and consider the adoption of the goals a high priority. However, reaching these aims has fallen short as many medical management programs are not explicitly designed to drive their achievement.

Utilization management is uniquely positioned to assist organizations in meeting the challenges outlined in the IOM's six aims—whether it is a stand-alone function within an organization or integrated into a broader care management framework. Utilization managers are frequently the first point of access to the health plan and needed services. Utilization management is an effective strategy in supporting the IOM's goals when it

incorporates use of clinical decision support criteria that are responsive to individual patients' situations. The goal of such guidelines is to provide objective, evidence-based clinical and psychosocial indicators that support care planning and level-of-care decision making. These tools facilitate individual patients' access to and through the continuum of care. They guide access to appropriate care, support the avoidance of medical risk, and foster consistency of decision making across those in medical management who use it.

Criteria will support the six aims as discussed below.

SAFETY

The goal here is to prevent bodily injury or harm. The nurse in charge of utilization management can be helpful in screening to see that the patient is obtaining an appropriate procedure or diagnostic study at a point in time. Frequently within a decision support tool there will be designations for those procedures that are considered urgent. These tools also address safety when managing inpatient admissions by providing clinical stability and alternate level of care appropriateness criteria for discharge planning purposes. These tools fundamentally outline when it is safe for a patient to move to another level-of-care for the continued management of his or her specific condition. Clinical decision support tools can support other decisions—e.g., assisting with the evaluation of the appropriate use of oxygen in the home.

Another way interactive decision sup-

port criteria supports the goal of safe care is it enables the recording of the explicit criteria points used to guide the decision, driving documentation that supports appeals/grievance processes.

Additionally, technology solutions play a role in patient safety—an idea actively promoted by David J. Brailer, MD, PhD, national health information technology coordinator. Automating utilization review processes reduces errors in the types of services being requested and authorized for patients nationwide. Clinical decision support criteria leveraged through utilization management workflow tools support patient safety efforts by decreasing documentation and interpretation errors.

EFFECTIVENESS

The care manager's role is to facilitate the patient's receipt of the right care at the right time in the right place (level). Clinical decision support tools guide the reviewer in collecting the right information to evaluate the situation and document the review outcome. Utilization management reviewers can quickly ascertain key information and process the request to identify whether the request is medically appropriate. Objective, evidence-based tools that are easy to use will result in high inter-rater reliability and compliance.

The criteria a care management organization uses must be regularly updated to keep pace with the evolving medical evidence base. It is most useful when it can also accommodate the application of an organization's internal policies along-

side the criteria, as many healthcare organizations need to “annotate” the nationally accepted criteria they license based on factors such as resource availability or coverage mandates.

PATIENT-CENTEREDNESS

Many organizations such as URAC and JCAHO focused on healthcare quality have specific quality standards that require patients be assessed based on their individual needs and they also be a part of the decision-making process. Using diagnosis alone in the decision-making process will not assist the reviewer or organization to ensure that the right services are being provided at the correct level of care. Evaluation of the symptom presentation and proposed treatments offers a more comprehensive approach to assisting with the determination of the appropriate level of care, especially for the growing number of multiple comorbid patients resulting from the aging demographic.

EFFICIENCY

There are multiple ways utilization management can support efficiency. Technology-driven decision support is a major tool. Processes can be streamlined when authorization requests are submitted via the Internet to the health plan, which in turn triggers business rule logic to auto-approve certain requests in real time with a confirmation letter. Other types of requests can be pending to the appropriate utilization management nurse at the health plan so a full review can take place. In this way, only those requests that require “high touch” will be reviewed by a nurse.

Another way technology can support efficiency is through the use of automated triggers. The care management workflow can be designed to quickly identify

through business logic those requests that need to be routed to case or disease management for follow-up.

TIMELINESS

Organizations must implement workflows that support the utilization management nurse's efforts to process requests in a timely manner and remove any obvious barriers. In addition, the workflow should support automated referrals to medical directors or physician advisors for secondary review, when the criteria appear not to be met in a particular situation. This automated referral helps document turnaround times.

Timeliness also refers to the appropriate sequencing of care. Evidence-based criteria indicate the appropriate order in which diagnostic tests and imaging studies should be applied to achieve the best outcomes in terms of quality and cost.

Many organizations are returning to using on-site nurse reviewers to improve the effectiveness of utilization management in the hospital setting. Working on-site can help prevent delays and identify potential gaps in care. The availability of online access to evidence-based tools supports the timeliness of concurrent review. Even more efficiencies can be achieved with mobile devices such as personal digital assistants; handhelds enable quick access to criteria and allow for data capture of information while the nurse is on-site. Later, this information can be synchronized with a care management workflow tool, decreasing redundancy and promoting timeliness of decision turnaround. In addition, hospital-based care managers can more easily anticipate discharge needs, arrange for follow-up physician visits, and coordinate community

resources. A review approach that relies on on-site care managers can also foster objective, collaborative communications with providers.

EQUITY

Use of evidence-based criteria that is decision-rule-based supports access to care that is centered on best practices and is without bias. The structured nature of these tools promotes high rates of reliability with care managers coming to the same result for the same situation.

CONCLUSION

There are many practical steps organizations can take to realize the IOM goals within their medical management environments and meet the quality challenge. Technology-driven clinical decision support enables care managers to document their utilization management processes, query databases to identify areas for improvement, and ultimately stimulate medical management action to drive process changes that improve quality.

— Diane Paine, RN, BSN, MS, is a senior product consultant at McKesson Health Solutions in Newton, Mass.

REFERENCES

- Institute of Medicine. *Crossing the Quality Chasm: A New Health System for the 21st Century*. 2001.
- Mays GB, Claxton G, White J. Managed Care Rebound? Recent changes in health plan's cost containment strategies. *Health Affairs*. August 11, 2004.
- URAC. Translating the Quality Chasm Aims into Medical Management Practice, An Examination of Support for and Implementation of the IOM's Six Aims. January 2005.