

InterQual® Behavioral Health Decision Support Tool

Evidence that Works for Payor and Provider Organizations

McKesson Health Solutions



McKesson: Your Single Source for Care Management and Analytic Solutions

McKesson offers the most comprehensive portfolio of best-in-class care management and analytic solutions available to healthcare organizations today. Our CareEnhance® products, which include InterQual® clinical decision support tools, address every facet of your organization's efforts to improve healthcare quality while improving resource management:

- Utilization, case and disease management
- Predictive modeling
- Analysis and reporting

CareEnhance best in class solutions are based on decades of experience in healthcare and information technology serving thousands of client organizations and millions of individuals. Our broad spectrum of products lets you move through the continuum of care — from prospective case identification to real-time care management to retrospective analysis.

We're delivering on our vision as a single source for clinical, analytic and workflow solutions that bring together all the key elements for managing healthcare delivery. So you can implement tools in whatever combination you need, at whatever pace you need them to reduce risk, drive healthcare quality, and continually optimize your medical management programs.

The Institute of Medicine's *Crossing the Quality Chasm* proclaims that while medical science and technology have advanced rapidly, the modern healthcare delivery system has failed to provide consistently high quality care to all Americans.¹ Other studies show that although investments have greatly increased the scientific knowledge base and led to developing numerous effective treatments for mental illness, many people are not benefiting from these developments.²

The Challenge: Translating Knowledge into Practice

These reports reveal a healthcare system that often falls short on translating knowledge into practice. At the same time, funding decreases and bed reductions coupled with rising demand for services are creating access issues. The call to improve medical and behavioral healthcare and control unnecessary expenses using clinical evidence has never been greater.

Your organization — whether it is an MBHO, behavioral health management group within a health plan or behavioral health provider — has the power to make a positive impact on the direction of service delivery. The key to that power is applying scientific evidence to care-related decisions consistently, while considering the individual needs of each patient.

For objective, evidence-based criteria that support your level-of-care and continued stay decisions, InterQual Behavioral Health Criteria is the premier solution. This product suite facilitates patients' movement along the behavioral health continuum, so each receives the right care at the right time.

What's more, InterQual Criteria can boost your organization's quality initiatives by enabling you to track information about different populations. This tool helps document the need for additional levels of care, identify process or system delays that impact lengths of stay, and detect outlier practice patterns, so you have information that empowers you to plan resource utilization and health service improvements.

¹ Institute of Medicine (2001). *Crossing the Quality Chasm: A New Health System for the 21st Century*. Washington DC: National Academies Press.

² New Freedom Commission on Mental Health (2003). *Achieving the Promise: Transforming Mental Health Care in America. Executive Summary*. DHHS Pub. No. SMA-03-3831. Rockville, Maryland.

InterQual Behavioral Health Criteria

Healthcare organizations face complex challenges when it comes to making decisions about the intensity and length of treatment for individuals with behavioral health problems. Confusion may arise when medical, psychiatric, and social work professionals use different vocabularies. And decision-support tools based on diagnosis only or statistics are not sensitive to a patient's specific situation, leading to potential under- or over-utilization.

These challenges—together with accreditation requirements, mental health parity regulation, and wide differences in practice patterns—are driving both payor and provider organizations to seek better tools for managing the delivery of behavioral healthcare.

The InterQual Behavioral Health Criteria suite is a clinically based tool for making initial and successive level-of-care decisions. Developed with a multidisciplinary panel of psychiatrists, psychologists, psychiatric nurses and social workers, the criteria allow reviewers to consider the severity of illness as well as episode-specific variables and match the level of care to the patient's current condition. Standardized decision paths provide case managers, utilization reviewers and providers with a common language that enables consistent, objective decision-making.

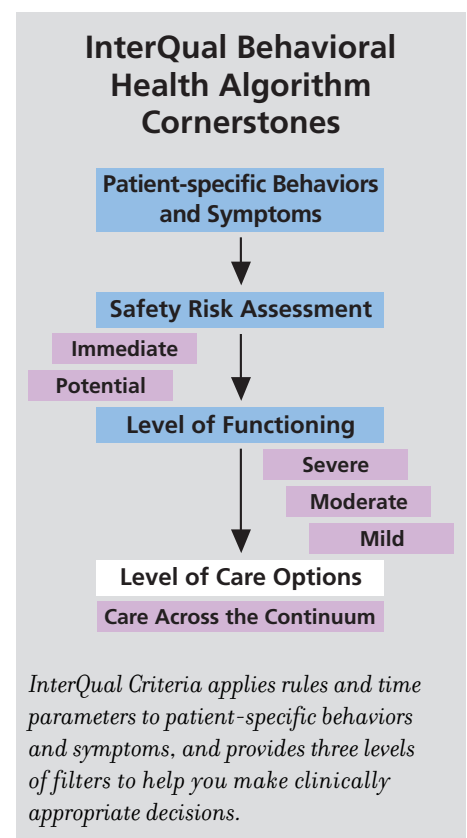
- **Guides Patient Placement** — Helps in the selection of an appropriate level of care and in demonstrating the medical necessity of the behavioral health services provided.

How InterQual Tools Can Help Improve Quality

InterQual clinical decision support tools help address all six aims for quality improvement outlined in the Institute of Medicine's *Crossing the Quality Chasm*, a call for revamping the US healthcare system in the 21st century.

Safety	Enable appropriate selection of health service, avoiding unnecessary risk associated with under- or overutilization
Effectiveness	Promote care matched to the evidence, avoiding use of ineffective care and underuse of effective care
Patient-centeredness	Provide impartial best-practice parameters based on an individual patient's presentation, not diagnosis or the actuarial average for the uncomplicated patient
Timeliness	Foster optimal timing and setting for delivery of appropriate care
Efficiency	Facilitate rapid, systematic care decisions through easy-to-use decision trees, enabling reduction of unintended variation and health resource waste
Equity	Offer a common resource for decision-making, promoting consistent delivery of care across all populations and geographies

- **Clinically Oriented and Patient-specific** — Evaluates every patient based on his or her clinical characteristics such as behavior, symptoms, functioning, social risk or supports, ensuring the recommended level of care is specific to that patient.
- **Reflects Treatment Options** — The comprehensive set of level-of-care alternatives supports movement up and down the continuum because behavioral health patients require varying intensities of treatment over time.
- **Tailored to Behavioral Development** — Age-specific content considers the behavioral development and needs of child, adolescent, adult and geriatric patients.



Enhancing Behavioral Health Management Programs

InterQual clinical decision support tools delivered via CareEnhance Review Manager Enterprise software offer benefits that can improve the ability of your organization to meet its behavioral care management goals.

Facilitate and improve patient care. Reduce practice pattern variation and support appropriate care decisions leading to better outcomes, improved safety and enhanced quality of care.

Help manage resources. Assist in identifying overutilization and underutilization of services.

Promote inter-rater reliability. Facilitate consistent and evidence-based decision-making across your care management team.

Demonstrate quality. Allow organizations to measure behavioral health management consistency, supporting reviews by such bodies as URAC, NCQA and JCAHO and helping to identify the need for quality improvement processes for multiple stakeholders.

Manage care proactively. Aid in the proactive management of all aspects of care across the behavioral health continuum to guide efficient use of resources.

Improve clinical decision-making. Support care managers in applying InterQual Criteria for individual patients with a range of helpful reference tools.

Foster collaborative relationships among payors, provider organizations and practitioners. Give behavioral healthcare constituents a common language for consistent, objective decision-making.

Generate confidence. Used by thousands of payor and provider organizations to support behavioral health and medical care management, InterQual Criteria sets are widely accepted by reviewers, case managers, physicians and oversight entities.

Support managerial decision-making. Allow managers to collect information to aid in planning resources.

Supplement with local norms. Enable your organization's policies to be entered alongside the criteria, so reviewers can view them and InterQual Criteria simultaneously to make review decisions based on both.

Increase productivity. Eliminate cumbersome paper-based communications in your care management review process for greater efficiencies.

Real-world Success Stories

Driving Value with InterQual Behavioral Health Criteria

Client: Large Blue Cross and Blue Shield plan

Results over 18 months:

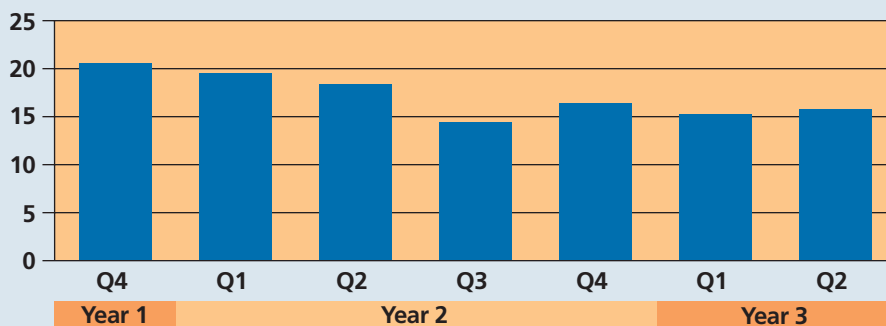
- 1.5 day reduction in ALOS
- Reduced days/1000
- Identified network improvement opportunities:
 - created "in-network" provider arrangement substituting two weeks of intensive outpatient therapy for same cost as one inpatient day
 - established eating disorders center of excellence
 - developed medically monitored detox service
- Supported more flexible use of the behavioral health benefit for members
- Significant factor in achieving "Excellent" status from NCQA

Client: Medicaid managed care organization in a parity environment

Results over 18 months:

- 5.4 day reduction in ALOS
- Reduced admits/1000 from 24 to 18

Inpatient Acute Mental Health Utilization Reduced by 5.4 days/1000



Improve security. Customize your organization’s care management workflow and help it comply with HIPAA privacy regulations by allowing managers to control staff access to review and reporting functions.

Extend continuity of review process. Allow reviewers to enter comments at specific criteria points, so subsequent reviewers can follow their logic and build on it.

Support appeals process. Enable your organization to support appeals based on medical necessity through objective criteria.

Superior Clinical Content via Browser-based Technology

The clinical core of InterQual Criteria is recognized across the healthcare industry for its excellence. McKesson develops content using our proven methodology: A seasoned team of McKesson physicians, nurses and other healthcare professionals manage a process that incorporates the latest evidence-based medical literature with consensus-building among consultants drawn from a pool of more than 800 specialists and subspecialists. By combining well-researched scientific knowledge and real-world experience, McKesson builds criteria that are based on best practices.

What’s more, the clinical content of InterQual products is:

- **Unparalleled in scope.** Covers the medical and behavioral health continuums in both inpatient and outpatient settings, so the criteria are relevant for all types of clinical situations.

- **Patient-driven.** Helps evaluate appropriateness based on each patient’s unique presentation — including co-morbidities.
- **Updated annually.** Published every year, delivering the most current, clinically valid reference on the market.
- **Flexible.** Can be used prospectively, concurrently and retrospectively to match your organization’s approach to care management.
- **Easy to understand and apply.** User-friendly, nested decision tree format follows clinical logic.

Clinical reviewers can access InterQual Criteria any time, anywhere via McKesson’s CareEnhance Review Manager Enterprise software—all that’s needed is a computer with Internet Explorer. And because the InterQual software solution resides on a common Web application server, it’s easy to install and maintain — saving your IT department resources.

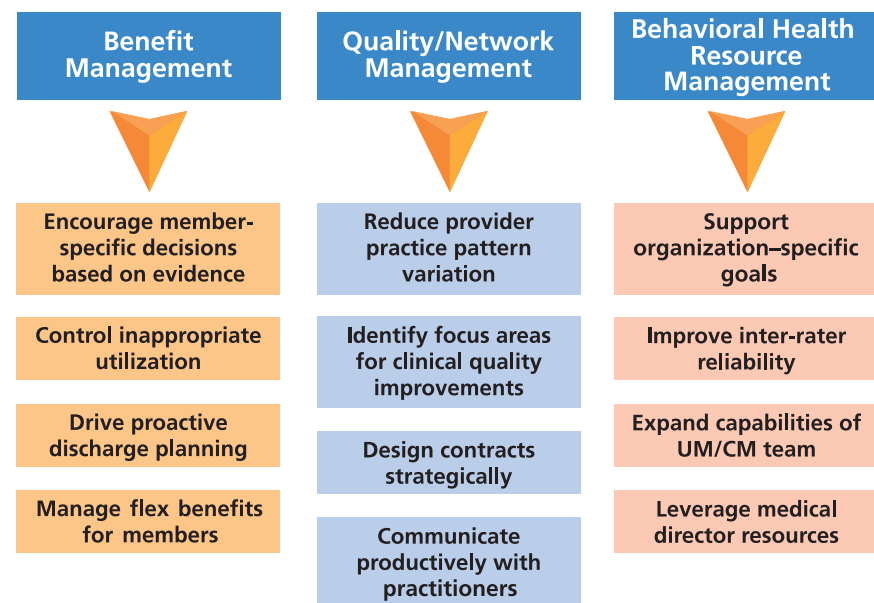
Using InterQual Criteria

InterQual Behavioral Health Criteria allows a non-physician reviewer to efficiently identify the majority of cases for which a clinical intervention is warranted, or to support a level of care decision in inpatient and outpatient settings.

During a typical initial review, a clinical reviewer applies the criteria to information obtained from the patient’s record or care providers to determine whether an intervention or designated level of care is appropriate. If the criteria requirements are not met, or if the reviewer is uncertain about aspects of the review, a supervisor, specialist or physician reviewer — depending on your organization’s process — performs a secondary review.

InterQual Criteria tools can also be used as an aid in appeal determinations.

InterQual Tools: Addressing Your Care Management Needs



Leaders in Clinical Decision Support

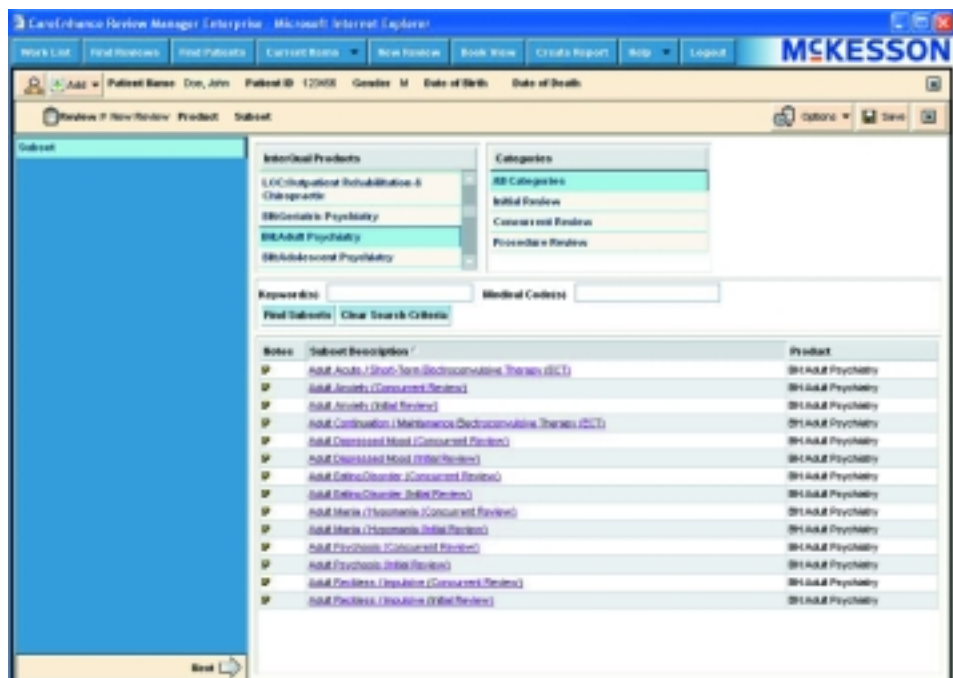
InterQual pioneered the development of educational tools and clinical criteria for hospitals to develop utilization review and quality assurance programs almost 30 years ago. With evidence-based and clinically validated content as their hallmark, InterQual products have expanded and evolved with the changing healthcare landscape. Today McKesson's InterQual tools remain the industry standard: They are used by more than 3,500 managed care organizations, hospitals and government agencies to assist in decisions that touch over 100 million lives internationally.

Since the launch of InterQual Behavioral Health Criteria in 2000, over 300 payor and provider organizations have come to rely on it, including managed care organizations, managed behavioral health organizations, hospital systems, general hospitals and free-standing psychiatric centers — many of which deploy the criteria at multiple treatment and case management sites.

CareEnhance Review Manager Enterprise — the software delivery system for InterQual Criteria — has been URAC certified in Utilization Management since 2003.



ACCREDITED
CORE with **VENDOR**
CERTIFICATION
in Case Management,
Disease Management and
Health Utilization Management



Enhanced Productivity and Efficiency

CareEnhance Review Manager Enterprise software facilitates InterQual reviews, documentation and reporting to increase the efficiency of your care management review workflow. Nested decisions trees allow reviewers and case managers to quickly evaluate a patient's situation without the need to read long passages of text. Extensive medical references, glossaries, discussions of patient management, and safety warnings combined with the ability to enter your organization's medical management policies provide a comprehensive source of information for conducting reviews.

Additional features include:

- **Role assignment.** Managers can authorize access to review functions based on a staff member's need for specific InterQual Criteria sets, location and responsibilities, providing the flexibility to match your organization's review process and helping to meet HIPAA privacy guidelines.

- **Review assignment.** Administrative staff can enter preliminary information and assign reviews to an appropriate reviewer, reducing the burden on clinical reviewers. The same feature allows managers to re-adjust workloads as needs shift.
- **Work list.** The initial page lists newly assigned and ongoing reviews, helping reviewers to focus on the tasks required today, prepare for future assignments and prioritize cases.
- **Follow-up review trigger.** Users can schedule the next review for a patient at the appropriate interval, and a review request appears on the work list on the selected date.
- **Monitoring capability.** Managers can monitor the completion time for reviews by department or facility, or discover the types of review that are resulting in delays and address them before they are overdue.
- **Review locator.** Users can look up the status of a review by searching on criteria, date range, reviewer, outcome or review number.

- **Outcome reasons tracking.** Organizations can customize review outcome reasons to track resource, quality and network issues requiring medical management interventions and use this information as a basis for defining quality initiatives.
- **Book view.** Users can quickly access the criteria without opening a review, facilitating discussions with members of the clinical team.
- **Flexible and customizable reporting.** Standard report formats with multiple filtering, grouping and sorting options enable you to quickly view summary level information in a way that best suits your organization's needs. You can assess efficiency with reports that monitor cases remaining open and report on turnaround times. And you can

evaluate your program's effectiveness by generating outcomes reports that show the number of reviews approved, withdrawn or referred for secondary review, and variance reports that indicate the number of days a patient could have received less intensive and less costly care.

Evidence-driven Development Process

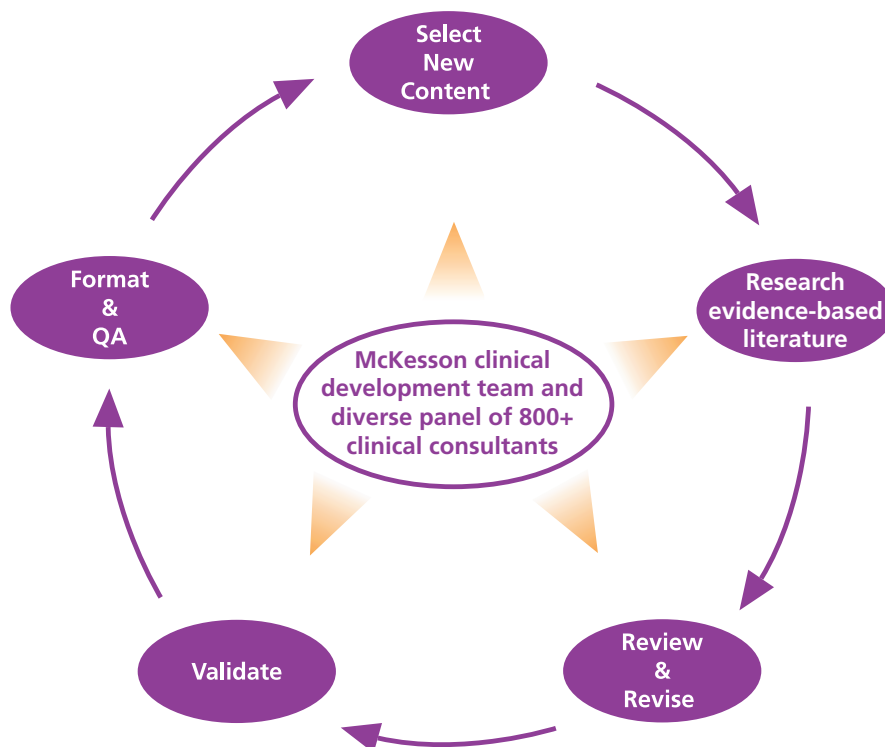
InterQual Criteria sets are developed in annual cycles with five stages.

- 1 **Select new topics and content for revisions.** McKesson's clinical team selects new areas to develop and areas to revise based on systematic, continuous review of the most current medical and behavioral health literature and feedback from clients and clinical consultants over the course of the year.

- 2 **Research evidence-based literature.** Our clinical team performs a comprehensive review of evidence-based and general medical and behavioral health literature, then incorporates input from our external consultants to create initial drafts. There are more than 10,000 citations within the InterQual clinical decision support tools.
- 3 **Review and revise.** Clinical consultants review the criteria and suggest revisions to the McKesson team, which synthesizes them and then sends the criteria back to the consultants for further reviews in an iterative, consensus-building process. In areas where no agreement is reached, the McKesson team includes a rationale for the clinical stance chosen with supporting notes and literature references in the criteria.
- 4 **Validate.** Consultants who have not been part of the process up to this point assess and validate the criteria sets for clinical accuracy.
- 5 **Format and review for quality assurance.** Criteria sets are prepared for software and book versions and reviewed for clinical consistency and completeness across products by McKesson's clinical staff before distribution to our clients.

When we introduce new clinical content products and make significant content or workflow changes to current ones, another step is added to this cycle: Criteria sets are field tested in client settings to ensure they work for real people in real working environments. Similarly, our software applications are beta tested to assure you receive reliable products.

InterQual Annual Development Cycle



Flexible Delivery Options

InterQual Behavioral Health Criteria can be delivered in a variety of ways to meet your organization's needs including:

- CareEnhance Review Manager, a browser-based software application
- CareEnhance Care Manager, McKesson's care management workflow application
- a range of interfaces and integrated options
- book format (criteria only)

Expert Customer Support

McKesson's primary goal is to assist our clients in successfully achieving their healthcare management goals. That's why we offer expert support and services for InterQual care management decision support tools. Our client

services professionals have in-depth clinical and technical knowledge grounded by an expansive understanding of real-world medical environments, so they can address your business challenges effectively.

For your clinical and technical questions, McKesson has telephone and online support dedicated to clients who use InterQual products.

And whether you are new to an InterQual product, an experienced user seeking to refresh your knowledge, or implementing an update to an InterQual application, we have a training option. Our offerings include training on-site, in select cities, and via the Web. We also offer certified instructor training, so you can leverage your in-house staff. Plus, we can design and deliver other types of training and consulting customized to your situation.

Start on the Path to Improved Clinical Decision-making

For more information about how InterQual Behavioral Health Criteria can help you meet your behavioral health management goals, please contact McKesson Health Solutions at 800.522.6780 or MHS@McKesson.com.

About McKesson

Founded in 1833, today McKesson Corporation ranks among the 20 largest companies in the United States and is the leading provider of supply, information and care management products and services designed to reduce costs and improve quality across the healthcare industry. The McKesson Health Solutions business unit offers integrated technologies and services for payor and provider organizations.

McKesson Health Solutions

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Empowering Healthcare

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