



4TH ANNUAL CONGRESS QUALITY & SAFETY IN HEALTHCARE: LUXURY OR NECESSITY ?

SEPTEMBER 23RD AND 24TH 2016

MONROE HOTEL- BEIRUT, LEBANON

16h00- 17h00 **Opening Ceremony Under the Patronage of the Minister of Public Health Mr. Wael Abou Faour**
Round Table: The added Value of a National Prevention Program in Diabetes Management

Minister of Public Health / National Security Fund / WHO / MoPH National diabetes programs
Director / MoPH PHC MOPH representative / CCC medical director / LPHS/ LOP/ LSEDL/ LOPh/ LON/
LOMW/ Lebanese Association for Nutrition and Food Science / LSQSH

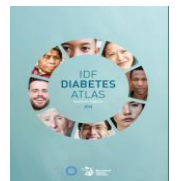
Animated by **Dr Pierre Anhoury**: Director of Strategy & Business development of the International
Prevention Research Institute (iPRI)

Utilization Review
A value based approach to Quality Health Care
September 24, 2016

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RN ,MPH, CPHQ, MLC

Outline

1. Historical Background
2. Definition of Utilization Management and Review
3. Objectives of Utilization Review
4. Utilization Management position within the organization
5. Components of Utilization Management
6. Requirements for effective utilization
7. Review processes
8. Value of Documentation
9. Factors contributing to Utilization problems
10. Implications of Utilization on Quality
11. Moving toward managing Utilization

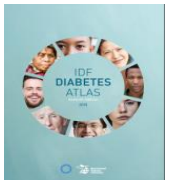


Historical Background

- 1960's and 1970's – USA Insurance companies were paying physicians a fee for service
- Patients were admitted with no restrictions on the types of services or interventions provided
- Focus on Quantity rather than Quality



OVERUSE AND INCREASED COSTS



Historical Background (cont'd)

Professional standard review Organizations (PSRO'S) were created:

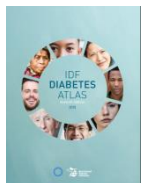
- To evaluate the care rendered to patient enrolled in Medicare by local peer review

Objectives

- Reduce inappropriate services
- Influence physician behavior
- Reduce costs : unnecessary medical services will not be paid

PSRO Evaluation process

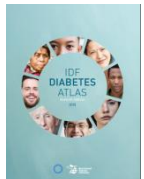
- Setting standards and criteria to evaluate the services provided



Historical Background (cont'd)

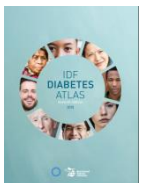
Substantial cost difference remained between hospitals with case mix

- Designing and developing **Diagnosis Related Groups (DRG's)**
 - First operational means of defining case mix complexity
 - Classification system
- Volume based to value based reimbursement
- Evolvement into a comprehensive **Utilization Management** system



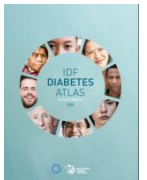
Definition of Utilization Management

- Management and evaluation of the medical necessity , appropriateness, and efficiency in the use of healthy care services, procedures and facilities to provide the highest quality care in the most cost effective and efficient setting.
- **Value based approach** to Quality Health Care



Objectives

- Evaluate the appropriateness and medical need of health care services procedures and facilities based on evidence-based criteria or guidelines by providing:
 - Right care
 - Right place
 - Right time
 - Most cost effective
- Ensure efficient and effective use of professional care services, procedures and facilities
- Maintain high quality patient care through the analysis, review, and evaluation of clinical practices within the hospital

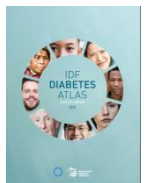


Structure



Components of Utilization Management (UM)

1. Review and Assessment of the appropriateness of admissions and continued stay
 - Standards of care : Evidence based guidelines
 - Measures : policies and criteria
2. Evaluation of clinical practice
 - Overutilization
 - Underutilization
 - Misutilization

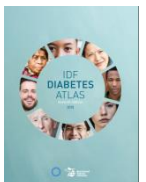


Assessment of the appropriateness of admissions & continued stay

A. InterQual or Milliman criteria

Evidence-Based guidelines for determining **medical necessity** and **level of care** needed

- **Medical necessity** to measure the safest and most efficient care
- **Level of care** to determine the Level of Care required



Assessment of the appropriateness of admissions & continued stay

B. Policy development for overstaying patients

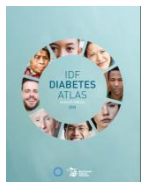
Overstaying patients are patients who continue to be hospitalized despite lack of need for acute care

Objectives

Assist in early identification of cases who do not have a medical indication for continued stay in acute care setting

Discharge patients the earliest possible

Chronic patients who only need nursing care are a burden to hospitals
Running cost versus fixed cost



Assessment of the appropriateness of admissions & continued stay

Develop admission and discharge criteria

- Critical care areas: ICU, CCU, RCU, NCU, PICU and NICU
- One day surgery
- **Cardiac surgery unit**

An example will be shared

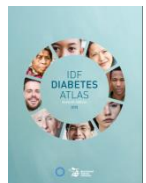
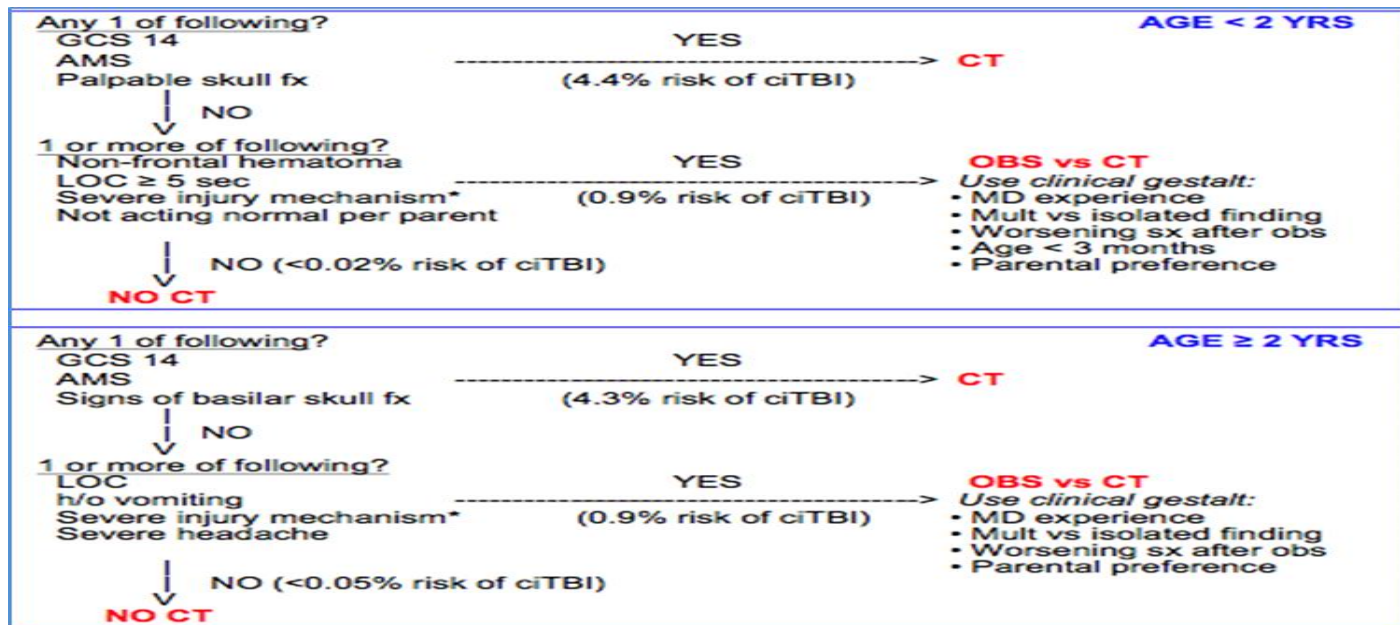
Overutilization

Definition and Common examples

- Unnecessary health care provided with a higher volume or cost than is appropriate

Common Examples: Diagnostics

- CT scan for pediatrics with minor head injury
 - Use clinical decision tool (algorithm) to limit unnecessary radiographic imaging and radiation exposure

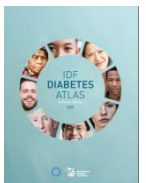


Overutilization

Common examples: Intensive care units (ICU) bed Utilization

Utilization of ICU bed by Terminally ill patients

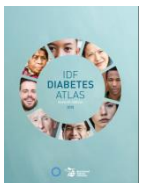
- ✓ Encourage early intervention and discussion about priorities for medical care in the context of progressive disease with the patient
- ✓ Do not provide aggressive treatment or interventions that do not add to the quality of life
- ✓ Channel resources to settings such as palliative care or other level of care (hospice) where patients can benefit the most



Common Overutilization Examples

Laboratory

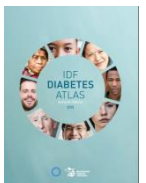
- **Requesting blood tests more than one time per day (CBC, chemistry)**
 - Education
 - Change of practice
 - Reminder posters with detailed blood test cost
 - Computer based intervention showing last CBC test performed with results and a box to specify the reason for reordering the test
- **HbA1c test requested frequently, more than 4 times during a 3 months period**
 - According to 2013 American Diabetes Association Standard of Care for Diabetes, the HbA1C frequency is every 3 months if therapy has changed or for patients not meeting glycemic control
- **CK-MB and CPK requested for chest pain patients**
 - CK-MB and CPK have no benefit in the diagnosis of Acute Care Syndrome in an era of contemporary Troponin Assays
- **Tests requested in the Emergency Department**
 - Vitamin D and TSH not an Emergency test
 - Not covered by Third party payers



Strategies to approach laboratory overutilization

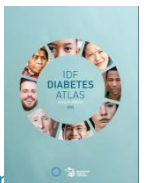
Computer based intervention

- Examples will be shared



Other strategies to approach over utilization

1. Physician education
2. Restrictions on testing
3. Develop algorithms and protocols
4. Clinical consult services
5. Financial motivation including risk sharing and pay-for-performance
6. “Choose wisely” campaign
 - Initiated on November 2011 by the American Board of Internal Medicine
7. Consumer Reports Health



Underutilization

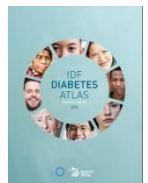
Definition and common examples

Underuse is

- when patients do not receive the medically necessary care
- when physicians fail to follow proven health care practices

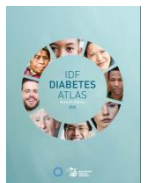
Common examples

- Prescribing beta-blockers for heart attack patients upon discharge
- Mammography exam for women above 40
- Vaccination to prevent pneumonia for 65 years and above
- Primary health care access



Strategies to avoid underutilization

- Encourage the use of guidelines to provide highly cost effective care
- Targeted and effective policies
 - Increase availability and use of Primary health care
 - Provide access to sick population
- Awareness campaign



Misutilization

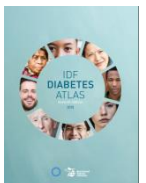
Definition and Common Examples

- Can be used interchangeably with medical errors, Incorrect diagnoses and avoidable complications
- Occurs when a patient is harmed by a treatment

Common examples

- Wrong or unindicated antibiotics
- Wrong treatment

1.Orszag, Peter R.(2008). The Overuse, Underuse, and Misuse of Health Care. Congressional budget office. Washington D.C
2.FisherElliott S. et al(2003). The Implications of Regional Variations in Medicare Spending, Part 2: Health Outcomes and Satisfaction with Care. Annals of Internal Medicine.138(4) pp. 288–298.



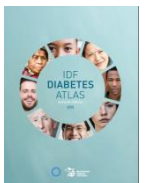
Requirements for effective UM

Leadership Commitment:

1. A recognition that Utilization Management is an integral part of the overall quality Management and organization wide performance improvement
2. Involvement of treating physicians

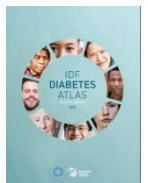
UM Management

Appropriate and effective review processes (broadly recognized standards and measures)



Types of reviews

1. Concurrent
2. Retrospective
3. Prospective
4. Focused



1. Concurrent Review and discharge planning

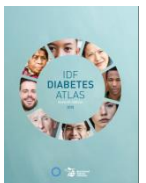
Concurrent Review

Performed at the onset of and during care

Discharge planning

Involves preparing the patient for discharge from the facility

Advantage of Real time situations review

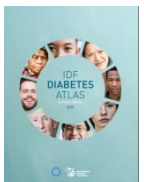


2. Retrospective Review

Performed *after care* has been rendered i.e. it occurs after discharge

Advantages

- Retrospective review offers a complete picture of the service provided
- Findings can be compared to the cost of care

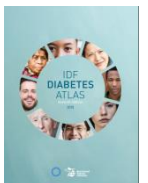


3. Prospective Review

Assess medical need for care before care is rendered

Advantage

Reduce medically unnecessary admissions or procedures

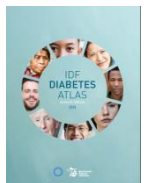


4. Focused Review

Usually retrospective

Example: review of admissions for a predetermined reason:

- High cost patients and selected diagnoses
- Clinical necessity of treatment or procedure
- Acute level of care
- Length of stay
- Claims and denials
- Reoperations
- Readmissions
- Study variation from the clinical pathways, guidelines or any other criteria of specific populations of patients

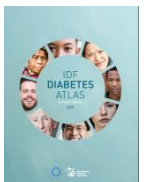


Variation

Study of the difference between a normal expected output to the observed output

Types of variations could be related to

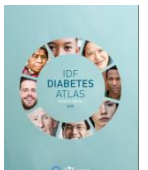
- Patients
- Physicians/health care professionals
- Hospital or system
- Community/ Family



4. Focused review

Types of patient length of stay (LOS) duration

- Details will be shared during the presentation



Documentation in Utilization Review (UR)

- Need for hospitalization
- Plan of care
- Daily and comprehensive Progress notes
- Anticipated date of discharge



All notes should be signed and dated by the clinician

- ✓ Full name
- ✓ Title
- ✓ Signature

Example of progress notes

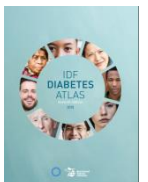
- Sample will be available

Remember

**Failure to document is
Failure to provide evidence of care
that may have been provided**

Implications

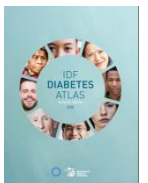
- ✓ Legal issues
- ✓ Denial of reimbursement for billed services
- ✓ Increase in number of claims



Main Utilization Problems

Contributing factors:

- Lack of actual cost awareness by physicians and professional staff
- Ordering tests and services out of habit
- Inefficient scheduling of tests and services
- Lack of direct financial incentives to physician for proper resource utilization
- Lack of appropriate community services at all level of care
- Fear of malpractice by physicians
- Third party payers and fee for service



Link Resource Utilization to Dimensions of Quality

Dimension of Quality

- Appropriateness
- Availability
- Competency
- Continuity
- Effectiveness

Resource Utilization Concerns

- Is the intervention correct given the need?
- Is there sufficient access to the needed care?
- Are practitioners skilled to give the appropriate care?
- Are there gaps in care?
- Does the data indicates cost effective treatment outcomes?

Link Resource Utilization to Dimensions of Quality

Dimension of Quality

- Efficacy
- Efficiency
- Prevention
- Safety
- Timeliness



Resource Utilization Concern

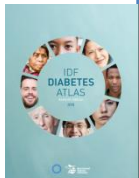
Will the treatment given produce the desired outcome?

Does the provided treatment conserve resources?

Are the diseases promptly identified through the provided tests?

Are there any risks on the patient?

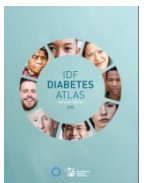
Is the treatment provided at the right time?



Implications in Quality Management

- Assuring the appropriateness of healthcare services provided
- Eliminating unnecessary levels of care
- Ensure provision of the most effective treatment at the minimum cost
- Decrease unnecessary hospital stay
- Ensure that resources are in place so that patients are getting the most appropriate care in the most appropriate setting for the appropriate length of stay
- Ensure that the money spent on health care is providing value

$$\text{Value} = \frac{\text{Quality +service/outcome}}{\text{Cost}}$$



Moving toward managing utilization

Utilization Review Committee and Plan

- Establish a utilization Review Committee
- Write terms of reference
- Develop a utilization review plan and clarify the data to be reviewed
- Implement the plan
- Educate physicians and hospital staff about the importance of utilization

Questions

