Is It
Utilization Management
or
Population Health?

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Objectives

• Discuss the similarities and differences between Utilization (UM) and Population Health.
• Identify the components of an effective UM program
• Identify the components of an effective Population Health program
• How to determine which is which?
Medical Management: Component Relationships

Population Health

- Health
  - Primary Prevention
  - Disease Management (populations)

- Risk
  - Secondary Prevention
  - Care Coordination

- Disease
  - Tertiary Prevention
  - Case Management (individuals)

- Impairment
  - Special Needs

OUTCOMES
- Quality
- Cost
- Access
- Readiness

UNCLASSIFIED

www.tricare.mil/ocmo/
### Distinctions Between UM, CM, DM

#### Characteristics of Target Populations

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What is Utilization Management?

• UM is an organization-wide, interdisciplinary approach to balancing quality, risk, and cost concerns in the provision of patient care.

• In practice, UM is the process of evaluating the medical necessity, appropriateness, and efficiency of healthcare services.
Initial Strategies for UM Plan

• Align with the MTF Business Plan
  – Review the MTF business plan. Confirm that program’s goals are in line with the overall goals for the MTF

• Keep resource allocation in mind
  – Develop processes to make maximal use of resources that are likely to be available for the tasks that are outlined

• Collaborate with the entire team
  – Make sure you involve the entire MM team, as well as other staff members with a stake in your program
Utilization Management Goals

- Provide appropriate level of care
- Coordinate healthcare benefits
- Promote cost effective care
- Determine medical necessity
- Proactive determination of the ACUITY or RISK level of patients – may start the review for appropriate referral to case management.
Utilization Management Settings

• UM goals may vary based on setting, services available, and population size

• Inpatient services
  – High mortality
  – High morbidity
  – Preventable admissions

• Ambulatory services
  – Multiple visits for the same condition across various settings
  – Unexpected admissions after ambulatory surgery

• Emergency Departments
“Don’t tell me to improve my diet. I ate a carrot once and nothing happened!”
Components of a Utilization Management Program

- Utilization Review (UR)
- Referral Management (RM)
- Grievances and Appeals
Utilization Review
Utilization Review

• Provides a systematic evaluation of the medical necessity, appropriateness, and efficiency of the use of healthcare services, procedures, and facilities based on standardized criteria.

• May be prospective, concurrent, or retrospective.
Utilization Review Tips

• Don’t try to review 100% of anything!
• Do random studies
• Focus on high-risk or high-volume areas
• Use all available tools
Referral Management
Referral Management

• Managing and tracking internal/external patient referrals, including reports
  – Within the MTF
  – To another MTF
  – To network specialists

• Uses team approach
Referral Management Goals

• Promote continuity of care
• Promote timely intervention and access to care
• Recapture care appropriately
• Make informed decisions about the most effective utilization of resources
Referral Management Components

• Clinical
• Administrative
  – Active Duty Service Member (ADSM)
  – Referral Management Center (RMC)
  – Right of First Refusal
RM Components - Clinical

Includes performing UR for medical necessity of specialty referrals and determining appropriateness of care

- Evidence-based Clinical Practice Guidelines
- McKesson Interqual Guidelines
Closely monitor and track the return of referral results

- Monitoring of whether test done actually provides requested information
- Timeliness of a result return
- Legibility

- Translated copy, if applicable
- Ordering physician gets copy or notification
- Scanned in AHLTA
Grievances and Appeals
Grievances and Appeals

• DoDI 6000.14, “Patient Bill of Rights and Responsibilities in the Military Health System” (2007)
• Patient must have opportunity to appeal healthcare medical necessity decisions
• Requires the MTF Appeals process be consistent with TRICARE Appeals and Hearing Program under 32 CFR 199.10
• Involve determination of medical necessity. The MTF will neither provide nor authorize TRICARE payment for healthcare services, when they are deemed not medically necessary

• Appeal has a medico-legal component. (A grievance does not include a legal component – more contractual in nature)

• Examples
  – MRI for low back pain
  – Dermatologic specialty consult for wart removal
  – Breast reduction surgery for cosmetic reasons when no documented pain, skin irritation, etc
Non-appealable Issues

• Care/service that is not a covered benefit (grievance)
• Patient denial of a specific treatment plan (referred to PT, doesn’t want to go)
• Denial of unproven or investigational/experimental care
• Eligibility as a patient
• Refusal of a PCM to provide access to services requested by the patient
• Whether or not a provider is TRICARE-authorized
UM Team Resources

- Resource manager and staff
- Disease manager
- Case managers
- Chief of Medical staff (DCCS)
- Data analysis personnel
- Medical coders
- Clinical business manager
Population Health
Population Health

• Principles of Population Health Management:
  • Describes the demographics, needs, and health status of the enrolled population
  • Appropriately forecasts and manages demand and capacity
  • Proactively delivers preventive services
  • Manages medical and disease conditions
  • Continually evaluates improvement in the population health status and the delivery system’s effectiveness and efficiency
  • Energizes a total community approach
Key Elements of Pop Health Management

• **Information-powered clinical decision-making:**
  - Use robust patient data sets to support proactive, comprehensive care
  - Operate within an integrated data network

• **Primary care-led clinical workforce:**
  - Mobilize workforce to work to the top of the care teams licensure

• **Patient engagement and community integration:**
  - Map services to population need
  - Integrate patient’s values into the care plan
  - Use community stakeholders to connect patients with high-value resources
Healthy People 2020

www.healthypeople.gov

National objectives for improving the health of all Americans

Population Health (from AHRQ):

An approach to care that uses information on a group ("population") of patients within a primary care practice or group of practices to improve the care and clinical outcomes of patients within that practice

AHRQ = Agency for Healthcare Research and Quality

Visit: www.ahrq.gov
“I lost 5 pounds this week, but if you convert it to metric, then factor in dog years and the wind chill factor, it’s more like 15 pounds.”
How are we going to do all of this?

• Evaluate changing needs of local population and adapt MTF resources to meet those needs
• Integrate population health into MTF strategic objectives and dashboards
  – *Use web-based tools to stratify populations at risk; initiate targeted interventions*
  – *Health/wellness assessment and tracking*
  – *Performance monitoring and improvement of clinical care processes, as well as patient outcomes*
• Deliver primary care services via Medical Home model
• Engage employees and patients
Performance Measure

Set of technical specifications that define how to calculate a “rate” for some important indicator of quality.

Examples:
- Advising smokers to quit
- Antidepressant medication management
- Breast cancer screening
- Cervical cancer screening
- Comprehensive diabetes care
- Controlling high blood pressure
- Children and adolescent access to primary care physician
- Children and adolescent immunization status
- Prenatal and postpartum care

Study of 29 U.S. Health Plans covering 133 million lives
Performance Measure

Measure *n.* A standard: a basis for comparison; a reference point against which other things can be evaluated

- How do patients know if their healthcare is good care?
- How do providers pinpoint the steps that need to be improved for better patient outcomes?
- How do insurers and employers determine whether they are paying for the best care that science, skill, and compassion can provide?

Performance measures give us a way to assess healthcare against recognized standards
What Is A Good Measure?

- Description of intent
- Documented description of population
- Defined data elements and allowable values
- Defined sampling procedure
- Specified calculation method
- Useful to healthcare organization
- Has face validity for clinicians

BREAST CANCER SCREENING - 2014
Percentage of women continuously enrolled in TRICARE Prime, age 50-74, who had a mammogram in the previous 27 months.
Web-based data tools are available for population health tracking, proactive patient management and measuring MTF performance "At your fingertips."

Support MTFs in meeting population health objectives outlined by the DoD

Includes DoD direct and network care patient-level data

Standardized evidence-based methodologies

With use of tools, efficient use of resources is promoted and effectiveness of care improves
Military Health System Population Health Portal (MHSPHP)

- **Population Health Tool**
  - Transforms data into actionable information
  - Support quality/performance initiatives

- **Clients**
  - AF, Army, Navy, eMSMs, TRO/MCSCs, DHA

- **Multiple Uses**
  - Clinical Preventive Services
  - Case/Disease Management
  - Quality Improvement/Measurement
  - Pay for Performance Initiatives

MHS-wide web application covering 5.25 M patients
**Demographic Information:**

**Preventive/Use of Services:**
- Breast Cancer Screening
- Cervical Cancer Screening
- Colorectal Cancer Screening
- Chlamydia Screening
- High Cardiovascular Risk
- Well Child Visits

**Disease/Condition Mgmt:**
- Asthma
- Cardiovascular
- CHF
- COPD
- Depression
- Diabetes
  - HbA1c, Retinal Exam, Lipids
- Hypertension
- Low Back Pain
- High Utilizers
- Mental Health Follow-Up
- Antidepressant Med Mgmt
  .... more
Critical Factors for MTF Success

• Commander Support
  – Sets direction for MTF Population Health activities
  – Promotes use of “Information-Powered Clinical Decision Making” (use patient data sets)

• Clinical Workforce Led by Primary Care
  – Recruit PCMs to be Pop Health Champions
  – Prioritizes condition and prevention initiatives; mobilizes the care team and maps services to population need
  – Promote implementation of evidence-based practice tools

• Clinical Staff
  – Provide evidenced-based care every day for every patient
  – Partner with patients in managing their health. Give care that patients understand and fits their culture.
TRICARE: One Week’s Worth of Business in the Military Health System

- 23,300 inpatient admissions
  - 5,100 direct care
  - 18,200 purchased care

- 1.8 million outpatient visits
  - 809,000 direct care
  - 1,001 million purchased care

- 2,400 births
  - 1,000 direct care
  - 1,400 purchased care

- 12.6 million electronic health record messages

- 2.6 million prescriptions
  - 924,000 direct care
  - 1.44 million retail pharmacy
  - 228,000 home delivery

- 231,000 behavioral health outpatient services
  - 52,000 direct care
  - 179,200 purchased care

- 3.5 million claims processed
Investing in health as your health care paradigm promotes wellness and enhances quality of life for a healthy, fit force: Mission-ready in body, mind and spirit
RM Components – RM Center

• Mandated by ASD(HA)/DHA
• Functions as the primary source for processing specialty referrals
• Enables the HRP to maximize its MM plan through the recapture of specialty care and containment of its empanelled, Prime enrollees
• Operates within standardized business rules for referrals and authorizations
• Performs duties that include administrative, referral appointing, and consult tracking
Referral Management Components - ADSM

• HRP may establish its own internal review process to select referrals for appropriateness and medical necessity for ADSMs
• ADSM referrals always take processing priority
Process Improvement Models

- FOCUS PDCA/PDSA
- Lean Six Sigma
- Twelve-step model (Rand Manual)
- 7-Step Quality Improvement Process (2009 MM manual)
Grievances

- A complaint about a perceived inequity of benefits related to coverage or benefits due

- Applies to
  - Coverage determinations
  - Waiting periods for appts
  - Decision related to space available care
  - Provider refusal to refer patient for specialty care when service can be provided by provider or MTF

- Example
  - Dependent parent presents wanting Host Nation evaluation of low back pain
7-Step QI Process

• Identify the purpose
• Determine what to measure
• Determine the gap
• Attempt to fix the problem(s)
• Determine the effectiveness of the corrective action
• Make additional attempts to fix the problem
• Learn from the QI activity
QUESTIONS?
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Points of Contact

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