



**ARMY MEDICINE**  
Serving To Heal...Honored To Serve

# Is It Utilization Management or Population Health?

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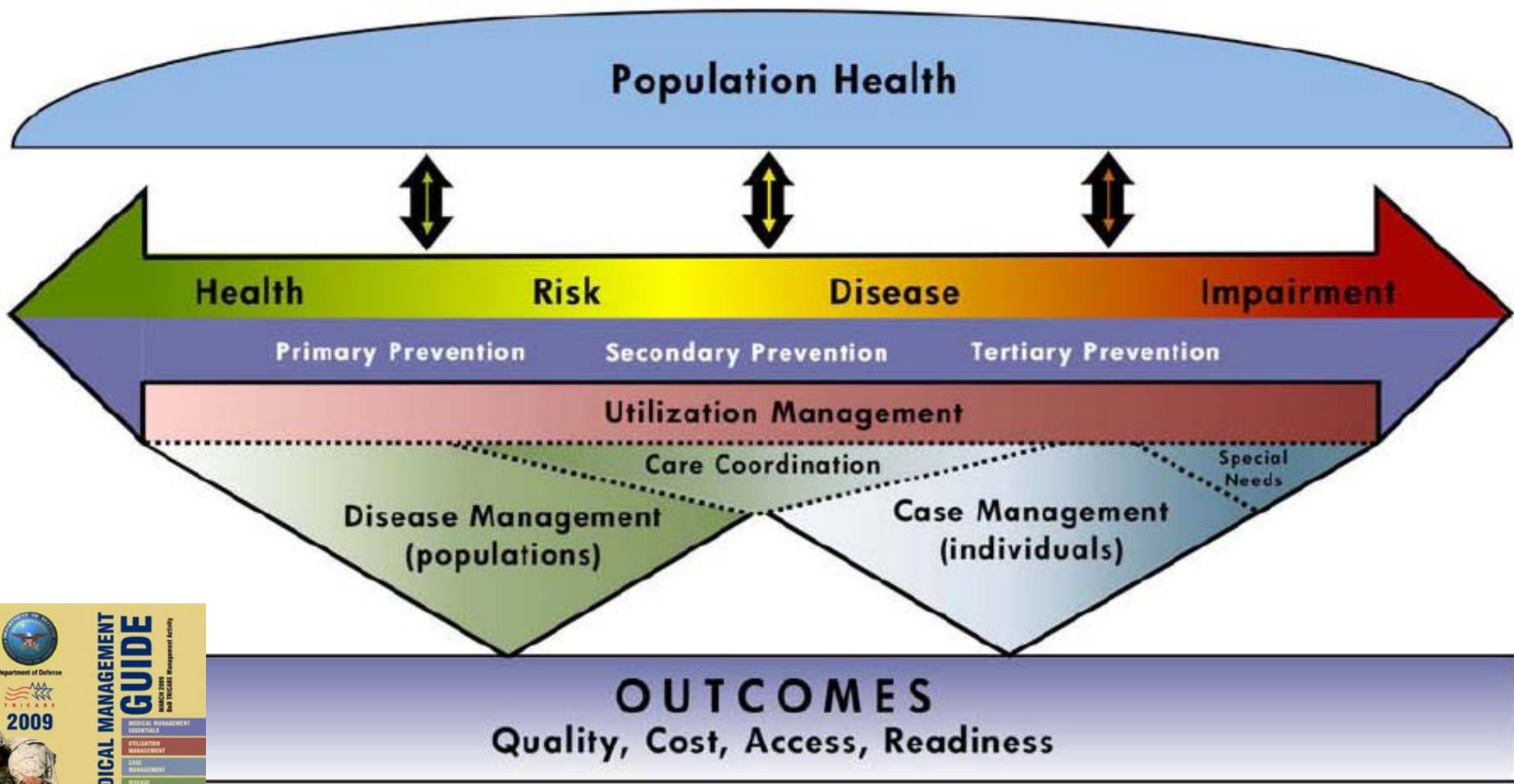


# Objectives

- 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



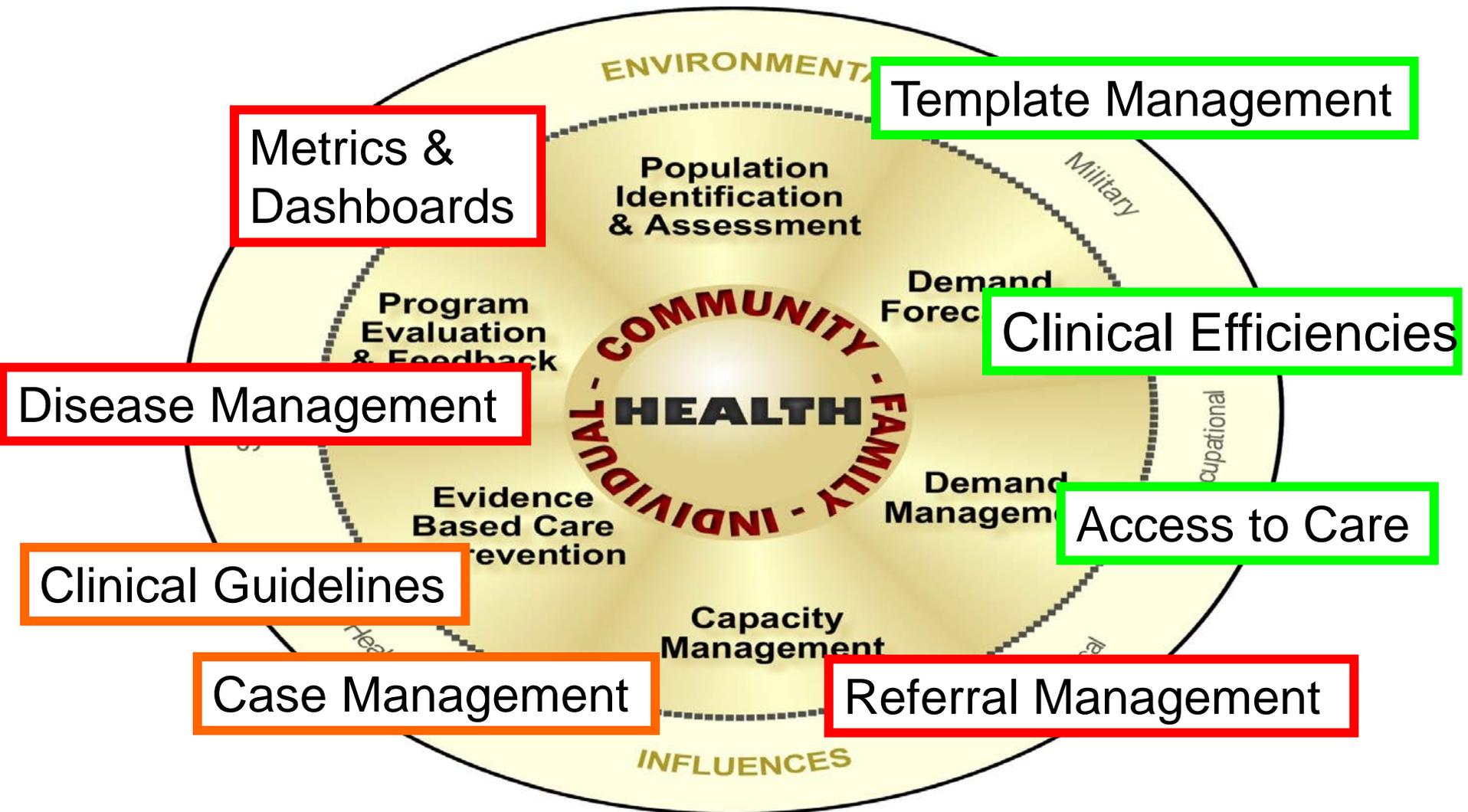
**MEDICAL MANAGEMENT GUIDE**  
 MARCH 2009  
 Department of Defense  
 2009  
 MEDICAL MANAGEMENT TOOLS

[www.tricare.mil/ocmo/](http://www.tricare.mil/ocmo/)



# Population Health

## Military Health System Population Health Model



# Distinctions Between UM, CM, DM

## Characteristics of Target Populations

### Utilization Management

#### Cost-Based Approach

Most Expensive Patients,  
Providers, Procedures

Inappropriate /  
Fragmented Care

Underutilization / Over  
Utilization Of Services

### Case Management

#### Individual Approach

High Risk For Costly,  
Adverse Medical Events

Medically, Socially, or  
Financially Vulnerable

Mental Health

Post-Deployment Issues

Wounded Warriors

### Population Health

#### Population-Based Approach

Condition Specific and  
Metric Driven





# 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

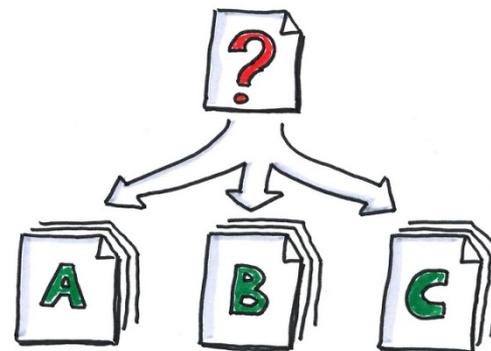
- Align with the MTF Business Plan
  - Review the MTF business plan. Confirm that program's goals are in line with the overall goals for the MTF
- Keep resource allocation in mind
  - Develop processes to make maximal use of resources that are likely to be available for the tasks that are outlined
- 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



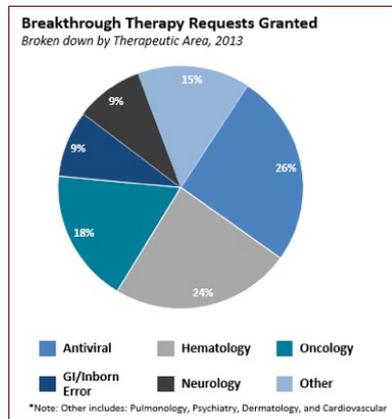


**“Don’t tell me to improve my diet. I ate a carrot once and nothing happened!”**



# 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

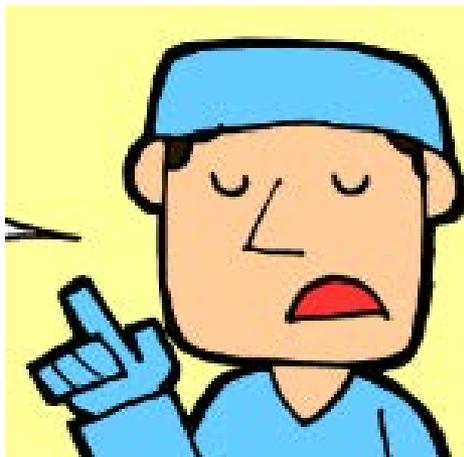
- Promote continuity of care
- Promote timely intervention and access to care
- Recapture care appropriately
- Make informed decisions about the most effective utilization of resources



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# Referral Management Components

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



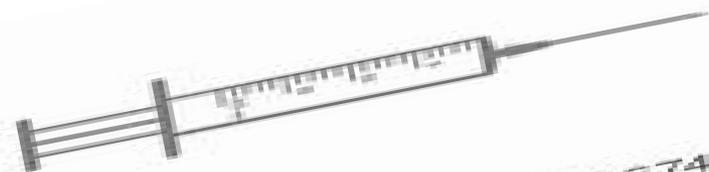
I	Excess (Luxuria)
II	Inefficiency (acedia)
III	Faulty management (Invidia)
IV	Disorders ... in capital levels (Gula)
V	Uncovered counterpart (Superbia)
VI	Too complex ... (Avaritia)
VII	Extreme scenarios (Ira)



# 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



# RM Components - Administrative

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



# Appeals

- 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

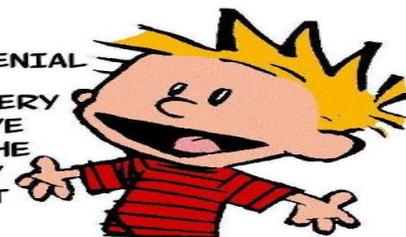




# Non-appealable Issues

- 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

IT'S NOT DENIAL  
I'M JUST VERY  
SELECTIVE  
ABOUT THE  
REALITY  
I ACCEPT





# 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

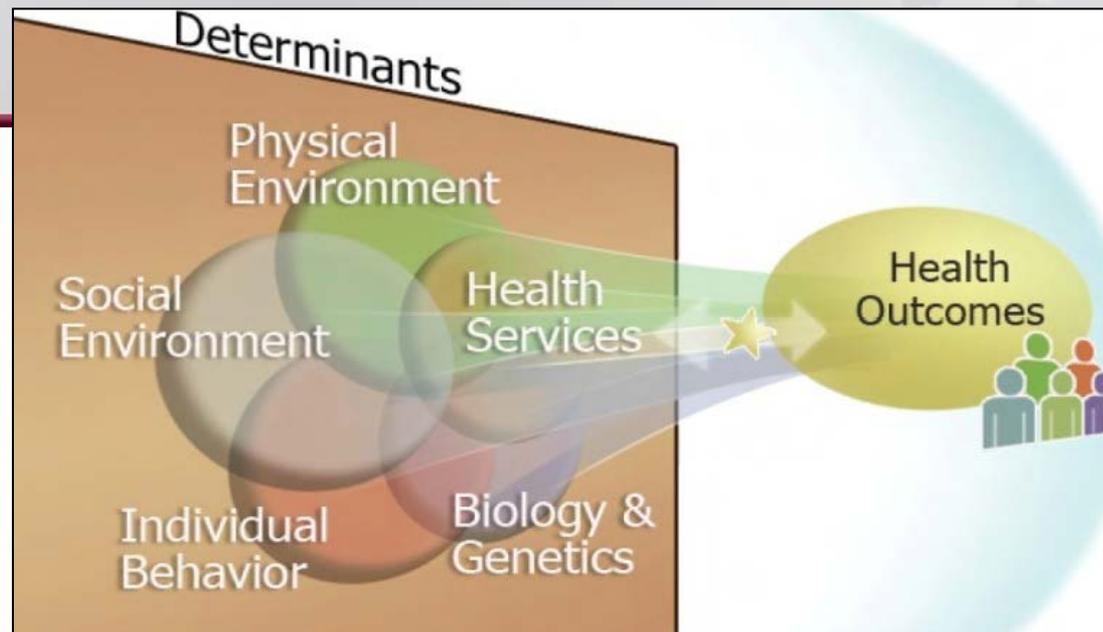
- **Information-powered clinical decision-making:**
  - Use robust patient data sets to support proactive, comprehensive care
  - Operate within an integrated data network
- **Primary care-led clinical workforce:**
  - Mobilize workforce to work to the top of the care teams licensure
- **Patient engagement 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](http://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](http://www.ahrq.gov)



# Prevention

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**“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

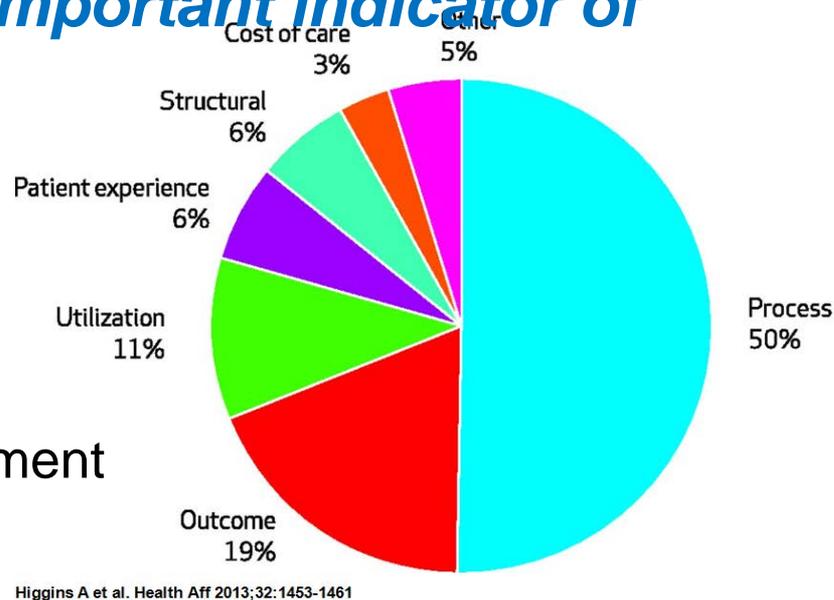


# Performance Measure

*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



HealthAffairs

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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.



# Population Health Data Summary

## MHSPHP (4G), and AMEDD Command Management System (CMS)

- 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

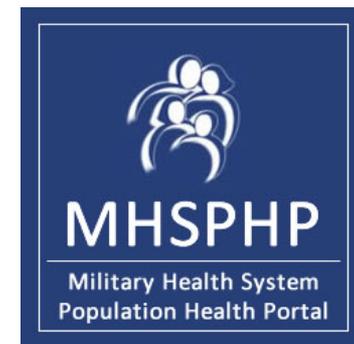
- Transforms data into actionable information
- Support quality/performance initiatives

## • 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



# Military Health System Population Health Portal Content

## 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





# Healthy and Fit Force



*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

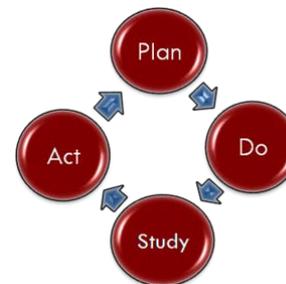
- HRP may establish its own internal review process to select referrals for appropriateness and medical necessity for ADSMs
- ADSM referrals always take processing priority





# Process Improvement Models

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





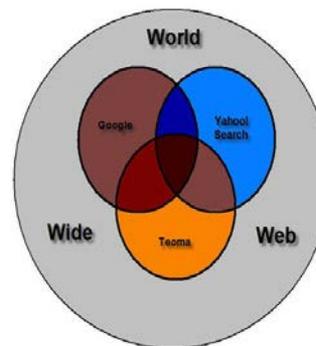
# Grievances

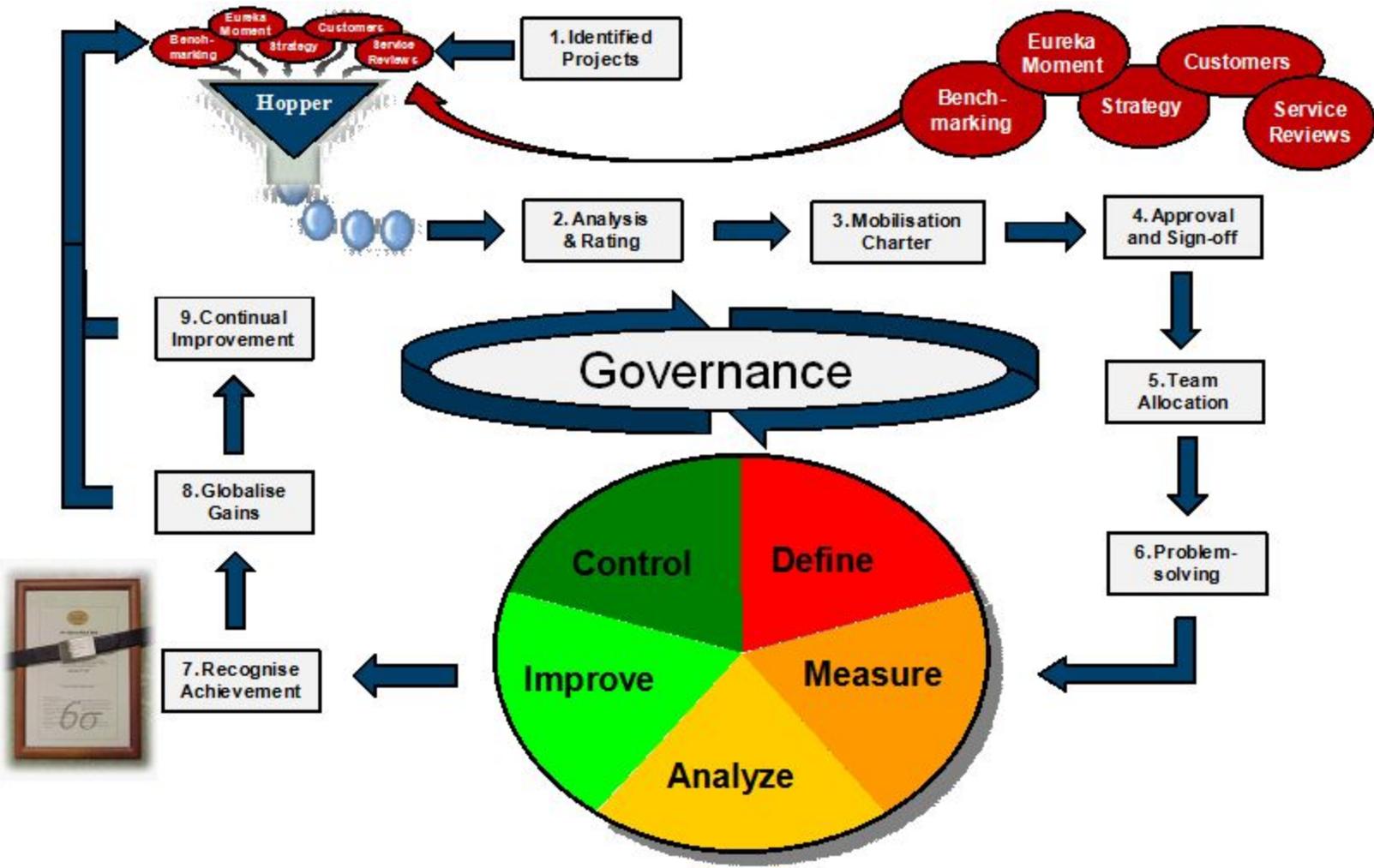
- A complaint about a perceived inequity of benefits related to coverage or benefits due
- Applies to
  - Coverage determinations
  - Waiting periods for appts
  - Decision related to space available care
  - Provider refusal to refer patient for specialty care when service can be provided by provider 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?



# Points of Contact

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