

Application and Outcomes of Treatment Guidelines in a Utilization Review Program



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KEYWORDS

- Treatment guideline • Clinical practice guideline • Workers' compensation
- Utilization review • Utilization management • Cost containment • Quality of care
- Clinical outcomes

KEY POINTS

- The value and impact of treatment guidelines in improving outcomes for patients and controlling costs is significant.
- Incorporating evidence-based guidelines into a structured utilization review (UR) program is crucial for success.
- Most requests should be reviewed prospectively.
- Substantial return on investment can be achieved, particularly for procedures with high variation or questions of appropriateness.

INTRODUCTION

The value and impact of treatment guidelines in improving outcomes for patients and controlling costs is significantly enhanced in Washington state workers' compensation by incorporating the guidelines into a structured UR program.

This article briefly describes (1) how the Washington State Department of Labor and Industries (L&I) UR program uses treatment guidelines and (2) the impact of the UR program on costs and outcomes.

THE WASHINGTON UTILIZATION REVIEW PROCESS

Since the 1980s, the Washington workers' compensation UR process has supported the purchase of proper and necessary care for injured workers. UR is required for all inpatient services, all spinal injections, advanced imaging (MRI studies of the spine,

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upper and lower extremities, and brain MRI and computed tomography [CT] studies for headaches), physical and occupational therapy after the 24th visit, and selected outpatient intervention services. The UR process compares requests for medical services with medical treatment guidelines that are deemed appropriate for such services and includes the preparation of a recommendation based on that comparison. The UR program applies only to claims that are adjudicated by the State Fund (not self-insured employers). The program applies to both physicians and facilities. L&I contracts with Qualis Health for UR. Qualis Health is a health care consulting organization, with headquarters in Seattle, Washington, and regional offices located in Alabama, Alaska, California, Idaho, and the District of Columbia.

Providers requesting authorization are asked to refer to L&I's Medical Treatment Guidelines for information on what specific clinical information is required for selected procedures. (For details on L&I's Medical Treatment Guidelines see links below.) Qualis Health uses the Department's Medical Treatment Guidelines as the basis for their recommendations. When there are no Department Medical Treatment Guidelines available, Qualis Health uses InterQual proprietary criteria. An initial clinical review is conducted by a registered nurse or physical therapist. If it does not meet guidelines or criteria, it is referred for physician review. If the physician reviewer is unable to recommend approval, the requesting physician has the opportunity to discuss the case with a Qualis physician. A re-review option is available with a practicing matched specialty provider. Qualis Health recommendations are then sent to the L&I claim manager. The claim manager reviews the information and recommendation made by Qualis Health and then decides whether to authorize or deny the request.

A streamlined authorization process was created for what are called Group A providers. Providers may be eligible to become Group A providers if they have 100% UR approval recommendations when they performed 10 or more reviews during a 1-year review period. Group A providers are not required to submit clinical information, chart notes, or diagnostic reports to Qualis Health for most outpatient surgeries. They are required to submit a form with the planned procedure, description and current procedural terminology (CPT) codes, place of service, date or anticipated date of service, and office contact name and phone number. However, even Group A providers must follow the full clinic review process for all spine procedures and other complex surgeries. Retrospective audit of 20% of cases is completed on all Group A providers to ensure continued compliance with the guidelines. All providers are reviewed annually to determine Group A eligibility.

For some reviews, Qualis Health provides Web-based UR, which allows providers to submit and review request status online and to complete questionnaires online that can affect the request status. By using a combination of questionnaires and checklists along with Web-based submission, the cost of UR can be reduced and the turnaround time for authorizations can be substantially reduced.

For advanced imaging authorization, the department requires requesting providers to use a Web-based system; this applies to MRI of the spine, upper extremity, and lower extremity and brain MRI or CT of the head due to headache. This requirement was put in place because the Washington Legislature passed a law in 2009 (engrossed substitute house bill [ESHB] 2105, Chapter 258) that directed the State to convene an Advanced Imaging Management Work Group. State agencies were directed to implement the Work Group recommendations.

More detail about the Washington UR program can be found at: <http://lni.wa.gov/ClaimsIns/Providers/AuthRef/UtilReview>.

More detail about L&I's Medical Treatment Guidelines can be found at: <http://lni.wa.gov/ClaimsIns/Providers/TreatingPatients/TreatGuide>.

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