

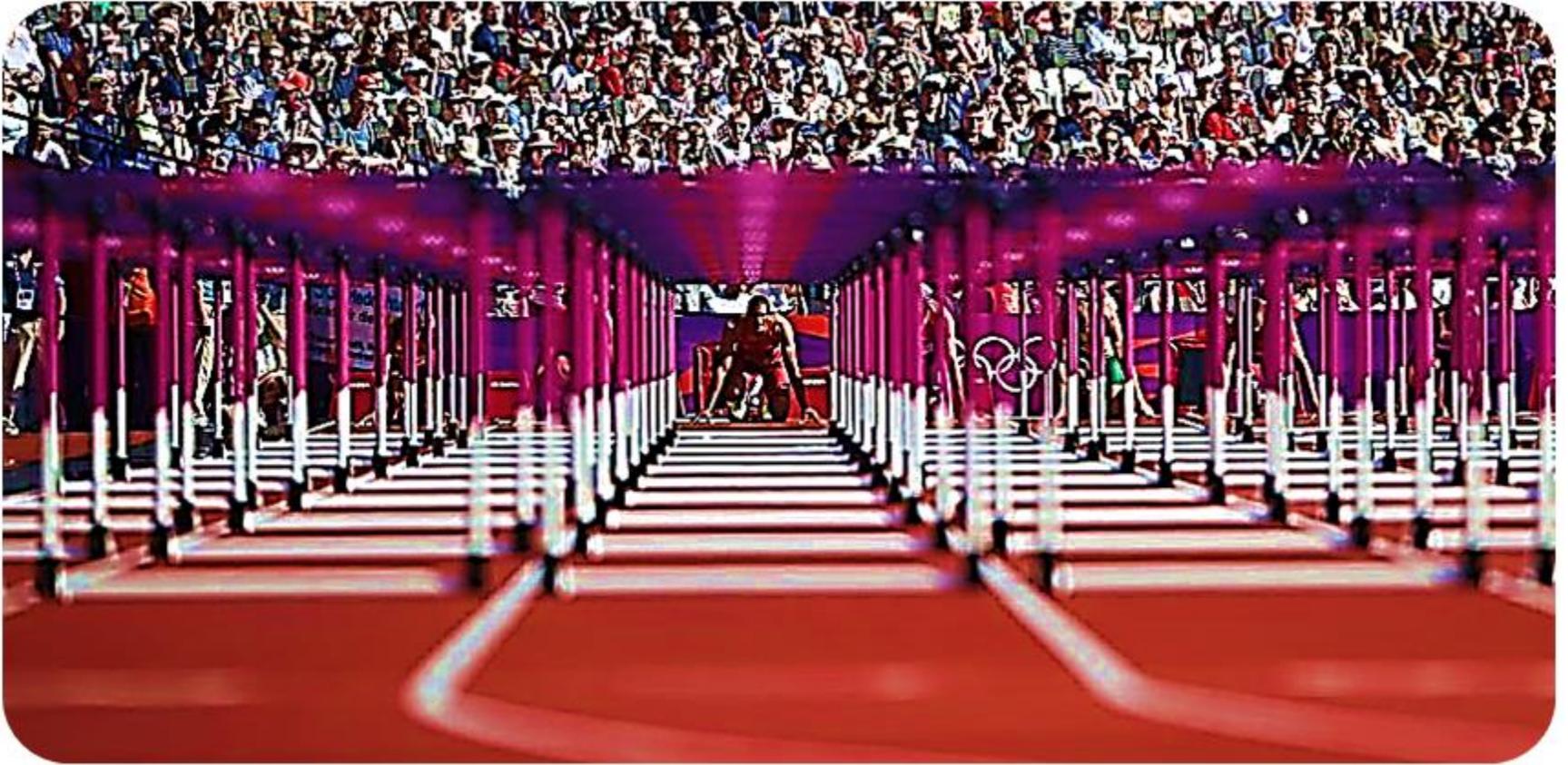
Qualis Health Utilization Review: A Physician's Perspective

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Introduction



Outline

- Introduction to the UR (utilization Review) process
- UR versus IME (Independent Medical Examiners)
 - The Qualis Health UR process
 - 3 short illustrative case studies



Qualis Health

- A private nonprofit organization
- Headquartered in Seattle, WA
- Our products and services directly influence care delivered to over 12 million people
- Teleworkers-WA Based Team
- **NOT** incentivized for outcomes of reviews
- Hours 8-5 PST/PDT



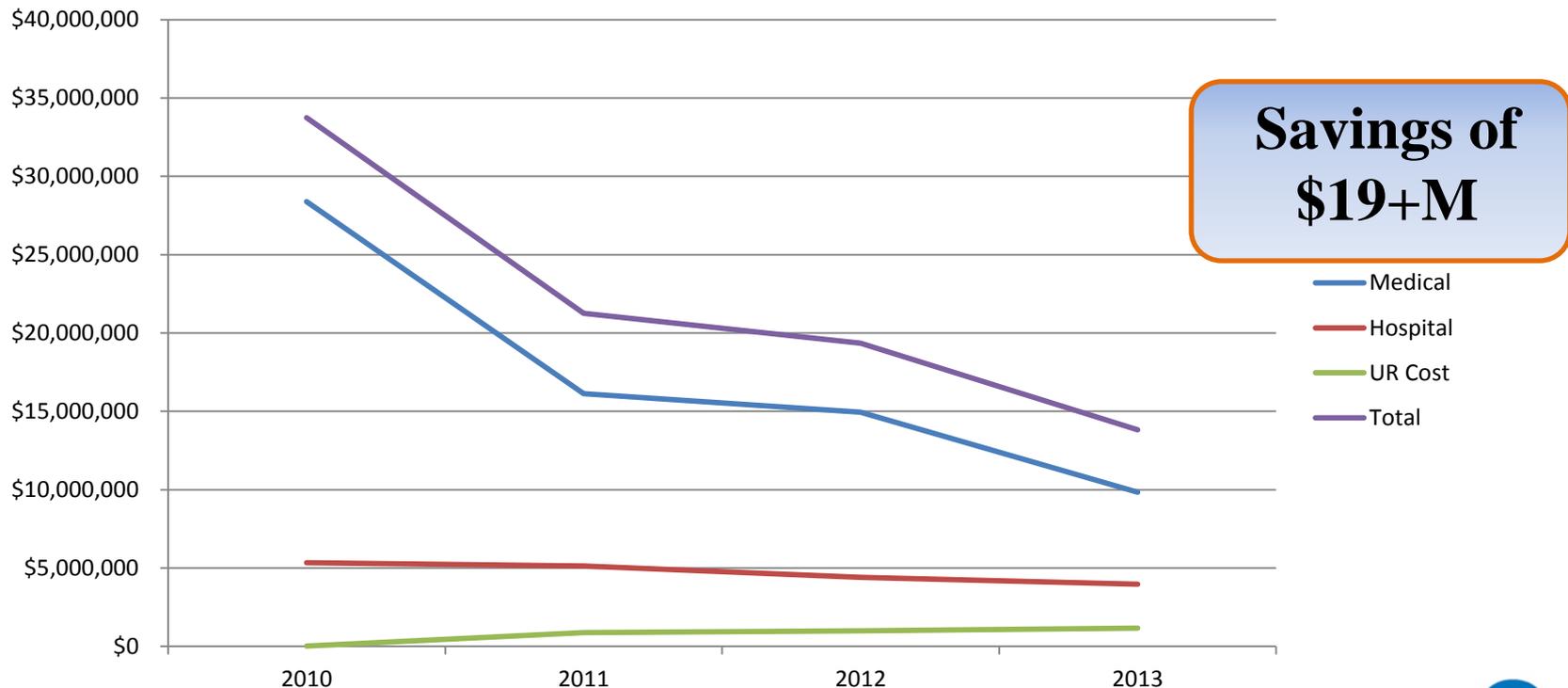
Qualis Health History with Washington State Department of Labor and Industries (L&I)

- Collaborating with the Department since 2002
- Ensure medical care for occupationally injured and ill workers is of highest quality
- Complete approximately 90,000 UR annually for the Department
- Review all inpatient admissions and select outpatient procedures
 - Elective surgery
 - Advanced imaging
 - PT, OT, WC, MT, Chiro
 - Admissions/Length of stay
 - Spine injections



Qualis Health Outcomes for L&I

- Dramatic reduction in advanced imaging (MRI, CT) costs over a four-year period



What is Utilization Review (UR)

- Compares requests for medical services (“utilization”) to treatment guidelines deemed appropriate for such services
- Includes a recommendation based on that comparison

Qualis Health reviews are

- Objective-Independent
- Evidence-based
- Consistent



Advantages of Utilization Review (UR) over an Independent Medical Exam (IME)

- UR=Objective and Independent, No financial link to outcome
- UR=Uses evidence-based criteria and Medical Treatment Guidelines
- UR=Increased speed of answer (Days vs. weeks)
- UR=Less expensive (IME \$1,000-\$2,000/review)



The Qualis Health UR Process

- Case submitted for review and loaded by non-clinical staff into care management software
- First Level Review completed by either Registered Nurse (RN) or Physical Therapist (PT) : 73% approved at this level
- Secondary reviews completed by Physician Advisor (27% of all cases)
- Potential denials offer the opportunity for a MD to MD discussion to provide additional information
- Outcome of Review communicated to client
- Re-Review of Denied Case (Rate < 1%)
 - Internal peer-matched
 - External peer matched



The Role of the Physician Advisor in UR



- Review for medical/surgical necessity using
 - Medical Treatment Guidelines
 - Interqual Criteria
 - Clinical Judgement/experience
 - Current Literature Review
- Evaluate appropriate level of care and LOS
- Occasional standard of care issues



Case Study #1

- 53 y.o. Injured work with neck injury after a fall
- Request for C4-7 ACDF (neck fusion)
- Active smoker
- Left upper extremity C-7 radiculopathy
- C4-5 extruded disc on MRI
- Failed conservative care
- Failed to meet MTGs on RN review
- Forwarded to Physician Advisor



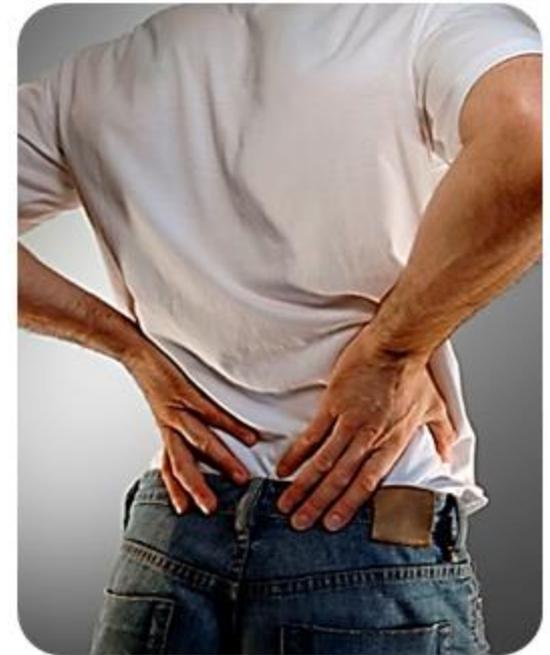
Case Study #1: Physician Review

- MD review:
 - 5.4 mm AP canal diameter
 - Complete CSF (cerebrospinal fluid) effacement
 - Spinal cord signal changes
 - Early myelopathy on exam
- Case approved for surgery
- Approval expedited



Case Study #2

- 60 y.o. Injured work with low back pain after lifting
- History of prior laminectomies x 2
- Chronic low back pain for 10+ years
- Has had an MRI within the last month
- Presents to ER with increased pain, requesting more narcotics
- ER exam: no new neurological findings
- MRI done in ER, requested retroactively
- Failed to meet MTGs on RN review
- Forwarded to Physician Advisor



Case Study #2

- 60 y.o. Injured work with low back pain after lifting
- Physician Advisor review:
 - Chronic pain & narcotics use
 - No significant new trauma
 - Complaint of urinary incontinence
 - No sign of Cauda Equina Syndrome on physical exam
 - No new radicular complaints
 - No new neuro deficits on exam
 - Current Mri within the last month
 - New MRI showed no acute findings
- MRI denied, retroactively
- Offered MD to MD discussion: declined



Case Study #3

- 46 y.o. injured worker with shoulder pain, crepitus, weakness, loss of function
- T-12 paraplegic
- Has irreparable rotator cuff tear
- Superior capsular reconstruction with allograft requested
- Failed to approve at RN review because of lack of guidelines
- Forwarded to Physician Advisor



Case Study #3: Physician Review

- Superior capsular reconstruction with allograft denied after MA review
- Peer-Matched MD to MD:
 - Lives independently
 - Now unable to transfer to/from WC
 - Had SCR on opposite side with excellent outcome
 - SCR approved, allograft denied



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Questions / Comments
1-800-541-2894

