URAC

Promoting Quality Health Care

www.urac.org

Integrating Patient Safety in Disease Management Programs

Annette Watson, RN, CCM, MBA

Chief Accreditation Officer, URAC

7th Annual Disease Management Colloquium, Philadelphia, PA

Mission

To promote continuous improvement in the quality and efficiency of healthcare management through processes of accreditation and education.

Objectives

- Describe the URAC accreditation and standards development process outlining how URAC standards promote quality of care and accountability across the healthcare continuum.
- Cite IOM recommendations to healthcare organizations related to patient safety and discuss the evolution of URAC's research, standards development and approach to the integration of patient safety standards into DM standards
- Describe URAC's quality improvement programs that include reporting of a specific patient safety quality improvement program (QIP)
- Discuss barriers and strengths of medical management to patient safety

About URAC

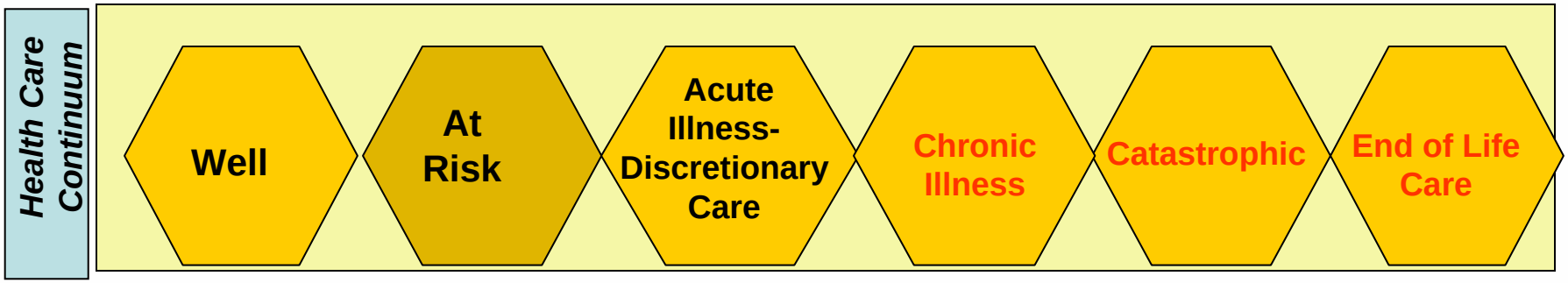
- Nonprofit, independent organization founded in 1990 originally chartered to accredit utilization review services – now offers 16 distinct accreditation programs across the continuum of care
- Twenty-two of the top 25 US health plans hold URAC accreditation*
- URAC accredits more of the top 25 PPOs than any other accreditation organization*
- URAC Health Web Site program launched in 2001: Accredits 36 sites/over 250 portals including WebMD, Healthwise, KidsHealth, Mayo Clinic and Consumer Health Interactive
- URAC currently accredits over 400 organizations operating in all 50 states
- URAC is now recognized in 38 states, District of Columbia, and four federal agencies (OPM, Department of Defense, VA,CMS)

**** AIS Directory of Health Plans, 2005***

Accreditation is a *"Seal of Approval"*

- Accreditation is an independent expert evaluation of a disease management organization.
- Physicians, nurses, other health care professionals (as well as consumers) determine what quality standards have to be met by the disease management organization.
- These standards are then built into an accreditation program. The disease management organization is evaluated against the standards by a team of outside professionals who conduct an on-site audit--making sure that the health plan is actually doing what it *says* it does.

URAC Standards Promote Quality Care and Accountability Across the Health Care Continuum

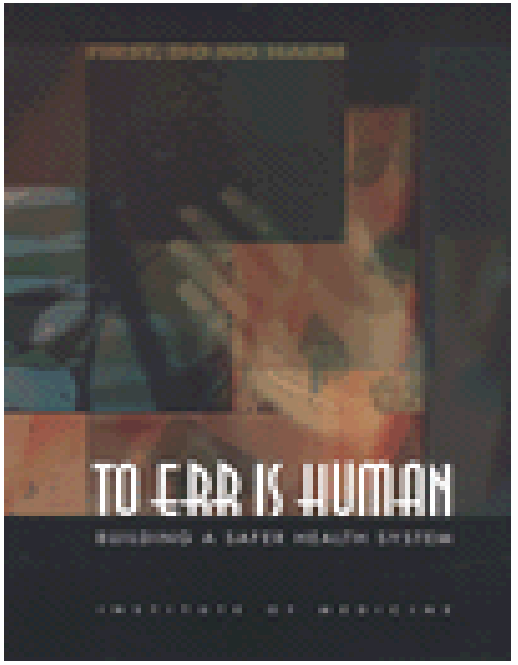


Wellness/Benefits →

2006 Product Portfolio					
	HWS, CES	HCC	HCC, UM	DM, UM	CM, UM
	Core Organizational Quality				
	Health Plan (HP)				
	Health Network (HN)				
	Claims Processing				
	HIPAA Privacy				
	HIPAA Security				
	Consumer Education and Support (CES)				
	Health Web Site (HWS)				
	Independent Review (IRO)				

Institute of Medicine (IOM)

- Important recommendation to Accreditors.
- “Regulators and accreditors should require health care organizations to implement meaningful patient safety programs with defined executive responsibility”



Published 1999

Enhanced Patient Safety, Quality Improvement Central to URAC Standards
How URAC Accreditation Promotes the Institute of Medicine's Six Aims of Quality Health Care*

*** *Crossing the Quality Chasm,* National Academy of Sciences, 2003.**

Quality Aims:	How URAC Accreditation Promotes IOM Quality Aims
1. Safe	Credentialing, Practice Guidelines, UM/CM/DM Triggers, Privacy
2. Effective	Provider Feedback, Peer Review, Quality Management Programs
3. Patient-Centered	Individualized Focus, Informed Decision-making, Patient Satisfaction, Consumer Education, Health Literacy
4. Timely	Timeframes/Caseloads Defined, Enhanced Care Coordination
5. Efficient	Organizational Structure, Policies and Procedures, TQM
6. Equitable	Appeals and Grievances, Review Criteria, Cultural Sensitivity

January 1, 2006 URAC formally adopted IOM's definition of patient safety. Requires organizations seeking accreditation to include a specific safety QIP

URAC's Patient Safety Research and Development

2003: Grant-supported project to examine medical management's role in patient safety

2004: URAC convenes Patient Safety Advisory Committee (PSAC) to identify areas of accountability for medical management

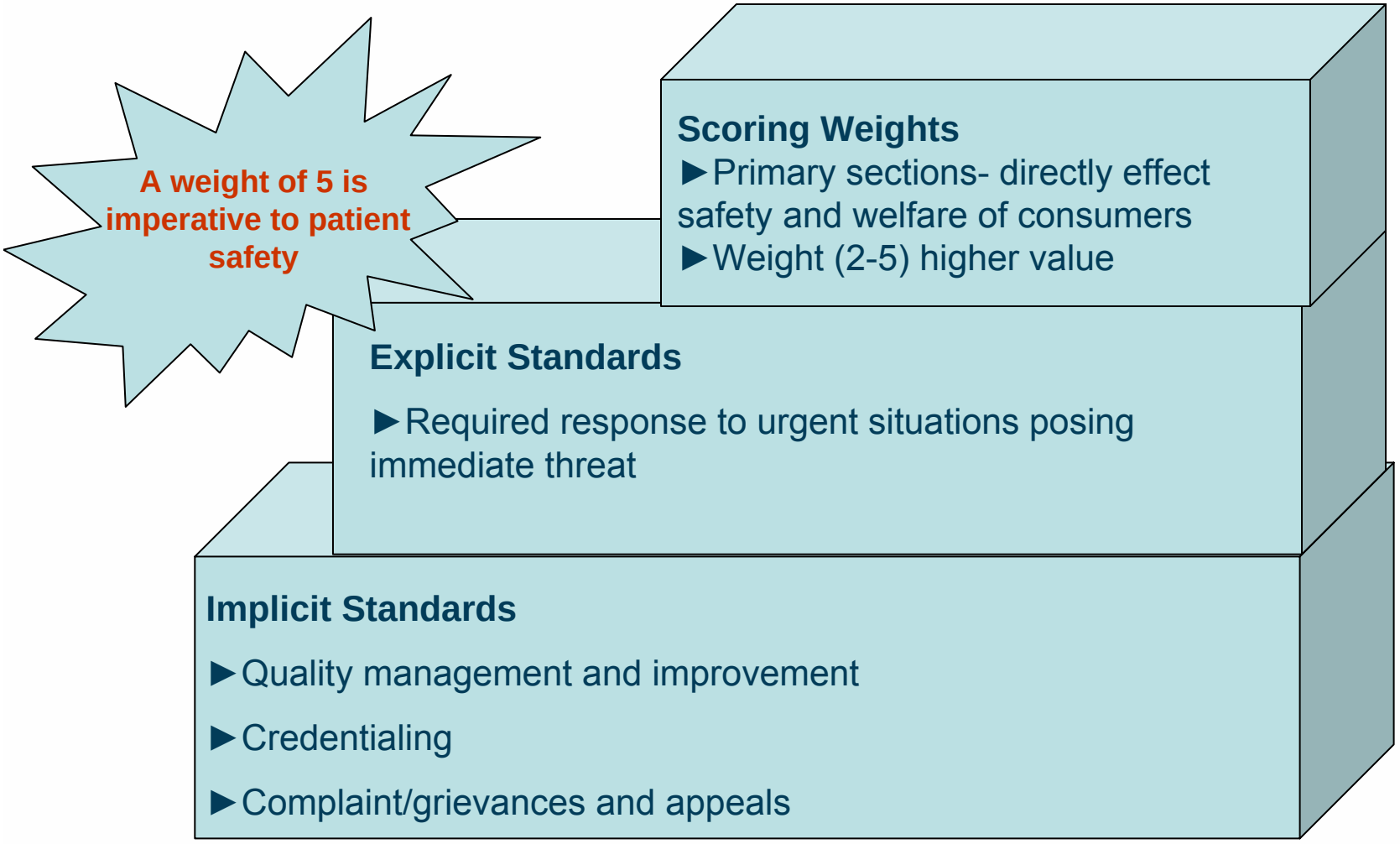
2004: URAC releases patient safety standards for education

2005: URAC proposes patient safety enhanced standards for Medical Management accreditation modules

2006 Patient Safety – Consumer Protection Standards

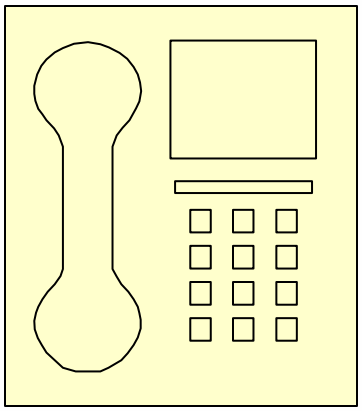
Future-2008 Major revisions to standards. Reconvene PSAC

URAC Standards- Patient Safety Approach



Verification Activities to Validate Patient Safety Practice

Interviews conducted with staff to determine nature of quality oversight, and to expand on patient safety project



Each selected sites will have an onsite review conducted

Each selected site will have site specific quality information reviewed such as complaints, site specific quality activities, and case reviews

The sample size for the disease management case review is selected based on a defined timeframe

URAC's Quality Improvement Program (QIP)

Quality Improvement Activity Form

Activity Name: Use of Appropriate Medications For People With Asthma

Section I: Activity Selection and Methodology

A. How was the performance issue identified - Use objective information (data) to explain your rationale for why this activity is important to members or practitioners *and* why there is an opportunity for improvement. [Core 25, Core 26, Core 34(b),(c)] [Core 34(c)(i)(ii), Core 37(a)(i),(b)(i)(ii)] [Core 33(e)(f), and Core 37]

Since 1990, asthma conditions have been the leading causes of hospitalizations among ANYWHERE VILLE children under 19. In 2001, there were 2,671 hospitalizations due to asthma, costing more than $12.5 million. This was an increase of about 5% over 2000. There were 10,124 emergency room visits due to asthma at a cost of almost $7 million.

ANYWHERE VILLE reports asthma hospitalizations among children ages birth to 19 years – 25.9 per 10,000.

National Center for Health Statistics report asthma hospitalizations among children <15 years of age – 33.6 per 10,000. Ages 15-44 – 9.1 per 10,000.

Asthma ranks within the top ten prevalent conditions causing limitation of activity and costs our nation $14 billion in health care costs annually. Asthma accounts for an estimated 14.5 million lost workdays for adults and 14 million lost school days in children annually.

A recent study by the American Lung Association Asthma Clinical Research Centers found that the inactivated influenza vaccine is safe to administer to adults and children with asthma, including those with severe asthma. Influenza causes substantial morbidity in adults and children with asthma, and vaccination can prevent influenza and its complications. Currently, fewer than 10% of patients with asthma receive the influenza vaccine. If the percentage increased to 50%, then close to 95,000 hospitalizations would be prevented and $350 million dollars would be saved.

2005 UPDATE – Asthma continues to be a condition relevant to ABC membership with approximately 80% of enrolled members being under the age of 18 years. DHEC reports 8.9% of children in South Carolina currently suffer from asthma compared to 8.0% nationwide. XYZ reports approximately 6.3% of children 17 years and younger as having an asthma diagnosis and identified for enrollment in ABC program. Asthma continues to be reported in the plans top ten inpatient diagnoses by volume and cost.

A.1 Date approved by TQM [Core 33(g)] Minutes Date (if different from above)	**A. 2 Activity Focus** [Core 34(c)(i)(ii), Core 37(a)(i),(b)(i)(ii)] ☒ Consumer ☐ Clients ☐ Consumer and Client	**A. 3 Activity Description** [Core 37(a)(i), Core 37(b)(i)] ☐ Non-clinical ☒ Clinical Name of senior staff in charge of activity [Core 37(a)(iii)] **Name of Committee to Oversee clinical activities** TQM Committee	**A.4 Committee Input** [Core 33 (f) (h)] Presentation of Activity to Committee – Committee name, Dates and Comments November 2004 November 2005

Consumer Safety QIP Requirements

Standard CORE 37	Standard CORE 37
At any given time, the *organization* maintains **no less than two *quality improvement projects*.** **a)** **At least one *quality improvement project* that:** i. Focuses on *consumers*; **or for *organizations* who do not interact with *consumers, client* services;** ii. Relates to key indicators of quality as described in **34(c);** and **iii. Involves a senior clinical *staff* person in judgments about clinical aspects of performance, if the *quality improvement project* is clinical in nature; and**	**b)** **At least one *quality improvement project* focuses on *error reduction* and/or *consumer safety*.** ***i. Consumer safety* QIPs are required of the following programs: HUM, WCUM, HCC, HP, DM, IRO, and CM.** ***ii. Error reduction* QIPs are required of all accreditation programs that do not conduct *consumer safety* QIPs.**

Disease management is a patient safety strategy

Patient safety: freedom from accidental injury; ensuring patient safety involves the establishment of operational systems and processes that minimize the likelihood of errors and maximizes the likelihood of intercepting them when they occur.

To Err is Human. Institute of Medicine, 1999

Examples of Quality Improvement Project (QIPS)

- Use of Appropriate Medications for People with Asthma
- Beta-Blocker Treatment After a Heart Attack
- Screening for Depression

Barriers of Medical Management in the Patient Safety Role

- Lack of on-site patient interface
- Lack of integration with other system elements
- Quality improvement feedback mechanism not established
- Limited leverage
- Patient safety indicators not defined
- Lack of stakeholder awareness of the medical management role
- Lack of standardization: assessment, data entry, codes, performance benchmarks

Strengths of Medical Management in the Patient Safety Role

- Evidence based guidelines
- Decision support tools
- Clinical professionals
- Direct patient and/or provider interaction (for some)
- Real time data access and link to claims data
- Routine use of CPT and ICD9 codes to classify activities
- Routine use of patient assessment
- Routine use of patient education

Moving Forward

- Pharmacy Benefit Management Accreditation Program
- Consumer Value Based Health Purchasing Measures Project (CVBHPM)
- Consumer Patient Safety QIP
- Major Standards Revision

Further Questions

Annette Watson, RN, CCM, MBA

1220 L Street, NW

Suite 400

Washington, DC 20005

awatson@urac.org

www.urac.org

202-216-9010