



Promoting Quality
Health Care

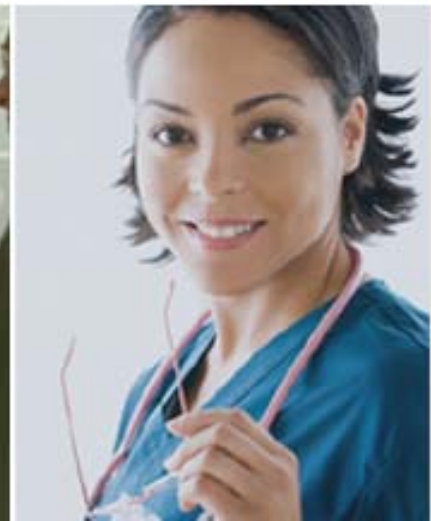
www.urac.org

Integrating Patient Safety in Care Management Programs

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6th Annual Quality Colloquium- Cambridge, MA



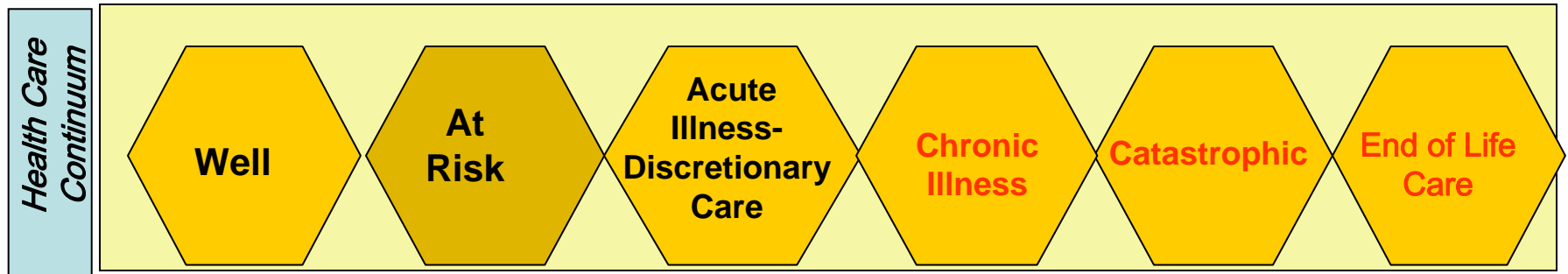
About URAC

- **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 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*

URAC Standards Promote Quality Care and Accountability

Across the Health Care Continuum



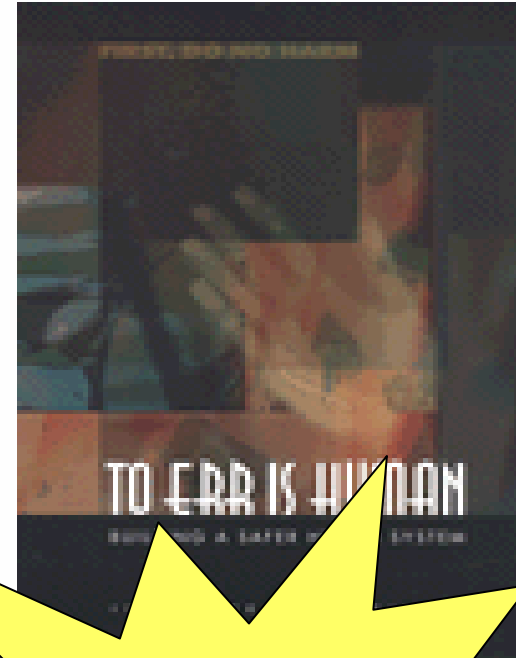
Care Management Touch points

2007 Product Portfolio	HWS, HCC	HCC,HWS,DM	HWS, HCC, UM	DM, UM,CM	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)

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



***URAC's Response-
Standards that
encourage "Culture of
Safety"***

Care 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

Enhanced Patient Safety, Quality Improvement Central to URAC Standards

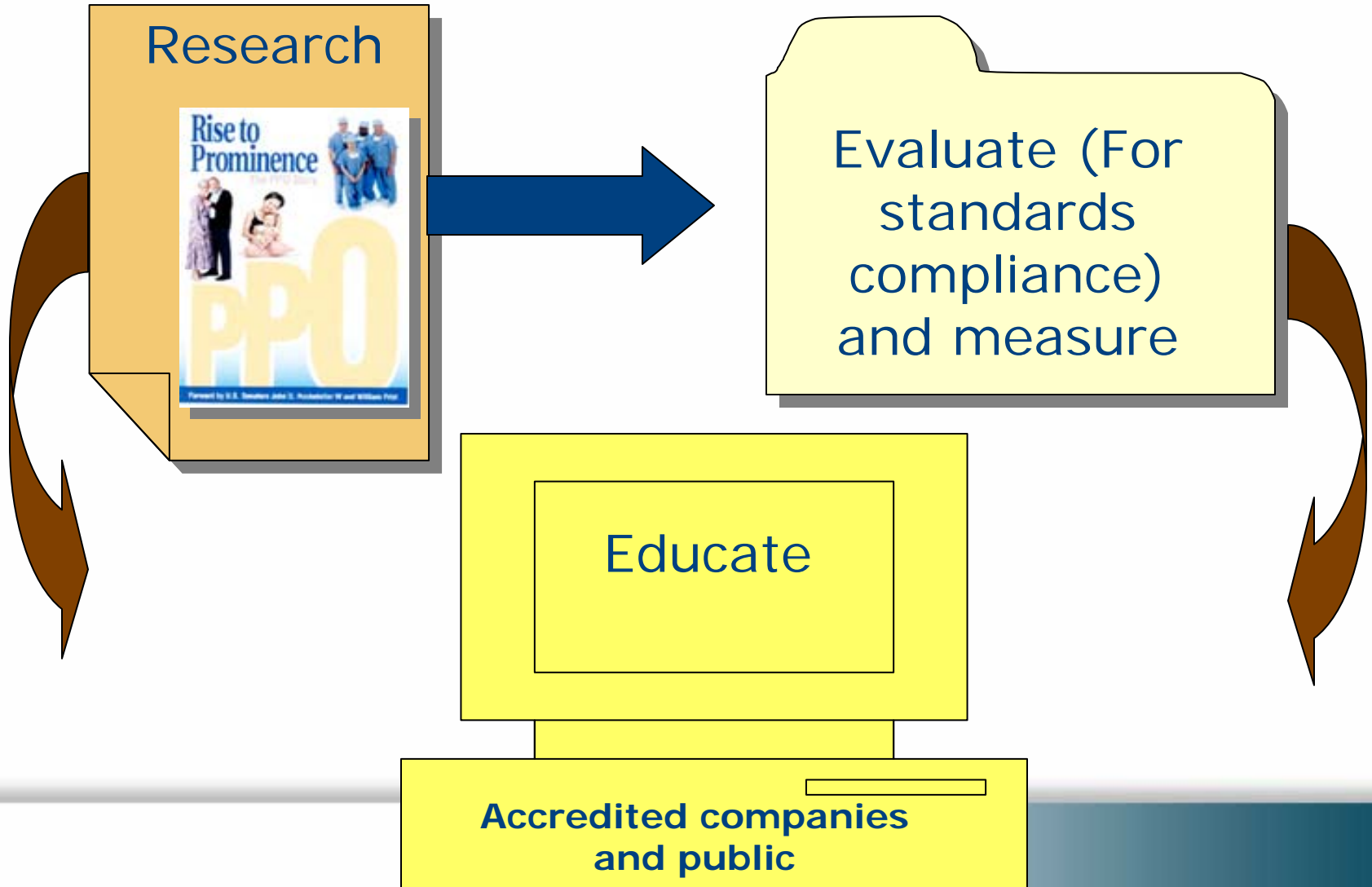
How URAC Accreditation Promotes the Institute of Medicine's Six Aims of Quality Health Care*

* *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.

Accreditation's Role



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 – January 1, 2006 URAC formally adopted IOM's definition of patient safety and releases consumer protection standards.



Future-2008 Major revisions to standards. Reconvene PSAC

Consumer Safety QIP Requirements

Standard CORE 37	Standard CORE 37
<p><u>At any given time, the organization maintains no less than two quality improvement projects.</u></p> <p>a) <u>At least one quality improvement project that:</u></p> <ul style="list-style-type: none">i. <u>Focuses on consumers; or for organizations who do not interact with consumers, client services;</u>ii. <u>Relates to key indicators of quality as described in 34(c); and</u>iii. <u>Involves a senior clinical staff person in judgments about clinical aspects of performance, if the quality improvement project is clinical in nature; and</u>	<p>b) <u>At least one quality improvement project focuses on error reduction and/or consumer safety.</u></p> <ul style="list-style-type: none">i. <u>Consumer safety QIPs are required of the following programs: HUM, WCUM, HCC, HP, DM, IRO, and CM.</u>ii. <u>Error reduction QIPs are required of all accreditation programs that do not conduct consumer safety QIPs.</u>

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

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

URAC's Collaborative Efforts

- National Transition of Care Coalition (www.ntocc.org) CMSA led
- DMAA Patient Safety and Quality Committee
- National Quality Forum (NQF)
- National Business Coalition on Health-National Health Leadership Council)

FOCUS ON: Pharmacy Benefit Management Our "Universe" and "Impact" through Beta Sites Touch Points with Consumers

1.1 Billion
total
number of
claims
paid
annually



128 Million
consumers
are served
by URAC
Beta
participants

- **12 Companies were Beta Sites.**
- **Beta's represent PBMs from very large to the very small**
- **Health Plans as well**

Facts About Pharmacy Benefit Management's Role

Economic Burden

- In 2005 alone Americans spent more than \$170 billion for prescriptions at retail pharmacies (Kaiser, 9-06)
- Some 70% of those prescription transactions were managed by a prescription benefit management program. (Pharmacy Benefit Mgmt Overview 2006, April)
- Pharmacy-related expenses in the U.S. were expected to reach \$250 billion in 2006, representing an 11.5% increase over 2005. (Ibid)

Quality Considerations

- According to the Institute of Medicine there are at least 1.5 million preventable adverse drug events that occur in the U.S each year (IOM, July, 2006 Issue Brief).
- Among the IOM policy recommendations: “accreditation organizations should require more training in medication-management practices.” (IOM, July, 2006 Issue Brief)

THANK YOU!

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