Integrating Patient Safety in Care Management Programs

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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

<table>
<thead>
<tr>
<th>Health Care Continuum</th>
<th>Well</th>
<th>At Risk</th>
<th>Acute Illness-Discretionary Care</th>
<th>Chronic Illness</th>
<th>Catastrophic</th>
<th>End of Life Care</th>
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Care Management Touchpoints

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<tr>
<th>2007 Product Portfolio</th>
<th>HWS, HCC</th>
<th>HCC, HWS, DM</th>
<th>HWS, HCC, UM</th>
<th>DM, UM, CM</th>
<th>CM, UM</th>
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<td>Core Organizational Quality</td>
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<td>Health Plan (HP)</td>
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<td>Health Network (HN)</td>
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<td>Claims Processing</td>
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<td>HIPAA Privacy</td>
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<td>HIPAA Security</td>
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<td>Consumer Education and Support (CES)</td>
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<td>Health Web Site (HWS)</td>
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<td>Independent Review (IRO)</td>
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Just released!
PBM
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.

<table>
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<tr>
<th>Quality Aims:</th>
<th>How URAC Accreditation Promotes IOM Quality Aims</th>
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<tbody>
<tr>
<td>1. Safe</td>
<td>Credentialing, Practice Guidelines, UM/CM/DM Triggers, Privacy</td>
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<td>2. Effective</td>
<td>Provider Feedback, Peer Review, Quality Management Programs</td>
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<td>3. Patient-Centered</td>
<td>Individualized Focus, Informed Decision-making, Patient Satisfaction, Consumer Education, Health literacy</td>
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<td>4. Timely</td>
<td>Timeframes/Caseloads Defined, Enhanced Care Coordination</td>
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<td>5. Efficient</td>
<td>Organizational Structure, Policies and Procedures, TQM</td>
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<td>6. Equitable</td>
<td>Appeals and Grievances, Review Criteria, Cultural Sensitivity</td>
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January 1, 2006 URAC formally adopted IOM’s definition of patient safety.
Accreditation’s Role

- **Research**
- **Evaluate** (For standards compliance) and measure
- **Educate**
- Accredited companies and public
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


Future-2008 Major revisions to standards. Reconvene PSAC
# Consumer Safety QIP Requirements

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<th>Standard CORE 37</th>
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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.*
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 PBM's 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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