

# The Eighth National RAC (and MAC) Summit



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Improve the quality of care, decrease variation in care,  
and foster the appropriate utilization of resources through  
evidence-based clinical content

- ▶ Founded 1976; roots in hospital consulting
- ▶ Helped establish Utilization Management discipline
- ▶ A leader in clinical criteria
- ▶ Evidence based methodology
- ▶ Delivered via McKesson applications and via partners
- ▶ Serves a broad market of providers and payers (commercial and government) and providers
- ▶ Evolving from a pure UM tool to a more proactive, condition focused care management solution poised for healthcare reform

## InterQual:

- Represents the best available evidence
- Addresses comorbidity
- Screens for appropriateness of care
- Flags special circumstances that require additional physician dialogue

## InterQual does not:

- Replace medical judgement
- Deny care
- Limit clinical practice decisions
- Cover every clinical or social circumstance
- Provide care paths

# Clinical Content Development



- 1 InterQual Clinical Development Team identifies content for development and updating**
- 2 InterQual Clinical Development Team critically appraises the clinical evidence**
- 3 Independent Clinical Review Panel, drawn from hundreds of experts, provides authoritative review**
- 4 Provides independent second assessment to help ensure clinical accuracy**
- 5 InterQual Clinical Development Team conducts quality assurance and releases content**

Primary Review (nurse level review):

- Reviews all relevant clinical information

Primary Reviewer may:

- **Approve** the level of care or intervention when criteria are **met**
- **Obtain additional information** when criteria are **not met**,
- **Refer** for medical review when criteria are **still not met**,

The failure to meet primary review should be the **beginning** of the conversation and not the end of it