

## Evidence Based Medicine & Utilization Review



"I have not failed. I've just found 10,000 ways that won't work." - Thomas A. Edison

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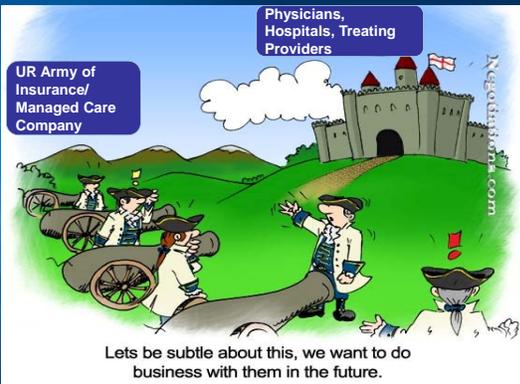
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Physicians, Hospitals, Treating Providers

UR Army of Insurance/Managed Care Company

Lets be subtle about this, we want to do business with them in the future.

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## My Journey



- Nursing, the Navy and a staff model HMO
- UR @ Group Health Carrier
- UR @ Work Comp/P&C Insurer
- L5-S1 Herniation Reality

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### Agenda

- In and Out
- Workers' Comp Recapitulation
- The Elephant in the Room
- EBM 101
- UR Deep Dive
- Forward Thinking
- Conclusion & Summary

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### In and Out

- In this Discussion
  - EBM: basics, definition, evolution, hierarchy of research
  - UR: definition, relationship w/EBM, history, what works and what doesn't and why

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### In and Out

- Out of this Discussion
  - Scholarly/academic review of EBM principals, arguments, criticism of research hierarchy, etc.
  - Real company statistics or specific information
  - Trademark/copyright infringement

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### Recapitulating Work Comp

Claims 101

- Coverage, Causation, Compensability
- Fiduciary Responsibilities
  - Medical Treatment to 'Cure & Relieve the Effects of the Injury'
  - Lost Time Wages
  - Impairment Rating/Settlement/MSA Reserve
  - Return to Pre-Injury Status & Employment

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### Evidence Based Medicine

- Theory: What happens to patients should be based, to the greatest extent possible, on evidence
- Definition: Conscientious, explicit, and judicious use of current best evidence in making decisions about individual patients (Sackett, et al)

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### EBM Historical Overview

- How did we get here?
  - Wide variations in practice patterns noted in 1973 (Greenberg)
  - Many treatments performed where inappropriate by standards of own experts in the 80's (Greenberg)
  - Impossible to accurately process all necessary information to arrive at complex medical decision (Greenberg)

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### EBM Historical Overview

- EBM principles & the ACS guideline for cancer-related checkup in the 80's:
  - Good evidence that each test or procedure recommended is medically effective in reducing M&M
  - Medical benefits must outweigh risks
  - Cost must be reasonable compared to expected benefits
  - Recommended actions must be practical and feasible

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### EBM Historical Overview

- Paper on EBM & guidelines: AMA in the 90's
- AHRQ (AHCPR) in 1993
- Cochrane Collaboration
- *Clinical Evidence* 1995
- National Guideline Clearinghouse:90's

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### Features of EBM Guidelines

- Analysis of evidence and development of guidelines by small group/organization
- Explicit, rigorous process
- Outcome is generic, not patient specific
- Effects on patient care are indirect

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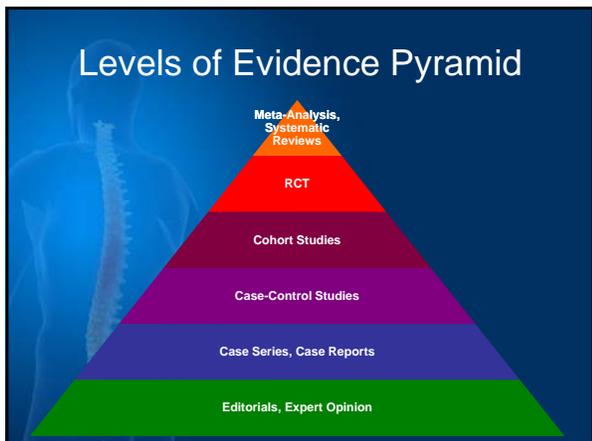
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### Evidence Based Medicine Basics

- Will the treatment make the patient better?
- Will the treatment make the patient worse?
- Is the patient a good candidate for the treatment?
- Does the patient support the treatment

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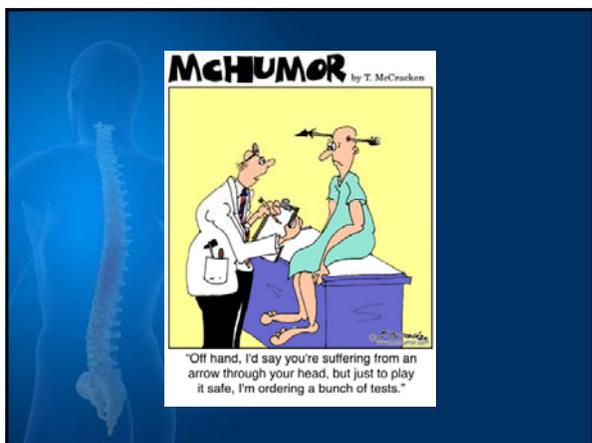
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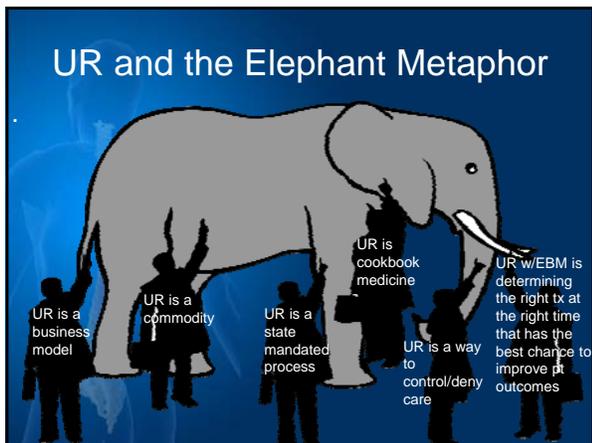
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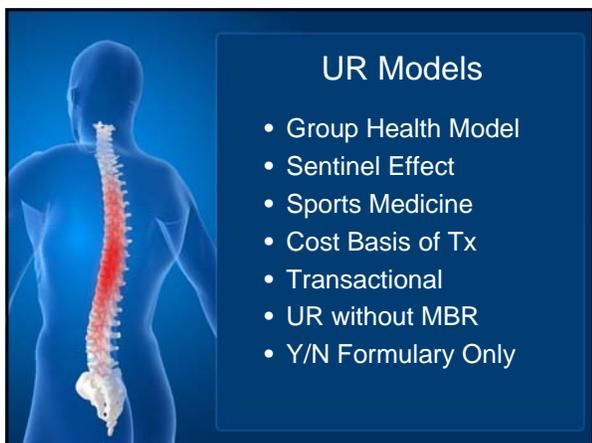
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### State Examples

- Regulation/Policy and the ALJ's/Courts:
  - NY
  - KY
  - AL
  - IL

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### State Examples

- California IMR's (per CWCI Analysis)
  - 91% Uphold UR Denial Rate
- 1% of Docs Account for 44% of IMR Requests
- 10 Individual Docs Accounted for 83% of IMR Requests

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### State Examples

- Texas UR/HCN (per WCR)
  - Medical Cost/Claim Declined over 15 year period from HIGHEST to the bottom third
- Texas Formulary (per TDI)
  - Rx costs for 'N' reduced 75%
  - Claims Receiving 'N' down 54%
  - Opioid dispense frequency decreased 10%, cost 17%

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**What Works?**

- Educated IW
- Right Treating Doctor
- Certain States/Markets
- Contained Pre-Cert List
- Qualified Staff
- Training & Education
- Peer-to-Peer Contact
- Integration with MBR/Hearing Reps/Team

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**Metric Considerations**

- Quality vs Process
- Outcome vs Operations
- Individual vs Group/Team
- Product vs Operation

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**Metric Considerations**

- Consistency
- Defensibility
- Appeal Rate/Turnovers
- Regulatory Compliance
- URAC Certification

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### Summary Points

- Policy Considerations
- Payor-selected networks and UR
- In-house vs Vended
- Automate what makes sense & you can defend
- Evaluate & assess at least annually

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### Looking Ahead

- Shared Decision Making
- Advanced Auto-Adjudication
- Tele-medicine

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"Don't mind the shack, you won't find cheaper."

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