Session 12

Utilization Management

Thomas A. Amoroso, MD, MPH, FACEP

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Thomas A. Amoroso, MD, MPH, FACEP
Medical Director for Utilization Management
Tufts Health Plan
What exactly is “Utilization Management”?  

• IOM: *Utilization management* (UM) is defined by the Institute of Medicine (IOM) Committee on Utilization Management by Third Parties (1989) as "*a set of techniques used by or on behalf of purchasers of health care benefits to manage health care costs by influencing patient care decision-making through case-by-case assessments of the appropriateness of care prior to its provision.*"
Utilization Management

- What problem are we trying to solve?
How are we doing?

Increases in GDP and health costs

What are our tools?
What are the rules?

1. There are rules for the decisions we make.
   1a. (The rules are based on science if there is any, or expert opinion if there is not).

2. Anyone can say “Yes”.

3. Only a doctor* can say “No”.

*Examples of determinations by non-MD: Pharmacists for medications; psychologists for psych testing.
Examples

• Step Therapy: antidepressants.
• “A request for Pristiq”.
• Pristiq (desvenlafaxine) is on step therapy; you need to try the cheaper drugs before we cover the expensive ones. (It is step 2.)
• “Requires Prior Use of a Drug on Step-1, Step-2 or Step-3”
• All the generics are on step 1.
Examples

• Really expensive drugs – like, say, Esbriet

• Tufts Health Plan may authorize coverage of Esbriet (pirfenidone) for Members, when ALL of the following criteria are met:
  1. Documented diagnosis of idiopathic pulmonary fibrosis (IPF)
  2. The prescribing physician is a Pulmonologist
  3. The member is not currently taking Ofev (nintedanib)
Examples

• Cialis for BPH
• EGD
  – “Tufts Health Plan does not cover upper GI endoscopies for the following indication:
    • EGD related to pre-evaluation of Members scheduled for bariatric surgery is not covered unless meeting one of the clinical criteria above.
  – Tufts Health Plan does not cover upper GI endoscopies to rule out celiac disease for the following indications:
    • Individuals with low risk of disease (for example infertility, GI symptoms with negative serology and without indicators of malabsorption, or osteoporosis without other evidence of malabsorption).”
The burden of UM

• It does add time to your day. No argument.

• It’s not that hard. Most doctors only need to keep hold of 10-20 guidelines, at most.

• They’re online. It’s easy to bookmark them.
The burden of UM

• For most things, you need only check boxes or write down a few meds.

• You know the patient, and the facts. You can fill out the request faster than your staff (once you have a staff). Trust me on this.
  • The staff can fill out the demographics. You do the clinical stuff.
Utilization Management

• The goal is effective care at the lowest reasonable cost.

• If a drug or service is higher cost but also higher effectiveness, *and you can prove it*, step up.

• We both want the patient healthy.
Questions

• Do you have any?