

Case Study



Client

- Prison healthcare system serving more than 135,000 inmates

Challenge

- Excessive specialty referrals and inability to prioritize cases
- Inappropriate acute care stays
- Overuse of procedures and imaging services

Solutions

- InterQual® Criteria
- CareEnhance® Review Manager Enterprise
- InterQual Content Customization Tool

Results

- Annual medical costs have decreased from almost \$1 billion to a little over \$300 million in four years.
- Annual per-patient medical costs (excluding staff and transportation costs) are a quarter of what they have traditionally been.
- Specialty referrals have plunged from 25,000 to 4,000 per month.
- Wait times for specialists have been dramatically reduced.
- Average inpatient length of stay has been reduced from about two weeks to four to five days.

The California Department of Corrections and Rehabilitation Reins in Costs and Ensures Appropriate Care with InterQual Decision Support Criteria and Software

The California Department of Corrections and Rehabilitation (CDCR) is one of the largest prison systems in the country, with more than 135,000 inmates housed in 33 prisons. Like many penal systems in the United States, its population has grown older over the years. By 2011, the number of prisoners age 55 and older had reached an all-time high of more than 14,000. Regardless of age, prisoners are often less healthy than men and women in the general population because of poor diet, substance abuse, poverty, homelessness, violence, mental illness and poor access to healthcare before incarceration.

When Deputy Medical Executive Ricki Barnett, MD, arrived in 2008 to lead the utilization management department, the CDCR's health system was two years into federal receivership after a federal judge determined that prisoners' rights were being violated due to lack of timely access to healthcare. Dr. Barnett was tasked with addressing numerous problems:

- Medical costs were increasing rapidly.
- Waits for specialty care were excessive, and cases were not effectively prioritized.
- Patients' hospital stays were too long.
- Procedures and imaging services were overused.

“Our goal and mission is to provide accessible care that is cost effective and provides quality outcomes,” said Dr. Barnett. “By using InterQual for specialty referrals as well as for acute care, imaging and procedures, our medical costs have decreased from close to a \$1 billion to a little over \$300 million in four years. Our per-patient costs used to average \$15,000 to \$20,000, and they now average \$4,000*, with no adverse effects on mortality and morbidity. We monitor for underutilization and have not found any.”

Getting to Work

One of Dr. Barnett's first steps toward improving medical care and reining in costs was to bring the prison system's healthcare

* Per patient costs include the costs of specialty visits, imaging, medication, lab work, hospitalization in community facilities, outpatient surgery and professional fees, but exclude staff and transportations costs.

“We wanted to use a nationally recognized, authoritative, noncontroversial decision support criteria set that was commonly used in the community. InterQual fit the bill perfectly.”

— *Ricki Barnett, MD*
Deputy Medical Executive
CA Department of Corrections

technology into the 21st century, including laying over one million feet of fiber optic cable to connect systems. “None of the treatment centers, primary care hubs or nursing stations had access to desktop computers,” she said. “There were no cables, no outlets. We had to do electrical work for most of that year.”

Once the infrastructure was in place, Dr. Barnett began searching for a solution that would help California Correctional Health Care Services, the prison system’s health system, address its most pressing utilization problem: runaway specialty costs. The prison system had no mechanism for determining whether each request for specialty services was justified, given the patient’s unique needs and evidence-based best practices.

Dr. Barnett chose InterQual Specialty Referral Criteria, which the health system accesses via Web-based CareEnhance Review Manager Enterprise software to help prison clinicians determine when specialty care is appropriate and when a patient should remain in the hands of a generalist. The system enabled easy, real-time access to InterQual for our provider and nursing staff, so there was no barrier to determining if a proposed intervention was supported by the clinical evidence.

Because California Correctional Health Care Services operates in an understandably litigious environment, its decision support solutions had to be beyond reproach. “We wanted to use a nationally recognized, authoritative, noncontroversial decision support criteria set that was commonly used in the community,” said Dr. Barnett. “InterQual fit the bill perfectly, and the fact that The Joint Commission–accredited hospitals use it gave it a lot of credibility.”

Making Smarter Specialty Referral Decisions

In Dr. Barnett’s early days with California Correctional Health Care Services, one could see how specialty referrals had grown significantly. “We had lineups of vans and transportation vehicles with prisoners waiting for appointments to see specialists,” said Dr. Barnett. “Depending on which prison and which day, most of the transportation funds budgeted were being used to take people to doctors’ appointments.”

Furthermore, there was no prioritization of need, according to Dr. Barnett. “Some-

one with a benign skin lesion might see a dermatologist immediately, while someone with a melanoma might have to wait,” she said.

Using InterQual Specialty Referral Criteria has yielded stunning results for the California Correctional Health Care Services: referrals have plunged from 25,000 per month to 4,000. Over the last four years, the organization saved \$21 million because of the reduction in referrals. In addition, wait times for specialists have been dramatically reduced, with patient needs appropriately prioritized. Emergency cases are seen immediately, urgent cases within less than two weeks and routine cases within three months — from a high of 4 to 6 months.

Using a Multi-pronged Approach to Overutilization

After staff had mastered the specialty referral criteria, they next focused on using InterQual Acute Criteria to assess the clinical appropriateness of acute care stays, as well as InterQual Imaging Criteria and InterQual Procedures Criteria to gain better control of utilization in those areas.

That three-pronged approach to inappropriate utilization has produced similarly noteworthy results. Acute care days in outside hospitals (the CDCR uses community hospitals when a patient requires a wider range of services than those available through its own inpatient beds) has dropped from historical highs of 250 per day to a range of 120 to 125 per day, while the average length of stay has been reduced from about two weeks to a range of 4 to 5 days. Meanwhile, procedures and imaging service requests have declined in the last two years by 28 percent and 23 percent, respectively.

The criteria have also proved to be an invaluable tool for managing hospitalists, according to Dr. Barnett. “They can get influenced by peer or political input,” she said. “InterQual keeps them focused on principal diagnosis, and the patient’s physiology and functional status. It also enables us to do much more reliable and safer discharge planning than we were ever able to do in the past.”

Just as InterQual Specialty Referral Criteria were able to do, InterQual Acute Criteria have introduced rigor in clinical decision-making to a system that previously lacked it, greatly improving communication

between California Correctional Health Care Services and the community hospitals that provide inpatient care. California Correctional Health Care Services staff now conduct daily telephonic rounds with the 10 hospitals that admit the majority of its patients, discussing how the criteria apply to them.

“InterQual Acute Care Criteria is incredibly valuable in producing quality outcomes, reducing morbidity and mortality, and helping us maintain cost control,” said Dr. Barnett.

Unanticipated Benefit

One unexpected benefit of using InterQual Criteria is that they have proved to be an invaluable tool for clinicians. “Most of our primary care physicians have had their eyes

opened very wide,” said Dr. Barnett. “Their understanding of disease has really been enhanced by access to the most up-to-date evidence-based medicine. Our nurses, too, have found the criteria very informative in teaching them about disease and providing information that’s hard to get elsewhere.”

Now that California Correctional Health Care Services has made such substantial improvements in ensuring that inmates receive the right care at the right time, its focus has broadened to decreasing readmissions. “We need to make sure that care pathways and objective treatment plans are continued in the hospitals,” said Dr. Barnett. “We will be heavily reliant on InterQual for this newest goal.”

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DM-IQ-CSCDCR-0813



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