

# A Nurse's Tool in Managing Utilization Review



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# Introduction



A reliable “level” is the backbone of any woodworker’s arsenal of tools.

The carpenter makes a clear assessment measuring twice before ever taking the next step. Creating a product that is steady, straight and accurate is the craftsman’s goal.

Proper use of the correct tool saves time, ensures accuracy, and saves lives. Nurses recognize, as does the carpenter, that high quality observations and devices which lead to careful measurements are the hallmark of professionalism. The accurate, measured assessment is analogous to stabilizing the central issues of utilization management for the Registered Nurse (RN) case manager functioning in today’s workers’ compensation industry.

All stakeholders of a workers’ compensation claim must be confident that the process for Utilization Review (UR) is dynamic, the technology razor-sharp, and stakeholder communication unsurpassed. The heart of medical treatment must be reviewed in a timely manner and must result in safe and appropriate recommendations for care of the injured worker. In addition, the determination regarding medical necessity must be explained clearly to all parties. Correspondence must be professional and referenced to evidenced based guidelines. Dedication to the UR accreditation standards must be unwavering.

A nurse case manager in the workers’ compensation industry is referred to a claim if there is a need to contribute specialized expertise which can lead to rapid case resolution. Bringing value added expertise to the stakeholders keeps them informed about potential obstacles to be addressed in ‘at-risk’ cases.<sup>1</sup>

Case management is relatively new<sup>2</sup> and yet nurse case managers have existed for over a century.<sup>3</sup> In workers’ compensation today, the nurse case manager is required to be cognizant of the latest available devices with which to meet the needs of employers and patients. Modern case management strategies include an understanding of technology, comfort with the use of smart phones and their applications, and recognition of the best practices in disability management.

The optimum results are achieved when the UR vendor provides clear communications, web-based technology, and consistently meets the highest standards of performance. An advanced design in the UR platform allows the nurse case manager to function productively and, as a result, be the best possible diplomat/instructor/health professional/problem-solver for all parties. The foundation of this design includes:

# Adherence To Evidence Based Guidelines Regarding Medical Information:

- All medical records are managed with the strictest adherence to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) guidelines<sup>4</sup> (although it is recognized that in Workers' Compensation, disclosures are permitted without individual authorization to the extent that the disclosure is required by the state or other law and for the purposes of obtaining payment for health care provided to the injured worker<sup>5</sup>).
- Administrative staff manages documents with the utmost confidentiality and only stakeholders with access to identifiable information may communicate regarding private documents.
- Stakeholders are able to ask questions and provide feedback regarding the reviews and to request information about the process of managing determinations.

## High Quality Utilization Review

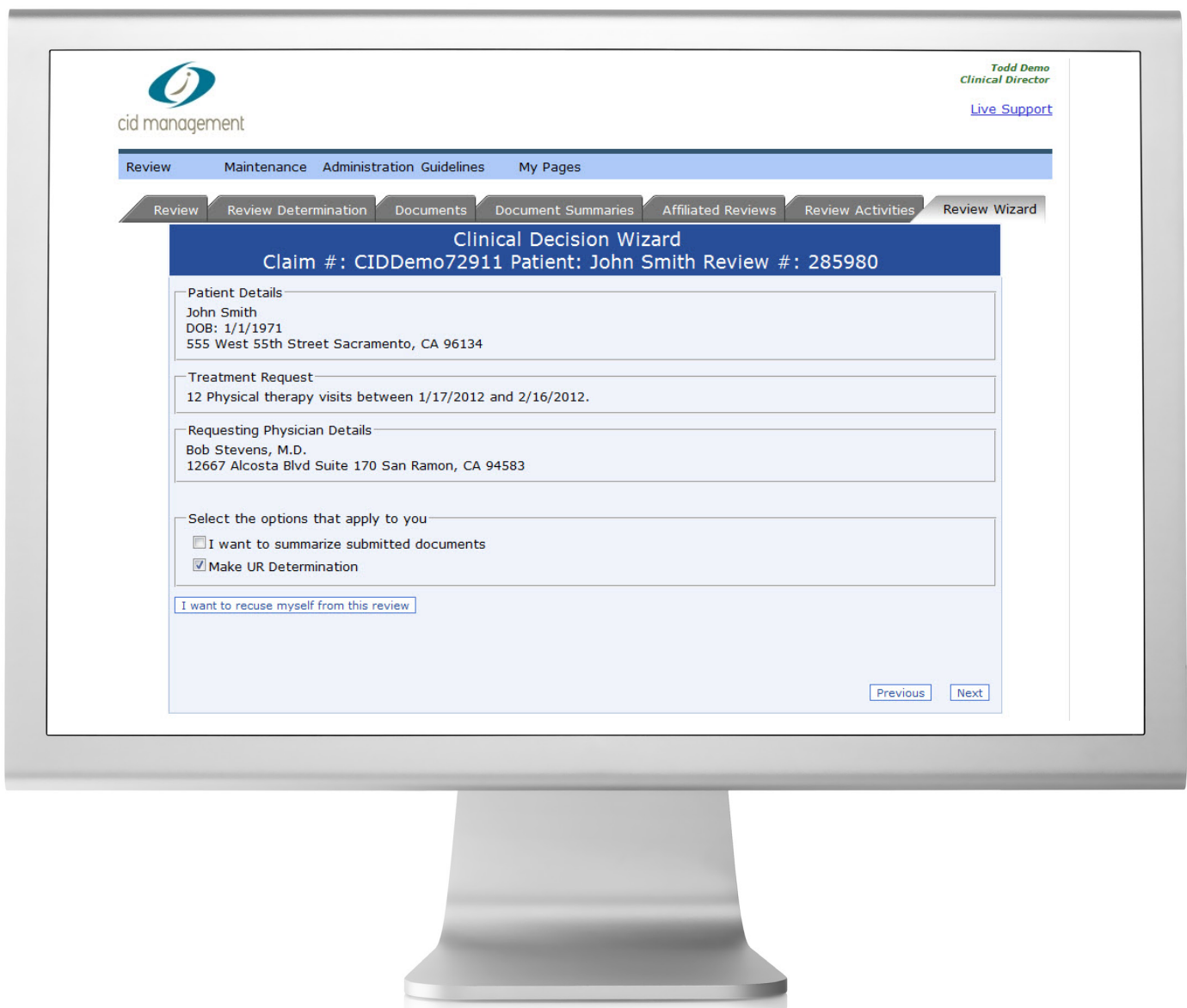
- UR with National Accreditation and integration with states' jurisdictional guidelines.
- Clinical Peer Reviewers are Board Certified in their specialties.
- Consistently superior ratings are achieved on national accreditation audits.
- A high volume of reviews is managed efficiently.

## Quality Assurance

- In accordance with URAC (national accreditation standards), clinical supervisory staff and clinical Quality Assurance (QA) professionals monitor reviews for precise compliance with state-specific requirements.
- Reviewers receive QA feedback to facilitate accurate and timely completion of reviews.

# High Level Technology

- The most important solid component of UR technology is constant innovation. This makes utilization management effective, efficient and beneficial to clients and claimants.
- The software platform is secure: Data is well-protected from unauthorized access, loss and/or corruption.
- The software platform is web-based: clients do not need to download software or upgrade programs.
- Automated wizards assist the client through the review entry process.
- Frequent in-house training keeps utilization review and system “fresh” in the minds of clients who are accessing the system on a daily basis.
- Information technology tasks and automatic back-ups are provided.
- Individual activities are recorded for quick view of communications on the review. An example of an activity may be a telephone call to or from a provider or patient or it may include reference to documents which have been received and uploaded.



## Professional Communication

- Clear, patient-specific reasoning is applied to all recommendations, facilitating resolution of any impasse arising from incomplete clinical communication from health care providers.
- Administrative staff is available to ensure real-time stakeholder communications through all business time zones.
- Patients, claims administrators and health professionals receive helpful assistance and capable explanations regarding progress on reviews.

## Customized Correspondence Process

- Clients may customize correspondence templates.
- Documents are transmitted to the stakeholders according to client preferences.
- Case managers and claims administrators may elect electronic mail communication.

## Appeals Support

- The process for appeals is clearly outlined in each determination letter containing an adverse determination.
- All staff is readily available to assist the stakeholder in conducting an appeal when such reviews are indicated.
- Telephonic peer-to-peer discussions are available with deference to the requesting provider's scheduling needs.

## Highest Standards Of Client Services

- Clients have convenient access to Client Services staff through regular telephone contact, meetings and conferences.
- Establishment of mutually respectful interpersonal relationships with stakeholders enhances effective communication.
- Clients are encouraged to offer feedback regarding the process and customer support at any time.

## Predictable Costs

- Reviews which reference high level evidence-based patient care guidelines improve the quality of care and help to control case resolution delays. Rapid authorization of appropriate care prevents delayed recovery, and rapid denial of inappropriate care prevents delays in obtaining appropriate care.
- Utilizing advanced technology allows utilization management to be targeted to areas where key decisions make the most impact.<sup>6</sup>
- High-quality determinations allow clients to make better, faster and less costly decisions about the care being provided, which leads to a faster return to work and productivity.
- Customized utilization management programs focus on the client's particular requirements.
- Clients have multiple options for services, including UR, independent reviews, software plus review support, and employment of only the utilization management software platform.

## Summary

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A UR professional consistently needs to measure the unique needs of clients and injured workers to ensure the appropriateness of care. Advanced-performance tools coupled with highly skilled professionals provide vital solutions for the nurse case manager. A source of revolutionary technology, critical communications support, solid cost containment and the highest ethics are necessary in today's UR world. You as a nurse case manager can rely on such a UR company with a keen ability to anticipate your needs and present outstanding solutions effortlessly.

# Bibliography

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1. Dr. Jennifer Christian: Criteria for Referral to Case Management; Ask Dr. J Column  
<http://www.webility.md/pdfs/DrJ-column-2006-06.pdf> retrieved on 10/26/2011
2. Case management nursing and literature: Case management practice is relatively new.  
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1463029/>
3. For more than a century case management has been used to coordinate health and human services.  
<http://www.ncbi.nlm.nih.gov/pubmed/8871998>
4. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy and Security Rules.  
<http://www.hhs.gov/ocr/privacy/>
5. HIPAA Privacy rule does not apply to entities that are worker's compensation insurers, workers' compensation administrative agencies, or employers.  
<http://www.hhs.gov/ocr/privacy/hipaa/understanding/coveredentities/workerscomp.html>
6. URAC Care management:  
<https://www.urac.org/resources/careManagement.aspx#cm>

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