

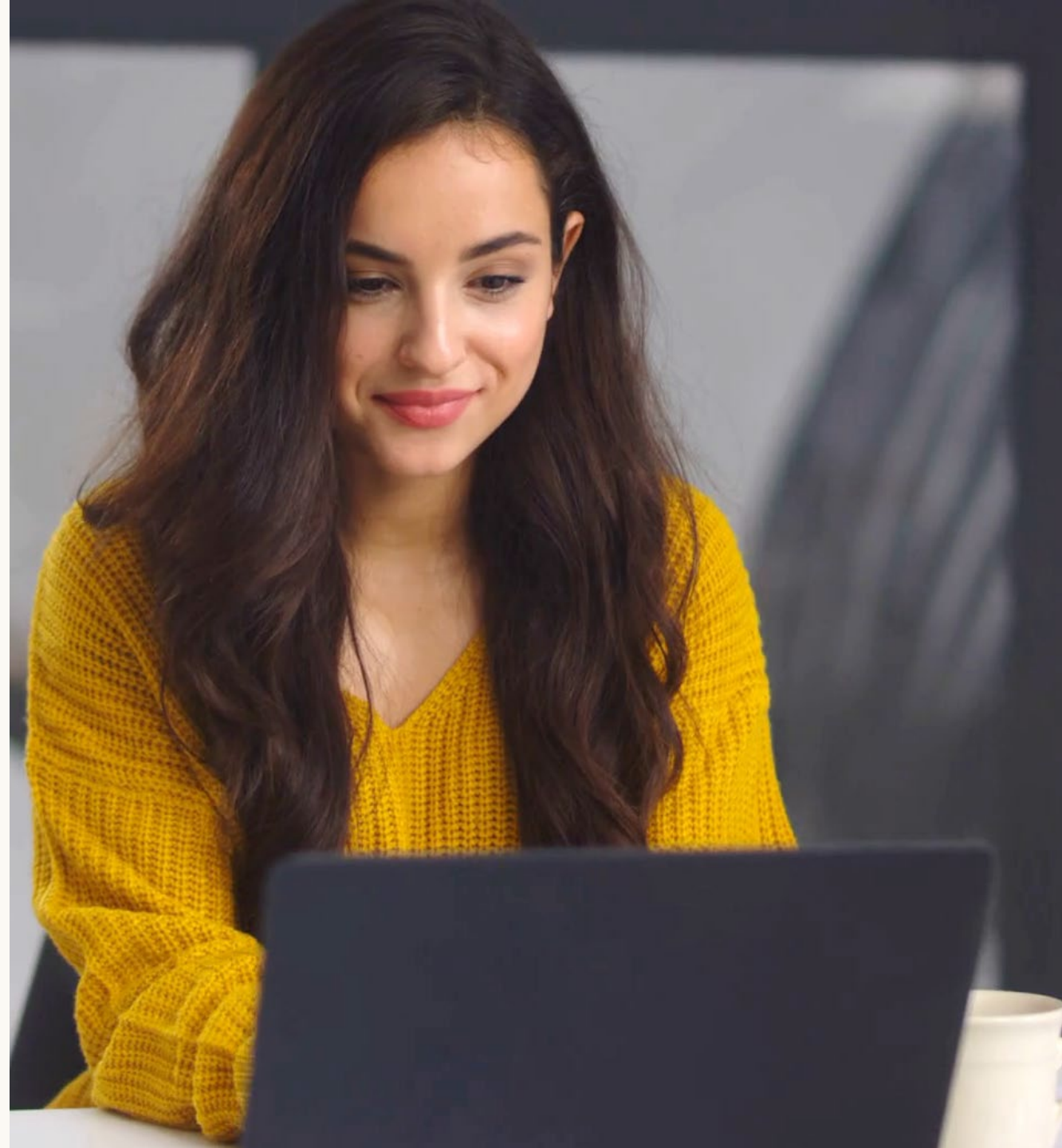


InterQual[®] Overview

for National Association of Insurance Commissioners

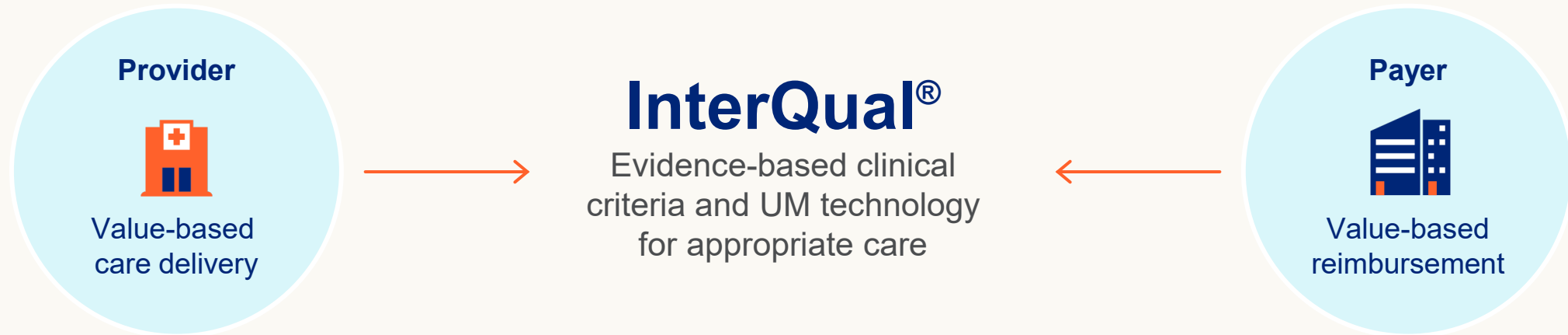
Sarah Johnson, MD, MSc, EMBA
Chrissy Finn, RN, MSN

August 14, 2024



Providers and payers have the same problem

How do we ensure patients get the right care,
at the right time, in the right setting, efficiently?



Why is evidence-based medicine important?



Inappropriate care

11–16-fold variation in ICU admission and over triage across hospitals¹

1/3+ of older adults (65+) in U.S. received potentially **inappropriate medications**²

\$75.7B+ of **waste** due to overtreatment or low-value care³



Unexplained variance

Delivery of palliative care to metastatic lung cancer patients

6.4% in Louisiana **16.4%** in Washington State⁴

Opioid prescriptions given to first-time neck pain patients

20% in Mississippi **16.4%** in New Mexico⁵

Neonatal opioid withdrawal syndrome

2–28 days LOS variation between sites⁶



Slow adoption of evidence

8–65%

clinician adherence to AAO-HNSF^d polysomnography guidelines⁷

20–30%

ductal carcinoma in situ cases undergoing mastectomy **failed to follow national guidelines** for auxiliary lymph node management⁸



Increasing complexity

38% of adults (20+) had **multimorbidity**⁹

91.5% of Type 2 diabetes patients had **at least 1 comorbidity**¹⁰

50.8% prevalence of **multiple chronic conditions** (≥ 2) in adults in New York State BRFSS¹¹

Sources located in notes section of slide.

InterQual: Over 45 years of delivering evidence-based content

Unparalleled, objective criteria supporting value-based care across the continuum of care

- **InterQual® Criteria** – Industry-leading medical necessity criteria that supports payers and providers in the delivery of better, safer, lower-cost health care.
- **Decision Reasons** – Consumer-level content used to communicate why a service may not be clinically appropriate
- Rigorous, evidence-based development process
- External peer review validation selected from a panel of over 1,100 actively practicing physicians and clinicians
- Breadth and depth of offering across the entire care continuum
- One workflow for all decision support – InterQual, Medicare, NCCN, The ASAM Criteria® and custom content
- Utilization benchmarks

Innovative technology driving efficiency

- Integrated into provider and payer systems at the point of decision, leveraging structured and unstructured data
- Leverages cloud-based solutions to stay up to date with the latest evidence through seamless content updates
- Leading the way in leveraging automation to increase efficiency and reduce administrative burden






A proven dedication to partnering with customers

- 4300+ hospitals
- 300+ payers and government entities

The ASAM Criteria is a registered trademark of the American Society of Addiction Medicine.





InterQual portfolio

InterQual evidence-based criteria and industry content

 Level of Care	 Behavioral Health	 Ambulatory Care Planning	 Industry Content	 Care Management
<p>Acute Adult*</p> <hr/> <p>Acute Pediatric*</p> <hr/> <p>Long-Term Acute Care*</p> <hr/> <p>Inpatient Rehabilitation*</p> <hr/> <p>Subacute and Skilled Nursing*</p> <hr/> <p>Home Care</p> <hr/> <p>Outpatient Rehabilitation and Chiropractic</p>	<p>Adult and Geriatric Psychiatry</p> <hr/> <p>Child and Adolescent Psychiatry</p> <hr/> <p>Substance Use Disorders</p> <hr/> <p>Behavioral Health Services</p>	<p>Procedures*</p> <hr/> <p>Imaging</p> <hr/> <p>Durable Medical Equipment*</p> <hr/> <p>Molecular Diagnostics</p> <hr/> <p>Specialty Rx Non-Oncology</p> <hr/> <p>Specialty Rx Oncology</p> <hr/> <p>Specialty Referral</p> <hr/> <p>Retrospective Monitoring</p>	<p>The ASAM Criteria®</p> <hr/> <p>Concert Genetics</p> <hr/> <p>Medicare:</p> <hr/> <p>Behavioral Health</p> <hr/> <p>Procedures*</p> <hr/> <p>Imaging</p> <hr/> <p>Post-Acute and Durable Medical Equipment</p> <hr/> <p>Molecular Diagnostics and Lab</p> <hr/> <p>Pharmacy</p>	<p>Coordinated Care</p> <hr/> <p>Patient Education</p>

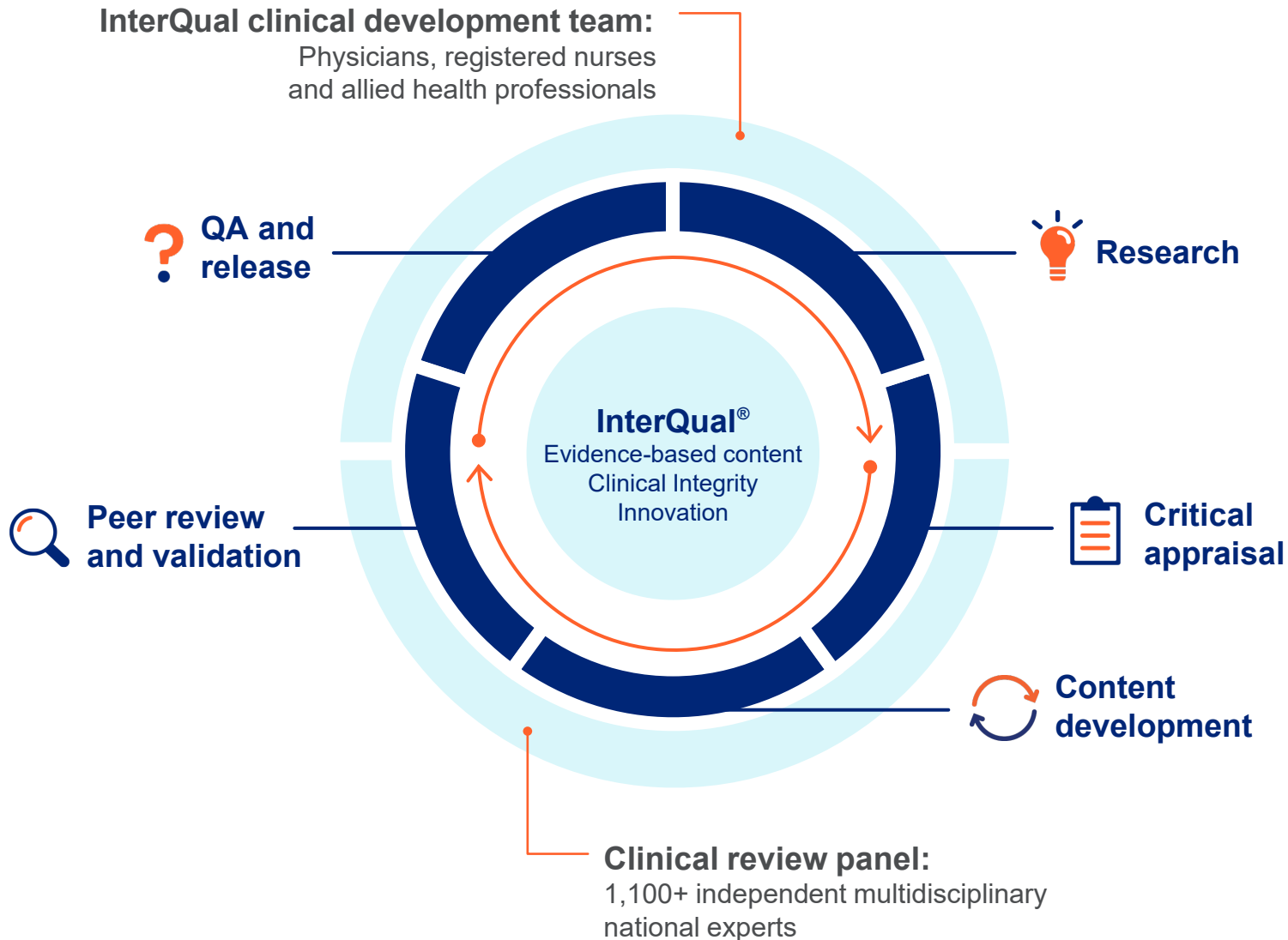
* Decision Reasons add-on available

InterQual delivery and optimization

 Automation	 Interactive	 Static	 Optimization
<p>InterQual AutoReview</p> <hr/> <p>InterQual Connect</p>	<p>Medical Review Service</p> <hr/> <p>Anonymous Review</p>	<p>Mobile (Included)</p> <hr/> <p>View (Included)</p> <hr/> <p>Online</p> <hr/> <p>Transparency</p>	<p>Customize</p> <hr/> <p>Education</p> <hr/> <p>Interrater Reliability</p>

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Rigorous evidence-based content development



- **Systematic process** — no other criteria provide a higher level of accuracy, integrity and innovation with regular updates (quarterly to annually)
- **Highly trained, in-house clinical team** — experts in EBM discipline and critical appraisal trained by Delfini, annually updated, audited and led by MDs
- **Extensive peer review** — drawn from more than 1,100 independent multidisciplinary experts providing authoritative peer review and latest best practice
- **Automated literature surveillance** — proprietary analytics tool monitoring published literature to gather strongest and most current evidence base
- **Fully referenced and updated** — over 53,000 unique articles cited and 50% of subsets annually requiring literature updates

Behavioral Health: InterQual® Criteria and industry content

- Supports parity
- Proactively directs to the next level of care
- Integrates comorbidities and SDOH
- Provides proactive care management guidance
- Includes length of stay benchmarks and transition planning tools



InterQual criteria

- Adult and Geriatric Psychiatry
- Child and Adolescent Psychiatry
- Substance Use Disorders
- Behavioral Health Services

Industry content

- The ASAM Criteria® Navigator
- Medicare Behavioral Health Navigator

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Optum

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The ASAM Criteria 4th Edition

August 2024

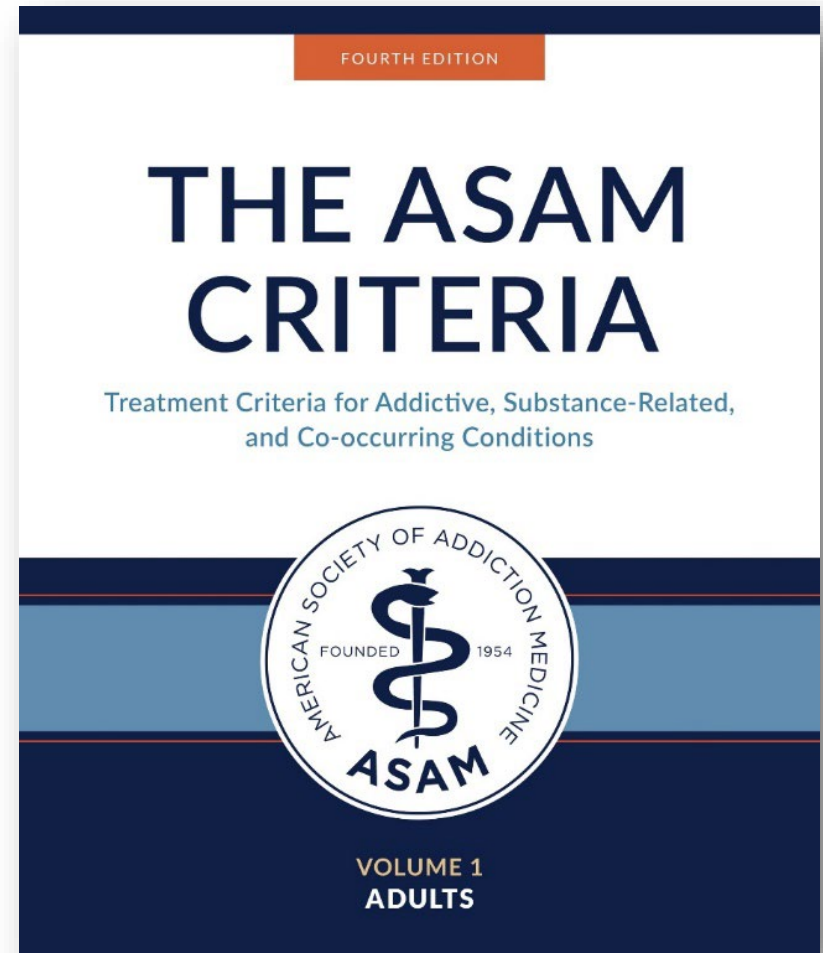
Maureen Boyle, PhD

ASAM Chief Quality and Science Officer



The Shared Language of The ASAM Criteria

The ASAM Criteria is the most widely used set of evidence-based standards when determining an appropriate level of care for substance use disorders and creates a shared language to support effective communication between clinicians, payers, policy makers and patients.



Adoption of The ASAM Criteria

Growing adoption driven by:

- Ongoing overdose crisis
- Expansion of health coverage for addiction treatment under the Affordable Care Act
- Expansion of Medicaid section 1115 waivers for residential addiction treatment coverage
- Legal developments in *Wit v. United Behavioral Health* which faulted UBH for failing to make medical necessity determinations using generally accepted medical standards, including The ASAM Criteria.
- Implementation of parity for mental health and SUD treatment

Implementation of *The ASAM Criteria* (as of 2022)

- **34 states** with section 1115 waivers to the Medicaid Institutions for Mental Diseases (IMD) addiction treatment exclusion¹
- **45 health plans** license *The ASAM Criteria* for medical necessity
 - Over **140 million lives** covered
- **15 states** require commercial payers to use *The ASAM Criteria* for medical necessity
- **24 states** require Medicaid plans to use *The ASAM Criteria* for medical necessity
- **13 states** use *The ASAM Criteria* level of care standards to license addiction treatment programs





Goals of the Fourth Edition



Update the standards to reflect the current state of science and practice



Further promote a chronic care model that supports seamless movement along the care continuum



Facilitate patient centered, holistic, integrated care



Improve clarity and simplify where possible to support more effective implementations.



Development Process of *The ASAM Criteria*, Fourth Edition

Decision Rules and Standards Development



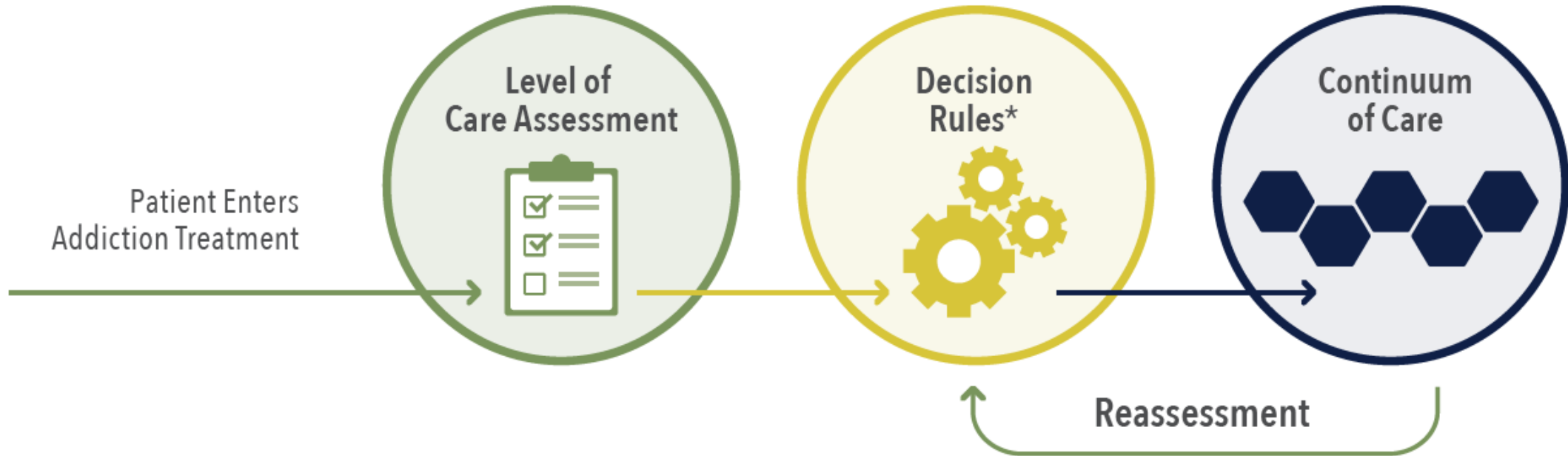
Narrative Development



The final standards and decision rules were approved by The ASAM Criteria Strategy Steering Committee and ASAM’s Quality Improvement Council. All major changes from the 3rd Edition were approved by ASAM’s Board of Directors.



Core Components of The ASAM Criteria



* Decision rules include the Dimensional Admission Criteria and the transition and continued service criteria.



Fourth Edition

ASAM Criteria Assessment Dimensions

1

Intoxication, Withdrawal, and Addiction Medications

2

Biomedical Conditions

3

Psychiatric and Cognitive Conditions

4

Substance Use-Related Risks

5

Recovery Environment Interactions

NEW

6

Person-Centered Considerations



The ASAM Criteria Continuum of Care for Adult Addiction Treatment

Level 4:
Inpatient

4 Medically Managed Inpatient
4 Psych

Level 3:
Residential

3.1 Clinically Managed Low-Intensity Residential

3.5 Clinically Managed High-Intensity Residential
3.5 COE

3.7 Medically Managed Residential
3.7 BIO 3.7 COE

Level 2:
IOP/HIOP

2.1 Intensive Outpatient (IOP)

2.5 High-Intensity Outpatient (HIOP)
2.5 COE

2.7 Medically Managed Intensive Outpatient
2.7 COE

Level 1:
Outpatient

1.0 Long-Term Remission Monitoring

1.5 Outpatient Therapy
1.5 COE

1.7 Medically Managed Outpatient
1.7 COE

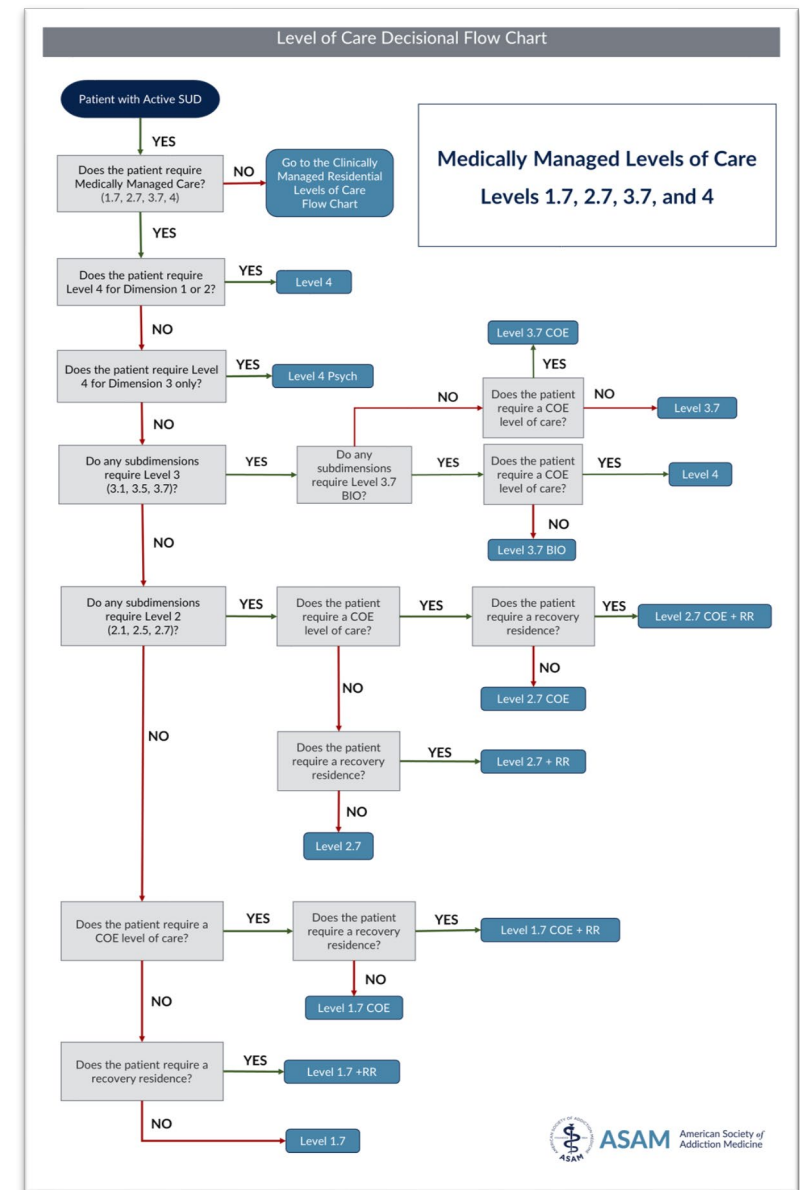
Recovery Residence

RR Recovery Residence

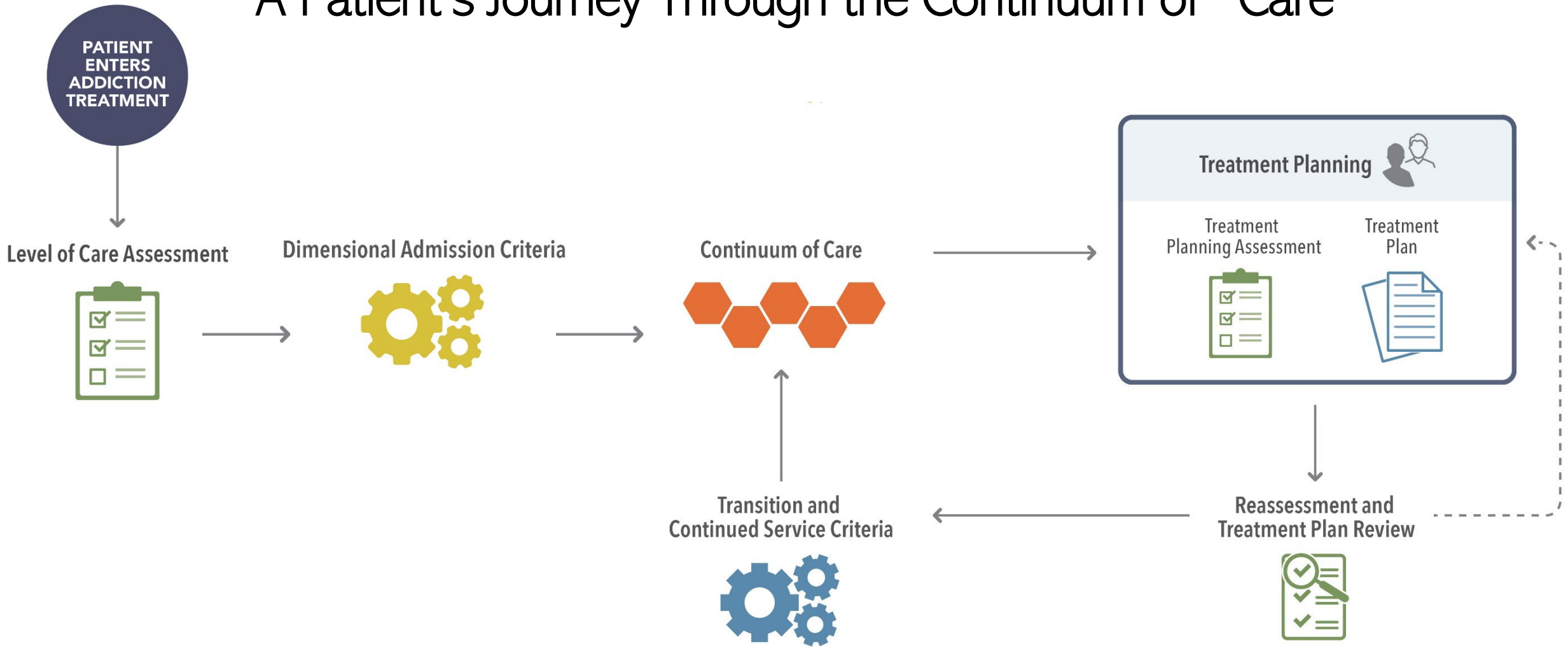


ASAM Criteria Decision Rules

- Applicable to patients with SUD
- Recommend the least restrictive or intensive level of care where the patient can be safely and effectively treated
- Risk Ratings integrated into the Dimensional Admission Criteria
- Easy to understand level of care determination rules
- Comprehensive Continued Service and Transition Criteria



A Patient's Journey Through the Continuum of Care





Integrated

- Expectation of co-occurring capability
- Integration of withdrawal management and biomedical services

Patient-Centered

- Individualized treatment plans
- Shared decision making (New Dimension 6)

Holistic

- Integration of recovery support services
- Focus on trauma sensitive, culturally humble care, and SDOH

Chronic Care

- Addition of Level 1.0 – Long Term Remission Monitoring
- Promoting seamless transitions between levels





Additional Volumes

Adolescent
and Transition
Age Youth

Correctional
Settings and
Reentry

Behavioral
Addictions



IMPLEMENTATION TOOLS





Implementation Tools



Training

Training from ASAM

- ASAM Criteria Foundations Course
 - On-demand or live virtual
- In development
 - Implementing Fourth Edition in Utilization Review and Management (**ETA: July 2024**)
 - Skill building course (**in development**)
- <https://elearning.asam.org/asam-criteria-education>

Designated Trainers





ASAM Criteria Software for Utilization Management

ASAM Criteria® Navigator

ASAM partnered with InterQual to develop software for using *The ASAM Criteria* in utilization review and management workflows. *The ASAM Criteria Navigator* brings *The ASAM Criteria* into a structured, interactive tool for utilization management that helps streamline and improve the medical review process for substance use disorder patients.

The 4th Edition version is already available

ASAM Criteria Service Request Forms

Admission and Continued Service Request Forms

- Organized by dimensions
- Structure information:
 - Risk ratings
 - Dimensional Drivers
 - Relevant measures (eg, COWS, CIWA)
 - Level of care adjustments
 - Medications
- Summaries of treatment plan and patient progress

The ASAM Criteria® Service Request Form Admission

MEMBER INFORMATION

Name:	Date of Birth:
Insurance Type:	Member Identifier:
Address:	

DSM/ICD-10 DIAGNOSES

List in order of clinical priority, beginning with the diagnoses that will be the focus of this episode of care.

BRIEF HISTORY OF PRESENT ILLNESS

Provide a brief summary of the patient's clinical presentation focusing on the concerns that require treatment in the requested level of care.

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asamcriteria@asam.org



ASAM American Society of
Addiction Medicine

Resources

- ASAM Criteria: www.asam.org/asam-criteria
- ASAM Clinical Guidelines: www.asam.org/quality-care/clinical-guidelines
- ASAM Criteria Navigator: www.changehealthcare.com/insights/asam-criteria-navigator
- ASAM Criteria Training: elearning.asam.org/asam-criteria-education
- ASAM Criteria licensing: www.asam.org/asam-criteria/copyright-and-permissions



ASAM Criteria Software for Providers

ASAM CONTINUUM™

A computer-guided, structured clinical interview for assessing patients plus clinical decision support for making level of care recommendations based on The ASAM Criteria.

ASAM CO-TRIAGE®

A computer-guided referral tool with clinical decision support designed to generate an initial level of care recommendation where a patient can receive a comprehensive ASAM Criteria assessment.

4th Edition version of ASAM CONTINUUM goal: Jan 2025



Level of Care Assessment



Patient enters addiction treatment



Assess Dimensions 1-5



Apply Dimensional Admission Criteria

Level of Care Recommendation



Assess Dimension 6

Level of Care Selection



Continuum of Care

- Level of care recommendations are based on the assessment of Dimensions 1-5.
- Level of care selection includes Dimension 6, which involves a shared decision-making process to determine where the patient is able and willing to engage in treatment.

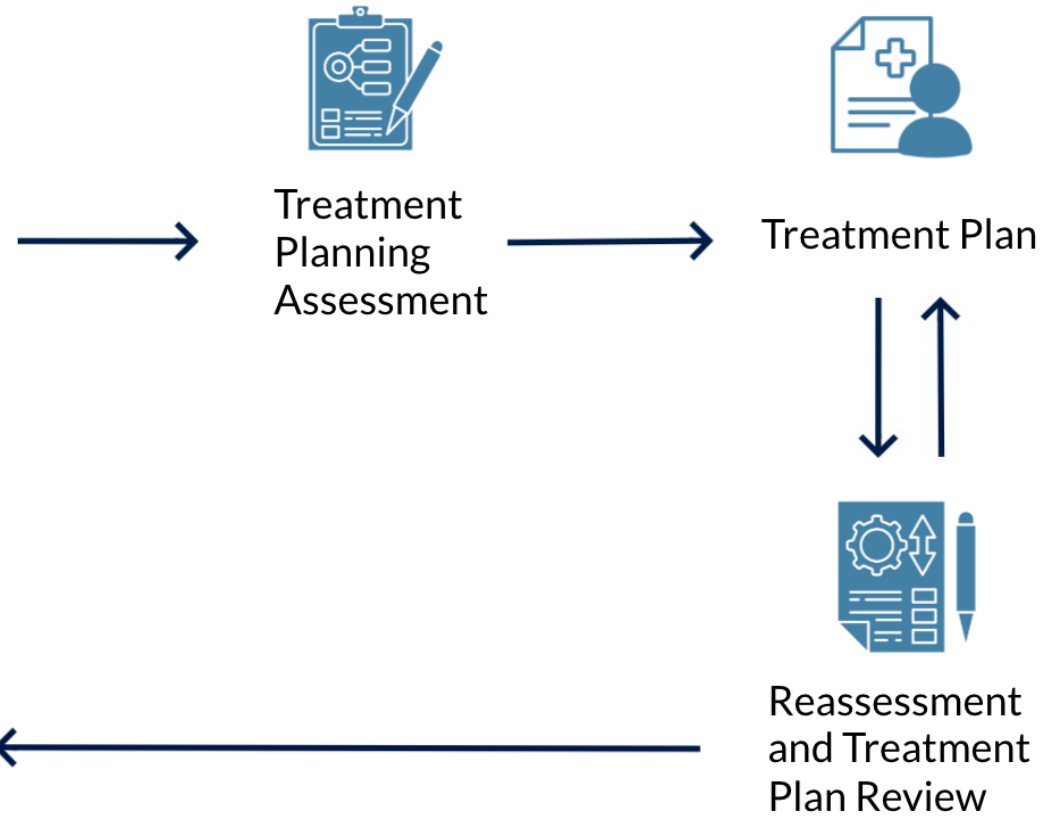




Treatment Planning Assessment



Every patient should be regularly reassessed to determine if any treatment needs have changed and if they need to transition to a new level of care.



Evidence Base for The ASAM Criteria

- The ASAM Criteria is built on a foundation of:
 - Evidence regarding multidimensional factors that influence disease severity and prognosis
 - Expert consensus from a broad coalition of clinical stakeholders
- There have been more than two decades of peer-reviewed research on The ASAM Criteria

Evidence Based Medicine is *“the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients ... [by] integrating individual clinical expertise with the best available external clinical evidence from systematic research”*

- Sackett, Rosenberg, Gray, Haynes, & Richardson, 1996

ASAM, founded in 1954, is a professional medical society representing over 7,000 physicians, clinicians and associated professionals in the field of addiction medicine. ASAM is dedicated to increasing access and improving the quality of addiction treatment, educating physicians and the public, supporting research and prevention, and promoting the appropriate role of physicians in the care of patients with addiction.

