

Care Providers & Payers

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 InterQual® Evidence-Based Clinical Content

InterQual Acute Criteria
Innovating to Meet Emerging Demands
in Care Management

Healthcare payers and providers continue to meet challenges in managing administrative and medical costs and in demonstrating that their care management programs deliver real value. In addition, they must address healthcare reform demands for new care delivery and reimbursement models—all using evidence-based medicine for improved access, quality and affordability.

In their efforts to address these challenges, payers and providers face a number of barriers:

- Many still use inefficient manual care management processes or a silo approach to utilization management, care management and disease management programs.
- Communication between payers and providers is not always clear, which can result in quality issues and lead to time-consuming denials and appeals.
- Healthcare organizations that build their own clinical content and tools often struggle to maintain them due to the intensive resources and special skills they require.

Such barriers can lead to inappropriate or delayed care, which may negatively affect the people healthcare programs are designed to help—patients.

The design of McKesson’s InterQual Acute Criteria helps payers and providers get past these barriers and address their critical needs. The criteria are developed using the same stringent, evidence-based clinical development process that the industry has come to expect from InterQual. They go further to help you achieve a more streamlined review process proactive care management and discharge readiness.

InterQual Acute Criteria are organized by primary condition and include relevant complications, comorbidities, guideline standard treatments, proactive care management guidance, and benchmark length of stay—all in one view. Addressing the patient as an individual case, rather than taking a one-dimensional condition approach, the criteria facilitate moving patients through the care continuum. This integrated approach to utilization and case management is a powerful aid to decreasing inappropriate admissions, avoidable days and readmissions. Also, the intuitive format facilitates straightforward payer-provider communication, boosting efficiencies and helping to lower your administrative costs.

Acute Adult Criteria

- Acetaminophen Overdose
- Acute Cholecystitis
- Acute Coronary Syndrome
- Anemia/Bleeding
- Antepartum
- Arrhythmia
- Asthma
- Carbon Monoxide Poisoning
- Cholecystitis
- COPD
- Cystic Fibrosis
- Deep Vein Thrombosis
- Diabetes Mellitus
- Diabetic Ketoacidosis
- Epilepsy
- Extended Stay
- General Medical
- General Surgical (incl. GI Surgery)
- General Transplant
- General Trauma
- Heart Failure
- Hyperglycemic Hyperosmolar State
- Hypertensive Disorders of Pregnancy
- Hypoglycemia
- Infection: CNS
- Infection: Endocarditis
- Infection: GI/GU/GYN
- Infection: Musculoskeletal
- Infection: Skin
- Infection: Pneumonia
- Inflammatory Bowel Disease
- Labor and Delivery
- Pancreatitis
- Postpartum Complications After Discharge
- Pulmonary Embolism
- Sickle Cell Crisis
- Stroke/TIA
- Syncope



**BUSINESS
 CARE
 CONNECTIVITY**

Acute Pediatric Criteria

- Acetaminophen Overdose
- Anemia/Bleeding
- Antepartum
- Asthma
- Bronchiolitis
- Carbon Monoxide Poisoning
- Cellulitis
- Croup
- Cystic Fibrosis
- Diabetes Mellitus
- Diabetic Ketoacidosis
- Epilepsy
- Extended Stay
- Failure to Thrive
- Gastroenteritis
- General Medical
- General Surgical (incl. GI Surgery)
- General Transplant
- General Trauma
- Hyperbilirubinemia
- Hypertensive Disorders of Pregnancy
- Hypoglycemia
- Labor and Delivery
- Meningitis
- Nursery (incl. Level IV)
- Pancreatitis
- Pneumonia
- Postpartum Complications After Discharge
- Pyelonephritis
- Sickle Cell Crisis





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InterQual Acute Criteria help:

- **Support holistic care management.** InterQual Acute Criteria provide the structure for proactive, effective care management in a value-based world. Benchmark length of stay and care management guidance content facilitates a more holistic view of the patient and adds support to transitions of care.
- **Align stakeholders.** Payers and providers can more easily collaborate to support patients throughout their hospital stays and during transitions to other levels of care, to help improve outcomes and minimize administrative costs.
- **Improve payer-provider communication.** The condition-specific approach enables communication based on patients' specific conditions and relevant comorbidities to help decrease communication gaps that can occur with incomplete information or disagreement about treatment paths.
- **Create an efficient, proactive review workflow.** InterQual Acute Criteria provide all relevant clinical content for a condition in one place and help quickly identify potential delays in care for a more streamlined review process.
- **Improve the quality of care.** By integrating standards of care for relevant comorbidities and complications throughout the inpatient stay with well-established evidence-based guidelines, the criteria can help ensure appropriate treatment and improved outcomes.
- **Reduce medically inappropriate care.** The criteria are structured around the average clinical trajectory, and specific treatments are integrated by episode day, enabling you to improve quality of care by reducing delays in care and driving appropriate services and treatments.
- **Reduce variability in decision making.** Reproducible and consistent application of clinical guidelines that incorporate clinical evidence and quality standards can lead to better patient outcomes and increased savings.
- **Provide quick value.** An intuitive format requires less time and fewer resources to train utilization.

InterQual Acute Criteria offer:

- **Evidence-based guidance.** Only criteria relevant to the selected condition and comorbidities appear, helping to reduce variations in care that the evidence and standards of care do not support.
- **Consideration of Comorbid Conditions.** Support appropriate admission of medically complex patients with comorbid conditions who might not meet criteria for the primary condition alone, minimizing administrative inefficiencies of secondary reviews for those who qualify for inpatient care. The Criteria also includes consideration of comorbid conditions for continued stay as well as responder criteria for a holistic view of clinical stability.
- **Unique health status function.** You can select “responder,” “partial responder” or “non-responder” content that incorporates clinical measures, comorbidities and complications to support the most appropriate care and best outcomes for patients as individuals.
- **Proprietary InterQual benchmark length of stay.** A specific number of days to target for discharge derived utilizing the vast claims data from RelayHealth Financial, representing millions of patient discharges. The values are based on specific conditions and create guidance to facilitate efficient management of the patient to that target. Currently available for select adult and pediatric Acute Level of Care conditions.
- **Proactive Care Management Guidance.** This panel provides two types of content—expected progress and care facilitation—to facilitate a conversation between care managers and physicians. Content is designed to ensure that the patient is progressing along the expected trajectory and any barriers are addressed. Currently available for select adult and pediatric Acute Level of Care conditions.
- **Standards of care.** The criteria incorporate prompts for non-acute interventions that can drive care coordination and discharge planning earlier in the hospital stay.
- **Quality indicators.** Appropriate quality indicators are identified and flagged during reviews.