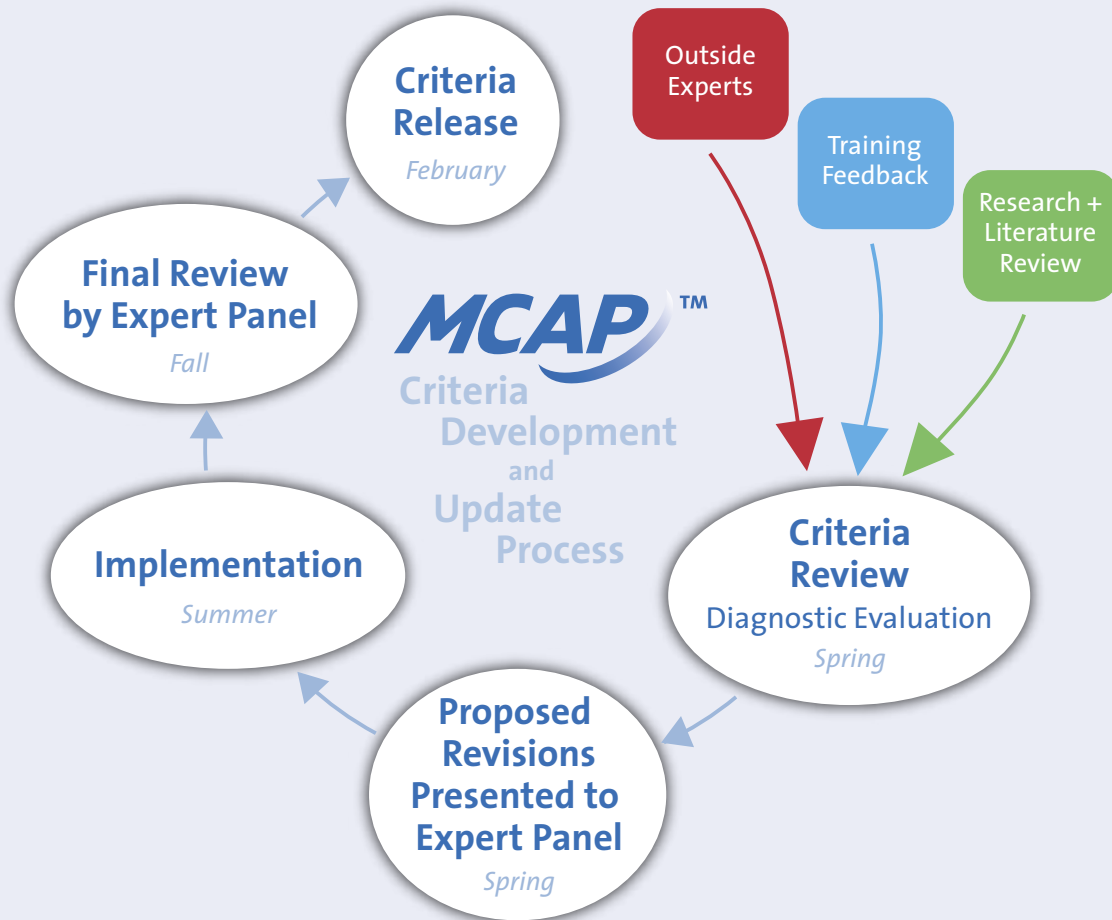




**Criteria Development
and
Update Process**



Overview of Development Process

Criteria development has been ongoing at The Oak Group and its predecessor organization, Utilization Management Associates, since 1987. Prior to that time, many of the individuals who worked on the original MCAP Criteria participated in the development of the AEP (Appropriateness Evaluation Protocol) criteria, the first attempt to logically understand the reasons that patients are admitted to and continue to stay in the hospital and to decrease the variability of reasons for admission and length of stay.

MCAP Criteria are widely considered to be the most valid in the field. Both Medical/Surgical and Behavioral Health criteria are developed and updated annually through a rigorous and structured process, which is based on medical evidence. The process is ongoing with a thorough review of all of the criteria annually, with purposeful revisions based on updated information. There is a constant furtherance of the ease of use resulting in the refinement of both the words used and the underlying structure of the criteria. This process results in a revised set of criteria being released each year in the spring.

The Oak Group is committed to continuously refining the MCAP Criteria so that it remains the easiest-to-use, most clinically valid system for both determining optimal level of care placement and for assessing efficiency of care delivery.

The annual release of the updated MCAP criteria is the result of a continuous review process developed by The Oak Group. Reviews by our Expert Panels, knowledge gained from field training, research and literature reviews, and a review of the previous year's criteria all lead to the changes incorporated into the updated criteria. This process ensures that MCAP delivers maximum construct *and* face validity.

Key Inputs to the Development Process

Outside Experts

The MCAP Criteria development and update process is led by a panel of experts whose members are under contract with The Oak Group.

We have both commercial and academic representation on the panels. Many of our panel members are full professors, while others represent health care companies. This establishes an optimal balance between the forefront of academic thinking and commercial reality.

Because MCAP Criteria is used in the United States, Canada, and the United Kingdom, there is also wide geographic representation on our Expert Panels to ensure that market and practice differences between the United States and other countries are taken into account.

Behavioral Health Expert Panel members include individuals with ongoing academic interest and specific competence

in medical-psychological issues, community-based services, substance use disorders, child psychiatry, geriatric psychiatry, quality issues in delivery of behavioral health services, psychological testing, neuro-behavioral psychiatry, adolescent psychiatry, and outcomes management. The panel is complemented by the use of nationally recognized experts in eating disorders, psychological testing, neuropsychological testing, substance use disorders, autism-spectrum disorders, and medical-psychological issues.

Medical/Surgical Expert Panel members include professionals in internal medicine, pediatrics, geriatrics, family medicine, intensive care, acute hospital care, rehabilitative care, surgery, cardiology, quality and safety issues in provision of care, and health care informatics. The panel is complemented by the use of nationally recognized experts in rehabilitation services, cardiology, minimally invasive surgery, otolaryngology, orthopedics, ophthalmology, dermatology, and general surgery.

In developing and updating the MCAP criteria, Expert Panels first look at the practice of medicine both nationally and internationally. Then they look at the levels of care currently used and how have they changed during the past year, including the services offered and the intensity of care required by admitted patients. They elicit feedback from MCAP clients regarding their use of the different levels of care and any changes that they have observed. They speak to the institutions providing these levels of care to understand their perception of changes too. Finally, they consult with experts in the field in both the United States and Canada.

The names of Expert Panel members are not published for reasons of confidentiality and impartiality.

Client Training Feedback

The Oak Group also uses a formal process to elicit feedback on the criteria from MCAP client training sessions. Feedback is used to reveal how MCAP clients view the various levels of care and the completeness of the criteria. The payer and provider perspectives of MCAP are explored to show which aspects of the criteria may need improvement. All client contracts include clinical customer support. Information

Behavioral Health Panel members come from:

Massachusetts General Hospital
 Tufts-New England Medical Center Hospitals
 University of Connecticut
 Johns Hopkins University
 University of British Columbia
 University of Alberta
 University of Miami
 Oxford Health Plans
 PacifiCare Behavioral Health
 Wellpoint Behavioral Health

Medical/Surgical Panel members come from:

Massachusetts General Hospital
 Brigham and Women's Hospital
 Dartmouth Hitchcock Medical Center
 VA Medical Center, St Petersburg, FL
 University of Pennsylvania
 United Health
 BlueCross BlueShield of Massachusetts
 Gateway Health Plan, Pittsburgh
 Hospital for Sick Children, Toronto
 Interior Health Region, British Columbia



from these support calls is also collected and incorporated into the criteria development and update process when appropriate. Additionally, each client undergoes reliability testing initially and annually after each criteria update session. The results of the testing, aggregated across all of our clients, can further help identify areas in the criteria that can be improved.

Research and Literature Review

Once an understanding for the environmental changes is developed, literature is researched for evidence to support these changes. While the in-house and consultant staff are constantly reviewing literature as one source of possible changes to the criteria, it is changes in the practice of medicine supported by evidence from selected literature that drives changes in the criteria.

Criteria, regardless of brand, must be operationally effective and efficient—as well as valid—to be useful. The literature provides the basis for validity but not the operational imperative. The examination of the practice of medicine dictates what levels of care are necessary and what services are performed at each level of care. It is the medical environment that leads to a service-based methodology.

MCAP Criteria are service-based. Research has shown that this is the most effective, accurate and least problematic way of determining level of care. The increasing complexity of admissions where multiple co-morbidities are present reinforces this approach.

The degree of rigor in the peer-reviewed and evidence-based literature varies. It is broadly reflective of the degree of evidence in the practice of medicine.

Literature is ranked in the following way:

- Outcomes studies (double blinded and controlled)
- Double-blinded studies
- Studies controlled using historical norms
- Uncontrolled studies
- Consensus panels (national- and society-based)
- Guidelines
- Databases
- Anecdotal studies

The major journals reviewed in the development and update of the MCAP criteria include the following:

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| New England Journal of Medicine | • British Journal of Nursing |
| Lancet | • Canadian Journal of Nursing Research |
| British Journal of Evidence-Based Medicine | • Journal of CMSA |
| Journal of The American Medical Association | Behavioral Health Journals: |
| Canadian Medical Association Journal | • American Journal of Psychiatry |
| British Medical Journal | • Archives of General Psychiatry |
| American Journal of Healthcare Management | • American Journal of Geriatric Psychiatry |
| Health Affairs | • Canadian Journal of Psychiatry |
| Specialty society journals including: | • Evidence-Based Mental Health |
| • Annals of Internal Medicine | • Journal of Behavioral Health Services Research |
| • Cardiology | • Mental Health Services Research |
| • Journal of Pediatrics | • Psychiatric Services |
| • Gut | • Journal of Social Work |
| • Heart | • Social Work |
| Nursing Journals: | • American Journal of Psychology |
| • American Journal of Nursing | • Journal of the American Academy of Child and Adolescent Psychiatry |
| • Journal of Nursing Administration | |

The most evidence-based literature available is used, and is supplemented by less evidence-based literature as needed and when available.

We also look at journals from the various accrediting bodies. These include NCQA, JCAHO, and URAC. This ensures that our criteria will be in compliance with the rules of these accreditation organizations.

Using the literature and environmental information from a variety of locales and sources, The Oak Group is committed to driving changes to improve efficiency and quality of care.

Criteria Review

The criteria review process makes use of all the information from the medical environment, literature, and experts. The review process is designed to ensure that: the necessary levels of care are included and adhere to a structural framework; that each criteria set has all necessary criteria; that all validating elements and other components of the criteria are appropriate; and that there is a consistency and flow among the various criteria and levels of care.



Criteria are released in software and book format annually

To start the criteria review process, the current levels of care are examined to make sure they are meeting the needs of our clients both in the United States and internationally. We review whether the levels of care reflect standard definitions from the literature and also consider whether there are any levels of care that are missing or that need to be developed further. Within each level of care, it is determined which services or presenting conditions are commonly used and variations between levels of care are reviewed. Also, any services from care levels which no longer apply are purposefully eliminated and extra services are added to levels of care where they are needed.

Next, validating elements are reviewed within all the criteria in each level of care. Validating elements are conceptually divided into categories to organize the elements and ensure that appropriate elements for any particular criterion are included and elements that do not belong are omitted. This organization also ensures much greater usability of the MCAP Criteria. Then all the validating elements across the various levels of care are reviewed. Consideration is given to whether the distinctions among the levels of care are clear within the wording of the validating elements.

As of 2007, each validating element has been labeled to designate its purpose. The labels serve a dual purpose: to ensure that each validating element has a purpose in making a determination of the correct level of care for a patient and to guide the reviewer in its use.

The Oak Group calls this process a *diagnostic evaluation* of the criteria. It is used extensively in the development of new levels of care and in those being substantially revised. A diagnostic evaluation is also used to ensure that the criteria are consistent and flow from one level of care to another as well as to continue to create discernible and applicable differences among the various levels of care.

Implementation

Once the criteria review has been done on a preliminary basis, plans for criteria development and enhancement are presented to the Expert Panels each spring. Each panel meets twice a year—in the spring for planning changes and the fall for reviewing them.

A preliminary set of new criteria or revisions to existing

criteria is based on the results of the planning sessions from the expert panels. This preliminary document incorporates the prior literature research and expert opinion, as well as the environmental assessment and multiple sources of client feedback. Again, the literature is searched, experts are consulted, and the environmental

assessment is reevaluated and incorporated into the revisions.

When this process is completed, changes are made to the criteria. A final set of revisions is presented to both expert panels in the fall for approval. Any additional suggestions are incorporated into the criteria at this time.

The final edited and approved version of the new criteria and revisions are then printed and released in electronic format. The release of new criteria is scheduled each year for February. The process is ongoing, thus significant changes incorporating new literature or environmental factors occasionally occur between releases. An interim release in printed format, also available in electronic format, is distributed when such significant changes occur.

The process undertaken by The Oak Group ensures both construct and face validity of the MCAP Criteria. *Construct validity* is the process by which the criteria are developed and revised. *Face validity* means that those who use the criteria or are subject to its rules agree that the questions asked and the process of review enforced by the criteria make reasonable sense. Face validity is ensured by the multiple sources of input to the criteria including multiple sources of client/facility input. Face validity is demonstrated when new users of the criteria say, “this makes sense.”

Conclusion

The MCAP criteria development and update process is purposeful, structured, rigorous, and evidence-based. The resulting criteria are valid, easy and quick to use, and appear deceptively simple. The structure and format of the criteria are designed with a single purpose: to obtain consistent and reliable information about the process of care delivery. The MCAP Criteria ask questions which are reasonable both to reviewers and providers of care. They help change care delivery on an ongoing basis and provide information for use in quality improvement projects. That is why leading health care organizations choose MCAP.



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