## OPERATOR INSIGHTS

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# Why PASTA is Now On the UM Menu



(PASTA) for our heroes at the bedside: A recipe for changing the culture of physician to physician communication in Utilization Management.

Communication in healthcare is vital to improving patient experience and outcomes. Healthcare systems across the country are attempting to solve this communication conundrum as state and federal governments mandate payment reform that necessitate coordination of care that leverage the ability of systems to communicate and lower costs. CMS has placed a priority on physician communication that is captured in HCAHPS scores. This imperative to improve physician communication is further complicated by the daily challenges of practicing medicine with limited staffing, increasing patient complexity, safety in a pandemic and decreasing reimbursements; all this while co-managing a complex regulatory and legal environment.

## What is PASTA?

PASTA is a standardized communication tool used by Ensemble physician advisors to generate recommendations for hospitalization status. It contains several key elements which include: appropriate status (Inpatient or Observation); payor information; a clinical summary inclusive of pertinent vital signs, laboratory studies and risk assessment; and more importantly, the rationale for the status recommendation with reference to admission guidelines where applicable. PASTA presents information in a succinct format that is transmitted directly to the provider via a HIPAA compliant texting platform approved by each health system. Providers can respond at their earliest convenience for requests that are not time sensitive. The name and contact information of the physician advisor is included in case further discussion is needed.

(See PASTA example at the end of this article)

### The PASTA Process



PASTA note is generated by the Physician advisor

Utilization review nurse sends the PASTA to the physician

If physician agrees with recommendation, they place an order in the EMR

## **PASTA Example**

We recommend that the following pt's hospitalization under OBSERVATION status is upgraded to INPATIENT If you agree, please place a new ADMIT order in ConnectCare as recommended.

 Name
 John Doe

 DOB
 1/1/1940

 CSN
 123456

Insurance United Health Care Medicare Advantage

Admit Date 12/13/2020

Clinical Summary Pt is hospitalized for elective Total Knee Arthroplasty

He is 80 yo ASA class 3

PMHx: CAD (remote), CVA about one year Ago, Chronic Anticoagulation for Afib

and CVA prevention, OA

Vitals Post-operative hypoxia overnight, mild troponin elevation - cardiologist consulted.

Mild tachycardia in PACU noted.

Required oxygen supplementation overnight for low SpO2 since surgery

Labs and Imaging Early signs of CHF exacerbation on Xray Chest portable

UM Criteria Applies Yes -- S 700

Now going into MCG M 190 CHF

Comments Pt hospitalization is going into extension of his stay due to comorbidities and

INPATIENT is now appropriate

This chart was reviewed at 4:17 PM 12/14/2020

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Commercial, Medicaid & Medicare Advantage Plan: The final decision of the patient's hospitalization status depends on the attending physician's judgment.



### References

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Rosenstein A. H. (2012). Physician communication and care management: the good, the bad and the ugly. Physician executive, 38(4), 34–37.

Shannon, D. (2012). Effective physician-to-physician communication: an essential ingredient for care coordination. Physician executive, 38 1, 16-21.



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