

Hit Home Runs With Supply Chain Gainsharing And Effective Lab Stewardship Initiatives

AGENDA

- ▶ Building a successful team and program
- ▶ Examples of projects, both successful and unsuccessful
- ▶ Payor denials
- ▶ Lessons learned
- ▶ Supply chain cost reductions

Lab Stewardship

Where are you in this
journey?



Parkview Health



Regional Health Care System in
Northeast Indiana and Northwest
Ohio



Parkview Health consists
of 14 hospitals with
combined 1287 beds,
16,000+ co-workers and
over 1200 employed
providers across 22
counties

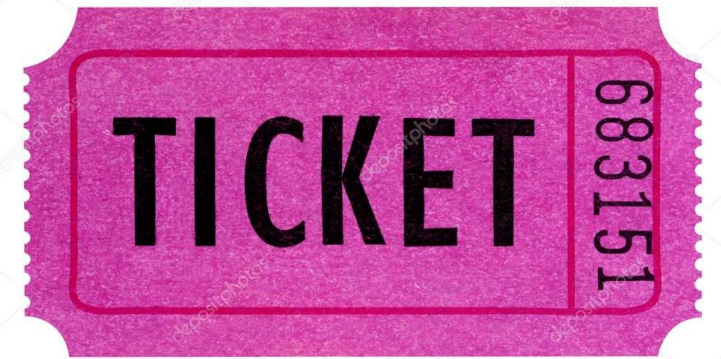
My Lab Stewardship Journey

- ▶ Medical Lab Scientist for 37 years
- ▶ My journey started because a frustrated Hospitalist friend complained about the unnecessary tests he cancels that were ordered by other providers
- ▶ Scientists and phlebotomists complained about unnecessary draws and repeat tests



Started Small and SLOW

- ▶ Started with a few Lab Leaders, Hospitalist, Lab IS
- ▶ First project-time limits for repeat testing on immunology tests, Factor V Leiden and Prothrombin II Mutation
- ▶ Needed help from HIS to pull data, create rules and alerts
 - ▶ “ticket system” for requests meant waiting for it to get to the top of the queue
 - ▶ Hierarchy of committees to approve once it reaches the top of the queue



How can this be more effective?



We needed a formal committee recognized and supported by the organization



Pitched the idea to Lab Exec, CMOs, CQO and several physician leaders



Teamed up with Accumen and we started building a team

Formally Sanctioned Committee

Reports to Safety and Quality Board

Created a Formal Charter

Recruited Passionate Members

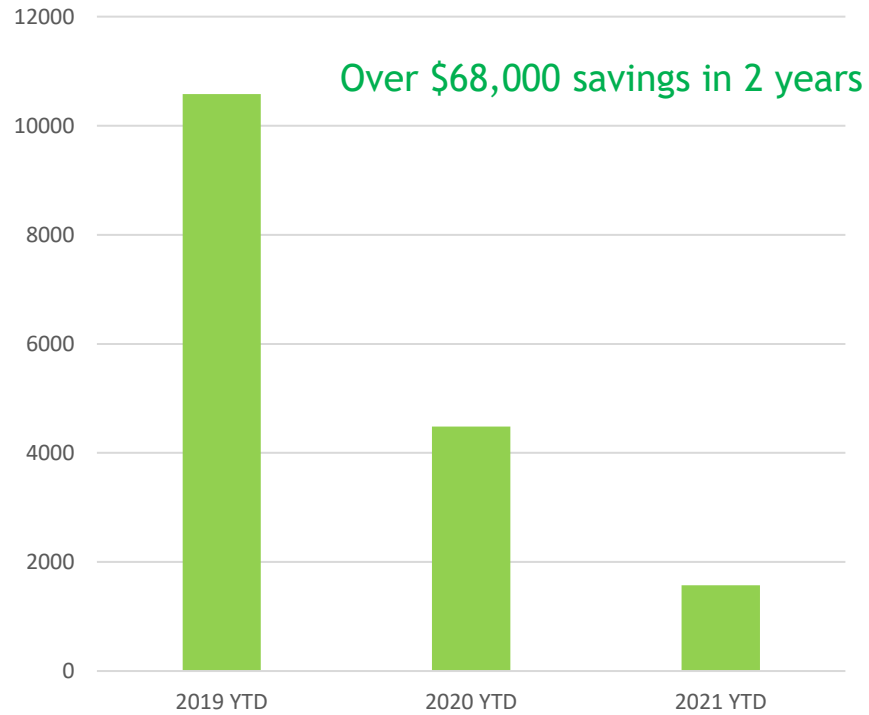
- CMOs, Executives, Practicing Inpatient and Outpatient Providers, HIS, LIS, Lab Leaders, Lab Specialists, Nursing, Compliance and Finance

Obsolete Tests

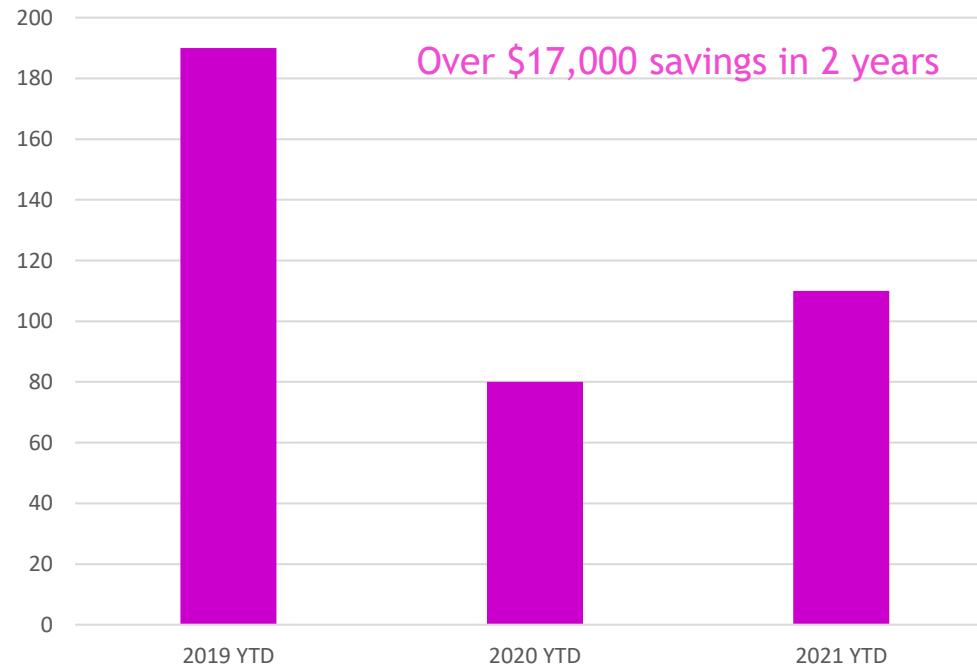
- ▶ Developed a list using Choosing Wisely recommendations
- ▶ Reviewed inpatient and ED order sets to see what was pre-checked
- ▶ With order set owners' approvals, we removed the following from several order sets
 - ▶ CKMB
 - ▶ FOLATE
 - ▶ AMYLASE
- ▶ MTHFR
 - ▶ Targeted education

Results

OBSOLETE TESTS



MTHFR ORDERS

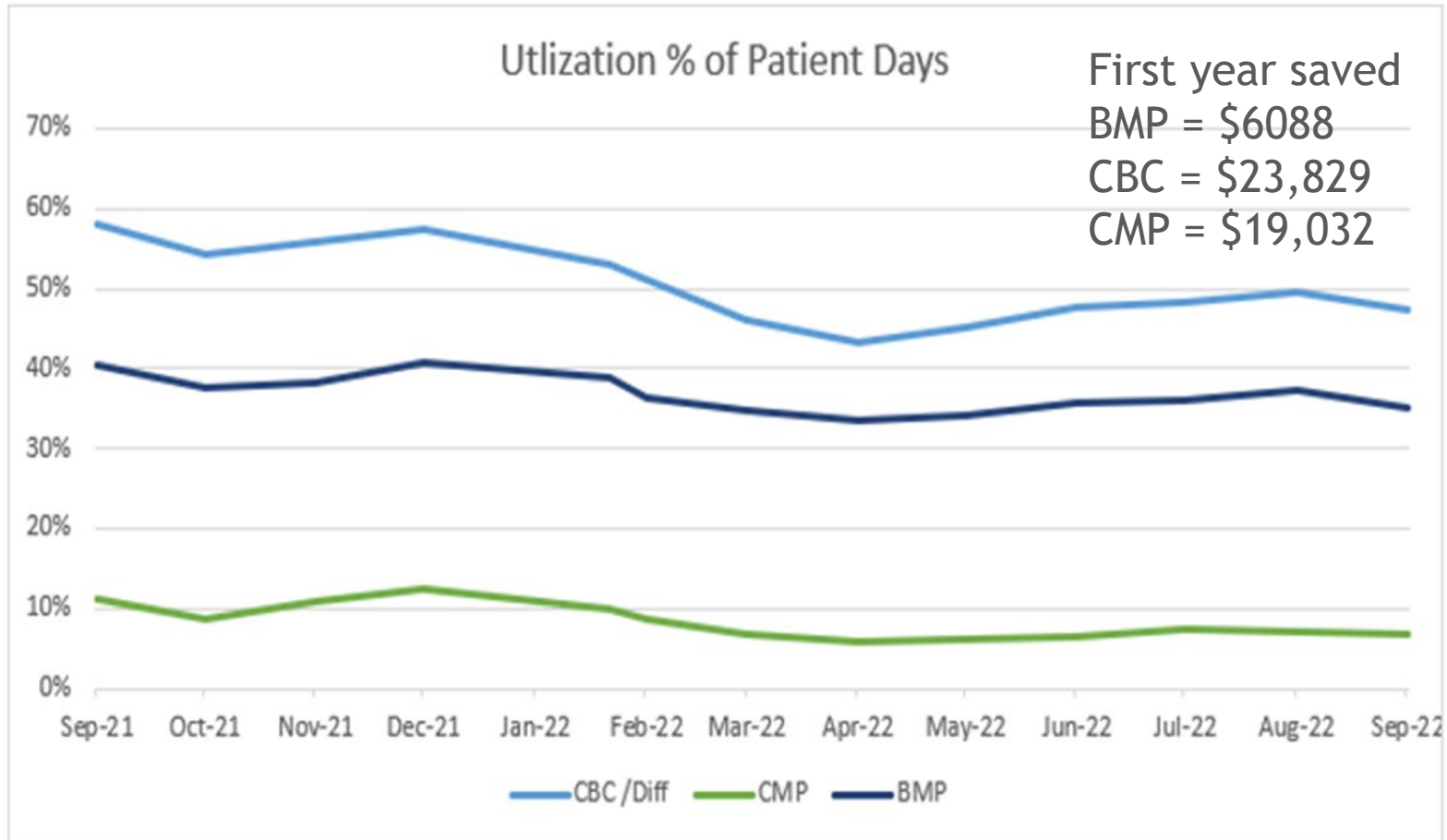


Order Sets With AM Draws

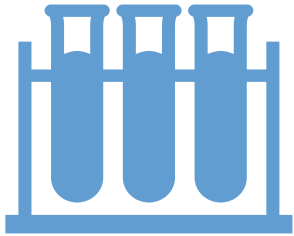
- ▶ Order sets were created with pre-checked morning labs
- ▶ No end date was included
- ▶ Morning draw labs went on... and on...until a provider canceled them
- ▶ We proposed a 72-hour end date
 - ▶ All physician groups approved the change, except Trauma
- ▶ In 2022, we moved them all to 48 hours



Daily Testing Inpatient Volumes Over Time - CBC/CBC with Diff, BMP and CMP



Clostridium difficile Protocol

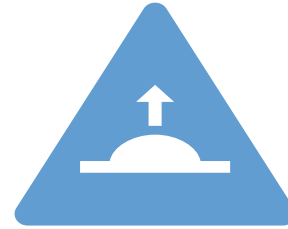


Problems

Providers went straight to the multiplex test

The test for the toxin wasn't being done

Repeat testing being done for a test of "cure"



Improvements

Hard stop when a test has been performed within the last 7 days

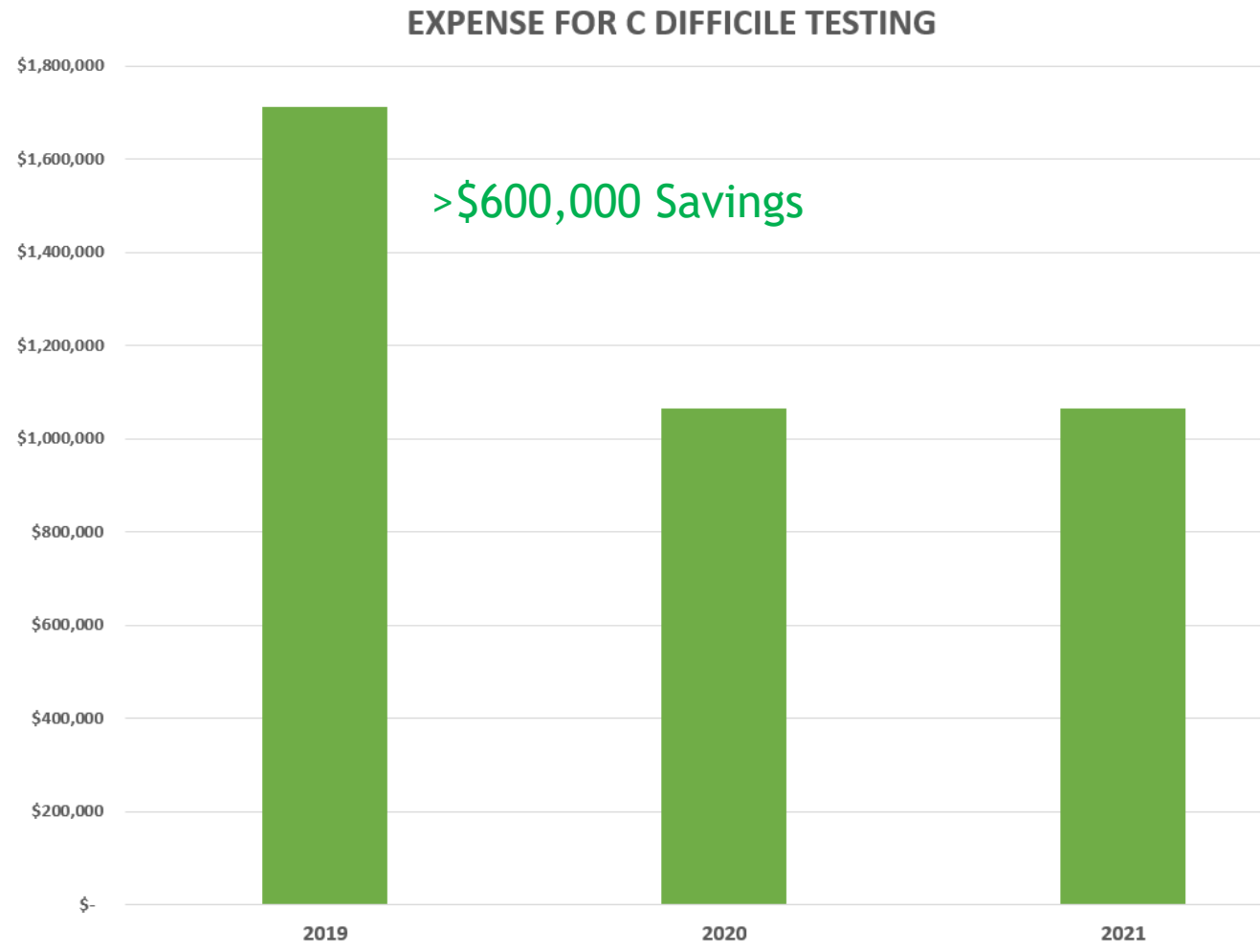
"ask at order entry" cascade

Start with toxin then do molecular

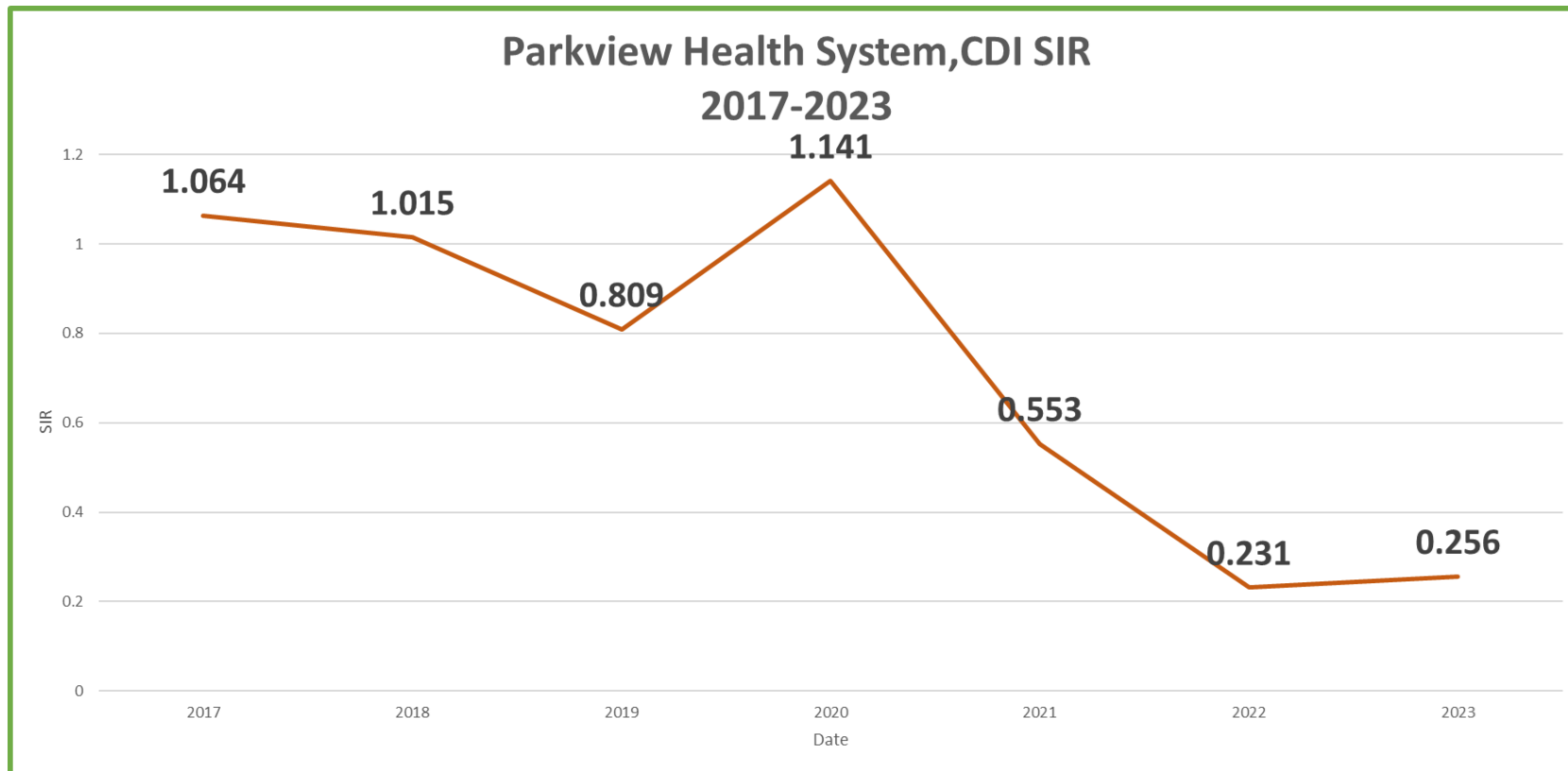
Reminded providers not to test for "cure"

Removed (hid) C difficile from multiplex result

Financial Impact After Implementation



Resulted In A 81% Reduction In CDI SIR Rating



Add-on Function

- ▶ Tube shortage during the pandemic
- ▶ Physician education on the add-on function
- ▶ Changed A1c and TSH to default add-on for inpatients
- ▶ **Add-ons increased 22-24%**



Expensive Send-out Test

- ▶ Business review given by one of our reference labs
- ▶ 60% of the results were negative for pathogens
- ▶ Test was being over-ordered
- ▶ Reviewed the list of ordering providers
- ▶ Provider-to-provider conversations
- ▶ Ordering decreased by >50%
- ▶ **Savings to the organization in 2023 = \$235,000**

Iron Profile Without Ferritin

- ▶ We had 2 panels, one with and one without ferritin
- ▶ Physician members asked that we remove the panel without ferritin
 - ▶ After the results came back, the ferritin was added onto the order, or the patient was redrawn
 - ▶ No clinical reason to have a profile without ferritin
 - ▶ Wasted time for providers and lab
 - ▶ Improved patient care and reduced time to do add-ons

Inpatient Testing of Hypercoagulation

- ▶ Should not be done during a thrombotic episode
- ▶ Discouraged ordering of the built, complex panel on inpatients
- ▶ Removed all reference to the panel from most inpatient order sets
- ▶ Reduced the order by 66%

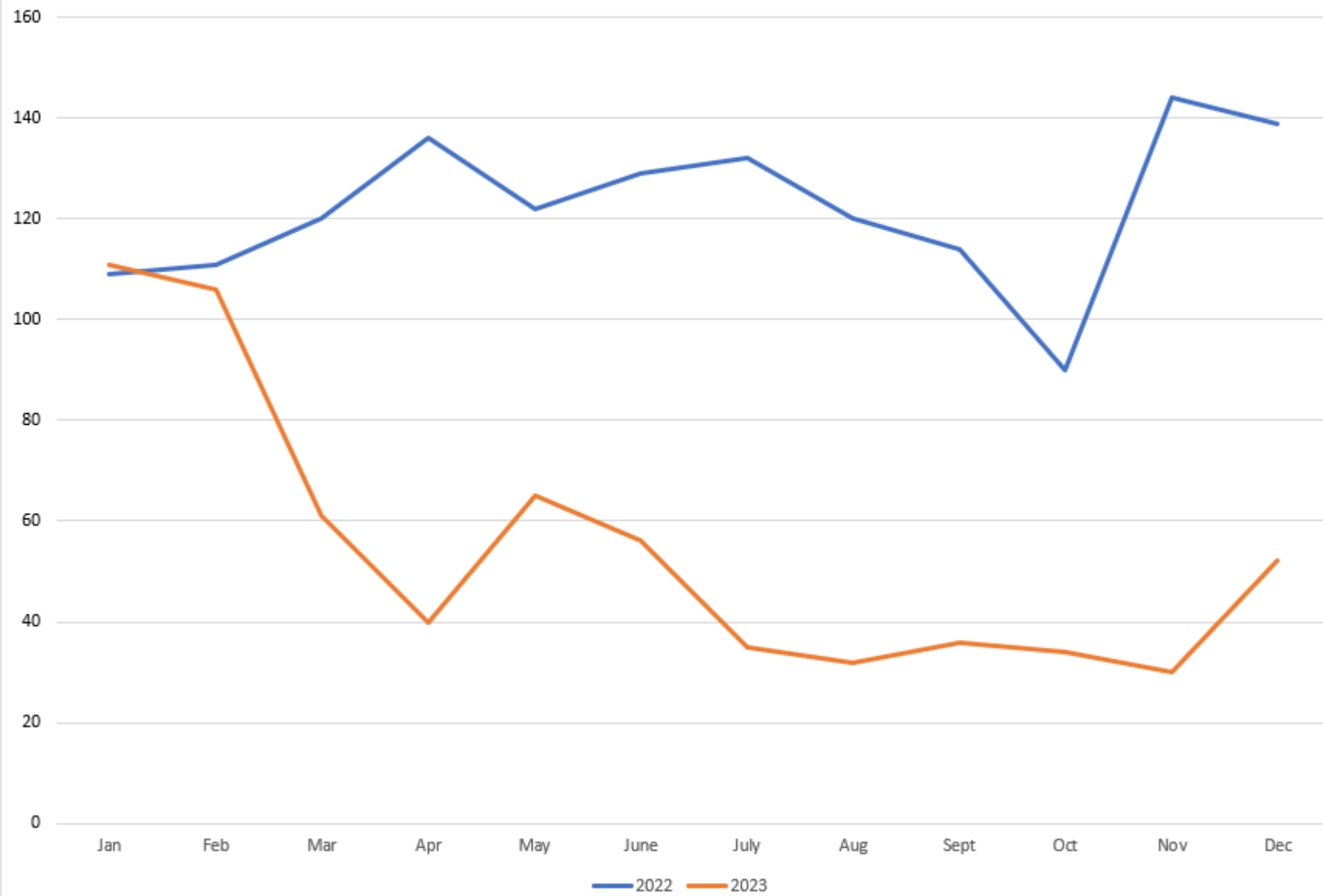
Inpatient Hypercoagulation Testing



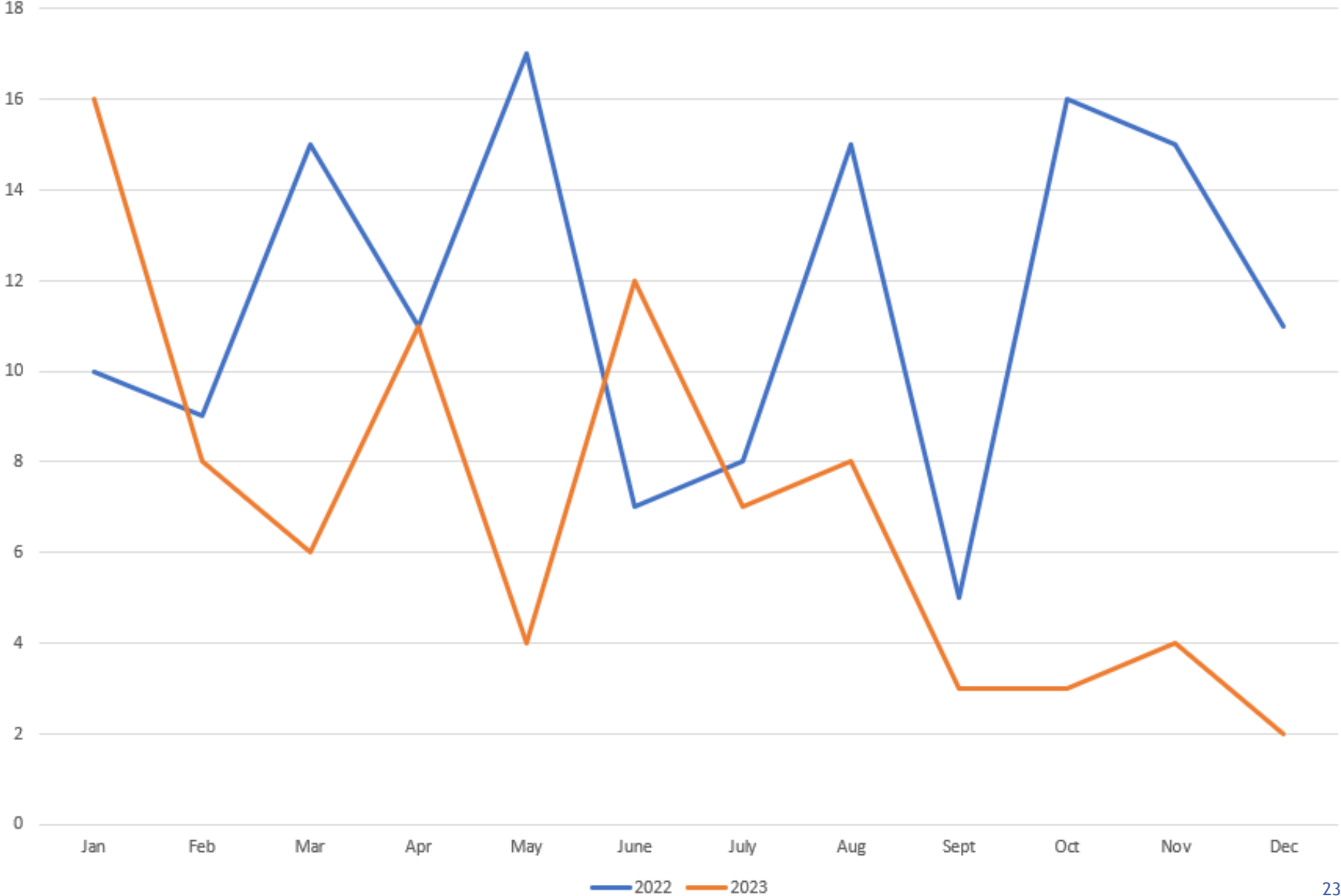
Urine Cultures and CAUTI

- ▶ Example of the benefit of a diverse committee
- ▶ Urine culture initiative for the lab and CAUTI team member
- ▶ Combined the two initiatives
- ▶ Required catheter change
- ▶ Required symptomatic patient
- ▶ Limited the ability to add-on a culture
- ▶ Resulted in a hugely successful collaboration

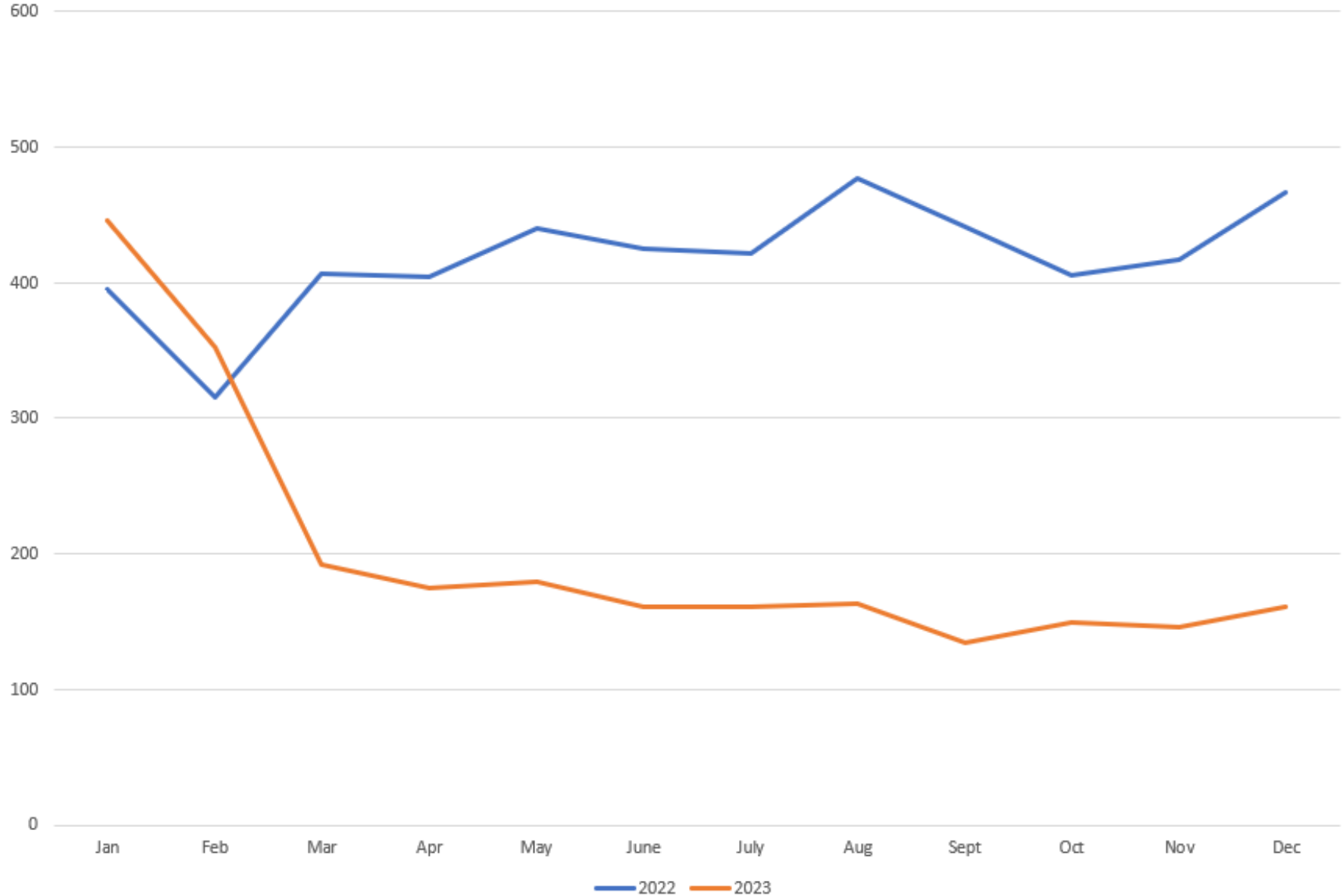
INPATIENT URINE CULTURES-NO SIGNIFICANT GROWTH 2022-2023



INPATIENT CONTAMINATED URINE CULTURES 2022-2023



TOTAL INPATIENT URINE CULTURES 2022-2023



Benefits For Microbiology

- ▶ Lab savings of \$24,209 in cultures alone
- ▶ Improved efficiency
- ▶ Fewer unnecessary organism identifications
- ▶ Fewer unnecessary susceptibilities

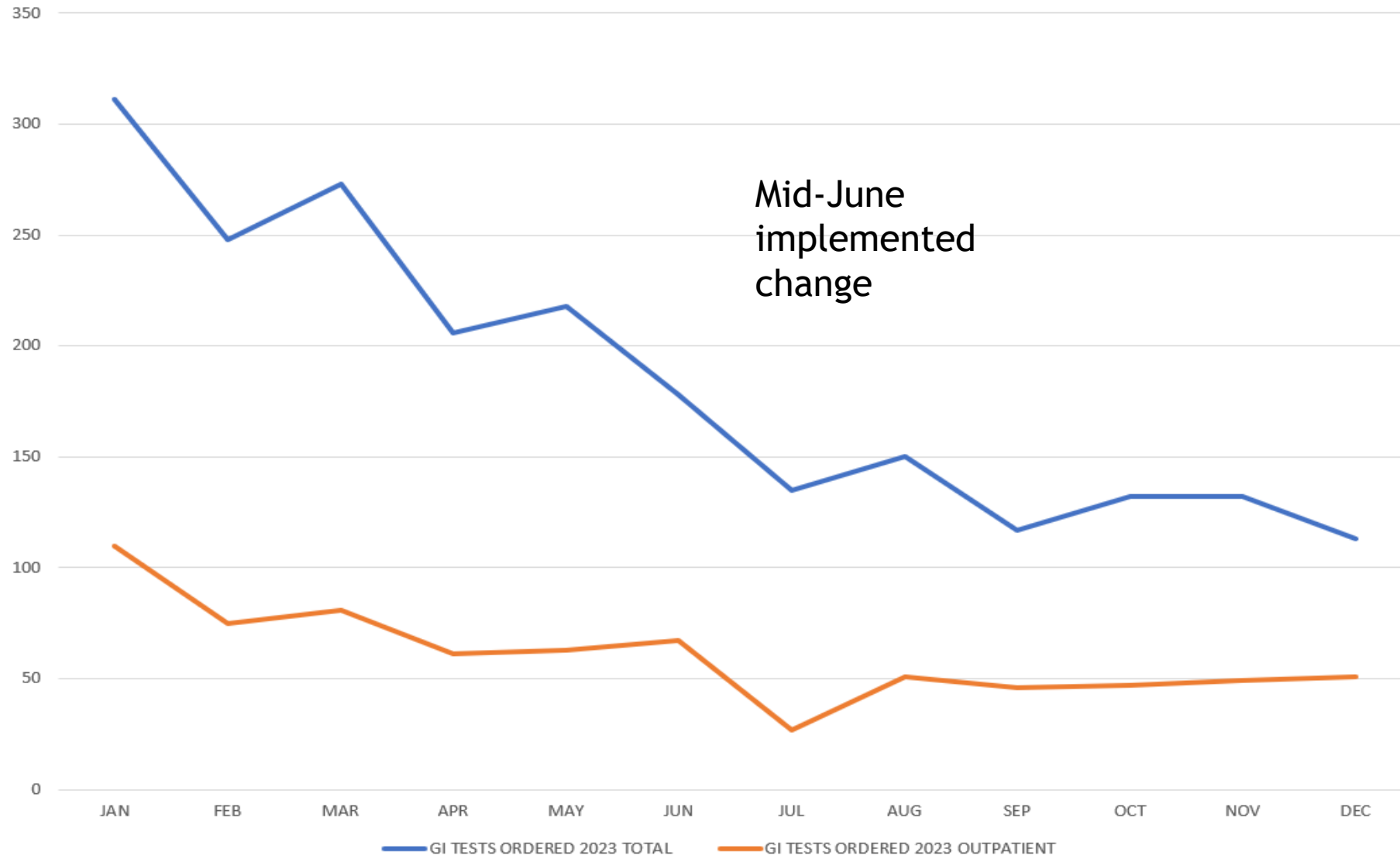
Reimbursement Denials



Multiplex Respiratory and GI panels

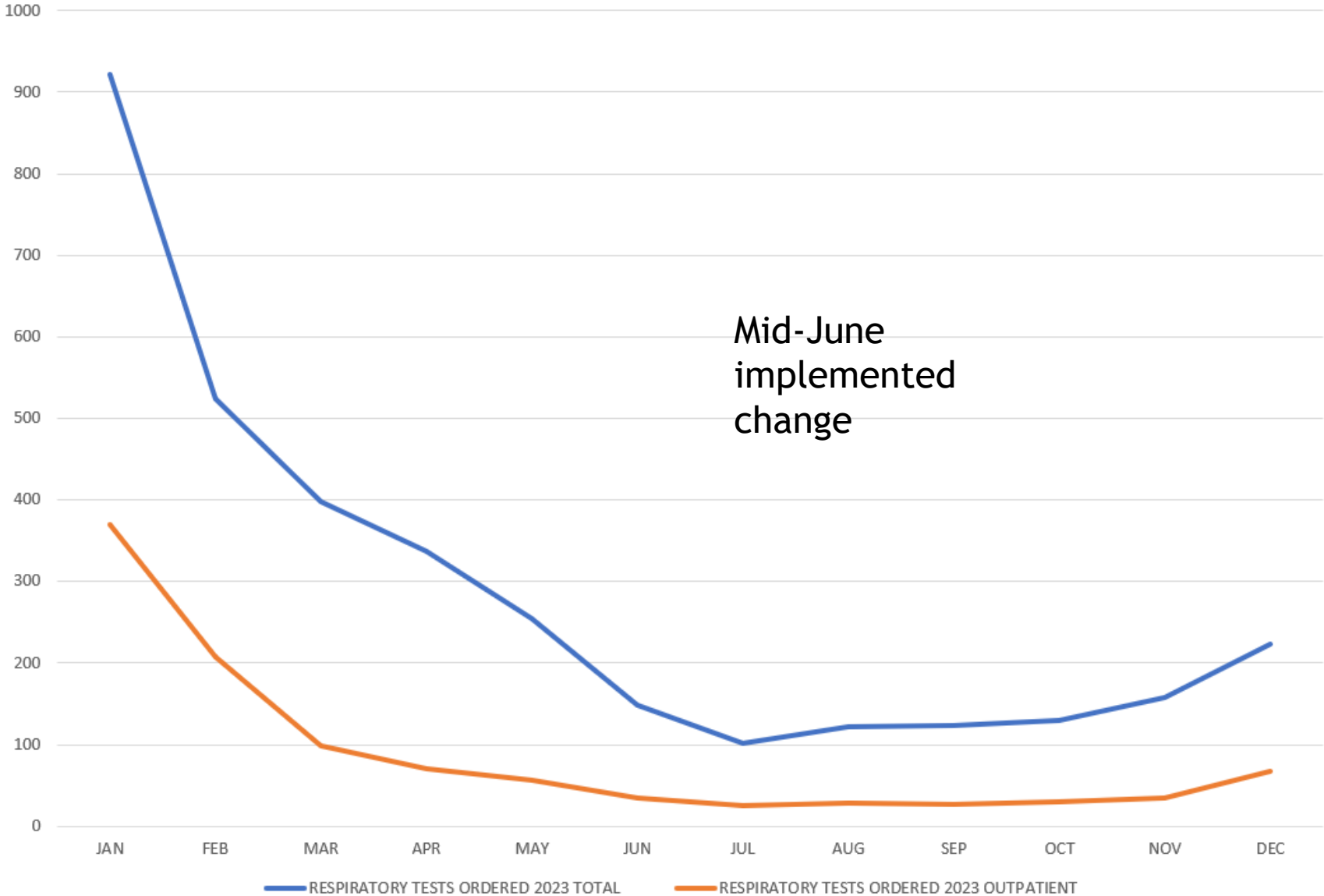
- ▶ Identified by patient accounting
- ▶ A large number of denials for these specific CPT codes
- ▶ Investigation into payor contracts
- ▶ Created an alert that discouraged ordering and lists provider specialties that should be ordering the tests

MULTIPLEX GI TESTS ORDERED 2023



Mid-June
implemented
change

MULTI-PLEX RESPIRATORY TESTS ORDERED 2023



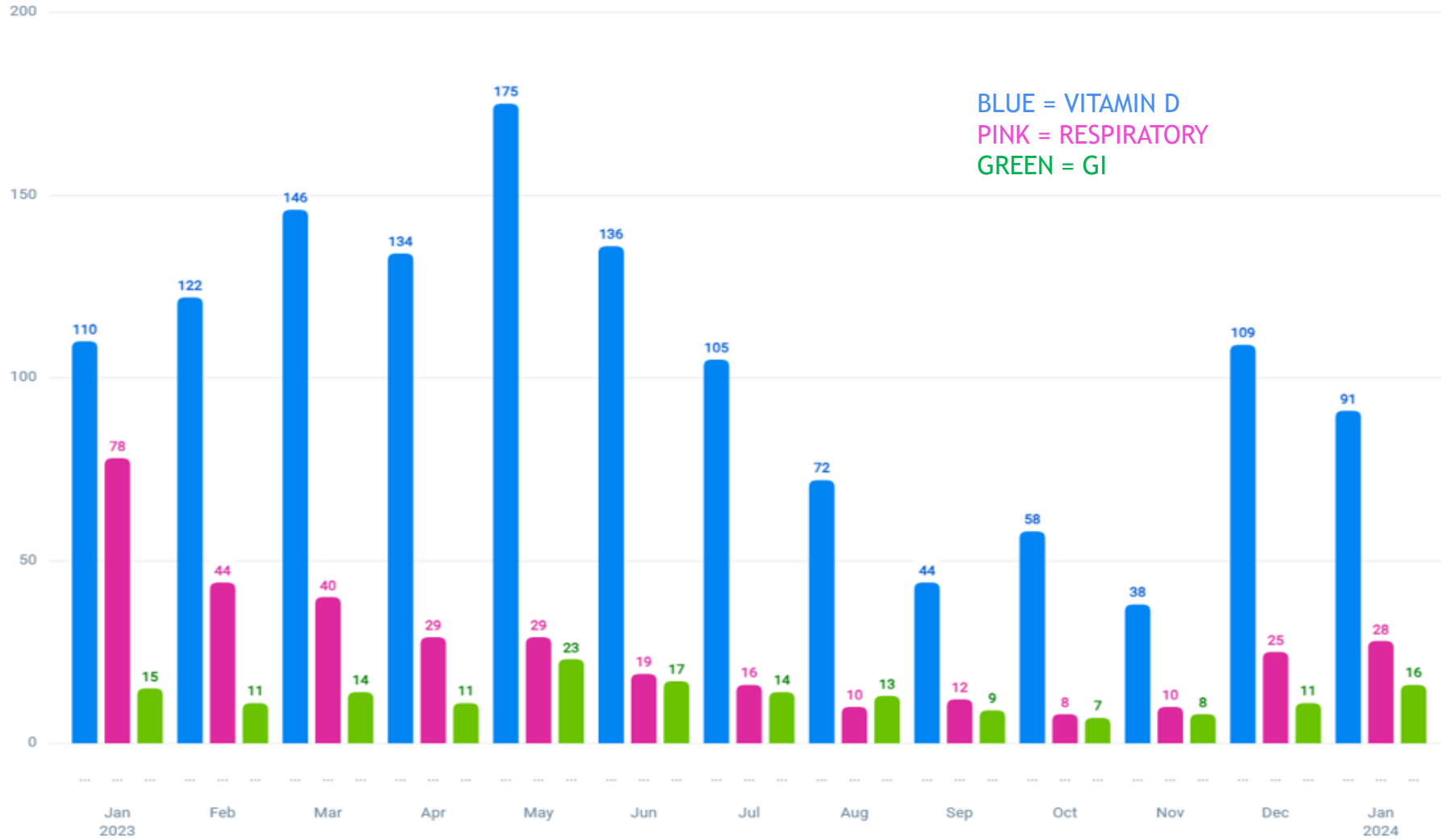
Vitamin D

- ▶ Reviewed payor contracts
- ▶ Created a “pseudo-ABN” at order entry telling providers that their diagnosis code doesn’t meet medical necessity
- ▶ It isn’t a “hard stop”

VITAMIN D ORDERS 2023



Denials 2023



What's Next For Multiplex Testing And Vitamin D?



- ▶ Clearly, the first attempt to lower denials was not a long-term solution
- ▶ Without a hard stop, the denials went back up
- ▶ Vitamin D future state
 - ▶ Update the workflow in EPIC and list all codes medically acceptable
- ▶ Multiplex tests future state
 - ▶ New PCR instrument at all hospitals
 - ▶ Creating an algorithm that will steer physicians away from the bigger panels

Potential projects for 2024

Pharmacy orders are discontinued, are the labs?

Reference lab formulary review

Tests pending at discharge

Collection of “kit” or boutique labs

Any other idea brought up by the committee or anyone in the organization

Lessons learned

- ▶ Organizational support is crucial
- ▶ Committee needs
 - ▶ Passionate physicians with boots on the ground
 - ▶ Physician Executives
 - ▶ Inpatient, ED and Ambulatory physicians
 - ▶ Nursing
 - ▶ IS
 - ▶ Compliance
 - ▶ Payor Contracting
 - ▶ Finance
- ▶ Solicit ideas from all sources
- ▶ Collect data as you go for each project
- ▶ Not everything is going to work.. Keep trying!



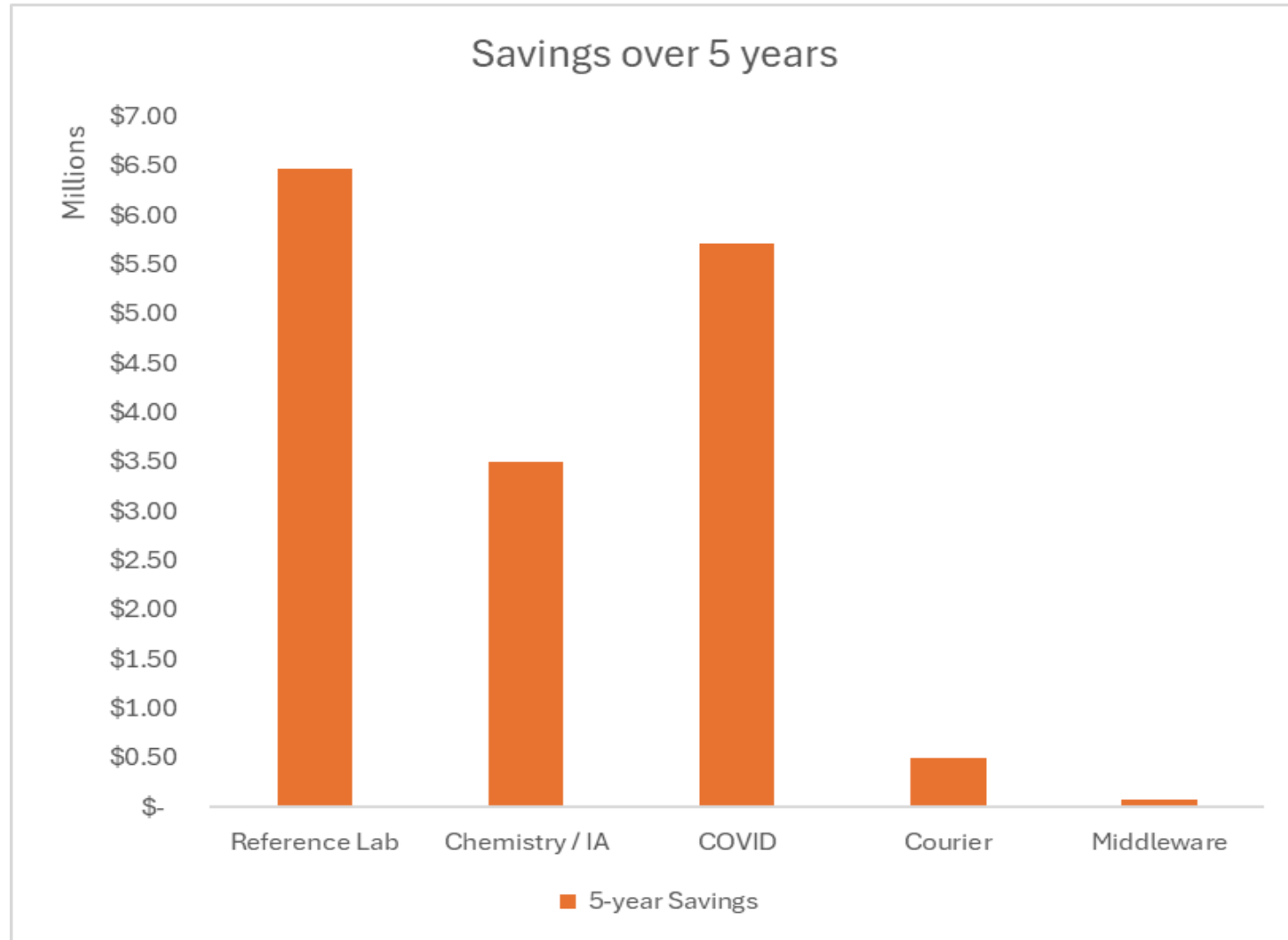


ASCP Choosing Wisely Champion Of The Year 2023

Supply Chain And Contract Review

- ▶ Contracting and supply chain management
 - ▶ Performed by group of very smart individuals
 - ▶ Not trained in laboratory science
 - ▶ Do their job for many different departments
 - ▶ Have a finite set of resources for benchmarking
- ▶ Partnered with Accumen
 - ▶ Already had a relationship
 - ▶ Very knowledgeable about laboratory science
 - ▶ Only work for labs
 - ▶ Have many resources
 - ▶ Reviewed current pricing for high-volume items and reference lab expenses
 - ▶ On-going review of contract renewals for reagents, reference lab expenses and instrument replacements

Expected 5-Year Savings





Questions?