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Integrated Laboratory Services

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LABORATORIES

Institute for
Learning



A Roadmap for an Effective Laboratory Utilization Management Program

Casey Leavitt, MBA

Director, Consultative Services

ARUP Laboratories

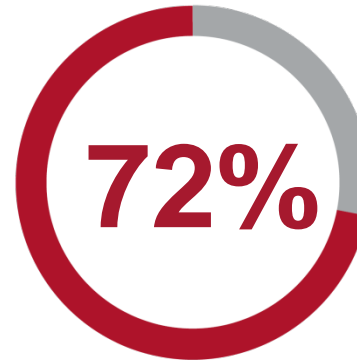
"Unnecessary lab tests
cost an average hospital
\$1.7 million a year."

ABIM Foundation Survey

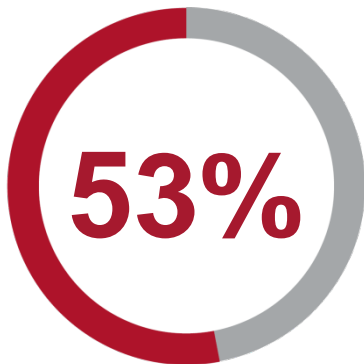
Physicians reported:



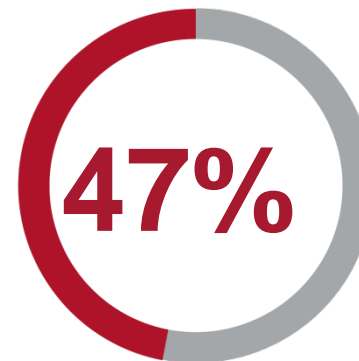
the frequency of unnecessary tests and procedures is a very or somewhat serious problem



the average medical doctor prescribes an unnecessary test or procedure at least once a week.



that even if they know a medical test is unnecessary, they order it if a patient insists



their patients ask for an unnecessary test or procedure at least once a week

Role of the Lab and Pathologist

Past

- ▶ Support analytic process
- ▶ Perform lab tests
- ▶ Provide test results
- ▶ Assess test costs
- ▶ Give doctors whatever they ask for

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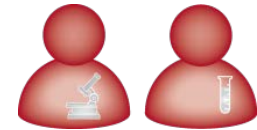
Support full diagnostic process



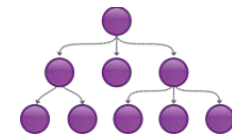
Provide diagnostic knowledge



Assess test value



Select the right test for the right patient at the right time



Actively manage test utilization





analytics

governance

formulary

implementation

maintenance

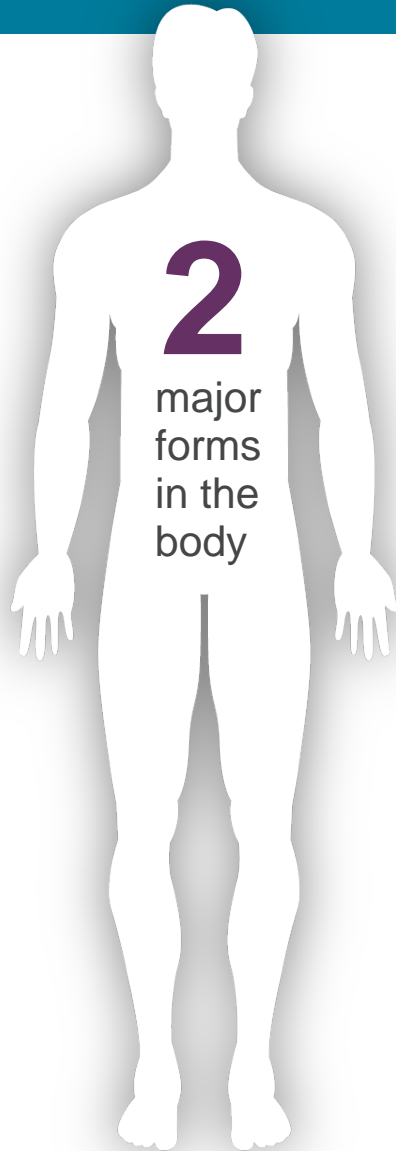
utilization
management

Road Map

communication

measurement

Vitamin D



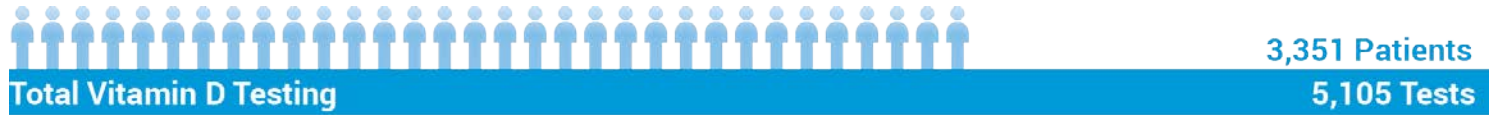
1, 25 dihydroxy-vitamin D

and can be misleading in screening for deficiency

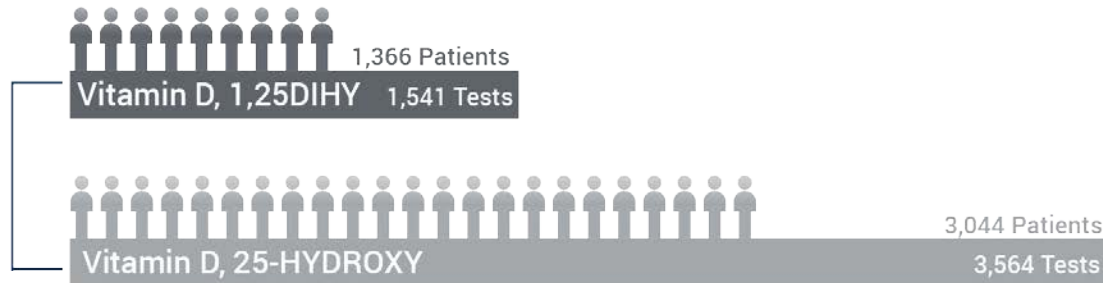
25 hydroxy-vitamin D

the best indicator of Vitamin D status in *routine screening for deficiency*

Vitamin D

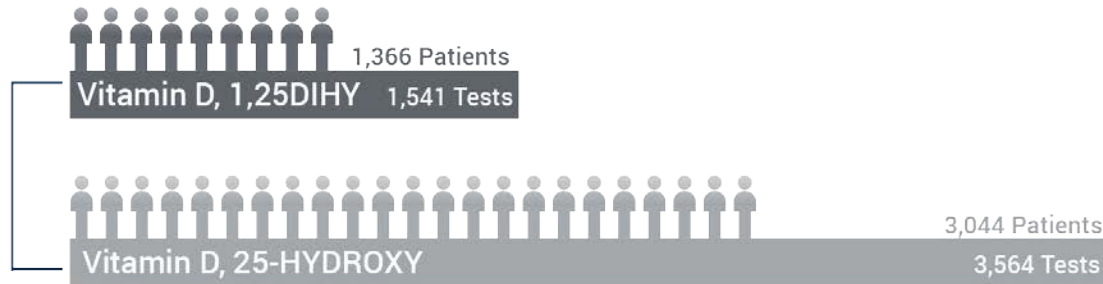


Vitamin D



Appropriate test for routine assessment of vitamin D status, including general population screening, as it is the most accurate measure of vitamin D stores.

Vitamin D

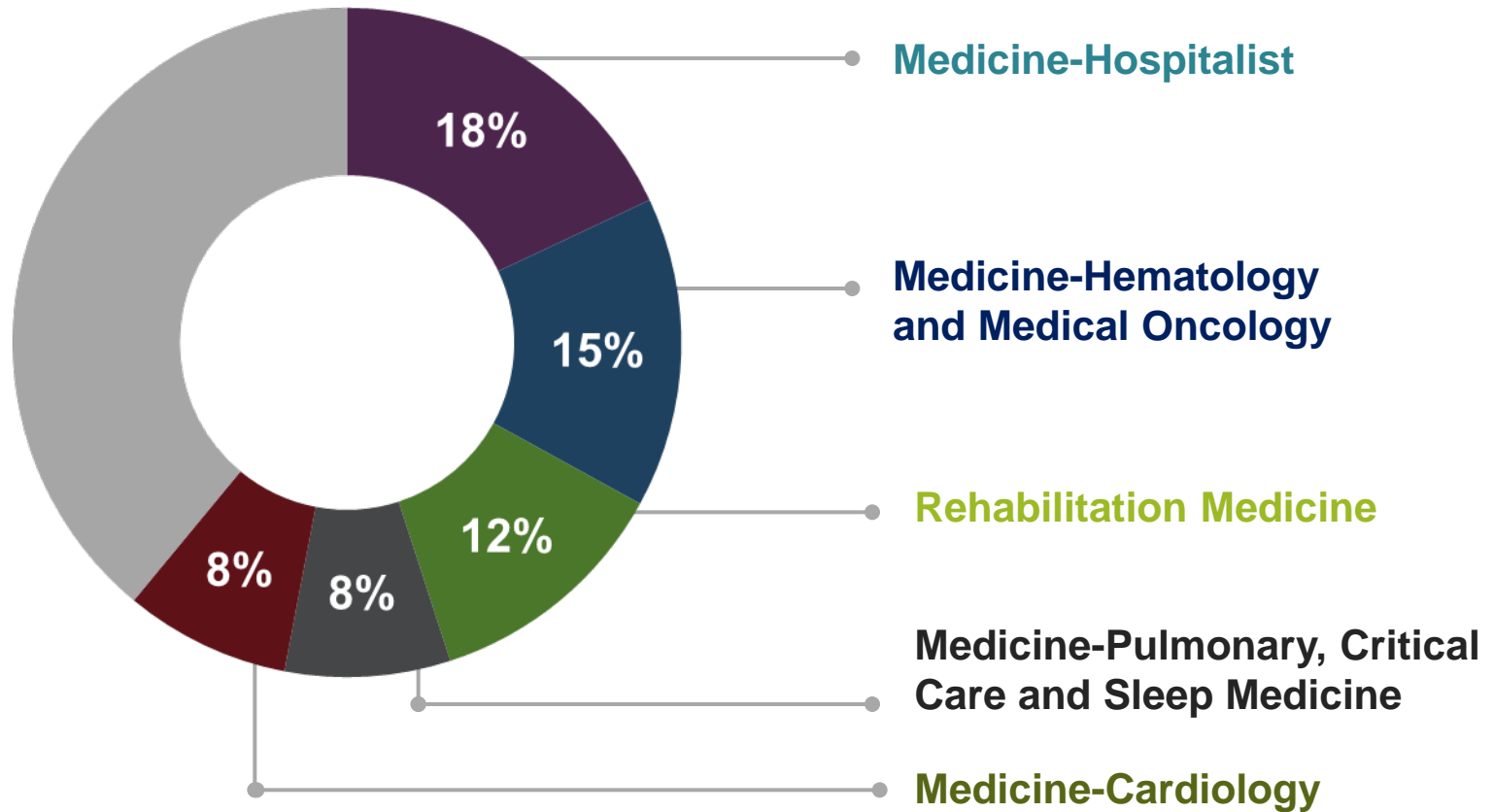


Both tests were ordered for **906** patients (1,962 tests)

Multiple Vitamin D Orders

Orders/Tests Per Admission	# Patients	Avg # of Ordering Providers
Patients with 3 orders	90	1.9
Patients with 4 orders	28	2.1
Patients with 5 orders	8	2.5
Patients with 6 orders	4	2.3
Patients with 7 orders	4	3.3
Patients with 8 orders	2	4.0

Ordering Providers – Vitamin D 1,25 Dihydroxy





analytics

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Governance



- Develop mission statement, scope and objectives
- Determine Steering Committee membership
- Meet two to four times

Governance



- Oversee implementation of policies and formulary
- Create and execute communication plan
- Develop lab ordering policies
- Oversee formulary development
- Govern new tests, retired tests, reference labs, etc

Utilization Steering Committee





analytics

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Questions to Consider



Should the test be on the menu?



Should the test be available to every provider?



Should the ordering provider be educated about this test?



What do ordering providers need to know about the test?



What do ordering providers need to know about the test in this situation?

Formulary Development Experiences



Focus on **INPATIENT**;
outpatient poses
risks to relationships
and reimbursement

it is fun
strangely
addictive
has endless
opportunities



Disseminating
information to providers
is difficult; implement in
CPOE and deal with a
few calls



Measure **RESULTS**



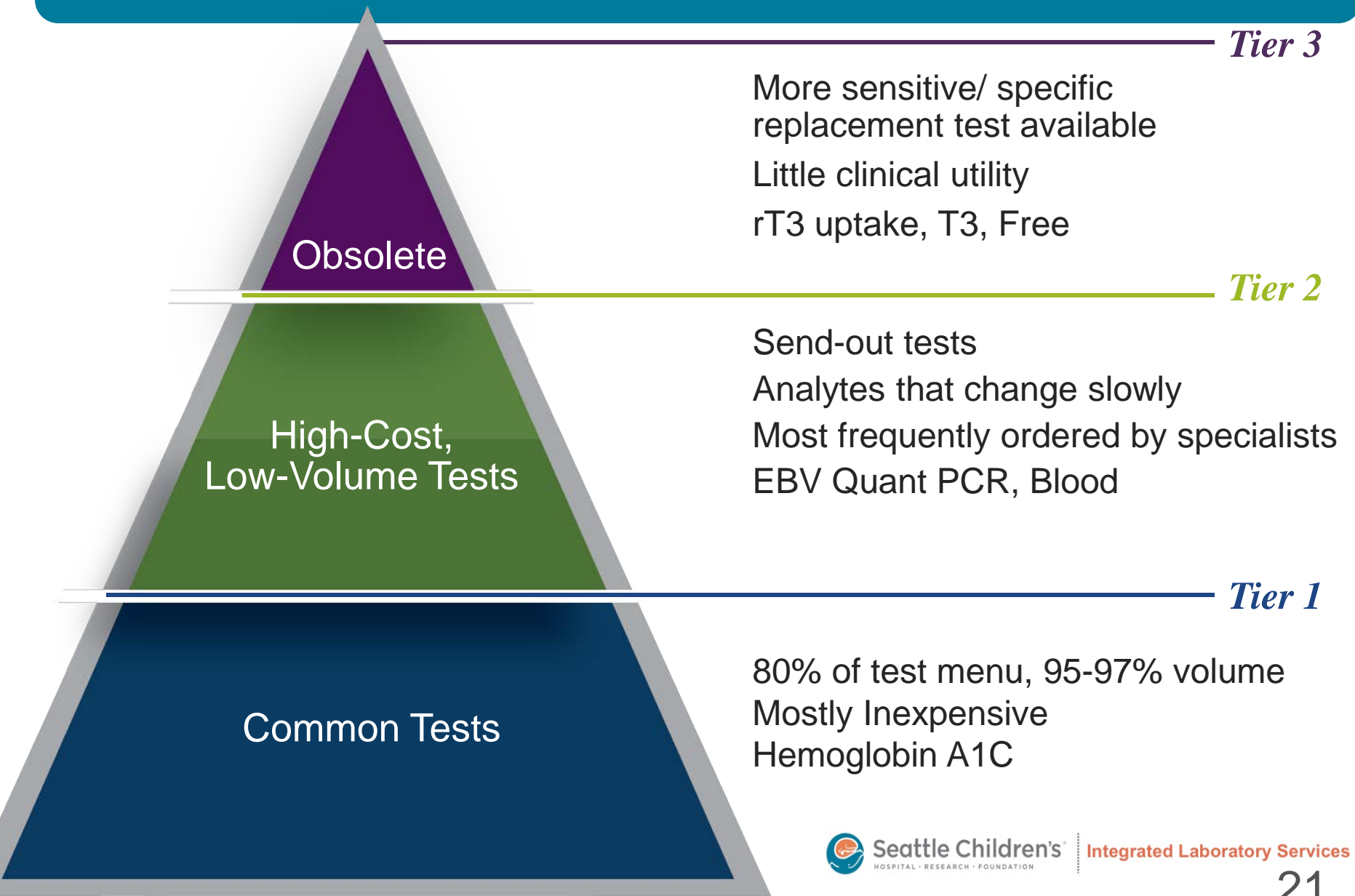
Pathology
SUPPORTED not
driven



Little **PHYSICIAN**
resistance



Formulary Tiers





analytics

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Road Map

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Implementation

Engage IT
early and often

Sometimes it's
better to ask for
forgiveness than
permission

Physician
education
yields mixed
results





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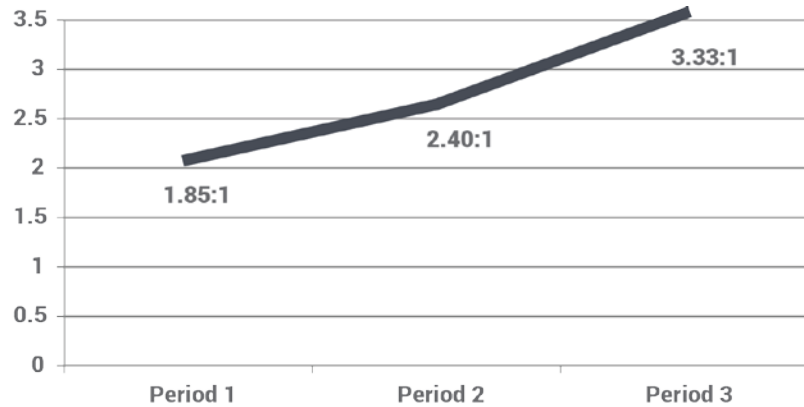
Road Map

communication

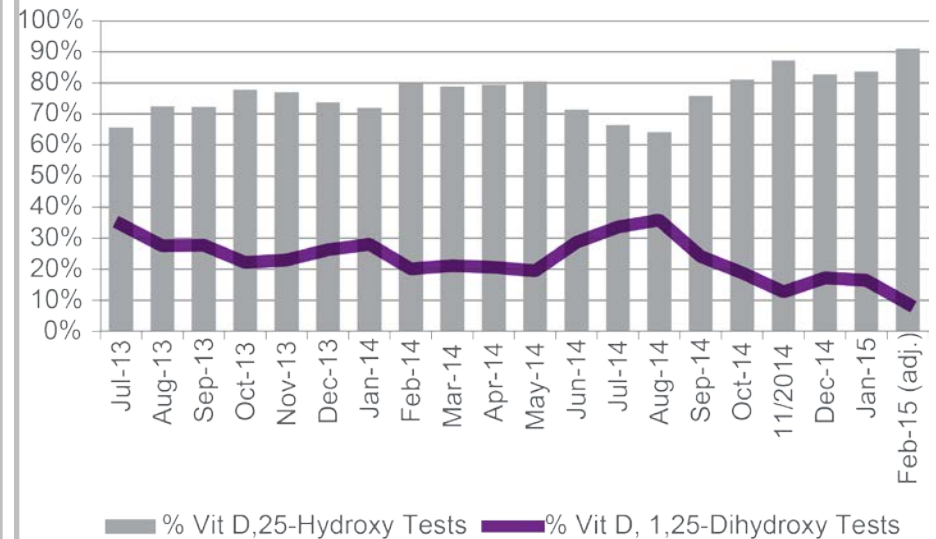
measurement

Effectiveness of Change in Vitamin D Orders

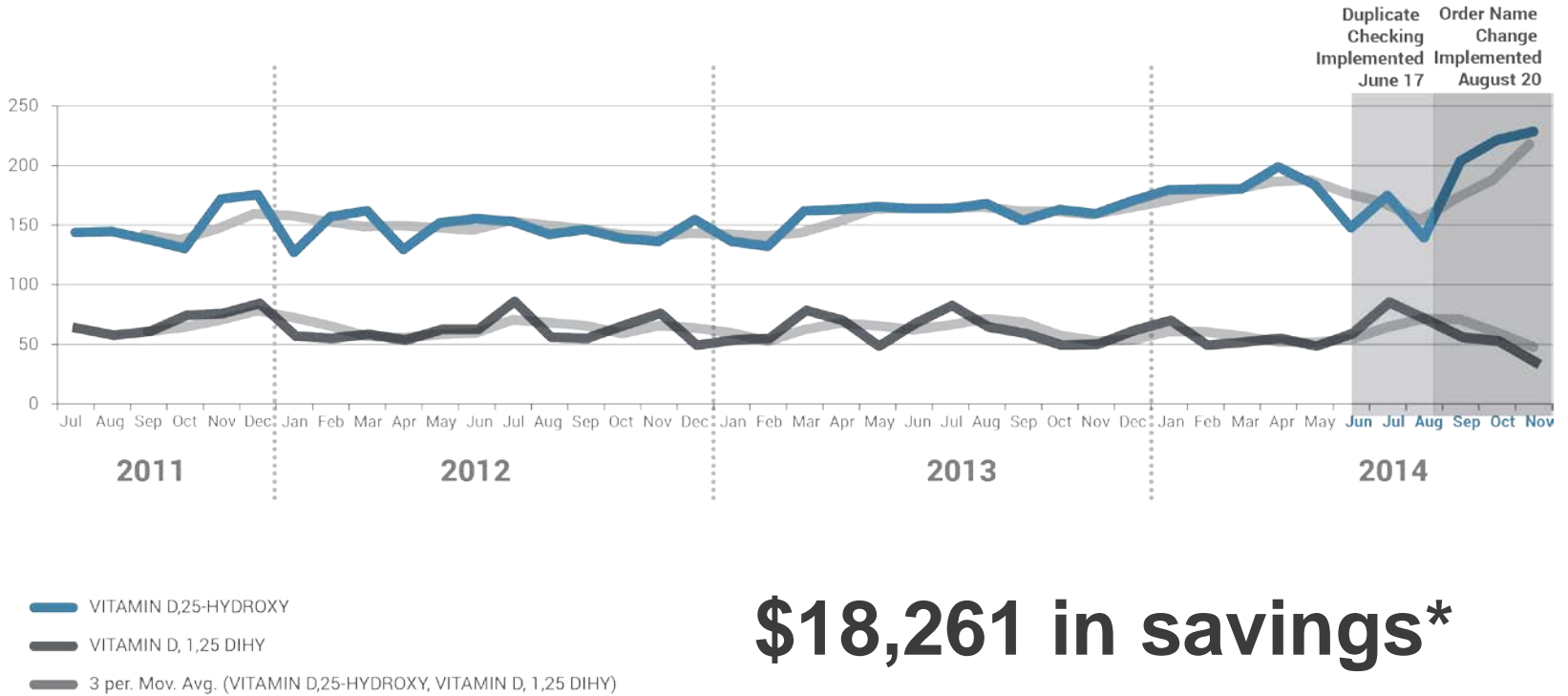
Ratio of D 25 to D 1,25



D 1,25 Drop



Vitamin D tracking



\$18,261 in savings*

When applied to outpatients *across* the health system,
projected savings of \$700,000/year

*based on MCR allowables

Roadblocks



It's about more than cost savings.

As we make the transition to value-based care, we must experience a behavioral and cultural shift so that we are practicing medicine in a much more thoughtful and efficient way.



Consultative Services



Department of Pathology