Utilization Management

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ARUP LABORATORIES | Consultative Services

Institute of Medicine

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

Beth Israel Deaconess Medical Center Study

Concluded that

1/3 of all lab tests are unnecessary

ABIM Foundation Survey

73%

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

72%

of physicians say the average medical doctor prescribes an unnecessary test or procedure at least once a week

53%

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

47%

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

ABIM Foundation. Survey: Physicians Aware Many Tests and Procedures are Unnecessary, See Themselves as Solution. 2014. http://www.abimfoundation.org/News/ABIM-Foundation-News/2014/choosing-wisely-survey-release.aspx

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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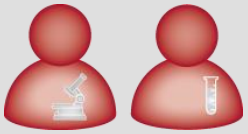
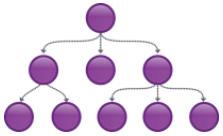
Assess test value

Support full diagnostic process



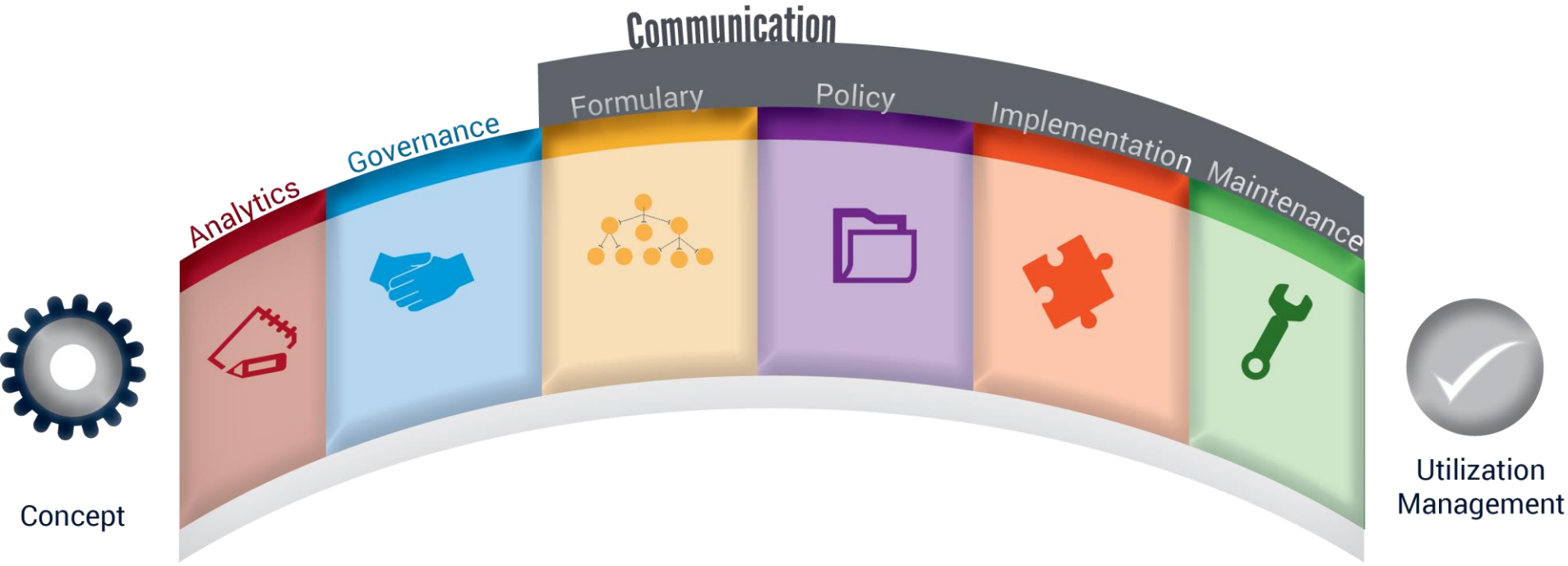
Select the right test for the right patient at the right time

Provide diagnostic knowledge

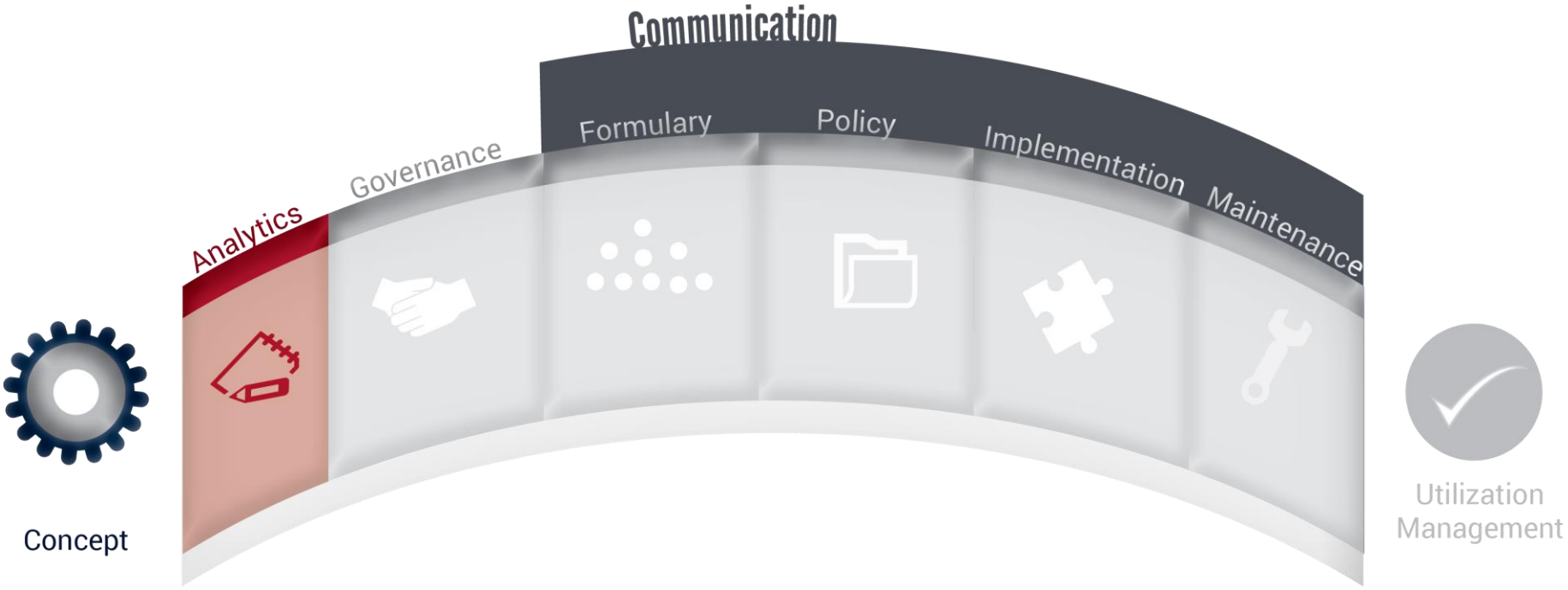


Actively manage test utilization

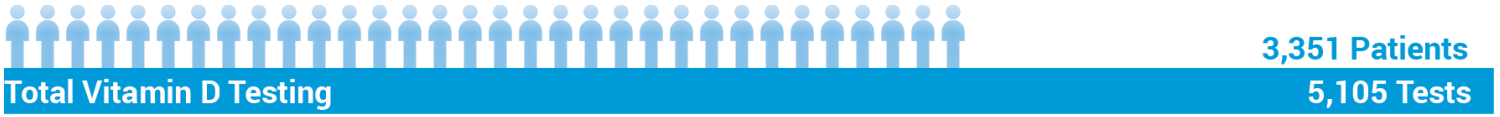
Utilization Management Roadmap



Utilization Management Roadmap

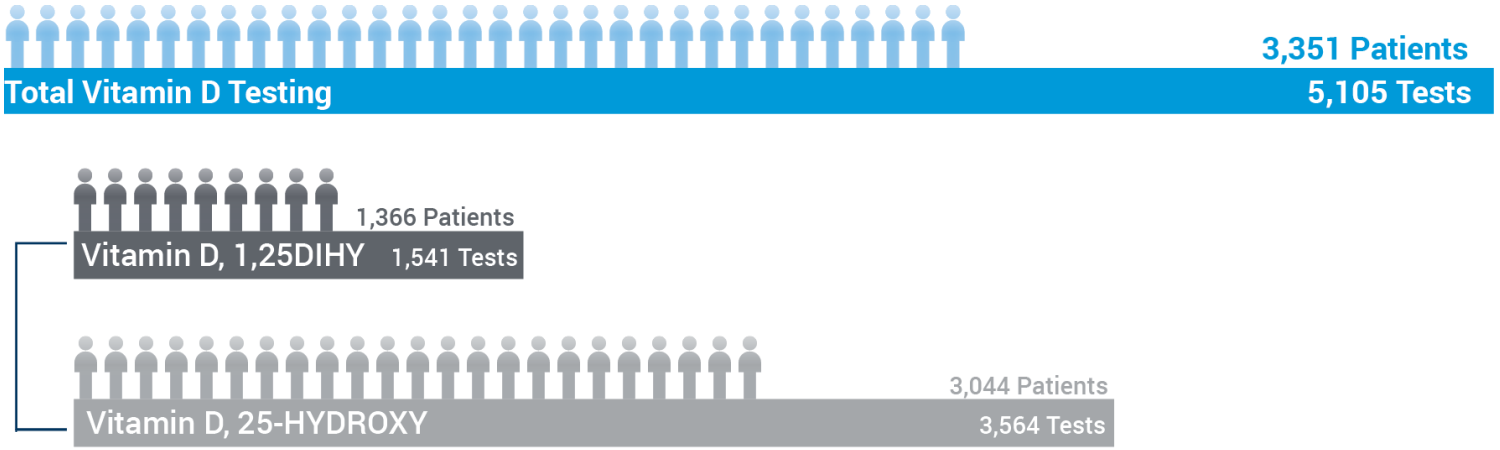


Vitamin D



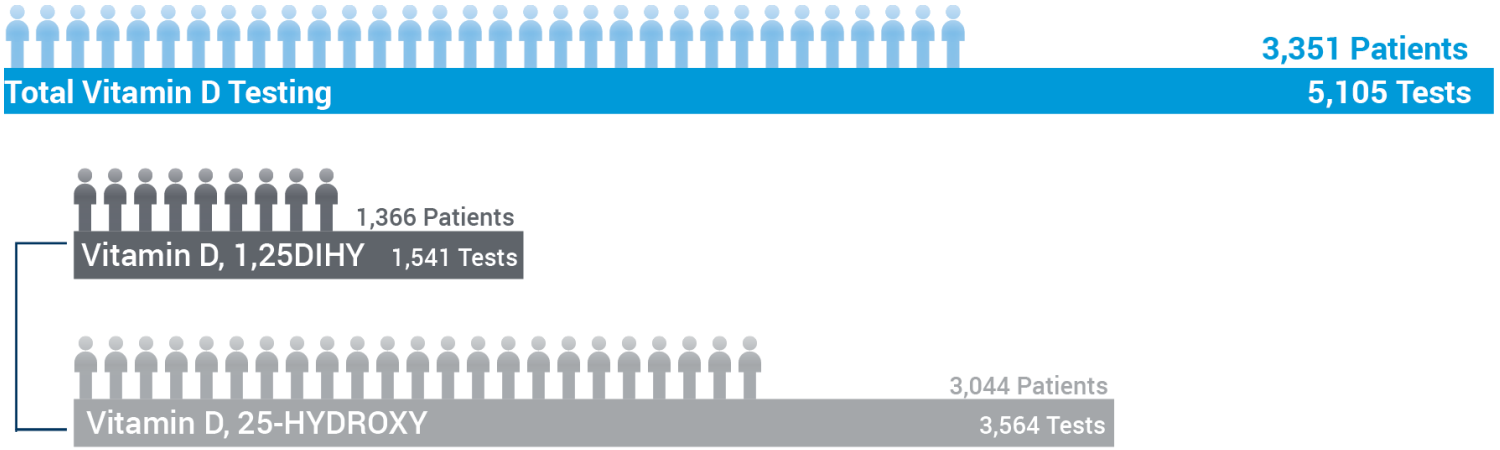
In some cases, this test may be useful in patients with certain other conditions, primarily hypercalcemia. If used for diagnosing vitamin D deficiency, the results of this test can be misleading.

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

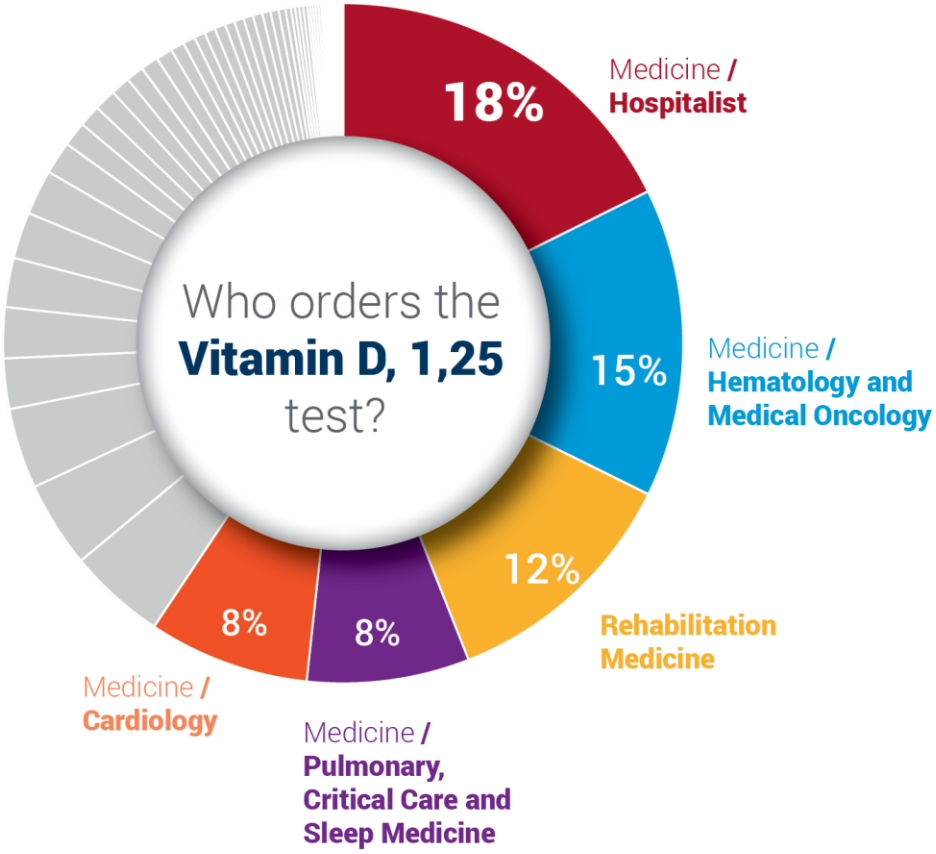


Both tests were ordered for **906 patients** (1,962 tests)

Multiple Vitamin D Ordering

Orders/Tests Per ***Admission***			
	# Vitamin D Orders	# Vitamin D Tests	Avg. # of Ordering Providers
Patients with 3 orders	270	320	1.9
Patients with 4 orders	112	139	2.1
Patients with 5 orders	40	50	2.5
Patients with 6 orders	24	29	2.3
Patients with 7 orders	28	31	3.3
Patients with 8 orders	**16**	**18**	**4.0**

Vitamin D, 1, 25 (Non-Preferred Test)



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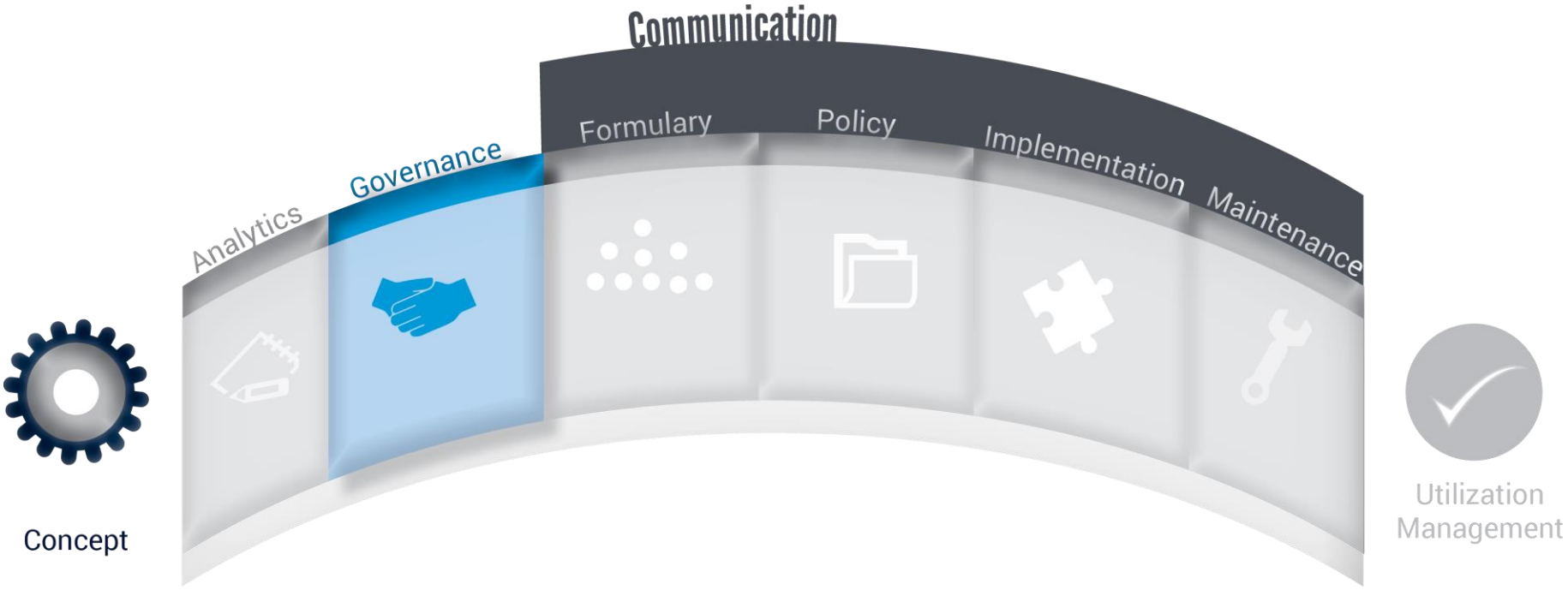


Governance

Planning
Committee

4-6 members
(including a champion)

Key stakeholders

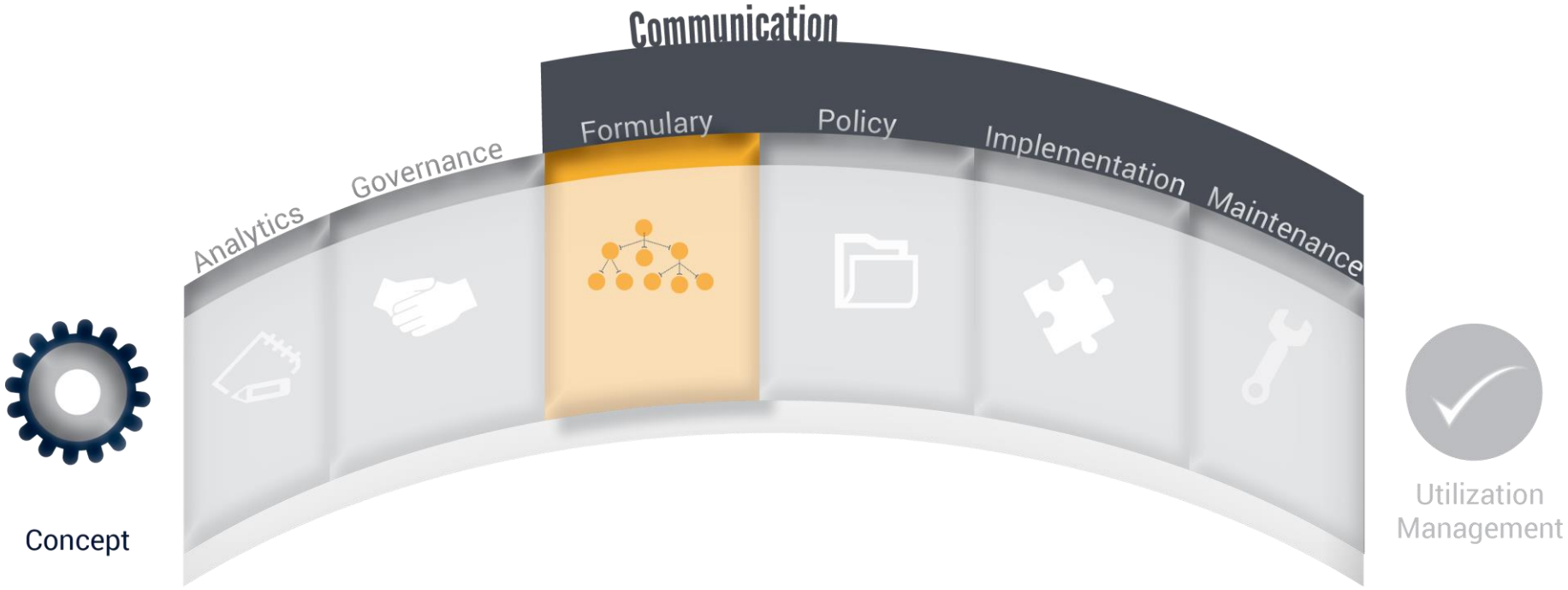
- Develop mission statement, scope and objectives
- Determine Steering Committee membership
- Meet two to four times

Steering
Committee

12-15 members
(including a champion)

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

Utilization Management Roadmap



Question-Based Tiering

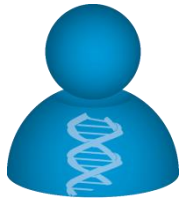
Should a provider be able to order this test at all?

Should any provider be able to order this test?

Should the ordering provider be educated about this test?

What do ordering providers need to know?

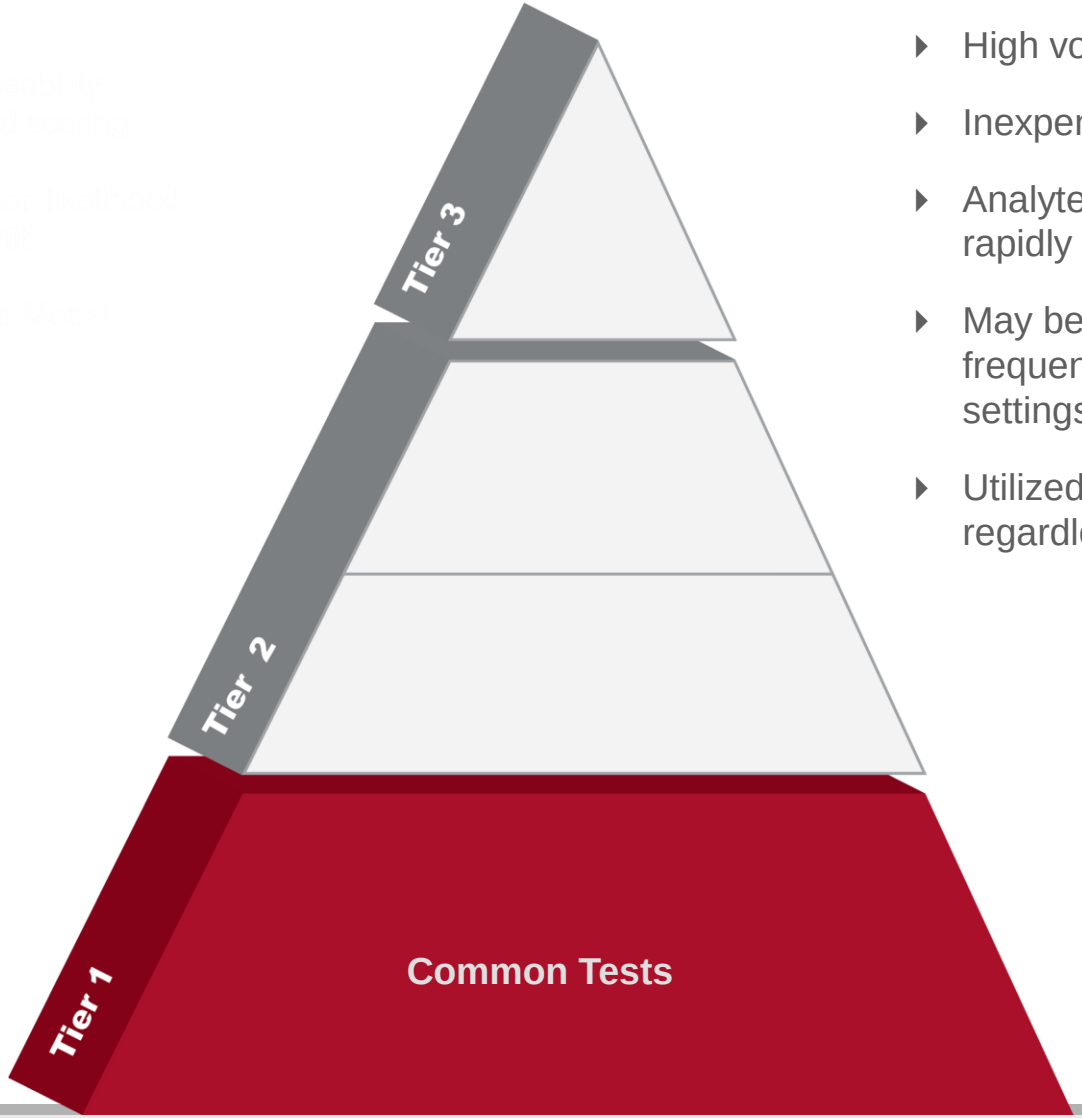
Cost, send-out, sensitivity, clinical indications



Should the ordering provider be educated about this test for particular patients?

Previously ordered, impact on dx discharge, inappropriate clinical setting

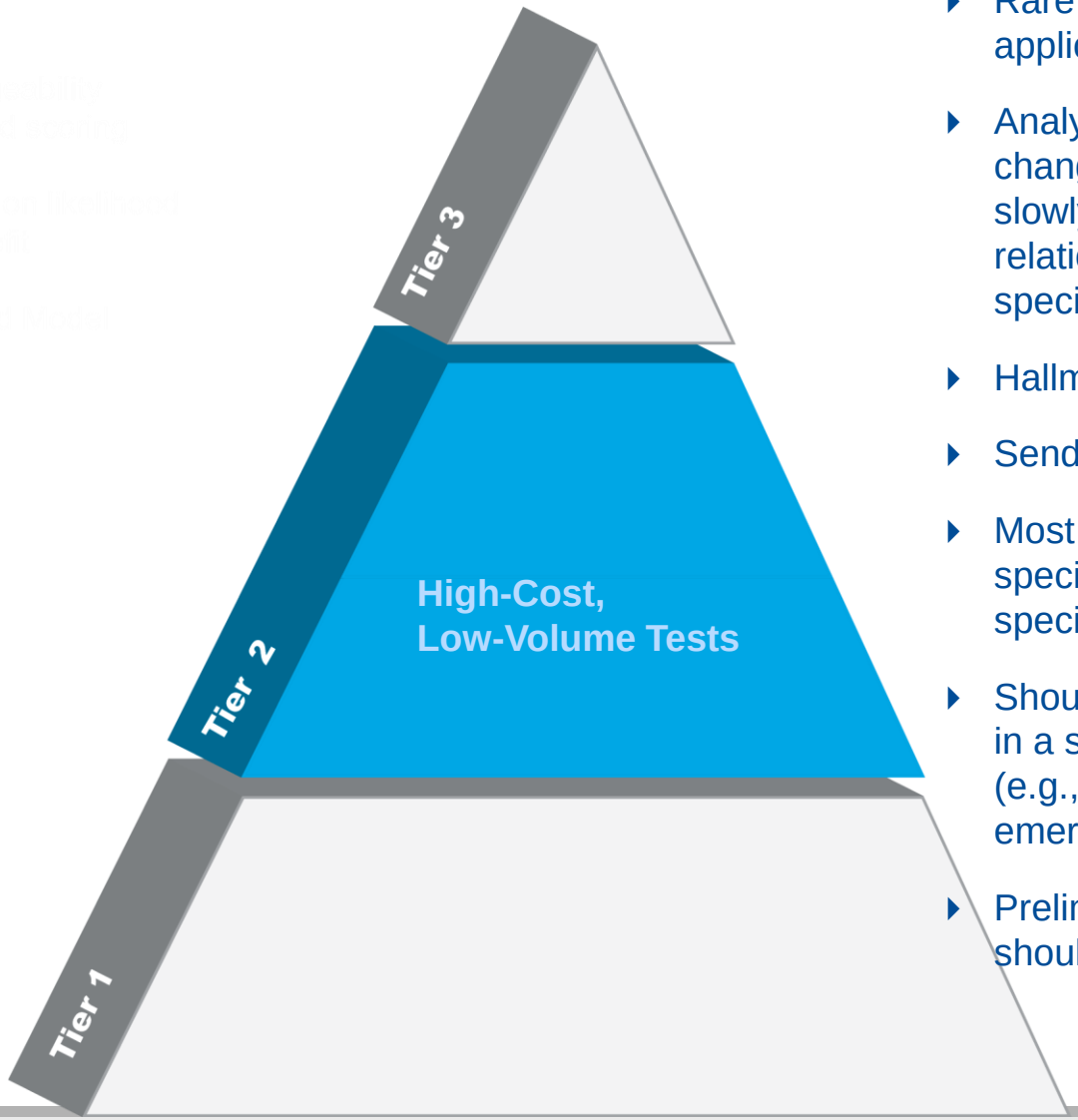
Tiering Model



Tiering Definitions

- High volume
- Inexpensive
- Analytes that may change rapidly
- May be subjected to higher frequency in acute care settings
- Utilized by most providers regardless of specialty

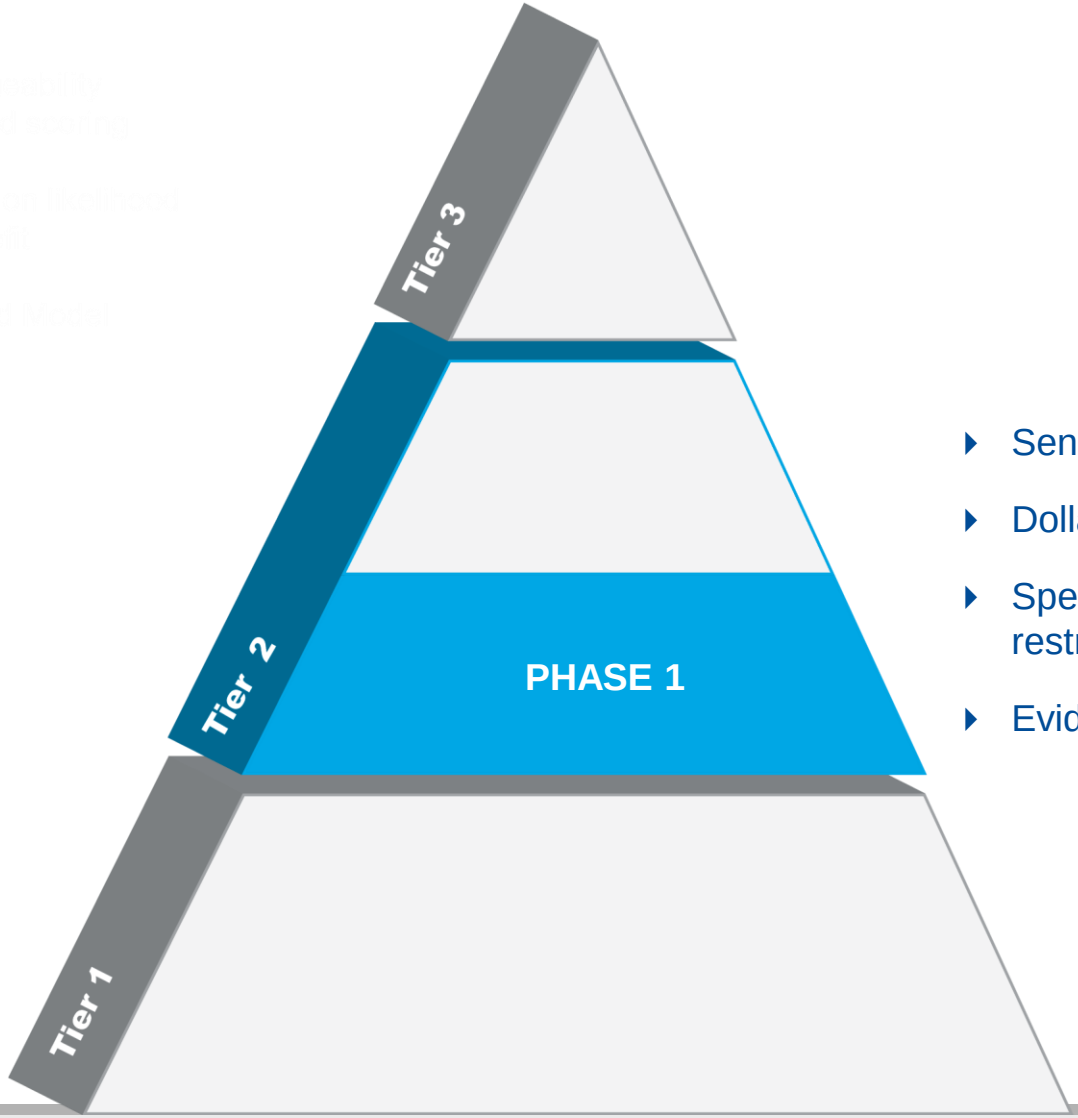
Tiering Model



Tiering Definitions

- Rare and unique applications
- Analytes that never change, change relatively slowly, or change only in relation to a disease specific process
- Hallmark markers
- Sendout Tests
- Most frequently ordered by specific, identifiable specialists
- Should only be performed in a specific clinical setting (e.g., inpatient, ambulatory, emergency, etc.)
- Preliminary screening tests should be performed prior

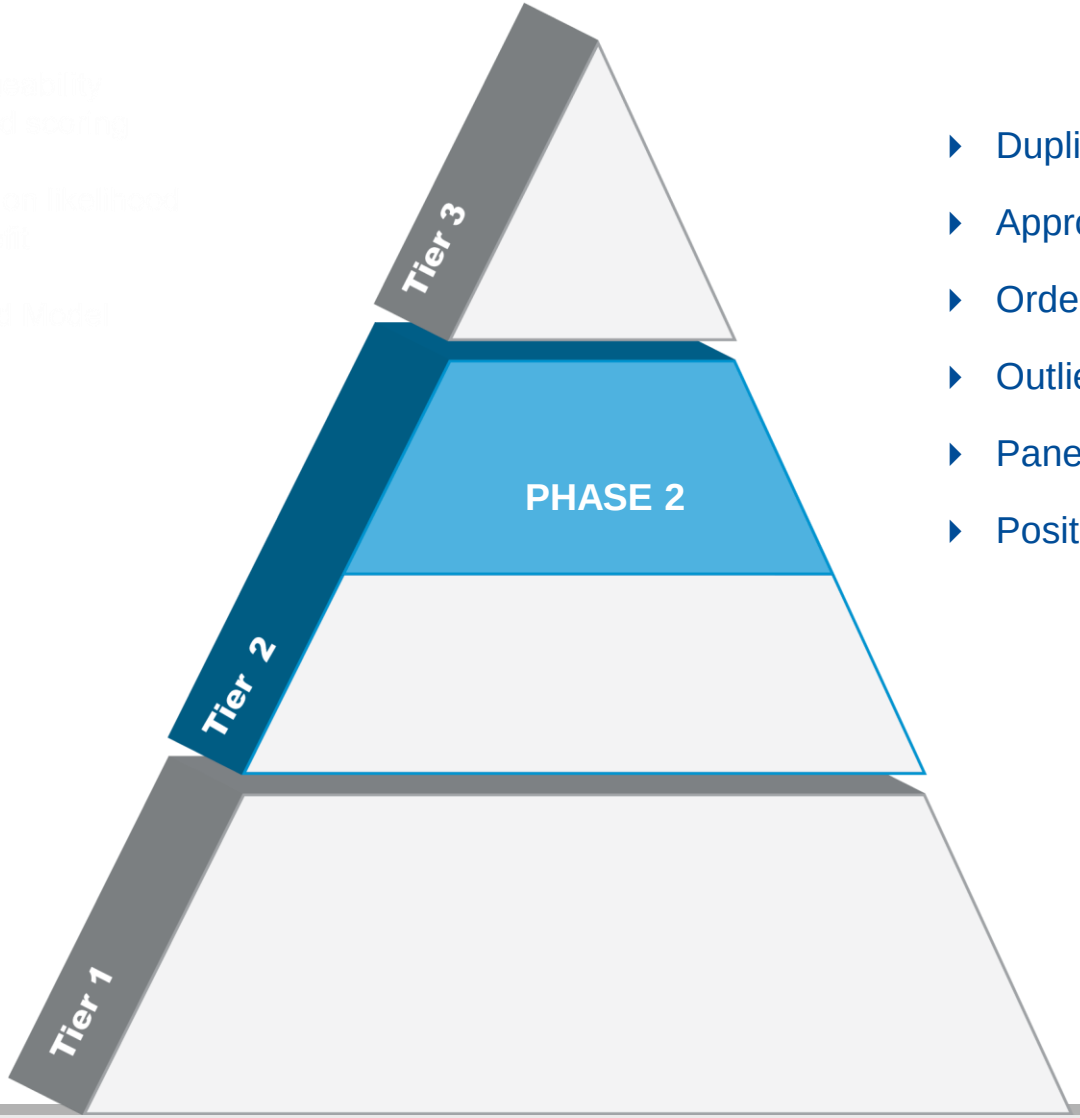
Tiering Model



Tiering Definitions

- Sendout testing
- Dollar threshold
- Specialty-specific restrictions
- Evidence-based guidelines

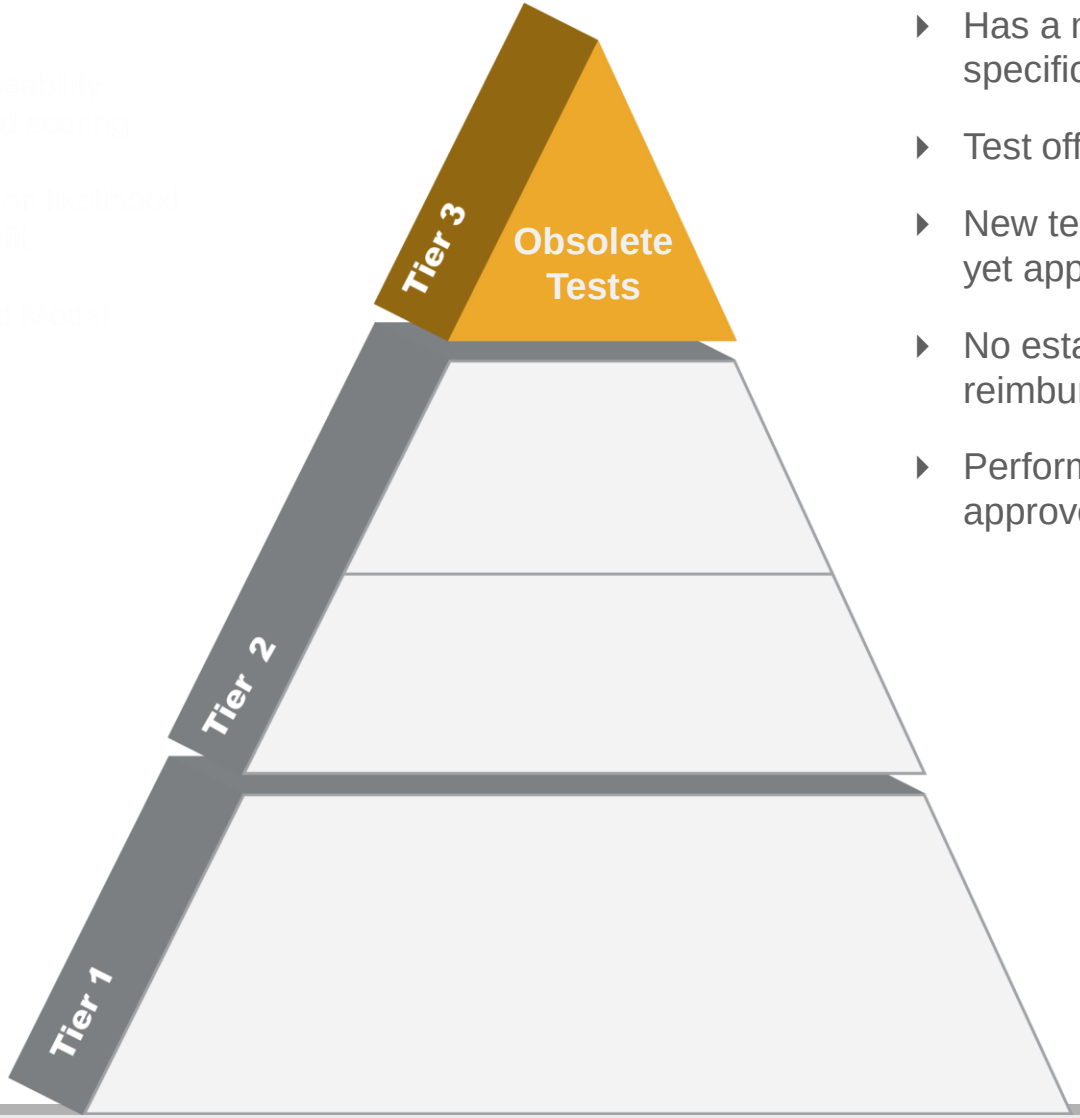
Tiering Model



Tiering Definitions

- Duplicate testing
- Appropriate clinical setting
- Order of test; reflex testing
- Outlier providers
- Panels and test groups
- Positivity Rates

Tiering Model



Tiering Definitions

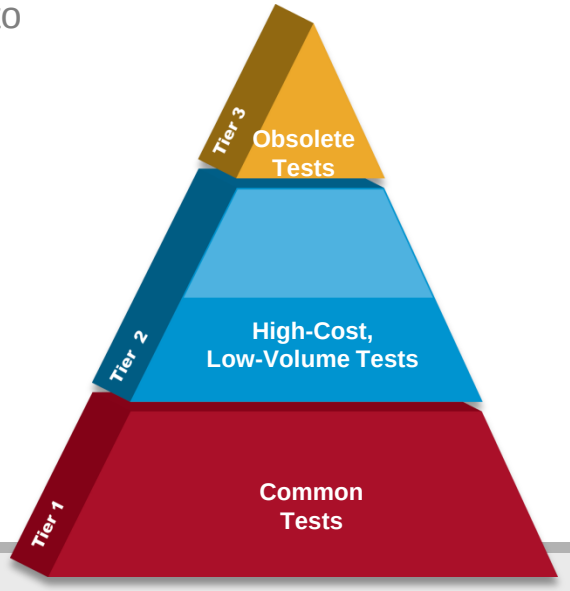
- Has a more sensitive/ specific replacement test
- Test offers no clinical utility
- New technology that is not yet approved
- No established reimbursement
- Performed at a lab not yet approved

Examples

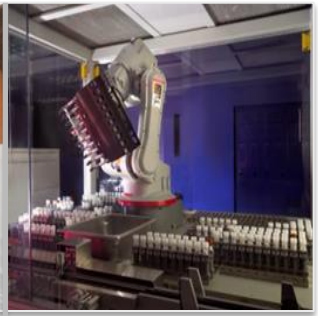
- **T3, Free ($152) –** Analytic precision of this test is inferior to free T4 and total T3
- **Hepatitis A Virus Total –** Clinicians should order individual Hep A Tests as needed

- **All sendout tests**
- **All tests with a charge >$225**
- **EBV Quant PCR, Blood ($375) –** Not needed for routine diagnosis of EBV
- **PROGRAF (FK-506) TROUGH ($150) –** Consider restricting only to transplant specialists

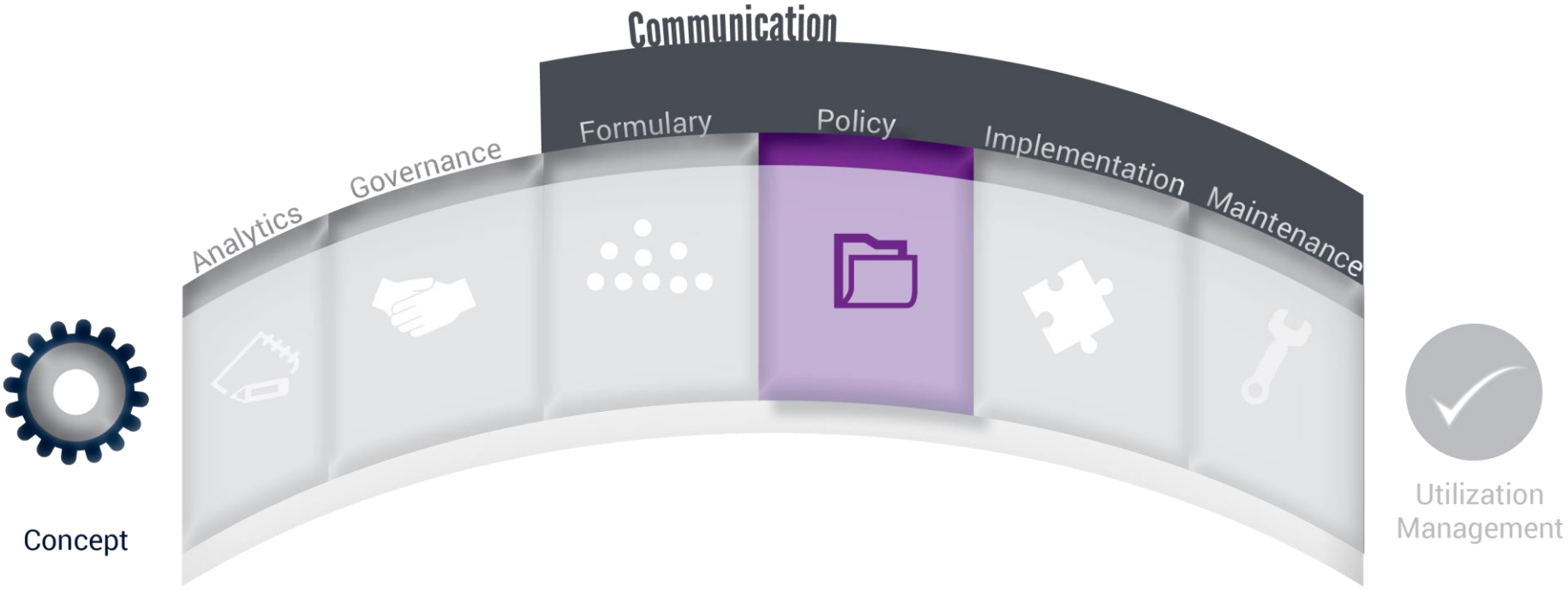
- **Everything with a charge under $25**
- **Urine Culture ($105) –** Ordered by wide range of providers
- **Hemoglobin A1c ($98) –** Ordered by wide range of providers



Formulary Development Experiences

					
Little **PHYSICIAN** resistance	Pathology **SUPPORTED** not driven	Disseminating information to providers is difficult; implement in **CPOE** and deal with a few calls	Measure **RESULTS**	Focus on **INPATIENT**; outpatient poses risks to relationships and reimbursement	It is fun, strangely addictive, and has endless **OPPORTUNITIES**

Utilization Management Roadmap



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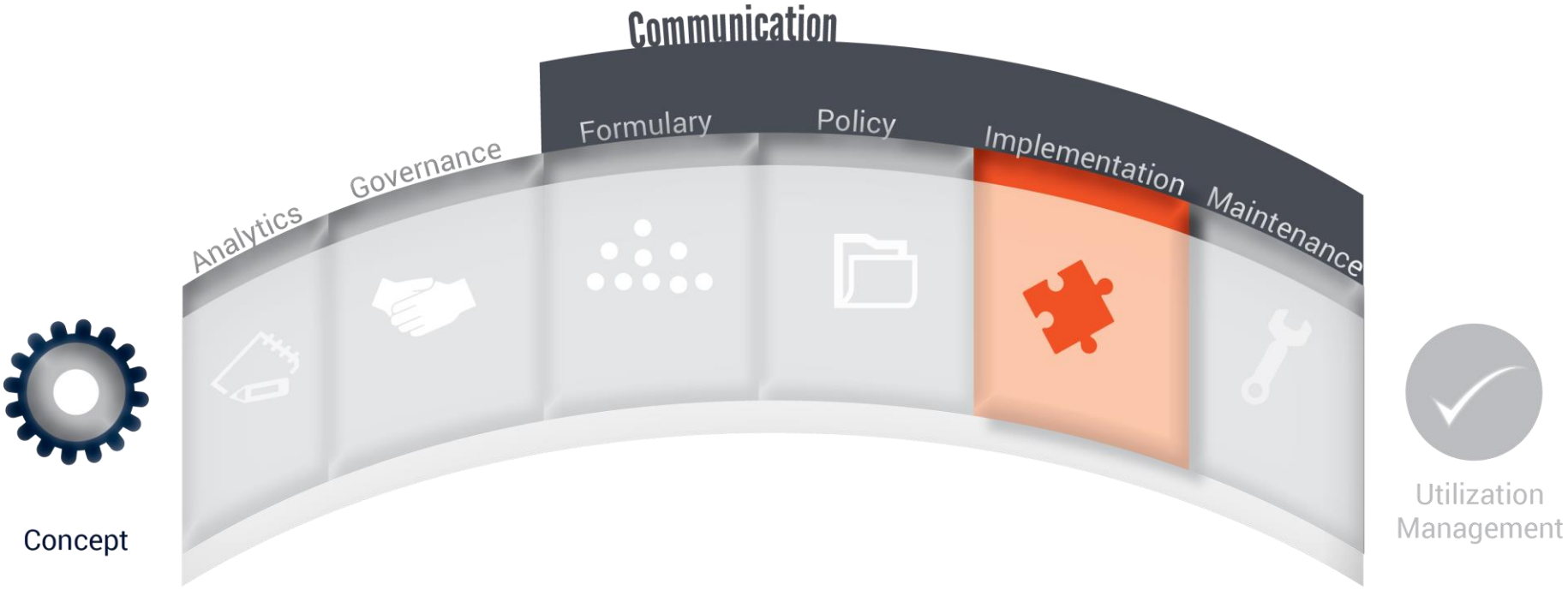
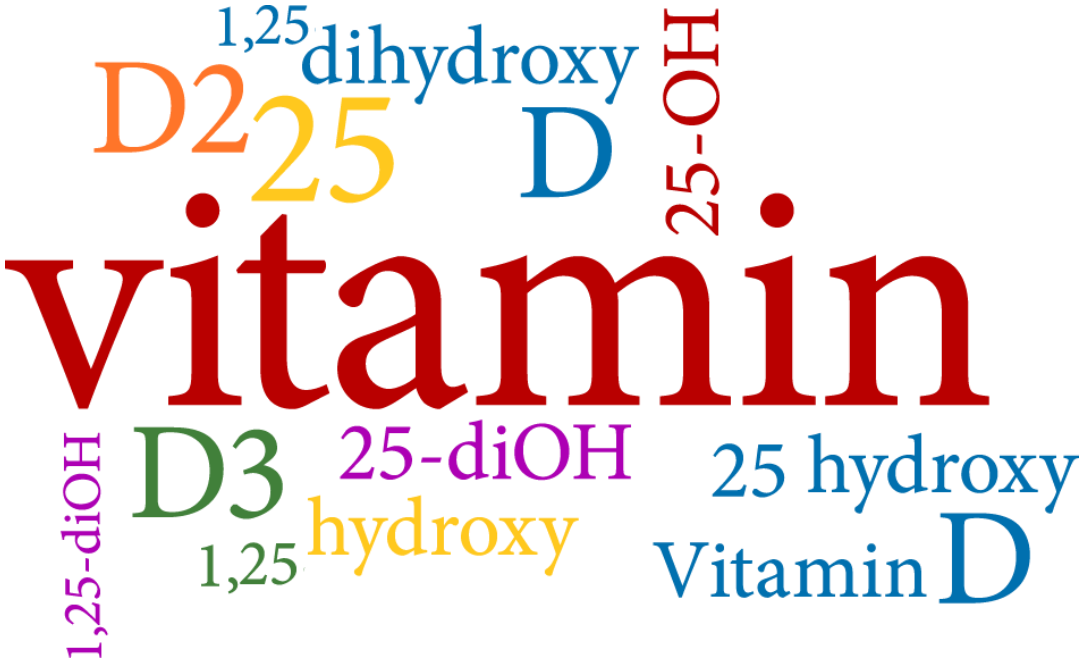


No wonder physicians are confused about testing for Vitamin D deficiency….



Implementation

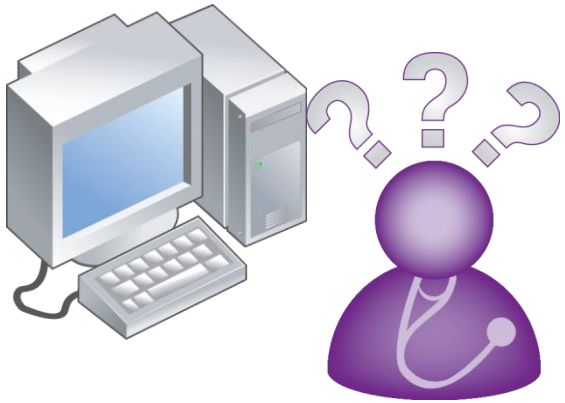
Engage IT early and often

Sometimes it's better to ask for forgiveness than permission

Physician education yields mixed results

Implementation

Make it easy to order the right tests and hard to order the wrong ones



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