Using Data to Drive Laboratory Stewardship Initiatives

Real-time insights key to identifying opportunities for clinical and financial improvement.

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—Rachael Hulshizer
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Here’s some good news in today’s financially challenging healthcare environment: Opportunities exist for decreasing inappropriate laboratory ordering and unnecessary lab spend. Provider organizations just need to know where to look.

Approximately 7.7% of all lab orders are clinically inappropriate, which renders about 12% of lab spend unnecessary, according to The Change Healthcare 2021 Laboratory Ordering Utilization Index. The report, which draws insights from Change Healthcare’s CareSelect Lab point-of-order decision support solution, found that opportunities for reducing inappropriate ordering and lowering costs can be found across the entire spectrum of testing, from genetics tests to daily, routine labs.

Identifying such opportunities is beneficial for numerous reasons. “Inappropriate testing can waste patient time and, in some situations, add time to diagnosis and length of stay,” says Caroline Juarez, product owner and manager, CareSelect Lab, Change Healthcare, Lafayette, Colo. “Inappropriate lab ordering also can increase the number of patient blood draws in inpatient and outpatient care settings and can lead to potentially unnecessary repeat outpatient visits.”

Increasingly cost-conscious patients and overall financial pressures on hospitals due to decreased reimbursements from the pandemic round out some of the other reasons why good lab stewardship is rising in priority for healthcare leaders.

“While lab is typically a relatively small portion of a health system’s budget, many clinical decisions are based on lab tests, so inappropriate orders and unnecessary tests can quickly lead to more tests and more visits, which can increase total cost of care,” says Rachael Hulshizer, manager, clinical products and services, Value-Based Medicine, Mayo Collaborative Services, Rochester, Minn. In fact, according to the Change Healthcare utilization index, consistently placed inappropriate orders (those placed inappropriately more than 90% of the time) drive more than 45% of unnecessary spend.

Using a data-driven approach, Mayo Clinic has reduced unnecessary testing and improved overall laboratory stewardship.

From Insights to Action

One challenge for Mayo Clinic was identifying issues within its lab stewardship program, quantifying those issues and understanding how to fix them, according to Hulshizer. Via dashboards that monitor ordering, the CareSelect Lab solution provides those insights, illuminating challenges and helping to guide next steps.

“Organizations can use the data to determine how they would like to take action, whether it’s education efforts, updates to their EHRs or point-of-order guidance to clinicians, for example,” Juarez says.

The ability to create custom content within CareSelect Lab helps organizations identify specific areas in which to improve...
test-ordering practices. “For example, if there is a one-day frequency rule in place for lab ordering, we can change it to a two-day frequency rule and see how that data looks,” Hulshizer says.

Insights from CareSelect Lab also help Mayo Clinic understand variations among its multiple practices. “The Mayo Clinic Rochester is very different than our practices in Arizona and Florida, and the Mayo Clinic Health System practice differs from the other three,” Hulshizer says. “We can now understand variations among our four groups.”

Overall, the solution assists with systemwide collaboration. “We can give people within our institution access, and the data in the platform allows us—a small group of laboratory managers who support the Mayo Clinic enterprise in its lab stewardship journey—to interact with other internal groups that were not aware of us previously,” Hulshizer says. “Now we are better able to help drive change.”

For example, working with clinicians and other staff on Mayo Clinic’s lab stewardship committee, Hulshizer’s team used the data from CareSelect Lab to determine ways to improve the health system’s utilization of standard metabolic panels for inpatients. Rather than reordering the larger comprehensive metabolic panel, the team decided to move forward with recommending smaller panels based on the analytes of interest only, as the data shows it will result in significant savings.

Integration with a healthcare organization’s EHR system makes improvements like this possible. “CareSelect Lab is integrated directly into an organization’s order-entry workflow and EHR, so it uses key inputs like prior lab results and diagnoses to determine the appropriateness of the test being ordered,” Juarez says. “The solution runs in the background with no change to the ordering clinician’s workflow.”

CareSelect Lab is bolstered by clinical appropriateness criteria that Mayo Clinic subject matter experts author and update, making the health system not only a customer but also a partner in developing and maintaining the solution. The data is revised regularly, providing organizations with access to the latest clinical appropriateness data. Lab stewardship programs can be tweaked accordingly to benefit patients and the organizations’ financial health.

“It’s in everyone’s best interest to promote appropriate test utilization, especially as the industry moves toward a value-based care future,” Hulshizer says. “Now is the time to invest so you are ready for that future, because at the end of the day for lab stewardship, your focus is on good patient care, and the financial impact will follow from that.”

For more information, please visit inspire.changehealthcare.com/CareSelectLab-Analysis or contact Jennifer Dye, strategic account executive, Clinical Decision Support, Change Healthcare, at jennifer.dye1@changehealthcare.com.