

2021 *Choosing Wisely* Champions

The *Choosing Wisely* Champions program

- **Recognizes** individual clinicians for their contributions to the campaign;
- **Inspires** other clinicians seeking to implement *Choosing Wisely* in their own practice;
- **Provides** society partners an opportunity to celebrate members' contributions to the campaign;
- **Demonstrates** how the campaign is driving change in health care; and
- **Helps** clinicians learn from one another by highlighting exemplars.

Andrew Fletcher, MD, MBA, CPE, CHCQM, FASCP*

Andrew.fletcher@aruplab.com

ARUP Laboratories

Dr. Andrew Fletcher, ARUP medical director of Consultative Services, promotes *Choosing Wisely* guidelines through his considerable contributions to continuing education and his collaborative initiatives with hospital systems throughout the country to drive quality healthcare improvement. Along with the ARUP Consultative Services team, Dr. Fletcher has developed real-time analytics tools to identify commonly misused tests and has led laboratory stewardship analyses of reference and in-house testing. Nearly 1,600 users in hospitals and labs across the United States utilize 645 of these dashboards to reduce inappropriate testing, thereby reducing costs and improving patient safety by decreasing daily recurring lab tests, tests reported postdischarge, inappropriate test intervals, and iatrogenic anemia. Additionally, his efforts to implement *Choosing Wisely* recommendations in over 475 reference test ordering pattern reports for U.S. hospitals have resulted in the elimination or reduction of obsolete tests. Dr. Fletcher's laboratory stewardship webinars at the ARUP Institute for Learning focus on principles of *Choosing Wisely* and have drawn 9,483 viewers and resulted in 5,648 awarded CME/P.A.C.E. credits. He also studies the downstream impact of laboratory testing on aspects of care such as length of stay, readmissions, hospital-acquired infections, and other CMS metrics. His recent publication highlights troponin testing intervals in the U.S. in an effort to reduce lengths of stay and improve diagnostic turnaround times in patients suspected of having myocardial infarction. As a diplomate of the American Board of Utilization Review Physicians, Dr. Fletcher applies laboratory stewardship principles in areas such as accountable care organization operations and revenue cycle management.



ARUP Consultative Services

Representative: Sandy Richman, MBA, C(ASCP)*

Sandy.richman@aruplab.com

ARUP Laboratories

ARUP's Consultative Services team collaborates with health systems throughout the United States to better implement *Choosing Wisely* guidelines that optimize both reference and in-house laboratory test utilization. By developing and deploying its AnalyticsDx dashboards, the team has helped clients identify key opportunities to eliminate gaps in their test use that do not adhere to *Choosing Wisely* guidelines, as well as opportunities to reduce inappropriate tests, thereby reducing costs and improving patient safety. Currently, 645 of these dashboards are utilized in health systems across the U.S. Further, the team has completed over a dozen consulting projects in the last three years aimed at improving test utilization and has identified opportunities to save individual hospitals and health systems over \$700,000 annually. The team dedicates its time and effort to offer continuing education on how to best use *Choosing Wisely* guidelines. For example, Consultative Services cohosted the PLUGS Midwest Regional Summit 2019 and conducts lab stewardship workshops at the annual PLUGS Summit in Seattle.



Mather Hospital Northwell Health's *Choosing Wisely* Committee

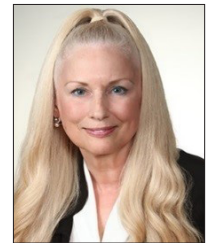
Representative: Denise Uettwiller-Geiger, PhD, DLM(ASCP)*

Dgeiger@northwell.edu

Mather Hospital

In January 2016, colleagues from all disciplines within the hospital were invited by the Medical Board to join the *Choosing Wisely* committee. The high-level goals for this committee include review of evidence-based guidelines to stimulate discussion about frequently ordered test(s) and/or treatments, as well as to develop tools to ensure clinicians make more effective care choices for improving quality and patient outcomes. The committee performs data analysis, prepares slide presentations, provides evidence-based practice guidelines, and at the monthly meeting presents the information to facilitate the discussion, recommendations and action items.

Specific Laboratory driven initiatives include leveraging a pre-test probability, Wells Score, with a rapid D-dimer assay to support an exclusion strategy for patients presenting to the Emergency Department (ED) with possible symptoms of pulmonary embolism (PE) or deep venous thrombosis (DVT); accelerated ED Chest pain protocol with HEART Score using a hs-troponin; use of an algorithm for *C. difficile* testing and screening and identification of anemia in heart failure (HF) patients using Reticulocyte Hemoglobin (RET-He). Other initiatives have included syncope, procalcitonin, antibiotic stewardship, echocardiogram, and use of the Canadian Head Score for head injury.



Gaurav Sharma, MD, FASCP*

Gsharma2@hfhs.org

Henry Ford Health System

Dr. Sharma serves Henry Ford Health System as the Division Head of Regional Laboratories of the Henry Ford Medical Group, Associate Medical Director of Clinical Pathology Core Laboratory at Henry Ford Hospital, and Co-Chair of Henry Ford Health System Laboratory Utilization Taskforce. Since 2013, Dr. Sharma has been a champion at Henry Ford of the system-wide achievements of numerous *Choosing Wisely* goals since this initiative was initially fostered by ASCP. Dr. Sharma has demonstrated exceptional and effective leadership in establishing the health system's *Choosing Wisely* and other laboratory utilization activities across its hospitals and medical centers. Dr. Sharma has partnered with departmental and health system leaders to formalize and establish a health system-wide Multidisciplinary Laboratory Formulary Committee (MLFC) and its subcommittees. As co-chair of Laboratory Utilization Taskforce (LUTF), a multidisciplinary group that oversaw utilization efforts, he interfaced with pathologists, laboratorians, clinicians, clinical leaders, finance experts, and information technology experts to solve issues related to the appropriate use of laboratory testing, including the implementation of *Choosing Wisely* recommendations. Over five years, the work of MLFC and its subcommittees has translated into a cost saving of over \$ 5 million. During his tenure, the LUTF created a unique 5-step process for utilization project management and initiated 26 projects, of which 22 were completed (85% completion rate) on time and within scope. He has also spoken nationally and internationally on this topic at various conference. The team at Henry Ford Health System uses a data-driven approach to identify opportunities and appropriate aligned *Choosing Wisely* recommendations, lobbies with clinicians, and effectively secures their participation. Through his leadership and work in MLFC and LUTF, Dr. Sharma has helped their clinicians use medical laboratory testing services in a manner that is medically efficacious, fiscally responsible, and most importantly collaborative.



University of California at San Diego and the Veterans' Affairs VISN22 Area Team

Representative: Nicholas Bevins, MD, PhD*

Team Members: (Clockwise from top left:) Robin Nuspl, MT(ASCP);
Daniel R. Luevano, MS; Nicholas J. Bevins, MD, PhD;
Jessica Wang-Rodriguez, MD

Nbevins@health.ucsd.edu

University of California at San Diego

Jessica Wang-Rodriguez, Danny Luevano, Robin Nuspl, and Nick Bevins developed an innovative and data-driven approach to identifying low-value laboratory utilization based on the *Choosing Wisely* recommendations. Their methods enabled interrogation of a large array of tests utilizing performance benchmarks derived from national level data including all Veterans Affairs medical centers. The team was able to intervene at sites within the VISN22 administrative with a combination of provider education, electric health record ordering adjustments, and other interventions to successfully decrease low-value utilization after identification. These efforts led to nearly \$200,000 of direct savings in testing costs. Their benchmarking methods have enabled ongoing benchmarking reports to identify additional opportunities to implement *Choosing Wisely* recommendations. Their methods and results are in press at the American Journal of Clinical Pathology, Bevins et al, "Test Volume Ratio Benchmarking to Identify and Reduce Low-Value Laboratory Utilization."



PeaceHealth

Representative: Mohiedean Ghofrani, MD, MBA, FASCP

MGhofrani@peacehealth.org

PeaceHealth Southwest Medical Center

Since 2017, PeaceHealth – a regional healthcare system with 10 hospital laboratories in the Pacific Northwest – has partnered with Quest Diagnostics for clinical laboratory testing, and Quest has shared its expertise to support laboratory stewardship at PeaceHealth. Laboratory leadership convened in-house experts to form a Laboratory Stewardship Committee (LSC) including executives, clinicians, laboratorians, clinical informaticists, IT specialists, and financial experts. After analysts reviewed laboratory data shared by PeaceHealth, the first LSC meeting was held in November 2019. Monthly meetings have continued on a regular basis. During this short period, the LSC has successfully ratified a charter, solicited dozens of projects, analyzed test utilization data, recommended interventions, and measured and reported effectiveness of implemented interventions.



The *Choosing Wisely* recommendations have been a valuable guide for projects. In line with recommendation #25, after system-wide education and with clinical leadership support, the LSC discontinued procalcitonin testing throughout PeaceHealth, leading to over \$2.25 million of savings to patients each year. Inspired by *Choosing Wisely* recommendation #9, the LSC removed CK-MB from PeaceHealth's in-house test menu to guide providers towards ordering troponin I (and later, high sensitivity troponin) for the diagnosis of acute myocardial infarction. This change led to near elimination of CK-MB testing, more efficient management of patients presenting with chest pain, and gross annual patient savings of over \$1.16 million. Based on recommendation #6, a clinical champion educated PeaceHealth providers to utilize C-reactive protein instead of erythrocyte sedimentation rate (ESR) when possible, and changes were made to the electronic health record system to remove ESR from several ordersets and to add ask-at-order-entry questions to help ensure ESR is only ordered for certain defined indications.

With these and many other early successes, the LSC hopes to continue promoting more rational stewardship of laboratory resources through initiatives such as utilizing electronic clinical decision support to reduce unnecessary duplicative testing, reducing use of outdated tests, and adopting evidence-based testing algorithms.

*The individuals who have an asterisk by their name were selected to present their work at the ASCP 2021 Annual Meeting Path to Boston *Choosing Wisely* session on October 20.