

Hospital Pathology & Clinical Laboratory Medical Directorship Services



Value Add Case Study #1- Connectivity and Metrics Based Improvements

Hospital Background:

- Acquired multiple practices in the area
- 48 clinics feeding into their hospital
- Ordering methodologies varied from each location
- Reporting was primarily faxing of reports and scanning into the HIS system (the few that were interfaced still wanted hard copy reports because the interfaced reports were difficult to read)
- Physicians were looking for pathology reports in various systems
- Specialty tests were not being ordered in the hospital LIS systems creating tracking and reporting delays
- Consistent complaints about reporting and turn around time
- Certain providers requested their testing go to specific reference laboratories

Value Add Case Study #1- Connectivity and Metrics Based Improvements

Our Approach:

- Incyte met with the administration and key physicians within the hospital to understand the issues that they were seeing
- Incyte met with every clinic in the area to listen to the concerns and ideas that the providers had
- We compiled a list of action items that we needed to address each of the issues and then ranked these with the assistance of key medical staff and providers
- All items had specific, time-bound, and measurable outcomes assigned
- Weekly and bi-weekly meetings with key hospital employees (IT, nursing staff, physicians, practice administrators) were scheduled to keep everyone informed, keep projects moving and to address issues

Value Add Case Study #1- Connectivity and Metrics Based Improvements

Our Outcome:

- Incyte created orders and results interfaces with all of the clinics in 90 days.
- Incyte created HL7 interfaces with PDF imbedded reports for those providers wanting the “pretty reports”. Flow sheets were populated to meet needs of other clinics meaningful use requirements.
- Created report viewing options that allowed providers to see their hospital patient reports within their respective office EMR’ s.
- Identified send out patterns through the ordering system and successfully eliminated tracking issues and reduced the number of send out locations and charges to the hospital. (ongoing process)
- Turn around times for all test areas were improved. In particular cytology TAT was reduced from just over one week to 95% of all cases within 24 hours.

Value Add Case Study #2

Cost Containment

Hospital Background:

- A hospital owned practice of 9 oncologists were sending a large number of tests to 7 reference laboratories
- Hospital Laboratory staff had to keep supplies and shipping containers on hand to address the needs of the oncologists
- Multiple protocols existed to cover all laboratories as well as after hours and weekend situations
- Specimens were frequently split with some staying with the historical local pathology practice while some went to other reference labs for additional testing
- Reporting for bone marrows, flow, cytogenetic, and molecular testing all resulted in separate reports
- The hospital laboratory staff had difficulty tracking specimens and frequent delays in reporting occurred
- None of the results were electronic, all were faxed
- Frequently the wrong tests were ordered resulting in unnecessary charges to the hospital
- Unbeknownst to the hospital, they were paying full rates for the reference testing services

Value Add Case Study #2

Cost Containment

Our Approach:

- We met with the hospital staff to identify concerns involving the processes and complaints surrounding their send out protocols
- Our hematopathologists met with the oncologists to understand the reasoning for submitting specimens to the various locations
- We identified areas where we could consolidate services to improve turn around times and reduce costs to the hospital
- We obtained their buy-in to try a different approach that would improve their service

Value Add Case Study #2

Cost Containment

Our Outcomes:

- Revamped the send out protocol to the 2 reference laboratories.
- Worked with the vendors to create requisitions specific to tests sent to these two laboratories. In the process we eliminated unnecessary tests or tests that could cause potential double billing issues.
- Created an electronic tracking system for these send out tests
- Created an electronic interface that could manage consolidating the various tests onto one report.
- Reduced the turn around times by creating an online retrieval system for the pathologists to access Flow, cytogenetic, and molecular tests from the two laboratories.
- Reduced reference lab costs by re-negotiating pricing based on our volumes.
- Created a collaborative outcome with the oncologists. Improved their satisfaction level with pathology-related services.

Value Add Case Study #3

Quality Assurance & Outcome Based Medicine

Background:

- All hospitals are looking at improving their quality and outcomes
- Pathologists typically have some QA measure for tracking their performance
- Payment for improving patient outcomes is already here for referring physicians with the “meaningful use” requirements
- Diagnostic data accounts for approximately 70% of providers decision on how they are going to treat their patients
- How can the laboratory improve provider outcomes?

Value Add Case Study #3

Quality Assurance & Outcome Based Medicine

Move to the middle:

- Incyte provides data to various providers that compares their diagnostic ratios to those within the region.
- Example: Cases vs. cancer detection compared to your peers.
- Example: Unsats for OBGYN's
- Example: number of prostate biopsies taken vs. cancer detection.



DIAGNOSTIC SUMMARY

September 2013
ENDOSCOPY CENTER

SUMMARY	Physician, MD		InCyte Diagnoses	
	# Patient Diagnosis	% Patient Diagnosis	# Patient Diagnosis	% Patient Diagnosis
ORGAN				
Esophagus	68	23.94%	373	17.22%
Stomach	42	14.79%	308	14.22%
Duodenum/Jejunum	29	10.21%	134	6.19%
EGD (Subtotal)	139		815	
Ileum	5	1.76%	35	1.62%
Colon	13*	46.13%	1105	51.02%
Rectum/Anus	9	3.17%	211	9.74%
COLONOSCOPY (Subtotal)	146		1351	
Grand Total	284	100.00%	2166	100.00%

***Note: The total number of patient diagnoses is a reflection of the number of diagnoses and does not reflex the number of specimen.

DETAIL SUMMARY

ESOPHAGUS	Physician, MD		InCyte Diagnoses	
	# Patient Diagnosis	% Patient Diagnosis	# Patient Diagnosis	% Patient Diagnosis
DIAGNOSIS				
Unremarkable/Normal	5	7.35%	46	12.33%
Esophagitis/Reflux	44	64.71%	190	50.94%
Eosinophilic Esophagitis	2	2.94%	5	1.34%
Infection (including Candida, CMV, Herpes)	0	0.00%	3	0.80%
Barrett's Esophagus - No Dysplasia	11	16.18%	63	16.89%
Barrett's Esophagus - Low Grade Dysplasia	0	0.00%	8	2.14%
Barrett's Esophagus - High Grade Dysplasia	1	1.47%	1	0.27%
Barrett's Esophagus - Indefinite for Dysplasia	0	0.00%	6	1.61%
Adenocarcinoma	0	0.00%	1	0.27%
Squamous Carcinoma	0	0.00%	1	0.27%
Other Malignancy	0	0.00%	0	0.00%
Other	5	7.35%	49	13.14%
TOTAL	68	100.00%	376	100.00%

STOMACH	Physician, MD		InCyte Diagnoses	
	# Patient Diagnosis	% Patient Diagnosis	# Patient Diagnosis	% Patient Diagnosis
DIAGNOSIS				
Unremarkable/Normal	2	4.76%	48	15.58%
Reactive Gastropathy	6	19.05%	38	12.34%
H. Pylori Gastritis	0	0.00%	8	2.60%
Non-H. Pylori Gastritis	23	54.76%	142	46.10%
Atrophic Gastritis	2	4.76%	3	0.97%
Adenoma	0	0.00%	0	0.00%
Benign Non-Adenomatous Polyp	1	2.38%	22	7.14%
Lymphoma/MALT	0	0.00%	0	0.00%
Adenocarcinoma	0	0.00%	0	0.00%
Carcinoid Tumor	0	0.00%	0	0.00%
Other Malignancy	0	0.00%	0	0.00%
Other	6	14.29%	47	15.26%
TOTAL	42	100.00%	309	100.00%

Value Add Case Study #4

FNA Services

Hospital Background:

- FNA collections were frequently unsatisfactory for evaluation.
- Radiologists were discouraged that there was not a way to know while the patient was still in the hospital that additional specimen was needed for analysis.
- Patients were having to come back for repeat services.
- Pathologists were frustrated that they were not receiving critical information and patient history to assist with the diagnosis
- Radiologists, pathologists, and patients were frustrated that they were wasting time

Value Add Case Study #4

FNA Services

Our Approach:


- We met with the radiologists to discuss concerns involving the processes and complaints surrounding the collection and diagnosis process
- Identified areas that could be improved:
 - Worksheets to obtain all critical information
 - Rapid assessment to identify specimen adequacy while the patient was still present
 - Pathologists took certification courses to assist with FNA collection
 - Coordination of schedules to ensure FNA's would include a pathologist
- Obtained buy-in from all involved to try the new process

Value Add Case Study #4

FNA Services

Our Outcomes:

- Created an FNA rapid assessment program in conjunction with the radiologists.
- Created a FNA specific worksheet to collect all information to ensure a clear, concise, definitive diagnosis.
- Eliminated unsatisfactory for evaluation FNA cases from the hospital.
- Established hands on training and written materials for radiologists and staff on collection and preparation of FNA specimens.
- Increased the number of FNA services provided at the hospital due to quality collections.


THYROID WORKSHEET

Patient Name: _____ Date: _____

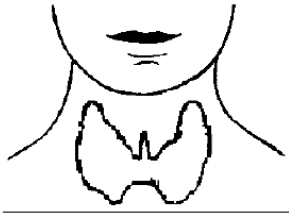
Clinical History:

<input type="checkbox"/> Hypothyroidism	<input type="checkbox"/> History of Cancer Elsewhere
<input type="checkbox"/> Thyroiditis	<input type="checkbox"/> Family History of Cancer
<input type="checkbox"/> Graves' Disease	<input type="checkbox"/> Cold Nodule on Nuclear Medicine Scan
<input type="checkbox"/> Positive Antithyroid Antibody Testing	<input type="checkbox"/> Prior Thyroid Surgery
<input type="checkbox"/> Neck Radiation/ ¹³¹ I Therapy	

US Findings:

<input type="checkbox"/> Microcalcification	<input type="checkbox"/> Hypoechoic
<input type="checkbox"/> Solid	<input type="checkbox"/> Irregular/Lobulated Margins
<input type="checkbox"/> Cystic	<input type="checkbox"/> Extracapsular Extension
<input type="checkbox"/> Mixed Solid-Cystic	<input type="checkbox"/> Nodal Disease

Please sketch location of target lesion(s) and nodule size(s) below:



Nodule size = _____ cm

Clinical/Imaging Suspicion for Malignancy:
(Please circle word or mark spectrum line)

High	Intermediate	Low
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