



Preparing Clinicians to Become Financially Conscious During Hospital Care:

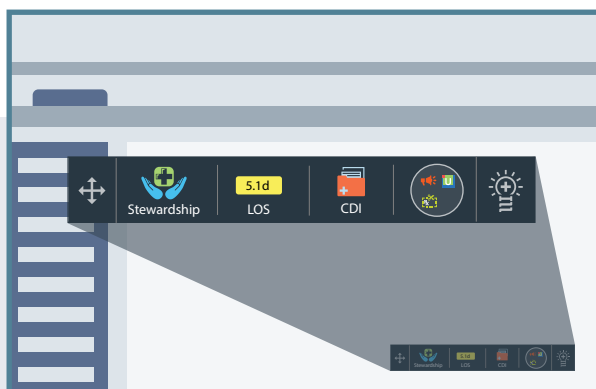
Cost Transparency, Length of Stay Barriers, and Nudging Proper Documentation in one Platform at the Point of Care

Executive Summary

Physician Management of Inpatient P&L

Physicians are smart enough to both clinically manage an inpatient admission and to appropriately affect the P&L of the admission by being a good steward of variable cost items, managing length of stay and documenting for proper reimbursement. But, given that patient care has primacy, if we want physicians to actively manage margins, we have to give them the tools they need, unobtrusively in their workflow.

Variable costs, length of stay and reimbursement are the three manageable drivers of profit or loss on an inpatient admission; and all three are dependent on provider decisions. The easier we make it for providers to be a good steward of resources, get patients clinically ready for discharge and document appropriately for reimbursement, the better and more efficiently they will do so. IllumiCare synthesizes these three functions conveniently into provider workflow.



The Smart Ribbon®

IllumiCare's Smart Ribbon is a non-intrusive ribbon of information that co-resides on the screen with the EMR and contextually nudges providers. It requires no separate login, patient lookup or EMR integration. It is EMR-agnostic and does not disrupt clinical workflow. It appears only in the user-preferred portion of the screen, and if a provider does not interact with it, it automatically minimizes into a "micro-ribbon."

Reducing Variable Costs

Stewardship



How can providers be good stewards of resources if they don't know the relative costs of medicines and tests? The Stewardship app personally coaches each provider, within patient context, of lower cost alternatives.

Your Current Cost Opportunities

MEDS

Daptomycin IVPB (\$425.63/day) -> Linezolid IV (\$182.33/day)
 Daptomycin should be reserved for tx of non-pneumonia Staph or enterococcus when vancomycin MIC is >1.5 or for life-threatening infections with strong suspicion of MRSA or VRE. Linezolid or Vanco may be less costly viable alternatives.
[UpToDate: Daptomycin Guidelines 2013](#)

LABS

Phosphorus (Suggested min interval: normal 7d; abnormal 1d)
 Phosphorus testing generally should be performed no more frequently than every 7 days unless abnormal.
[Am J Kidney Dis. Vol 46, No 4, Suppl 1, Oct 2005](#)

All Cost Opportunities This Admission

Med Switches	Days	Cost
Daptomycin IVPB → Linezolid 600mg IVPB	x 1	\$243.30
Ketorolac Inject Solution → Ibuprofen Oral Tablet	x 1	\$25.28

Lab Interval Opportunity	Tests	Cost
Phosphorus	x 2	\$12.90
Hemoglobin A1C	x 2	\$26.42

Total Cost Opportunity	\$307.90
Total Med/Lab Spend This Admission	\$923.50

Feedback | MRN 0001234567 | powered by **IllumiCare**

The app uses your own wholesale acquisition cost for medicines and your direct, variable cost accounting data for labs to give a true representation to providers of what things cost. More importantly, we know the cost of every order, by every provider, the provider specialty and the patient's acuity. From that, **we understand variation in practice patterns among similar providers and use contextual "nudges" to educate and modify behavior to reduce variation and inpatient costs.**

360

Fidaxomicin Oral (\$347/day)
 -> Vancomycin Oral (\$86/day)

Oral vanco is as effective as initial tx and for recurrence diff. Fidaxomicin may have superiority in non-recurrence but is costly.

UpToDate 2020: C. Diff infection in adults

The Stewardship app will:

- Use this provider's orders on this patient as the opportune time to educate about lower cost alternatives
- Guide when to use alternatives or avoid repetitive labs, with clinical citations
- Allow free-text lookup of med/lab costs
- Provide the foundation for a cost-based incentive program that financially aligns providers and the health system
- Reinforce the stewardship ethos

Manage Length of Stay

Length of Stay



IllumiCare will provide a display of clinical barriers to discharge to remind the attending physician of clinical issues they control that could deter discharge when appropriate to consider.

LOS Jane Doe Smith DOB 5/20/1949

Tue Jan 20th 1:24pm Admitted 194 - SIMPLE PNEUMONIA & PLEURISY W CC Working DRG Refresh

Length of Stay 2.2 days GMLOS: Mon 1/27/21 6 days

Clinical Barriers to Discharge (7) Tasks for Case Management (1) Create

Daptomycin IVPB Currently scheduled IV med set up appt with cardiology clinic in 2 weeks or she will get readmitted Edit

Promethazine Currently scheduled IV med

Hydrocodone tablet Recently administered opioid

CBC w/ diff Abnormal panel from 1/20/21

Phosphorus Abnormal lab 1.2mg/dL from 1/21/21

Vent Active device

Foley Active device

LOS Task

Message

Can you make sure Ms. Anderson has a f/u appt with cardiology in 2 weeks. She needs to see nutrition about low salt diet before d/c too.

Cancel Save

2 IV Meds 1 Opioids 2 Labs 2 Devices 1 Other View History (12) last by: R. Jones 1 min ago

Feedback MRN 1234567 powered by IllumiCare

The LOS App will:

- Display the Current Length of Stay
- Benchmark Current LOS versus GMLOS*
- Aggregate and Display Potential Clinical Barriers to Discharge
 - IV medications still being administered
 - Peripheral devices in use (foley, central line, ventilator, oxygen)
 - Abnormal labs in the last 24 hours
- Provide Quick and Easy Case Management Messaging regarding tasks the clinician feels are pertinent to disposition and/or prevention of readmission

Length of Stay GMLOS: Mon 1/27/21

Clinical Barriers to Discharge (6)

Foley Active device

Daptomycin IVPB Currently scheduled IV med

Promethazine Currently scheduled IV med

CBC w/ diff Abnormal panel from 1/20/21

Phosphorus Abnormal lab 1.2mg/dL from 1/21/21

Hydrocodone tablet

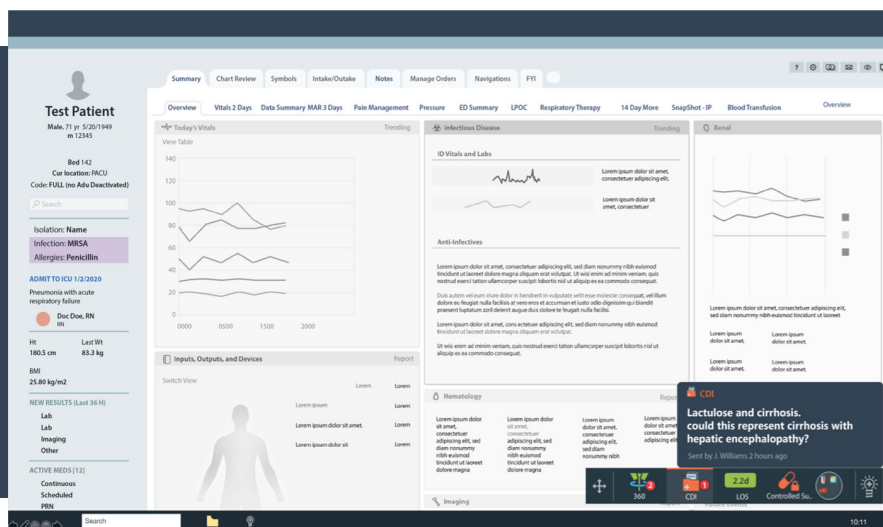
"...Can you make sure Ms Anderson has a f/u appt with cardiology in 2 weeks. She needs to see nutrition about low salt diet before d/c too."

Improve Documentation / Reimbursement

CDI



IllumiCare delivers a real-time notification system directed to the appropriate clinician to acknowledge, adjudicate, and incorporate a CDI query into their documentation.



Clinical Documentation Improvement

Clinical documentation is a complex field that continually changes. CDI teams bridge the gap between what clinicians are perceiving and managing with appropriate coding terminology to allow proper reporting and reimbursement. While every hospital has a team that manages CDI, the CDI teams and clinicians desire real-time communication methods besides “inboxes”, “sticky notes”, and emails. CAPD tends to create non-human suggestions which are ignored. Moreover, they may only be relevant during dictations which tend not to be used as frequently on follow-up encounters. Timely responses to queries prior to discharges allow proper reimbursement and avoid delayed reimbursements. Physicians often claim that a sincere query that has been humanly adjudicated is most powerful when it appears automatically on a chart open. The cluttered EMR screen often buries CDI response requests.

The CDI App will:

- Display Real-Time CDI Queries and Notes
- Assist in the Capture of: True Severity of Illness, Risk of Mortality and Resource Consumption
- Improves (Routes) Communication from the CDI Team to the Needed Provider
- Augments Existing CDI Team Efforts

Available IllumiCare Smart Ribbon Apps:



Stewardship teaches and reinforces a value mindset by exposing real hospital costs to clinicians and nudging in their clinical workflow when lower cost opportunities exist.

2.2d

Length of Stay compiles the clinical barriers to discharge, making it easy for clinicians to tick down the list if a patient is ready to go.



With **Gaps**, Ambulatory clinicians see open care and coding gaps in your ACO/MSSP population.



Trials nudges clinicians at point of care when their patient matches the referral criteria set by the study coordinator. No complex EMR / BPA programming required!



WHIRL is the EMR...on paper...in your pocket. Put all the relevant data from Epic, for clinicians' patients, on paper – in compact, fully customizable, printed rounding lists.



Spotlight provides visibility of practice pattern variation among clinicians of the same type that drives over-utilization and higher costs.



Announcements are high priority clinical posts that may be relevant to specific facilities within your health system or relevant to your health system as a whole.



ARUP provides clinicians with a high-level view of the financial and clinical impact of lab orders.



Benchmarking empowers each clinician to compare their spending per admission with others in the same specialty.



HIE displays the patient details currently in view of the EMR. Filterable results lists are available to print or save.



Ingenious Med allows quick access to the Ingenious Med solution to provide comprehensive charge capture, improved coding compliance, and enhanced EHR documentation validation.



Clinical Documentation Improvement notifies clinicians of queries that have been curated by the CDI team.



Observation notifies providers, within the Smart Ribbon, of the amount of time a patient has been on obs status.



PDMP provides a link to your state's PDMP database. It automatically transcribes patient demographic information within the app to quickly display a patient's PDMP report.



ImmTrac helps clinicians in Texas to more quickly access the vaccination history of their patients through the Texas Immunization Registry.



RxLightning is a streamlined approach to prescribing, ordering, and tracking specialty medication and the enrollment process within the EMR workflow.



RxOffers electronically sends prescription discount offers to patients.



UpToDate keeps clinicians logged into their account to seamlessly track accrued CME's. The knowledge contained in UpToDate is evidence based and continuously updated.



Resources is a repository that contains informational content (clinical resources and patient education) relevant to the patient being viewed in the EMR.



Vigilanz transforms the full potential of system-wide data into actionable alerts that empower earlier intervention for optimal outcomes.



Worklist provides a summary of Vigilanz activations across many different patients at different facilities.



Antibiogram integrates susceptibilities and cost into one easily accessible view.