

2024 VIZIENT CONNECTIONS SUMMIT

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From Project to Program: Tackling Clinical Variation at Nuvance Health

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Learning Objectives

- Describe the key elements of a successful Clinical Variation Program governance structure
- Discuss the methods to implement and sustain strategies for clinical variation reduction



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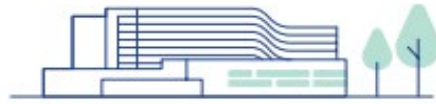
From Project to Program: Tackling Clinical Variation at Nuvance Health

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7 Hospital campuses

Danbury Hospital
 New Milford Hospital
 Northern Dutchess Hospital
 Norwalk Hospital
 Putnam Hospital
 Sharon Hospital
 Vassar Brothers Medical Center



4 Clinically integrated institutes



400+

Digitally connected doctors and providers offering **telehealth** and **online booking**

1,300+

Employed doctors and providers



13,699+

Employees



110+

Ambulatory locations



1,100+

Specialists



130+

Primary care providers



1,433

Licensed patient beds



2

Home health agencies serving western Connecticut and Dutchess and Ulster Counties (NY)



Serving

1.2M people across two states



Provided

\$96M

in charity care*

*FY 2023

Last updated: August 2024

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Facing Headwinds in Healthcare Through the Eyes of Quality

Increase in hospital expenses per patient in 2021 compared to 2019 baseline levels

Expense	% Increase per patient
Drug	36.9%
Labor	19.1%
Supply	20.6%
Total	20.1%

"National Hospital Flash Report," Kaufman, Hall & Associates LLC, January 2022

2022 hospital expense projections (compared with 2021)

Expense	Cost increase
Drugs	\$1 billion
Employed Labor	\$57 billion
Supplies	\$11 billion

"The Current State of Hospital Finances: Fall 2022 Update," Kaufman, Hall & Associates, LLC, September 2022

Clinical Variation Program Overview

Problem

- **People:** expand the diversity of skills on the work group and steering committee
- **Process:** no ongoing standardized process to identify, researched, and tracked initiatives with identified accountability parties and turn-around times
- **Technology:** lack of technology to identify variations

Strategy

- **People:** Establish a project governance structure with an Executive Steering Committee. Expanded skill sets of the Core Project Team to include project management, benchmarking, industrial engineering, historical Nuvance knowledge, supply chain, pharmacy and clinicians
- **Process:** Created a standard, trackable pipeline with a standard way to identify prioritization and ROI with a regular reporting cycle on progress
- **Technology:** Deployed new benchmarking tools

Impact

- **Goal:** \$3M in FY23 realized savings towards recovery plan
- **Projected FY23 results:** \$4.5M projected realized savings
- **Actual FY23 results:** \$7.6M realized savings

Clinical Variation Governance: The Right People at the Table



Executive Steering Committee (monthly)

Committee chair: CQO

Committee members: COO, CFO, Chief Physician Officer, Service Line Dyad Partners, Vice Presidents Medical Affairs, CNO Council Chair

Core Project Team (weekly)

CQO
Director, Value Analysis

Director, Clinical Optimization
Quality Business Engineer
Director, IT Acute Clinical Systems

VP, Pharmacy
Director, Clinical Pharmacy Services

Lab

Chief, Laboratory Medicine
AVP, Network Laboratory
Services

Pharmacy

VP, Pharmacy

Surgical Service Line

Network Chair, Surgery
VP, Surgery

Cancer Institute

System Chair, Cancer
Institute
VP, Oncology

Heart & Vascular Institute (HVI)

SVP/System Chair, HVI
VP, HVI

Neuroscience Institute

SVP/System Chair,
Neurosciences
VP, Neurosciences

Digestive Health Institute

System Chair, DHI
VP, DHI

Women's Health Service Line

System Chair, Women's
Health
VP, Women's Health

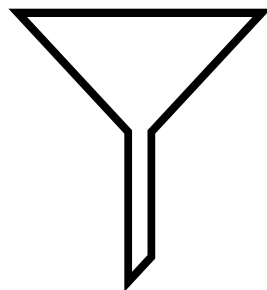
Infectious Disease

System Medical Director
ASP
ASP Pharmacist

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Continuous intake pipeline

- Quarterly resource management reviews, pharmacy and procedural analytic reviews against benchmarks
- Direct clinical input
- Quality review findings



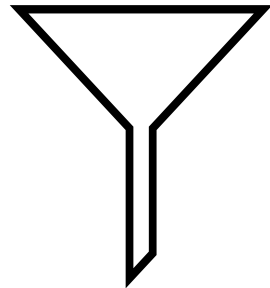
Research phase

- Is there a valid reason for the variation?
- Is it a significant enough variation to matter?
- Is there a difference in outcomes related to the variation?

Prioritization

Prioritization matrix

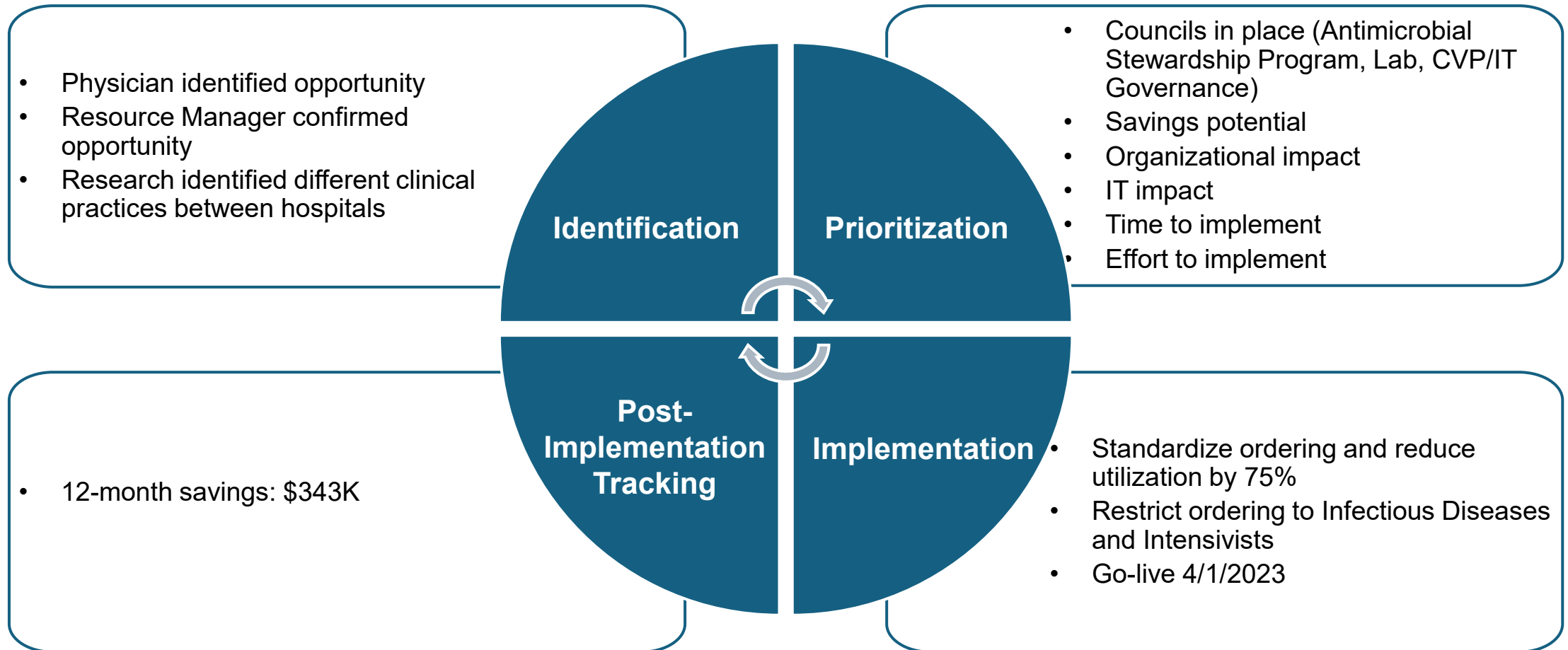
- What is the size of the impact to clinical care delivered?
- What is the effort required to improve the process?



Timeline expectations

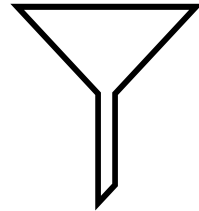
- Quick fixes: 1-3 months
- Clinical pathway changes: 3-9 months
- Contract changes, shared savings programs: 12-24 months

Initiative Example: Procalcitonin



Continuous intake pipeline

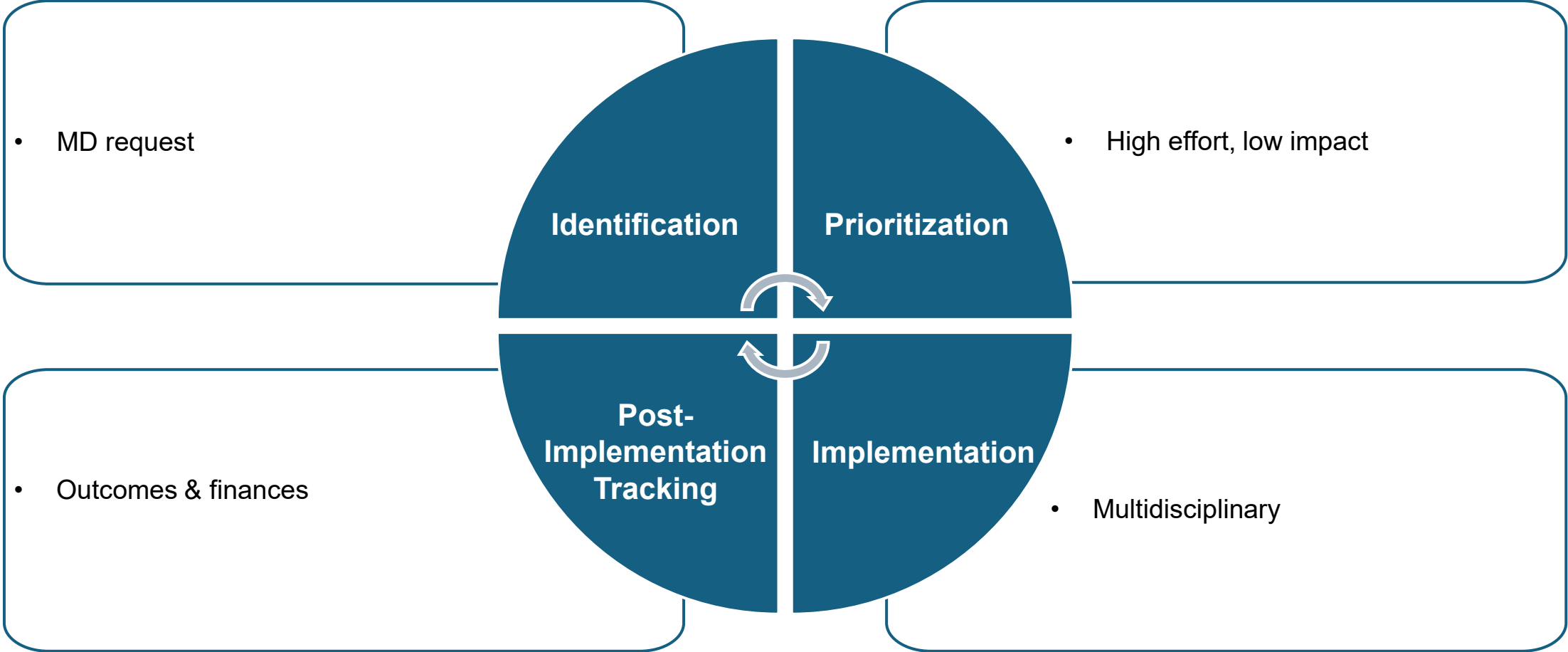
- Benchmark data
- NPC initiatives
- Literature review
- Provider request



Prioritization

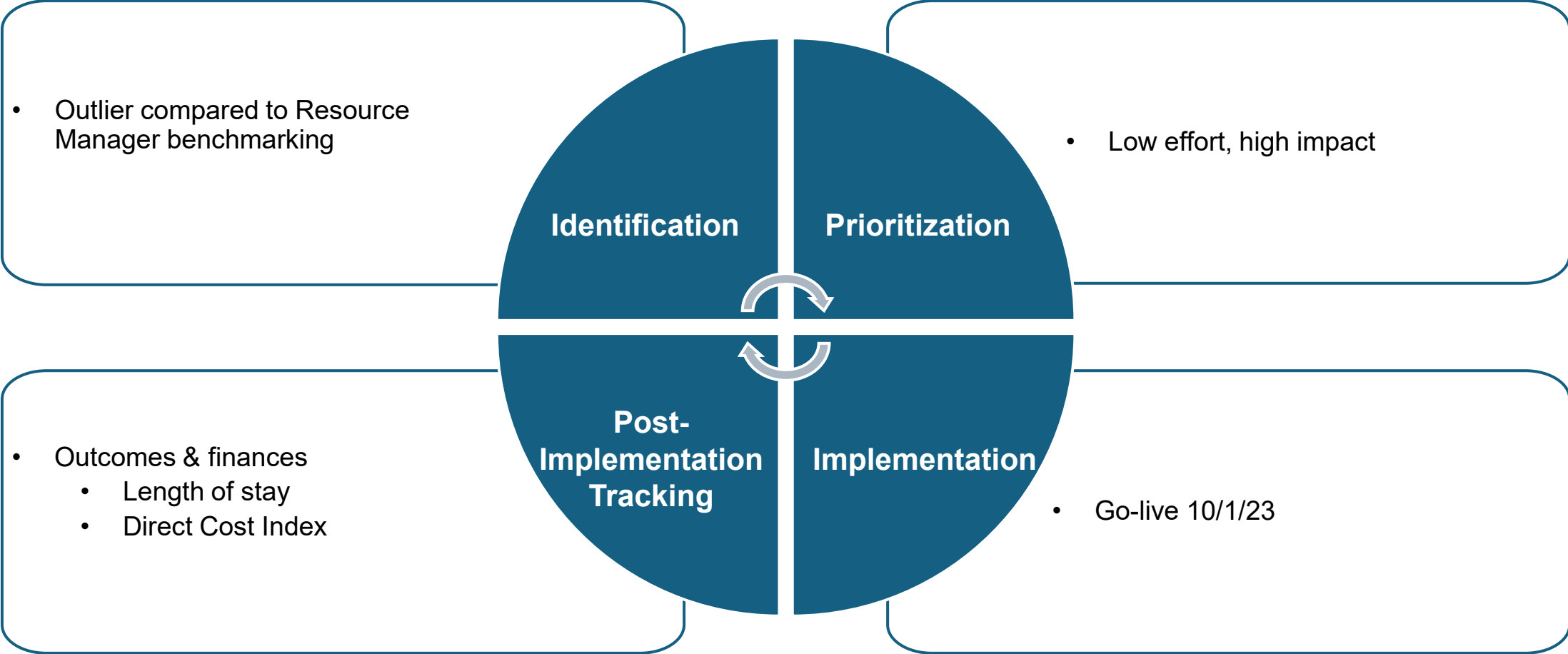
Financial Improvement		> \$1,000,000	\$250,000 - \$1,000,000	< \$250,000
		5	3	1
Safety	High-risk med and/or high-risk population and/or high-risk process			
		5		
Regulatory		required	recommended	enhancement
		5	3	1
Sunset of current platform	current platform will no longer be supported by vendor within next 12 months		current platform will no longer be supported by vendor within next 1-3 years	vendor has announced future sunset of platform
		5	3	1
Workflow improvement		significant	moderate	minimal
		5	3	1
System alignment			current practice in opposite domain	new to both domains
			3	1
TOTAL SCORE:				

Initiative Example: Tenecteplase vs Alteplase



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Initiative Example: Entereg Elimination

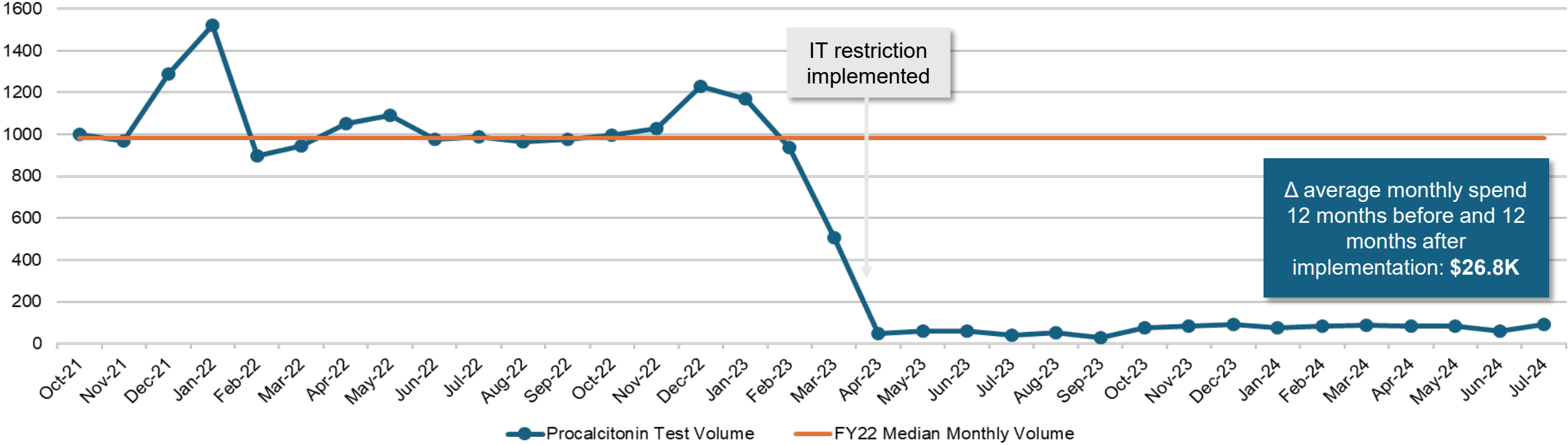


Procalcitonin Post-Implementation Tracking Run Chart



Procalcitonin Monthly Volume

Oct 2021 - Jul 2024



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- IT is key to driving many initiatives; early engagement and addition of Director, IT Acute Clinical Systems to Core Team avoided delays and barriers
- Data Integrity – data does not need to be perfect but should be verifiable and actionable
- Data access – work with Business Intelligence to ensure access to systems and reports
- Clearly defining primary ownership of projects between Clinical Variation Program and Value Analysis
- Engage VPMAs to provide champions for projects at their facility

Key Takeaways

- Weekly Core Team meetings with Executive Sponsor maintains momentum, identifies and clears barriers in real time
- Leverage existing current committee/work group structure where possible
- Many clinical variation initiatives may be already taking place in your organization; by centralizing these initiatives in an organized structure, we are able to leverage the Core Team and Executive Steering Committee to clear a pathway for accelerated implementation

What is the Difference Between CVP and CQVA?



Clinical Variation Program
Approach: Quality Impact
Pharmacy: clinical practice utilization/product standardization; provider focused
Clinical practice utilization: provider focused
Clinical practice variation reduction: development and adherence to practice guidelines

Clinical Quality Value Analysis
Approach: Category review for variation and pricing opportunities
Pharmacy: only engaged if joint interest (IV pumps etc.)
Clinical practice utilization: product related
Clinical practice variation reduction: as it relates to products

Program Attribute	CVP	CQVA
Use of physician driven data	X	X
Evidence based best practice	X	X
Monitor impact of changes implemented (sustainability)	X	X
Review of current products for cost, quality and outcome	X	X
Blood Utilization	X	
New Product Requests		X
Reduction of labor inefficiencies	X	

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Questions?



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