

## Choosing Wisely Champions Individual/Team Nominations

- **Recognize** individual clinicians for their contributions to the campaign;
- **Inspire** other clinicians seeking to implement *Choosing Wisely* in their own practice;
- **Provide** society partners an opportunity to celebrate your members' contributions to the campaign;
- **Demonstrate** how the campaign is driving change in health care; and
- **Help** clinicians learn from one another by highlighting exemplars.



**Jason Baron, MD** [jmbaron@partners.org](mailto:jmbaron@partners.org)

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**John Branda, MD** [branda.john@mgh.harvard.edu](mailto:branda.john@mgh.harvard.edu)

Massachusetts General Hospital, Department of Pathology

The Division of Laboratory and Molecular Medicine within the Department of Pathology at the Massachusetts General Hospital (MGH) hosts a highly-active, division-wide laboratory utilization management (UM) program that includes participation from all division faculty under the leadership of Kent Lewandrowski, MD. Drs. Jason Baron, Anand Dighe and John Branda serve key roles within this UM program. In his role as a Medical Director in the MGH Core Lab, Dr. Baron's particular areas of UM focus include data analytics and reference laboratory ("sendout") testing. Dr. Baron has developed data-mining approaches to identify tests that are frequently misused and may represent potential UM targets as well as metrics to monitor utilization and guide utilization improvement initiatives. As Director of the MGH Core Laboratory, Dr. Dighe oversees UM initiatives throughout the lab. Dr. Dighe often leverages our hospital's computerized provider order entry systems to improve utilization and he has developed strategies to optimize clinician test selection and electronic clinical decision support for laboratory test ordering. Dr. Branda, Associate Director of the MGH Microbiology Laboratory, leads UM efforts to optimize in-house and sendout microbiology testing. Dr. Branda has developed and implemented numerous testing algorithms, reflex protocols, guidelines and educational initiatives.

The team was nominated by Barbara Caldwell, a past Chair of the Council on Laboratory Professionals, who heard their presentation at the ASCP 2015 Annual Meeting. "I was intrigued by their utilization tools, the discussion of benchmarking and restrictiveness – structure needed to go forth into a new era of utilization management, as well as their focus on the importance of obtaining clinical buy-in," she said. "The metrics they currently use in their institution to provide the data to guide and monitor impact of utilization management initiatives demonstrate best practice strategies on this topic.



**Dana Altenburger, MD, FASCP, FCAP** [dana.altenburger@advocatehealth.com](mailto:dana.altenburger@advocatehealth.com), IL  
Medical Director of the Laboratory at Advocate BroMenn and Eureka Hospitals

Dana Altenburger, MD, FASCP, has successfully implemented strategies of appropriate test utilization. As Chair of the Advocate Bromenn Medical Center’s Blood Utilization Committee, she has decreased inpatient blood product usage by 46% over the past three years. In conjunction with local allergists, she has reduced screening batteries for allergy testing. Aligning with the cardiologists, she has eliminated CK-MB testing for myocardial infarction. Virtually all 1, 25-OH vitamin D tests (in lieu of 25 Vitamin D) have been eliminated unless certain criteria are met. She has eliminated certain coagulopathy testing, ( i.e. MTHFR) and has eliminated the work up for clotting disorders for patients who develop a first episode of deep vein thrombosis (DVT) in the setting of a known cause. She eliminated hypercoagulable testing for in patients with acute thrombotic events, delaying this until the appropriate outpatient venue. She has nearly eliminated the erythrocyte sedimentation rate (ESR), replacing it with C-reactive protein (CRP) test.

“I knew this was something I could do as a pathologist to provide a benefit to our hospital. It’s a concrete thing where you can see the results,” said Dr. Altenburger.



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Cedars-Sinai Health System, CA

**Scott Weingarten, MD**

Senior Vice President, Chief Clinical Transformation Officer

Cedars-Sinai Health System integrated more than 100 “implementable” (i.e., a computer would have to understand the recommendation) Choosing Wisely recommendations into its electronic health record system. The health system created alerts for ordering providers throughout the hospital, medical group, and many of its private practice physicians. “We believe that we are the first health system in the country to ‘hard wire’ a large number of Choosing Wisely recommendations into our EHR,” says Dr. Weingarten. Cedars-Sinai first implemented the vitamin D screening recommendation and found reasonable acceptance by physicians to the alert. By looking at cancelled orders and decreased rate of ordering per 1,000 patients, annualized cost-savings of over \$400,000 were found from the single vitamin D recommendation alone. These, and many other recommendations, have been translated into day-to-day practice. In the aggregate, Cedars-Sinai has seen an annualized cost-savings of more than \$6 million per year and improved the quality and safety of care from implementing Choosing Wisely recommendations across the health system.

**Ellen Klapper, MD**

Medical Director, Division of Transfusion Medicine Cedars- Sinai Medical Center, Dept of Pathology

Past President for California Society of Pathologists

Dr. Klapper has collaborated with specialists from throughout the hospital to come to a consensus to use evidence-based, best practice guidelines for utilization for all blood components. These guidelines were subsequently integrated into electronic medical record system and best practice alerts were created that pop up and notify the ordering provider should the patient falls outside of those guidelines. These efforts have led to a sustained reduction in transfusions outside the established guidelines and that translates into improved patient safety because unnecessary transfusions have the potential to expose the patient to known risks, without evidence of benefit. The laboratory has also introduced several processes into the electronic ordering system to reduce duplicative and unnecessary test requests.



**Conrad Schuerch, MD**, Chairman Dept. of Lab Medicine [cmattinger@geisinger.edu](mailto:cmattinger@geisinger.edu)

**Kelly Baldwin, MD**, Neurology

**Brandi Bradrick**, Laboratory Financial Manager

**Jeanene Contreras**, Core Laboratory Manager

**Harold Harrison, MD PhD**, Clinical Pathology Director

**N Sertac Kip, MD PhD**, Molecular Pathology

**Troy Klinger**, Program Director IT

**Philip Krebs**, Director Medical Policy and Appeals, Geisinger Health Plan

**Diana Kremitske, MS, MHA, MT (ASCP)**, VP Laboratory Operations

**Jordan E Olson, MD**, Director of Laboratory Pre-analytics

**Dean Parry, RPh**, AVP Pharmacy Clinical Informatics

**Bonnie Salbert, DO**, Pediatric Genetics

**Wayne Short, SCPM**, Laboratory IT Program Director

**Patricia Tsang, MD**, Laboratory Medical Director

**Marc Williams, MD**, Director Genomics Medicine Institute

**Mike Weaver, MT (ASCP)**, Analytical Specialist, Referred Testing

**Bret Yarczower, MD**, Sr. Medical Director, Geisinger Health Plan

Geisinger Medical Laboratories Test Utilization Committee, Geisinger Health System, Danville, PA

The Geisinger Medical Laboratories test utilization efforts formally began in 1996 and evolved over time to a broader purpose of assuring the medical appropriateness of laboratory testing, developing systems and policies regarding use of laboratory tests and facilitating standardized laboratory utilization practices. Various methods are employed by the Geisinger Laboratory Utilization Committee to fulfill this charge. The committee operates with a multidisciplinary, team-based approach comprised of laboratory professionals from various levels – pathologist director and staff, physicians from clinical specialties and Geisinger Health Plan Company, and participants from finance, clinical informatics and pharmacy.

The group has tackled various test utilization opportunities in anatomic and clinical pathology using a variety of modalities to effect change. Among these efforts include routine review of test utilization data, provider education and feedback, accessible consultative services from pathologists, communication tools, test preauthorization processes linked in the electronic health record (EHR), reflex testing protocols, decision support and order set tools in the EHR, and elimination of select, inpatient standing orders. Also blood management tactics supported by a system Transfusion Medical Director and hospitalist infrastructure produced remarkable results in reducing blood transfusions.



**Ilan Rubinfeld, MD, MBA** [irubin1@hfhs.org](mailto:irubin1@hfhs.org)

Associate Chief Medical Officer  
Henry Ford Health System, MI

As Associate Chief Medical Officer, Dr. Rubinfeld has spearheaded several laboratory-related initiatives and projects, including his roles in the system-wide Medical Laboratory Formulary Committee (MLFC) and Laboratory Utilization Taskforce (LUTF) and integrating them with the health system's Epic councils. The system's novel Laboratory Formulary mechanism helps the lab collaborate with clinical peers, improve provider workflow, and mine data to identify opportunities for cost-effective and medically-indicated laboratory testing in both inpatient and outpatient settings. This work is done under the aegis of the 13-member MLFC (on which Dr. Rubinfeld represents the hospital providers) that comprises executive level system leaders. Under MFLC, the multidisciplinary LUTF now includes more than 20 members from primary and specialty care, Epic, finance and analytics, and has more than 12 projects around laboratory utilization and Choosing Wisely recommendations in the pipeline. This consortium has worked on several projects, including reduction of overutilization of troponin testing and eliminating the ordering of daily labs. Dr. Rubinfeld has met personally with every leader in nursing and operations and on the physician council to advocate the merits of appropriate test utilization. This synergistic combination of laboratory and system resources has allowed for the calculation of both upstream and downstream costs and benefits, capturing the metrics and rapid deployment of solutions in Epic. Going beyond system resources and by leveraging Stanson Analytics tool to work with Epic, LUTF, under Dr. Rubinfeld's leadership, will coordinate and serve as the node for implementation of more than 70 laboratory testing-related Choosing Wisely recommendations across the health system.