

AT A GLANCE

■ ORGANIZATION

University of Maryland Medical Center

- Baltimore, Md.
- 648-bed hospital

■ SOLUTION SPOTLIGHT

- Horizon Performance Manager
- STAR 2000

■ CRITICAL ISSUES

- Inability to capture utilization data per day of patient stay
- Lack of physician buy-in to utilization data
- Hampered clinical utilization improvement efforts

■ RESULTS

- Resolved utilization data issues by assigning 99.5 percent of all service items to the attending physician by day
- Developed new reporting methodology that holds the correct physician accountable for services ordered
- Expected physician acceptance of utilization data, aiding efforts to improve clinical utilization

Profile

Based in Baltimore, Maryland, the University of Maryland Medical Center (UMMC) is the flagship hospital for the University of Maryland Medical System. UMMC provides comprehensive care for the West Baltimore community and tertiary care for Maryland and the surrounding area. The 648-bed hospital has more intensive care beds than any other hospital in Maryland, and provides care for 30,000 inpatients and 200,000 outpatients annually. The hospital's specialties include trauma, cancer care, neuro care, cardiac care and women's and children's health, and is home of the largest kidney transplant program in the world. UMMC is devoted to patient-centered care, while continuing to support the teaching and research needs of the University of Maryland School of Medicine.

Challenge

UMMC needed to improve its clinical utilization reporting to more accurately capture patient encounter data. Under UMMC's existing clinical utilization reporting methodology, a patient's entire encounter was assigned to the attending physician at the time of the patient's discharge — regardless of whether another physician cared for the patient during his or her hospital stay. Because of the limitations of its reporting system, UMMC was unable to assign an attending physician to every day of a patient's encounter and, therefore, was unable to hold the correct physician accountable for services ordered. As a result, physicians would sometimes object to utilization data and question the validity of the data when presented with recommendations for improving clinical utilization. "It is extremely frustrating to have hours of work dismissed or challenged

because the physicians do not believe they took care of the patients in the reports," says Craig Fleischmann, director, Finance Decision Support.

Answers

UMMC developed physician-of-day logic that allowed the organization to assign all of the ancillary services ordered on a particular day of the patient stay to the attending physician at midnight. To do this, UMMC first assigned the attending physician at midnight to the bed charge of the patient's stay in McKesson's STAR 2000™ hospital information system. UMMC then used McKesson's Horizon Performance Manager™ system to apply the tag associated with the bed charge to all ancillary services performed on that day. In order to capture the last day of stay, which did not include a bed charge, the charges were assigned to the discharging physician. Similar criteria were used to capture services for patients with a one-day length of stay and no bed charge, with charges assigned to the encounter's discharging physician. "Through creative thinking, McKesson's technological advancements and system integration, we have developed a very innovative way to improve our reporting," says Keith Persinger, vice president, Finance. "In the past, we only wished we could get to this level of detail."

UMMC also used Horizon Performance Manager and the physician-of-day methodology to analyze detailed cost and utilization information at the physician and patient level, resulting in improved data accuracy. The following real-world example illustrates the impact of the new physician-of-day reporting

CASE STUDY

UMMC • HEALTHCARE PERFORMANCE MANAGEMENT

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methodology, with only the physicians’ names changed. Dr. Smith, a neurosurgeon, admitted a patient into the hospital for an intracranial hemorrhage. But, Dr. Jones, a neurologist, was the attending physician at the time of discharge. Both Dr. Jones and Dr. Smith delivered patient care throughout the patient’s 14-day stay.

Under the old utilization reporting methodology, Dr. Jones was assigned all utilization costs for the patient’s entire stay at a cost of \$789 per day. Using the new physician-of-day methodology, Dr. Jones had a length of stay of eight days at a cost of \$697 per day. Her variable cost per day decreased from \$789 per day to \$697 per day, while Dr. Smith’s costs actually were higher at \$912 per day. Under the old reporting methodology, Dr. Jones might also find herself trying to explain why she ordered 301 units of drugs that resulted in \$721 in variable cost. Using the new methodology, it became clear that Dr. Smith ordered 142 units of drugs that had a variable cost of \$382 over the first six days of the patient’s admission, while Dr. Jones ordered 159 units of drugs with a variable cost of \$339 over the last eight days of the admission. On a per day basis, Dr. Jones actually prescribed fewer drugs per day.

“With the new methodology and the reporting detail we get from Horizon Performance Manager, we can now identify sources of cost variations and work with the physicians to determine standardized treatment protocols, promoting better clinical outcomes,” explains Kevin Smith, manager, Decision Support Services. “This entire project was made possible through the new event functionality offered with Horizon Performance Manager.”

Results

UMMC established a methodology that allowed the organization to assign 99.5 percent of all service items posted to a patient’s encounter to the attending physician by day. The methodology provided UMMC with utilization data that held the correct physician accountable for the services ordered and accurately identified physicians who were truly overutilizing services. The improved data accuracy also will increase physician acceptance of the data and aid efforts to improve clinical utilization.

“I have high expectations that this new approach to analyzing our data will improve clinical utilization and outcomes for the Medical Center,” says Persinger. ■

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