

THE CPOE LAB TEST UTILIZATION OPPORTUNITY



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As healthcare reform continues to progress, CPOE (Computerized Physician Order Entry) has become ubiquitous. Not that long ago, physicians were scribbling orders on a notepad. Now, they are entering them into a computer. Hospital networks all over the country are learning to work within this new reality, opening up many exciting opportunities for the lab to demonstrate its value and leadership. When lab leaders get engaged in an EMR-based strategy to optimize laboratory test utilization, they can impact the bottom line by helping to accelerate the healing process.

Where to Start

Taking on electronic order sets for laboratory tests can feel like a HUGE undertaking. However, once you start, you won't have to look hard to find areas where people are ordering excessive or unnecessary tests. Start with the inpatient setting and take it one order set at a time. Because inpatient care is reimbursed according to DRG-based bundled payments, every single improvement you make will be felt on the bottom line.

Get the Data

As you undertake this process, it is essential that you figure out how to get the data out of the system. You need to know what is being ordered, and by whom—especially in the case where there are excessive orders being made. Colleagues in the hospital may push back on your efforts to restrict and change their lab test ordering procedures. You need to be armed with the data that shows exactly how many unnecessary tests are being ordered.

Collaboration is Key

Approach each order set as an opportunity to get outside of the lab and collaborate with your peers in their environment. It should start by having a team of experts from your laboratory carefully review order sets and flag any issues they see.

With this in hand, approach the owner of the order set in the spirit of mutual education. They will likely want to hear about new tests and areas for improvement. Additionally, you will get educated on areas of medicine that you were not aware of, which only increases your value.

The combination of your expertise and the clinical expertise of the order set owner will result in testing procedures that are both more efficient and effective.

Use “Pop-ups” Selectively

CPOE “pop-ups”—also known as alerts—are an essential tool to help you improve lab test selection at the time of ordering. This unique and powerful capability also contributes to its biggest detractor: overuse. First, start by monitoring how effective your pop-ups are. If you've placed a pop-up warning for every other test, physicians will quickly experience “prompt fatigue” and stop paying attention to these essential alerts.

A better strategy is to be as targeted as possible with your pop-ups. Lay out the potential clinical consequences and call out best practices. In certain cases, pop-ups that require a user to enter a reason why they are overriding the warning can be highly effective—but only if used sparingly.

Finally, touch base with the pharmacy about pop-up best practices. The pharmacy has years of experience designing and implementing pop-ups to avoid drug/drug, drug/food and drug/allergy adverse events. Their advice can make a huge difference.

Be Ready for Pushback

Putting yourself at the center of order sets can be a daunting task. Your colleagues may already be feeling frustrated with the transition to electronic order entry. If they think you are restricting their ability to order the tests they need, you may receive some unpleasant calls from unhappy customers.

You will need patience, thick skin, and a sense of confidence that you are doing the right thing. As a laboratory leader in your institution, you are the correct person to do this important task. Don't shy away because you are encountering some resistance. See it as an opportunity to engage and provide added value for the physician.

Why Immediate Action by the Lab is Essential

The rise of the EMR and electronic order sets is also giving rise to some additional issues and opportunities. CPOE order sets may be designed and implemented under severe time constraints. Instead of taking the time to evaluate all existing paper-based order sets for clinical utility, some hospitals simply upload them into the EMR instead. This means that many of the lab tests contained in these order sets may be outdated and not adhere to the most recent clinical evidence.

Outdated or incorrect CPOE order sets can result in numerous lab tests being ordered, for which the hospital will not be reimbursed. More importantly, this has the potential to impact patient care as diagnosis and treatment gets delayed. The laboratory has the knowledge and expertise to address this issue.

CPOE and the laboratory test ordering process it automates are just such an opportunity. Engaging in the order set improvement process allows laboratorians to bring value to their institution, directly impact patient care, and be recognized by their physician colleagues as being an integral component of the care process.

4 Key CPOE Trouble Spots

1. Serum albumin

- Many order sets have the testing frequency for this test to automatically repeat daily, but it takes days/weeks for value to change
- Make test a “one-time order.” To order, HCPs must manually select each time

2. “Look-alike” laboratory tests

- “Magnesium” and “manganese” look very similar and may be next to each other alphabetically. Build a pop-up asking if “magnesium” was intended when they are in fact ordering “manganese”
- “Beta-2-glycoprotein” and “beta-2-microglobulin” are also often confused

3. HIV tests

- HCPs may order specialized (and expensive) tests when they really only intend for basic screening

4. Sexually transmitted diseases

- This is an area where you may find STD order sets containing outdated tests. Work with your infectious disease colleagues to replace them with better alternatives

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