



Stewardship app

The Stewardship app is a “cure” for removing wasteful orders and clinical variation, and it suggests lower cost alternatives without disrupting provider workflow.

Stewardship John Doe
DOB: 05/20/1949

Med / Test Costs & Alternatives Expand >

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 for life-threatening infections with strong suspicion of MRSA or VRE. Linezolid or Vanco may be less costly viable alternatives.
UWHealth Daptomycin Guidelines 2011

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. 2016; 166(5 Suppl 1): 0001-2005

All Cost Opportunities This Admission

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

- C**reate the culture that emphasizes stewardship
- U**nearth opportunities per provider using our proprietary Clinical Financial Decision Support engine
- R**educe wasteful care and its associated costs which affect our patients
- E**ngage clinicians with alignment models

Smart Ribbon

Stewardship | LOS 5.1d | Observation

The app displays iatrogenic risk data alongside the wholesale costs of scheduled medications, lab, and radiology tests, giving providers the information they need to give value based care. On a DRG-adjusted basis, the app has produced a \$94-per-admission decrease, on average, in the cost of inpatient medications, labs, and radiology tests. No negative effects on mortality, readmissions, or length of stay have been observed.

- Provides real-time insight into potential waste “in play” or a qualitative decision to be made
- Uses Machine Learning to sense impact and likelihood of response to a nudge
- Routes a nudge to the provider

Nudges

Stewardship

Tolvaptan PO (\$351.63/day)
-> Urea PO (\$7.20/day)

For treatment of inpatient euvolemic or hypervolemic hyponatremia, consider use of oral urea instead of conivaptan or tolvaptan. Urea is effective, safe, well-tolerated, associated with less risk of overcorrection of hyponatremia.
Clin J Am Soc Nephrol. 2018;13(11):1627

- Clinical, qualitative, and financial information
- Context-specific, tailored to patient and provider
- Non-disruptive, disappearing after ~7 seconds
- Clinical synopsis + actual financial info for the order
- No need to click

Quality

Heparin Protocol Confirmation

Patients recently on DOAC and now on heparin drips should be dosed based on aPTT and NOT anti Factor Xa levels, as this can result in underdosing otherwise.
P&T Committee

Playbook

- Highly granular analytics in wasteful ordering
- Outlier analysis at provider, service line, hospital and health system levels
- Trending per month and emphasis on methods to drive change
- Nudge-induced cancels (NICs™)

