

2023 HEALTHTRUST UNIVERSITY CONFERENCE

PLAYING TO WIN

ALIGNED FOR SUCCESS
OPTIMIZING OUTCOMES

How Physicians, Clinicians,
Supply Chain &
Clinical Performance Transparency
Support Cost Reductions

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Wednesday, July 19, 2023



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UNIVERSITY CONFERENCE

Disclosures

- The presenters have no real or perceived conflicts of interest related to this presentation

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Learning Objectives

At the end of this session, participants should be able to:

1. Recall the value of connecting with clinicians and the importance of working on a team to support clinical performance savings initiatives.
2. Identify key areas of data sets and attributes that should be continuously monitored and transparent to leadership and clinicians for performance change management.
3. Describe the importance of governance structures, evidence-based decisions and clinical service lines involved in change management.

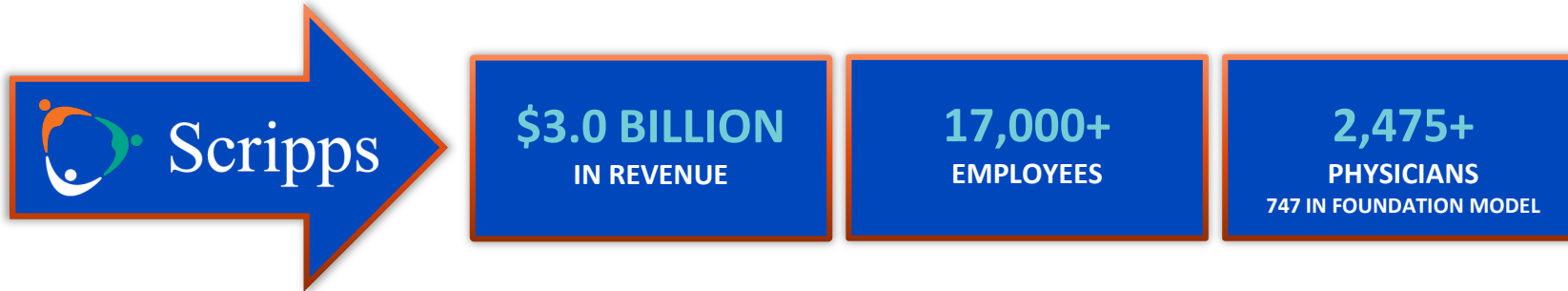


Description of Session

Strategies to Reduce Costs Transparency With Clinicians

In this session, learn how Scripps Health uses value analysis, appropriate governance structure and powerful data analytics to partner with clinicians to reduce costs and improve value. Share in innovative tools, providing transparency and strategies to optimize data and reduce unnecessary utilization.

About Scripps Health

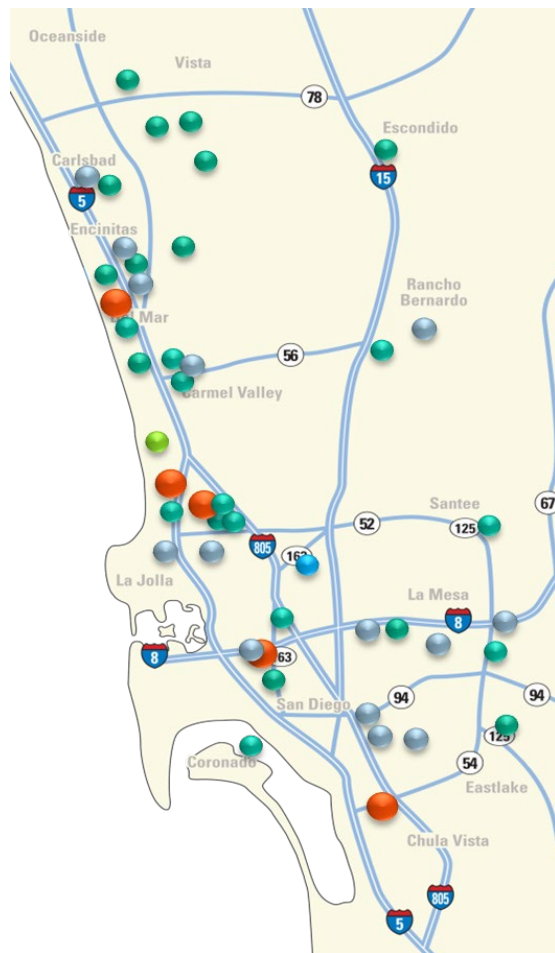


Not-for-Profit, Integrated Healthcare System in San Diego, California
Operating Two of San Diego's Six Trauma Centers



Photo Source: Scripps Health

About Scripps Health



Scripps Hospital Campuses

Scripps Clinic

Scripps Coastal Medical Center

Scripps Cardiovascular Institute

Scripps Home-based Care

Scripps Skilled Nursing Preferred Network

Imaging Healthcare Specialists (IHS)

Pioneers Memorial Hospital,

an Affiliate of the Scripps Health Network

Scripps Health Supply Chain – About Us

- ✓ Centralized function for all contracting, purchasing & AP site operations
- ✓ Scripps is a just-in-time, low unit of measure inventory system. We do not have warehouses at our hospitals
- ✓ Our supply chain team is responsible for all inventory management functions within procedure areas, including surgical case picking which allows clinicians to work to the top of their license
- ✓ RNs work in supply chain, supporting & leading value analysis efforts & physician engagement
- ✓ One item master for the system
- ✓ *We do not allow* patient commodity or any implantable items purchased ***without an Infor item number & \$***
- ✓ All new product requests are reviewed based on clinical evidence, outcomes & cost

Supply Chain Operations Worth Watching



Scripps Health May 2019, 2020, 2021, 2022, 2023

honored as the top performing & most forward-thinking organization for their commitment to healthcare supply chain excellence.

Scripps Health Supply Chain #25 on Gartner's Top Supply Chain 2017, 2018, 2019, 2020, 2021, 2022



How did we start our journey?



Photo Source: HealthTrust royalty-free library via Getty Images-200389344-001.

Scripps Journey to a Value Analysis Process

Started in Jan. 2015. We focused on our new product adoption process & began assessing internal supply chain processes, existing legacy committees & measures:

- ✓ Review the product adoption & approval processes
- ✓ How many committees were discussing new products?
 - ✓ Which were discussing clinical practice changes?
- ✓ Who truly had authority to approve new product adoptions & cost impacts?
- ✓ How does the committee align with standardization of products & utilization opportunities?
- ✓ Which committees were physician led?

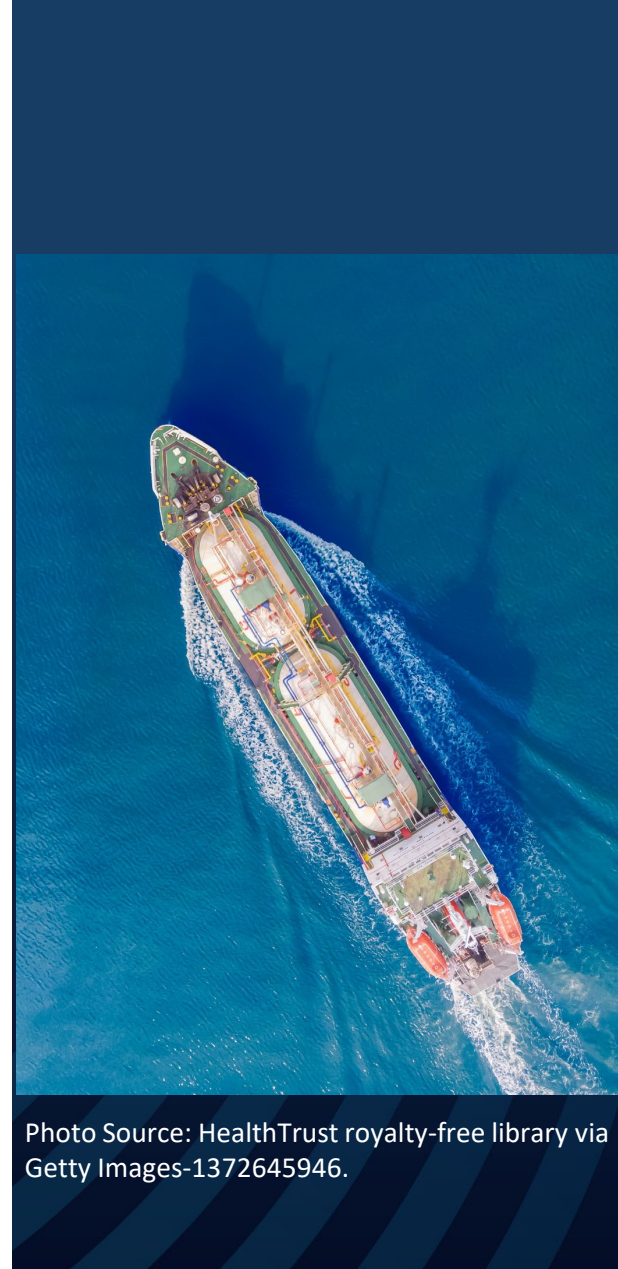


Photo Source: HealthTrust royalty-free library via Getty Images-1372645946.

Committees for Committees

We had more than 35 committees meeting over 60 hours a month

Committees would request new products without any clear evidence and would never say “No”

We had committees for other committees

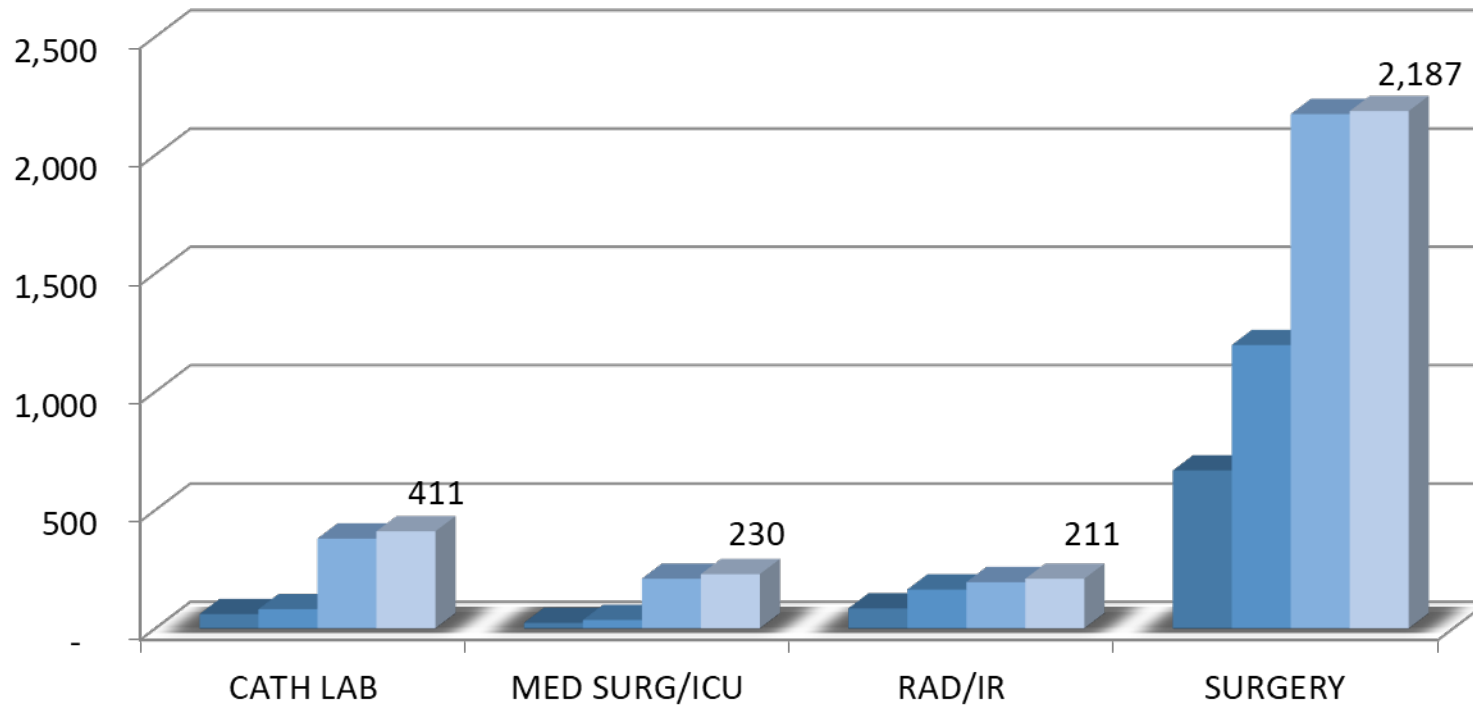


Photo Source: HealthTrust royalty-free library via Getty Images-529400761.

Committee	Chair	Frequency	Time
EVS	Marlene Castillo	Monthly	2 hours
Engineering	Bruce Rainey	Bi Monthly	2 hours
Clinic Acquisitions	Norma Plante	adhoc	varies
Food Services technical	Tina Pickett	Monthly	1 hour
Print Management	Frank Motely	adhoc	1 hour
Sterile Processing Technical Committee	Ken Hare	Monthly	1 hour
Patient Care Product Oversight	Lee McCall	Monthly	1.5 hours
Maternal Child Health & Labor and Delivery Technical	Lisa McCombie	Monthly	1 hour
Cath Lab Operations (incorporated into Cardiac Co-Mgmt.)	Deb McQuillen	Monthly	1 hour
Cath Lab Technical	Michelle Barden	Bi-weekly	1 hour
Cardiac Careline Steering and Cath Lab Co-Management	Dr. Glassman, Deb McQuillen	Monthly	1 hour
Cath Lab EP Co-Management	Dr. Higgins, Deb McQuillen	Monthly	1 hour
Surgical Product Oversight	Sandy Hill	Monthly	1.5 hours
Surgery Co-Management	Dr. Docweiler	Monthly	1 hour
Spine Physician Meeting	Dr. Bruffey	Varies	1 hour
Ortho Physician Meeting	Dr. Copp	Varies	1 hour
Endoscopy Technical	Jancie Grover	Monthly	1.5 hours
Respiratory Technical	Marty Rosenberg	Monthly	1 hour
Laboratory	Chris Nichol森	Monthly	1 hour
Neuro Interventional/Radiology	George Ochoa	Monthly	1 hour
Radiology Oversight Physician Meeting	Dr. Christiansen, George Ochoa	Monthly	1 hour
Vascular Access Technical Meeting	George Ochoa	Monthly	1 hour
Mammography Technical Committee	Unknown	Monthly	1 hour
Nuclear Medicine Technical	Karen Whalen	Monthly	1 hour
CT Technical Committee	Michael Downing	Monthly	1 hour
MRI Technical Committee	John Glass	Monthly	1 hour
Ultrasound Technical Committee	George Ochoa	Monthly	1 hour
Radiation Therapy Technical Committee	Bruce Buttermore	Monthly	1 hour
Diagnostic Radiology Technical Committee	Luz Lopez	Monthly	1 hour
Wound Care Technical	Barbara Twombly	Monthly	1 hour
ICU Standardization Project Team	Scot Nolan	Monthly	1 hour
Patient Rights Committee	Kelly Hardiman	Bi Monthly	1 hour
SMF Monthly HIM Forms Committee	Larisa Sweet	Monthly	1 hour
Women Value Analysis/New Innovations Subcommittee	Karen McCabe	Monthly	1 hour
Environmental Health and Safety Committee	Frank Motely	Monthly	1 hour

Desire for New Technology Was Constant

New Item Requests by Service Lines 2013 - 2015



Source: Scripps Health. Please do not reproduce without permission.

Some would say,
“We are Candy Land!”



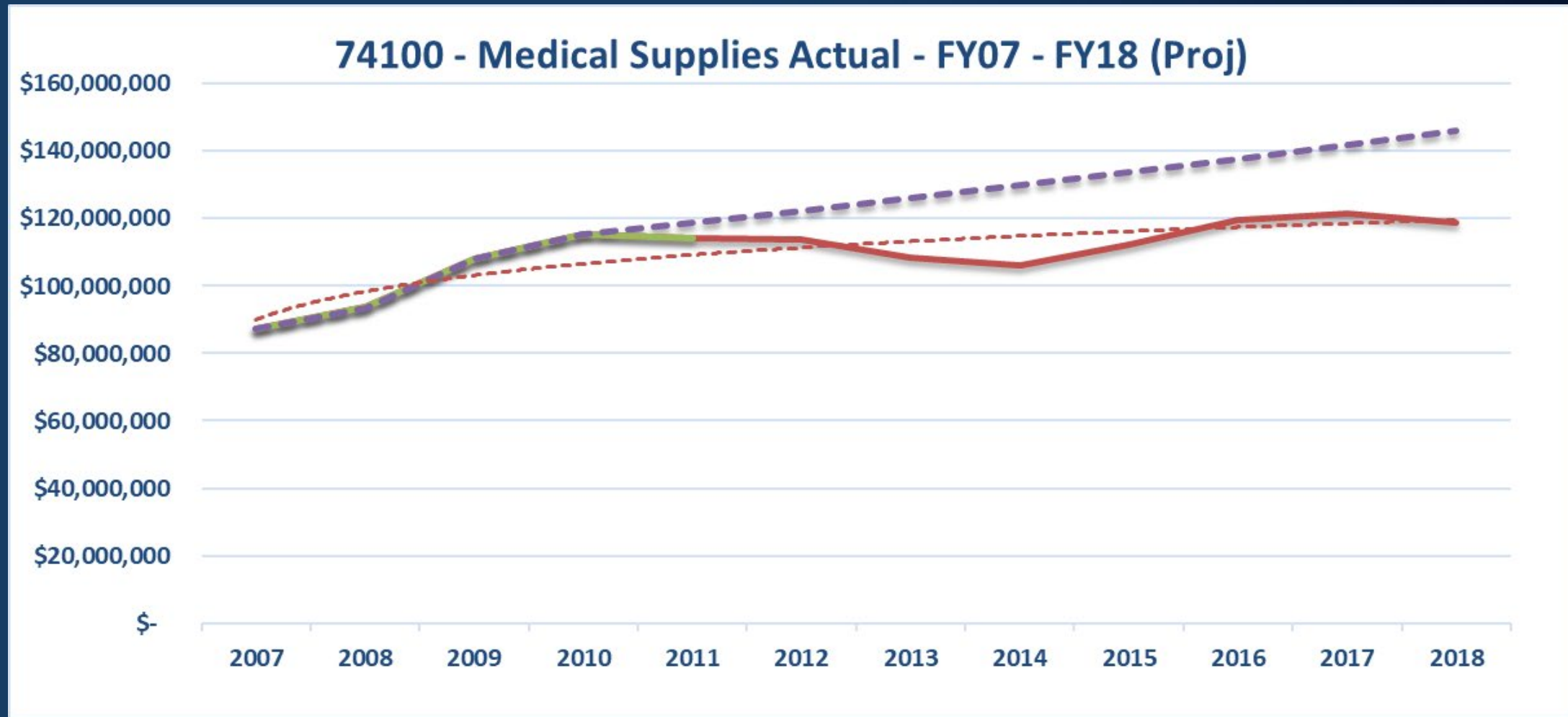
Photo Source: Shellie Meeks, HealthTrust.



Was Not An Answer

Photo Source: Shellie Meeks, HealthTrust.

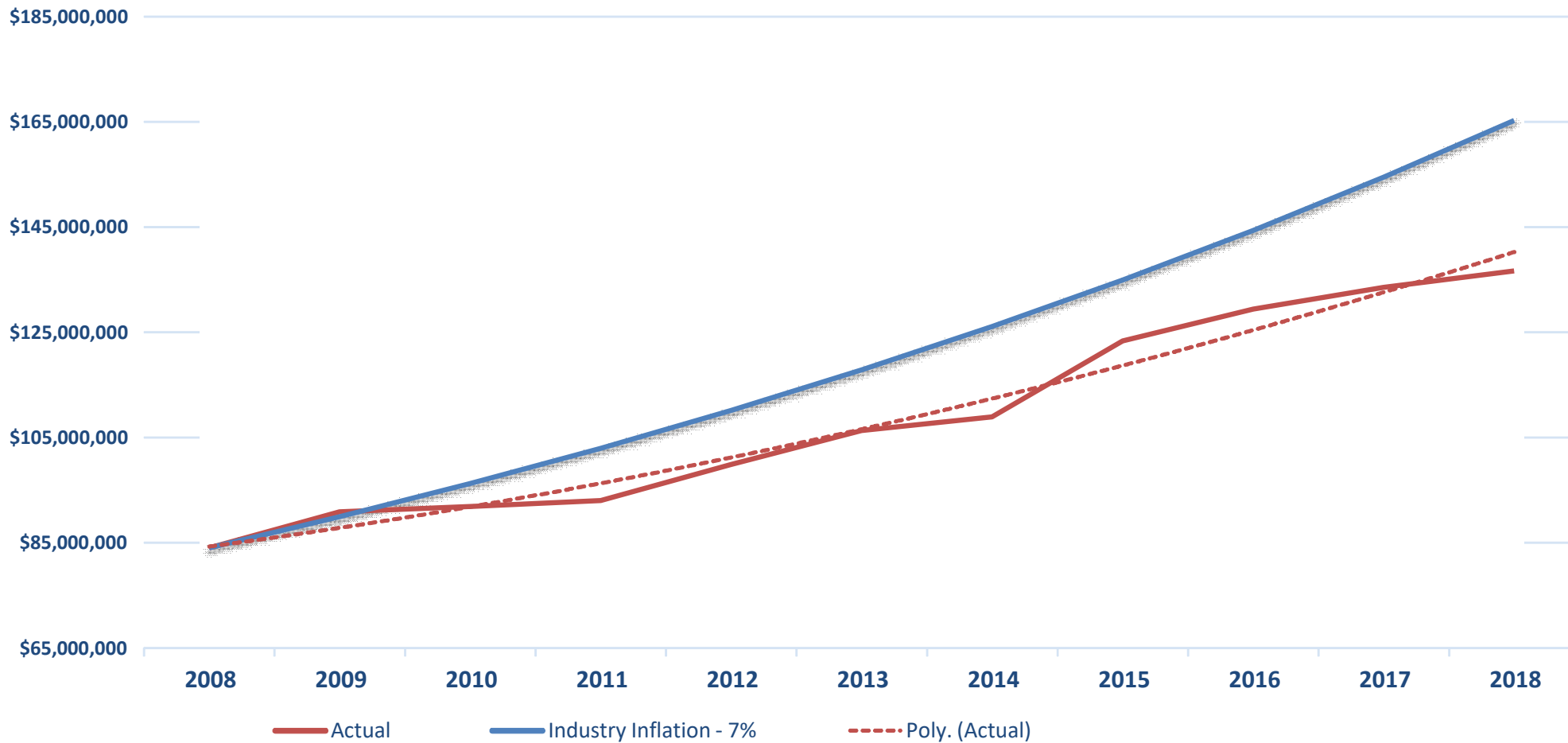
Medical Supplies Expense Account Trend



Source: Scripps Health. Please do not reproduce without permission.

Prosthetic Supply Expense Trend

73100 Prosthetic (Implant) Actual FY08 – FY18



Source: Scripps Health. Please do not reproduce without permission.

Value Analysis Governance Structure

Medical Effectiveness Review Committee (MERC)

Clinical Value Analysis Team

Imaging/IR

ENDO

Spine/
Neuro

Ortho

General
Surgery

Cardiac

Nursing
Women's

- Each of the service line meetings are led by physicians
- Nursing & Women's, only meet adhoc
- All other committees were dissolved and not supported by supply chain
- All requests must be inputted by the requesting clinician

Source: Scripps Health

New Governance Structure: Medical Effectiveness Review Committee (MERC)

The MERC will be responsible for identifying the transformation strategies for our organization that will promote cost reduction strategies, increase our growth & innovation & to ensure patient-centric decisions are made.

- Committee will establish strategic objectives
- All requests that have potential growth & funding improvements or concerns
- Appeals resulting from the Value Analysis Team & Service Line disparity recommendation
- All product & equipment standardization ideas
- Accountable for communication of changes to the medical staff

Source: Scripps Health

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CE Credit Deadline: 8/25/23

Confidential: Not for distribution

MERC Governance Structure

Committee Members (Voting)

- Physician Operations Executives, one per site
- Chief Medical Officers
- SVP MD Andersen
- Chief Executives
- SVP Ancillary Services

Adhoc Members

- President SCMG
- SMF VP Surgical Services
- Service Line Leaders
- Physicians
- Clinicians
- Chief Operations Executive
- Laboratory
- Finance
- Supply Chain
- Payor Contracting

Source: Scripps Health

Service Line Committees Accountability

Request Contains:	Service Line Review Questions:	Service Line Decision:
Clinical Evidence	Did the clinician provide information that support claims of why Scripps should adopt the new technology?	<p>IF Yes –perform a value analysis and send VA recommendation to the respective Service Line or dyad</p> <p>IF No – Service Line can conduct a further review to support system wide support, conduct an evidence review and provide necessary information to the VA Team to support adoption OR deny the request and notify the requesting clinician and VA Team</p>
Revolutionary or innovative in nature, compared to what we use today	Will Scripps be able to grow new volume, provide innovation to our clinicians and patients?	
System wide support for product or equipment adoption, promotes standardization and reduces variation	Does the request have other clinicians from all sites supporting the request?	
Variation, duplicative qualities and/or competes with existing contractual agreements	Do we have similar technology available to our clinicians used in patient care today and/or we have market share agreements with our GPO and locally negotiated with vendors that must be met	<p>If Yes, Deny the request and provide examples of current products/equipment that can be utilized in lieu of new technology and notify the requesting clinician and VA team of the denial</p> <p>If No, provide reasons why the products used today are not the same, what are the clinical benefits of the new and how we will reduce variation to support the adoption.</p>

Source: Scripps Health

Clinical Value Analysis Process for New Products & Medical Equipment

Clinician – Requests for New Products or Equipment

Clinician enters a new request through online tool.

In order for the value analysis review process to begin, the request must support the following principles:

- *Clinical evidence that supports better patient outcomes and the patient experience
- *Encourages standardization and reduces variation across our system
- *The request is revolutionary or innovative compared to what is used today, and may provide growth to our organization
- *Supports funding our future and removes extraneous costs

Service Line, Clinical Dyad

The Service Line will review Clinician's request with the following principles in mind:

- *Is there system alignment with this request and does it remove redundancy and variation?
- *Is there supporting evidence to improve our patient outcomes and/or patient experience?
- *Does this provide further opportunity to grow and fund our future?

Service Line will be accountable for reviewing and providing clinical evidence, review the clinician's justification, and provide a final Service Line or Dyad recommendation of the clinicians request.

The recommendation will be reviewed by:

- * Clinical Value Analysis Team
- * Medical Effectiveness Review Committee

Value Analysis Team

The following criteria will be reviewed for completeness by the Value Analysis Team:

- * **Service Line or Clinical Dyad recommendation of the request**
- * **Clinical Evidence and Outcomes**
- * **Revolutionary/Innovative merits**
- * **Standardization efforts and the reduction of variation**
- * **Cost**
- * **BioMed and/or IT Requirements**

If the principles are not met, the clinician will be communicated of the decision with a copy to the Service Line or Clinical Dyad.

If the Service Line would like to continue to recommend a request that the Value Analysis Team has contested, then the they can appeal to the MERC

Medical Effectiveness Review Committee (MERC)

MERC is the governing body for the value analysis process for products and equipment. It will review the following types of requests:

- *Appeals resulting from the Value Analysis Team and Service Line disparity recommendation
- *All requests that have potential growth and funding improvements or concerns
- *All product and equipment standardization concerns
- *Decide on urgent medical equipment needs
- *Discuss product utilization
- *POEs to discuss any utilization or clinical concerns with appropriate COS. The POEs and COS will discuss with any physicians involved.

The MERC will be responsible for identifying the transformation strategies for our organization that will promote cost reduction strategies, increase our growth and innovation, and to ensure patient-centric decisions are made.

New products will be reviewed six months to one year after approval to ensure the anticipated clinical and financial benefits are achieved.

MERC Initiatives

INITIATIVE	VALUE	CHAMPIONS
Cardiac Rhythm Management Market Share Initiative: Two vendors to achieve 85% of spend	\$3 Million	Cardiovascular Service Line
Premium Products Clinical Criteria Prescribed by the Orthopedics, Spine, and General Surgery Clinicians (aquamantys, plasmablade, Oxinium, antibiotic bone cement, Mimedx)	\$550,000	All Service Lines
Ortho/Trauma Market Share Compliance Initiative: 80% J&J Synthes	\$800,000	Orthopedic Service Line

Source: Scripps Health

MERC Initiatives

INITIATIVE	VALUE	CHAMPIONS
Endo Mechanical (Staplers) General Surgery Market Share Compliance Initiative: 85% J&J Ethicon	\$1M	General Surgery Service Line
DVT Equipment and Disposables Standardization initiative	\$300,000	Nursing Service Line
Cardiac Enhanced Recovery after Surgery (ERAS) Initiative	\$500,000	Cardiac Surgery Service Line

Source: Scripps Health

How to get people to the table



Source: HealthTrust royalty-free library via Getty Images-dv2171015.



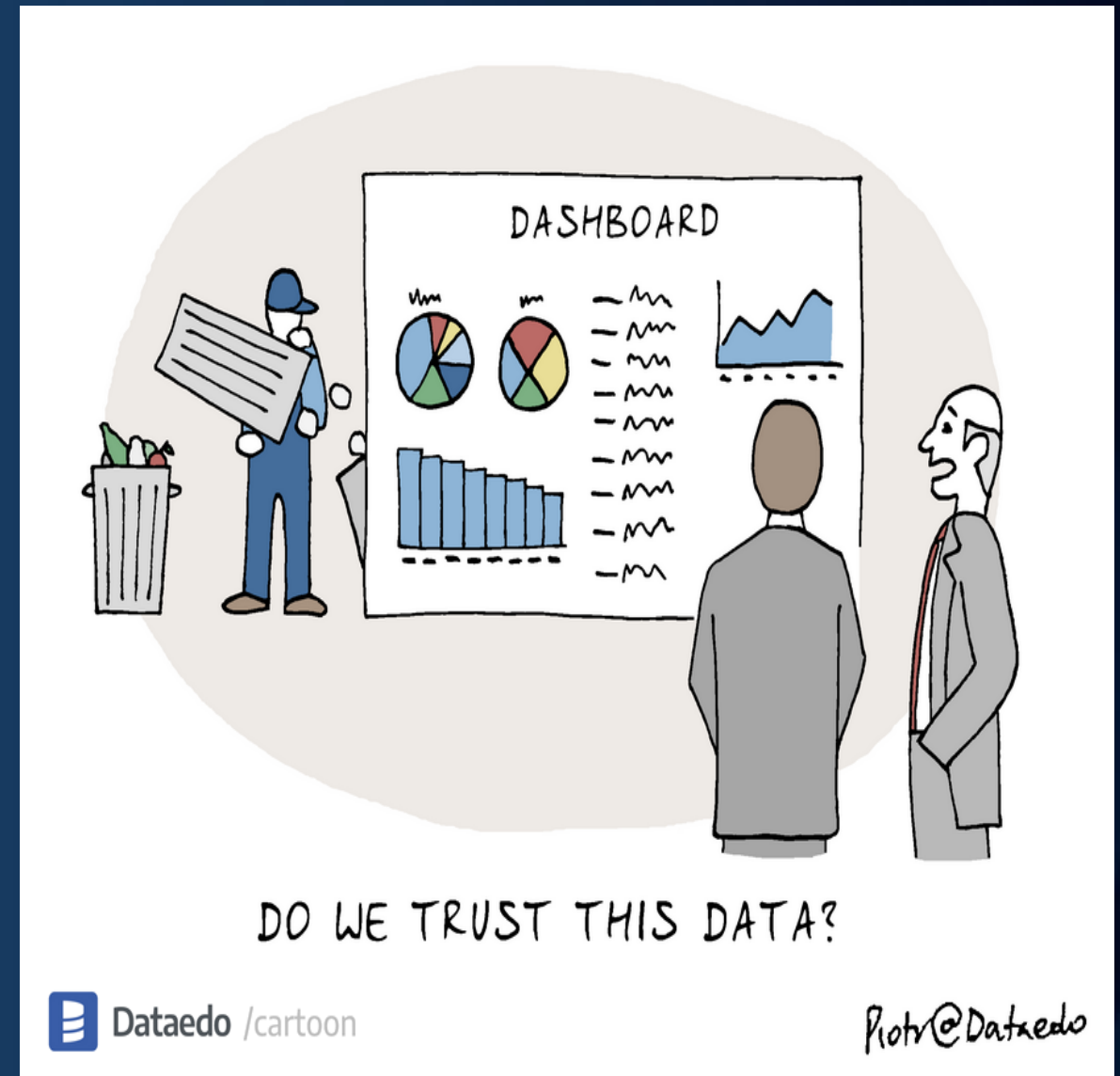
Source: HealthTrust royalty-free library via Getty Images-543353618.



Source: HealthTrust royalty-free library via Getty Images-626742844.

#1 Data

- Start with quality data
- Show total cost
- Compare by sites, by surgeons, by type of procedure
- Visuals
- Pictures
- Blinded



Source: Dataedo. <https://dataedo.com/cartoon>

#2 Evidence

- Be able to articulate anomalies based on clinical evidence
- Have the data show how the variation stands out based on the evidence and not specific to one surgeon



Source: HealthTrust royalty-free library via Getty Images-1385927135.

#3 Surgeon Champions

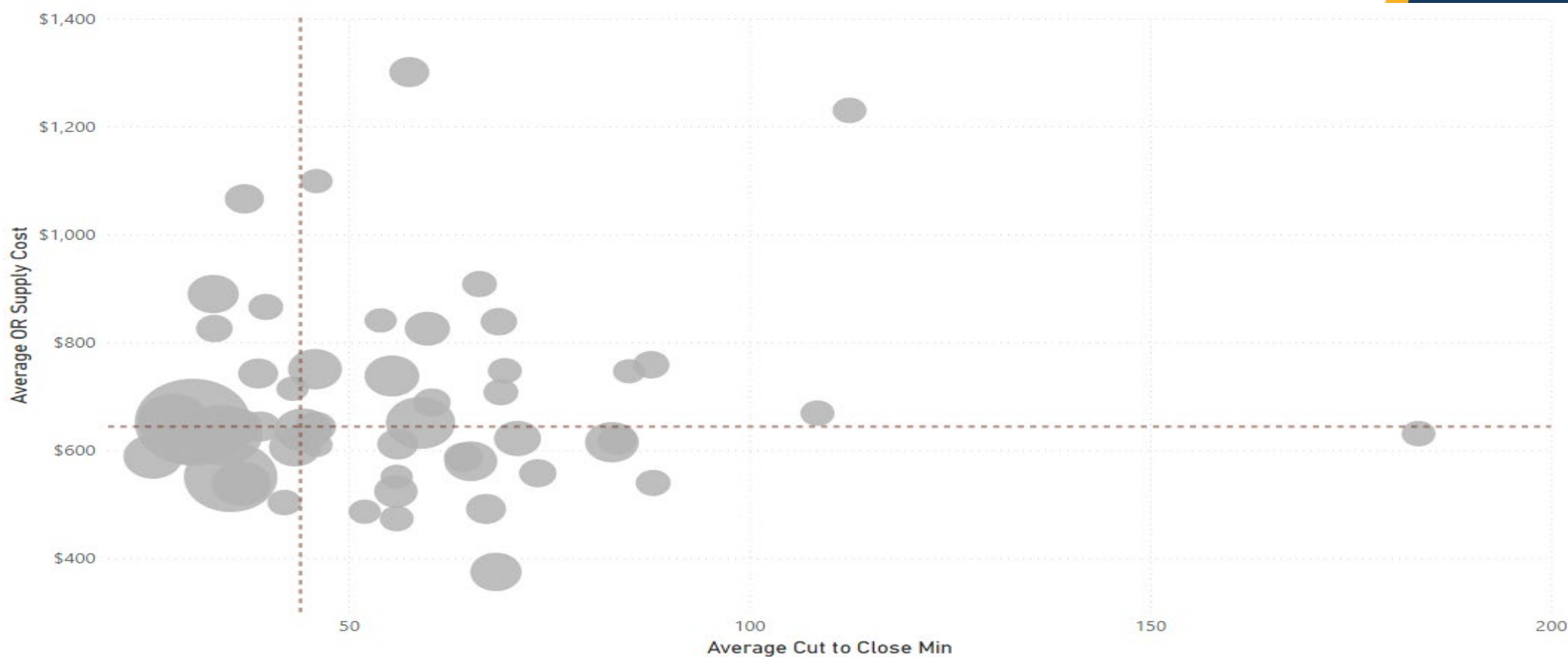
- Knowledgeable in the specific surgical procedures & supplies
- Able to read & understand the data (may need to readjust the presentation)
- Able to speak to other surgeons
- Willing to hold peers accountable



Source: HealthTrust royalty-free library via Getty Images-56724676.

Total OR Supply Cost & Console Time vs. Scripps Average

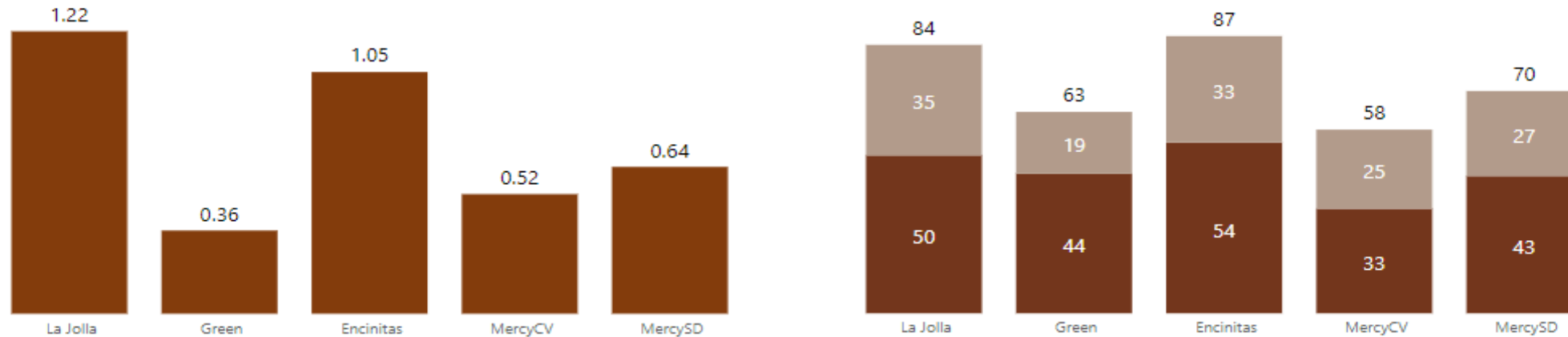
Oct. 2020 – Oct. 2021 (excl May 2021) | Laparoscopic Cholecystectomy Outpatient



Source: Scripps Health. Please do not reproduce without permission.

Clinical Outcomes

Oct. 2020 – Oct. 2021 (exc May 2021) | Laparoscopic Cholecystectomy Outpatient



	La Jolla	Green	Encinitas	MercyCV	MercySD
Cases	108	333	85	99	145
Average BMI	27.71	28.74	29.48	30.32	30.28
Average Room Min	84.17	63.16	86.93	57.59	69.70
Average Cut to Close Min	49.55	43.78	53.60	32.79	43.06
Average ICU Days	0.00	0.00	0.00	0.00	0.00
Average # Blood Units	0.00	0.00	0.00	0.00	0.00
Average Opioid MME Entire Stay	53.72	35.50	59.07	37.66	49.42
Average OR Supply Cost	\$773	\$618	\$596	\$660	\$627
Average SSI	0.93%	0.00%	1.18%	0.00%	0.00%
Average Readmission	0.00%	0.00%	0.00%	0.00%	0.00%

Source: Scripps Health. Please do not reproduce without permission.

Opportunity — Advanced Energy Convert to Basic Energy L Hook

Laparoscopic Cholecystectomy Outpatient

Clinical Summary	<ul style="list-style-type: none">• Surgical energy devices are used to seal blood vessels, cut tissue, and stop bleeding.• Advanced energy devices are being utilized on laparoscopic cholecystectomy procedures at LJ and MCV at a higher rate than other facilities.
Evidence	<ul style="list-style-type: none">• <u>Harmonic Scalpel-Assisted Laparoscopic Cholecystectomy vs. Conventional Laparoscopic Cholecystectomy - A Non-randomized Control Trial, 2018</u><ul style="list-style-type: none">◦ Harmonic scalpels demonstrated no significant advantage over conventional energy devices in operating time, postoperative pain, and perioperative complications.• <u>Comparative study to evaluate ultrasonic verses monopolar electrocautery dissection of gall bladder in laparoscopic cholecystectomy, 2021</u><ul style="list-style-type: none">◦ No significant differences between energy platforms in biliary leak, common bile duct injury, bowel perforation and postoperative hospital stay but it can significantly reduce operative time and incidence of gall bladder perforation.
Discussion	<ul style="list-style-type: none">• What are the clinical indications of advanced energy utilization in laparoscopic cholecystectomy?• Can we eliminate the routine use of advanced energy in lap chole procedures?
Recommendation	<ul style="list-style-type: none">• Eliminate the routine use of advanced energy in lap chole procedures by converting to Basic Energy L Hook

Opportunity — Convert Advanced Energy to Basic L-Hook

Laparoscopic Cholecystectomy Outpatient



Covidien (Medtronic) Maryland Ligasure
37CM 5MM w/retractable hook LF5637 \$700
37CM 5MM w/Blunt Tip LF1837-\$700
44CM 5MM LF1944-\$700



Ethicon Harmonic Ace-
36CM 5MM HARH36-\$700
ESURG 45CM 5MM Curve Advance-\$700



Medtronic Valleylab™
Laparoscopic Wire L-Hook
Electrode, Solid, 36 cm \$10.00

Sources: <https://www.medtronic.com/covidien/en-us/products/vessel-sealing/ligasure-maryland-jaw-sealer-divider.html>. Accessed 7/7/23.
https://www.jnjmedtech.com/system/files/pdf/ecpc-us-ethicon-product-catalog-166944-220824_nov2023.pdf. Accessed 7/7/23. p. 5
<https://www.medtronic.com/covidien/en-us/products/electrosurgical-instruments/laparoscopic-instruments.html> Accessed 7/7/23.

CE Credit Deadline: 8/25/23

Confidential: Not for distribution

Opportunity — Convert Specialty Trocars to Ones On Contract

Laparoscopic Cholecystectomy Outpatient

Clinical Summary	<ul style="list-style-type: none">• There are various techniques used to gain access for laparoscopic procedures and a variety of trocars to support each technique.• Evidence suggests the ideal trocar system incorporates a low insertion force, abdominal wall retention, stability and a minimal tissue defect.
Evidence	<ul style="list-style-type: none">• There is no evidence to suggest that any type of laparoscopic trocar is more or less safe in terms of reducing severe complications either during primary or secondary entry.
Discussion	<ul style="list-style-type: none">• Are there any patient populations or clinical indications in which you could not use an on-contract Applied Medical trocar for Laparoscopic Cholecystectomy?
Recommendation	<ul style="list-style-type: none">• Convert Covidien trocar to on contract Applied Medical equivalent.

Source: Scripps Health

Opportunity — Convert Covidien Visiport Trocar to On Contract

Applied Medical Trocar

Laparoscopic Cholecystectomy Outpatient



Covidien (Medtronic)
11mm-100mm
Visiport Trocar
\$ 700 each

Source: <https://www.medtronic.com/covidien/en-us/products/trocars-access/optical-trocars.html>. Accessed 7/7/23.



CTR73: 12 x 100mm Kii Optical
Z-Thread access system
\$10 each

Source:
<https://www.appliedmedical.com/Products/Kii/OpticalAccess>
Accessed 7/7/23

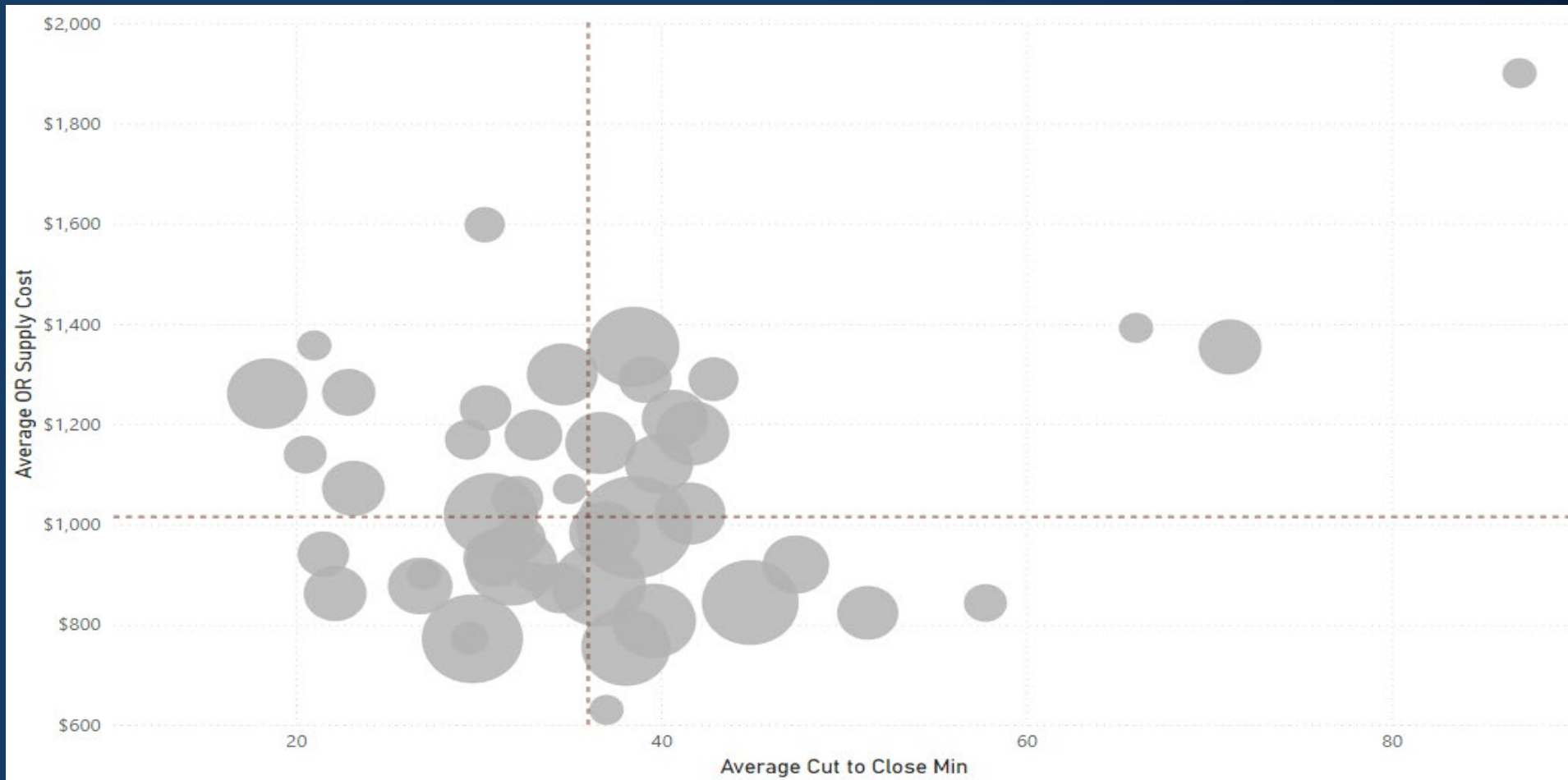


CTR03: 5 x 100mm
Kii Optical Z-Thread access system
\$10 each

Source:
<https://www.appliedmedical.com/Content/Resources/KiiFamily/254155-EN-USA-C%20Kii%20Abdominal%20Access%20Systems%20Family%20Overview.pdf>
Accessed 7/7/23

Total OR Supply Cost & Console Time vs. Scripps Average

Oct. 2020 – Oct. 2021 (excl May 2021) | Laparoscopic Appendectomy >15 Yrs. Old Non-ruptured



Source: Scripps Health. Please do not reproduce without permission.

Opportunity — Apply Clinical Criteria to Positioning Systems

Laparoscopic Appendectomy > 15 Years Old Non-Perforated

Clinical Summary

- The Pink Pad Trendelenburg Positioning system is typically used for patients who undergo procedures in steep Trendelenburg.
- There was consensus previously to eliminate the routine use of the Pink Pad in laparoscopic appendectomy procedures.
- Two sites are using the Pink Pad for laparoscopic appendectomy, whereas the other three sites are not using these positioners for these cases.

Evidence

- Laparoscopic Appendectomy, 2020
 - Patient is supine, bed is rotated 15-30 degrees to patients left, left arm tucked

Discussion

- Are there clinical indications for the routine use of the Pink Pad Trendelenburg Positioning system in laparoscopic appendectomy procedures?
- Can positioning products and techniques utilized at other facilities be implemented?

Recommendation

- Convert the utilization of the Pink Pad positioning system in laparoscopic appendectomy procedures to standard positioning system.

Source: Scripps Health

Opportunity — Convert Pigazzi Pad Positioners to Other Positioning Systems

Oct. 2020 – Oct. 2021 (excl May 2021) | Laparoscopic Appendectomy <15 Years Old Non-Ruptured

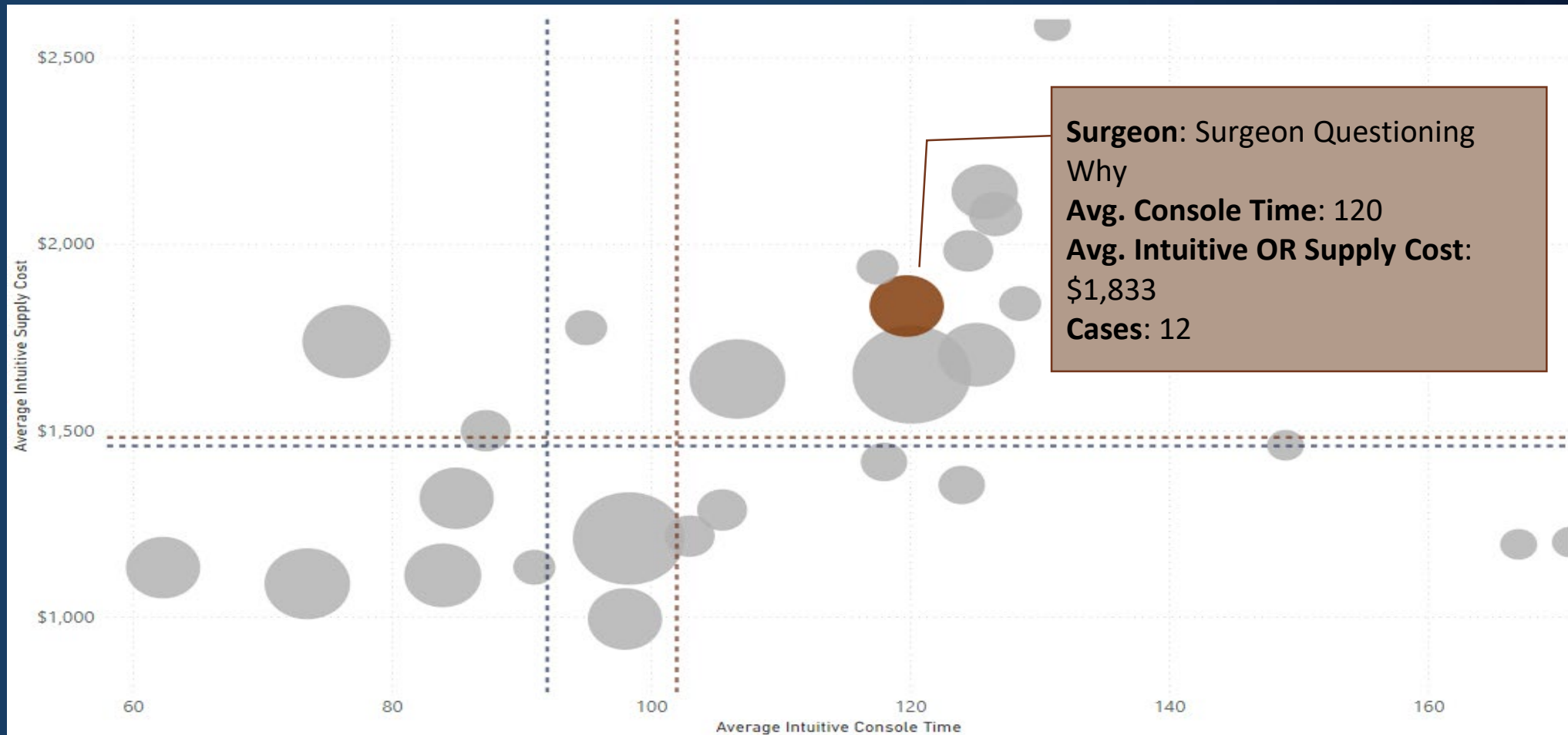
Entity	Pigazzi Positioner			Pigazzi Positioners +Cardinal			Cardinal Health Positioners			Does not use	
	Cases	Total Cost	Cost Per Case	Cases	Cost	Cost Per Case	Cases	Cost	Cost Per Case	Cases	Cost
La Jolla				42	3,565	85	75	66	0.9		
Green				1	86	86	28	62	2.2	148	-
Encinitas							1	1	0.9	196	-
Chula							34	29	0.9	58	-
Mercy	32	2,772	87	3	262	87	16	63	4	78	-
Total	32.0	2,772.0	86.6	48.0	3,919.4	81.7	152.0	214.8	1.4	480	-

One Surgeon at Scripps Mercy accounts for 70% of the Pigazzi utilization

Source: Scripps Health. Please do not reproduce without permission.

Intuitive OR Supply Cost & Console Time vs. National Average

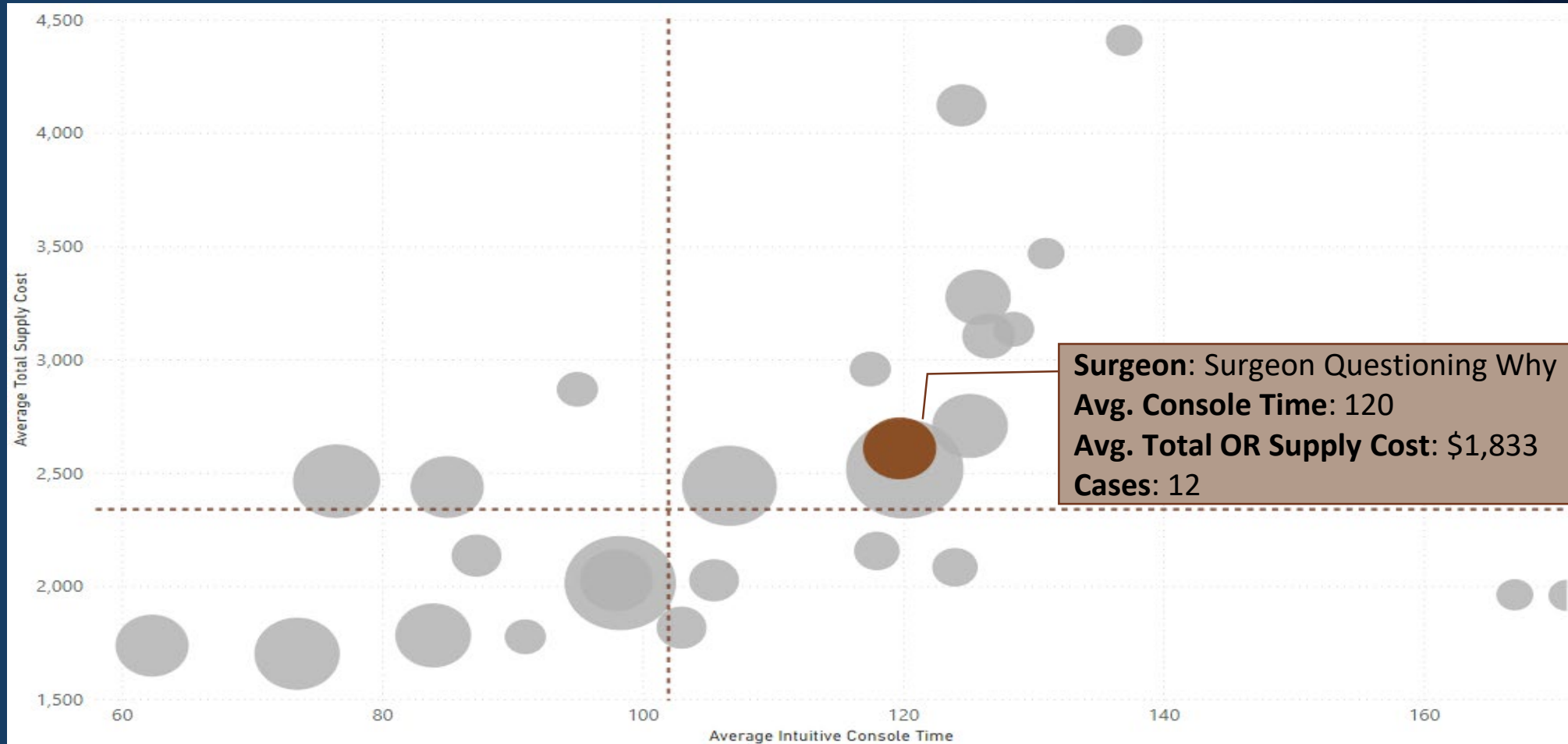
Oct. 2020 – Sept. 2021 | Benign Hysterectomy



Source: Scripps Health. Please do not reproduce without permission.

Total OR Supply Cost & Console Time

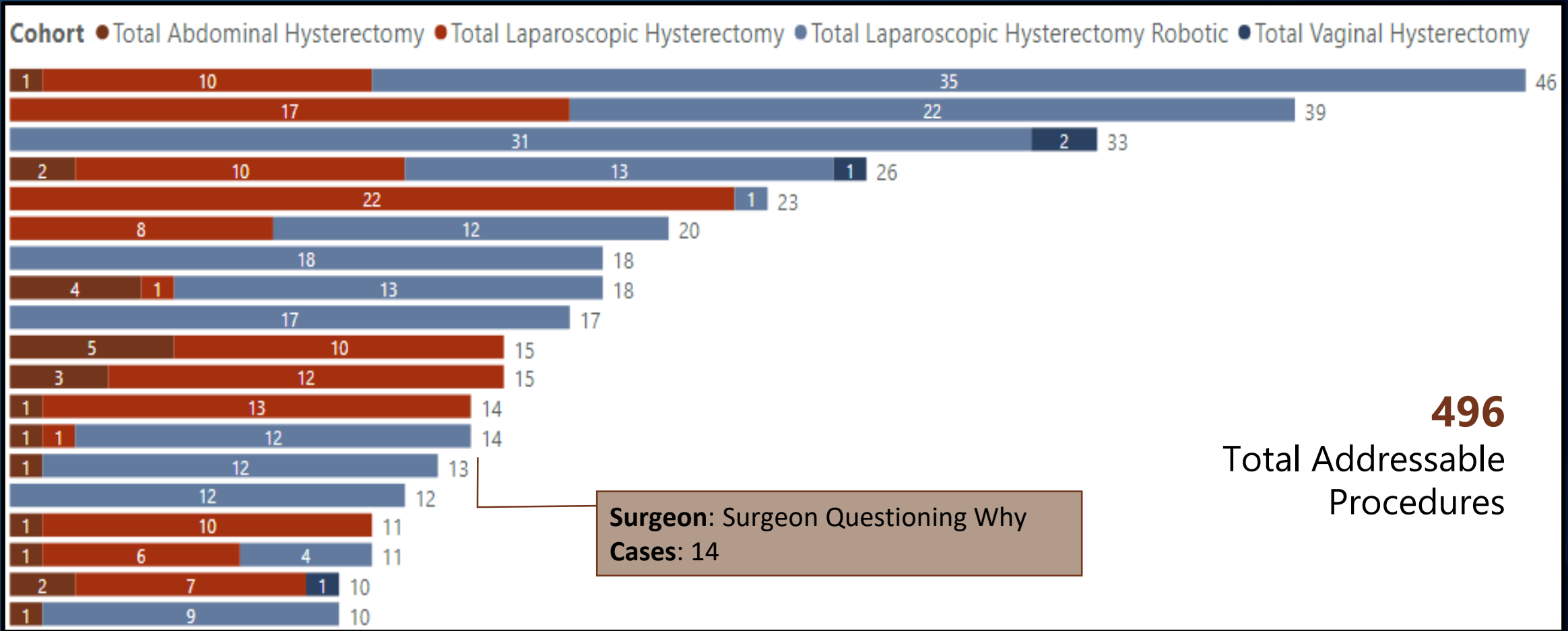
Oct. 2020 – Sept. 2021 | Benign Hysterectomy



Source: Scripps Health. Please do not reproduce without permission.

Surgery Portfolio

Oct. 2020 – Sept. 2021 | Benign Hysterectomy

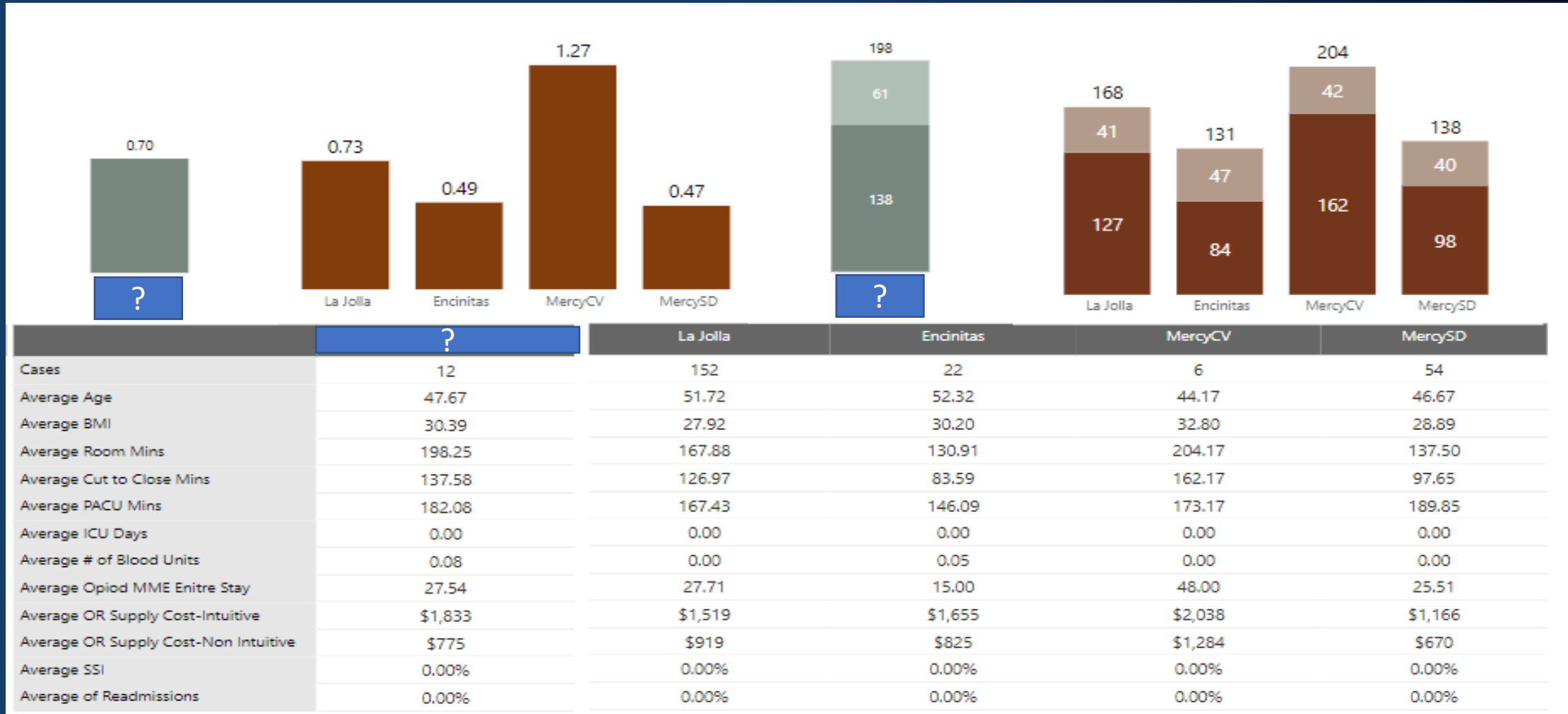


496
Total Addressable
Procedures

* Physicians with total volume < 10 have been excluded.
Source: Scripps Health. Please do not reproduce without permission.

Physician Scorecard – Clinical Outcomes-Robot Only

Oct. 2020 – Sept. 2021 | Benign Hysterectomy



* Physicians with total volume < 10 have been excluded. Source: Scripps Health. Please do not reproduce without permission.

Physician Scorecard – OR Supply Detail-Robot Only

Oct. 2020 – Sept. 2021 | Benign Hysterectomy


	Total Cost-\$ and Average Cost-\$ per Case											
	Total Cost Amount-\$						Avg Cost Amount-\$					
	?	LJ	EN	MCV	MSD	Total	?	LJ	EN	MCV	MSD	Total
Cases	12	152	22	6	54	246	12	152	22	6	54	246
Intuitive												
Accessory Cost	4,440	56,240	8,140	2,220	19,980	91,020	370	370	370	370	370	370
Cautery	5,160	83,735	8,110	3,400	29,450	129,855	430	551	369	567	545	528
Clip Applier	-	198	-	-	-	198	-	1	-	-	-	1
Needle Driver	2,680	44,175	4,880	1,840	11,585	65,160	223	291	222	307	215	265
Suction Irrigation	-	-	-	795	-	795	-	-	-	133	-	3
Tissue Grasper	2,220	21,520	4,020	220	1,330	29,310	185	142	183	37	25	119
Vessel Sealer	7,500	25,000	11,250	3,750	625	48,125	625	164	511	625	12	196
	22,000	230,868	36,400	12,225	62,970	364,463	1,833	1,519	1,655	2,038	1,166	1,482
Non Intuitive												
Endomechanical	1,181	38,896	5,016	1,892	5,299	52,285	98	256	228	315	98	213
Endomechanical-Trocars	229	14,435	223	344	383	15,613	19	95	10	57	7	63
Energy Devices	1,301	7,182	466	79	2,578	11,605	108	47	21	13	48	47
Hemostatic and Sealants	548	7,593	902	2,284	1,072	12,399	46	50	41	381	20	50
Implants-Graft Tissue	-	402	134	-	230	766	-	3	6	-	4	3
Skin Closure & Sutures	690	6,742	1,073	362	2,570	11,436	57	44	49	60	48	46
All Other Medical Supplies	5,347	64,419	10,344	2,741	24,066	106,917	446	424	470	457	446	435
	9,296	139,669	18,158	7,702	36,197	211,021	775	919	825	1,284	670	858
Total	31,296	370,537	54,558	19,927	99,167	575,484	2,608	2,438	2,480	3,321	1,836	2,339

Source: Scripps Health. Please do not reproduce without permission.

How is change communicated?

- Get agreement from the Service Line on the clinical criteria
- Have your governance committee sign off on the final changes
- Governance to inform the surgeons of the what, when & how the changes will affect
- Inform the community the process for appeal

10140 Campus Point Drive
San Diego, CA 92121

MEMORANDUM 

Date: February 16, 2021
To: All Scripps Surgeons
From: Ghazala Sharieff, MD, MBA, Chief Medical Officer, Acute Care, Clinical Excellence/Experience
Anil Keswani, MD, Chief Medical Officer, Ambulatory and Accountable Care
Scott Eisman, Physician Operations Executive, Scripps Memorial Hospital Encinitas
Dan Dworsky, MD, Physician Operations Executive, Scripps Green Hospital
Michael Worsey, MD, Physician Operations Executive, Scripps Memorial Hospital La Jolla
Valerie Norton, MD, Physician Operations Executive, Scripps Mercy Hospital San Diego
Juan Tovar, MD, Physician Operations Executive, Scripps Mercy Hospital Chula Vista
Re: Physician Led Performance Improvement

The Scripps Orthopedic, Spine, and Surgery Careline Members, Physician Leadership Cabinet Members, Chiefs of Staff and the Physician Operations Executives, as members of the Medical Effectiveness Review Committee (MERC) have collectively made the decision to support Physician Led Performance Improvement (PLPI) initiatives that may require change in your practice.

The initiatives include recommended clinical use criteria endorsed by the Carelines. For procedures that may be utilizing these types of products outside the clinical use criteria, the following products will be removed from the relevant surgeon's preference cards in the next 60 days unless they meet the use guidelines noted below.

Impregnated Antibiotic Bone Cement
Common Product Name(s): Gentamicin, tobramycin, cefuroxime

Ortho Surgery: The use of antibiotic bone cement for prophylaxis against infection is indicated for patients at high risk for infection. The factors associated with higher risk of infection for which the product may be used include:

- Revisions
- Inflammatory arthropathies: rheumatoid arthritis, systemic lupus
- Disease, drug, or radiation-induced immunosuppression
- Insulin-dependent diabetes
- Previous joint infection
- Malnourishment
- Malignant Tumor
- Hemophilia
- Prior surgical procedure with indwelling implants

Oxinium Knee Implants:
Common Oxinium Total Knee Constructs Name(s): Legion, Journey, Genesis, Prefix

Ortho Surgery: The product may be used for:

- Patients under 65 years of age
- Contralateral Matching
- Metal Allergy

Bipolar RF with Saline:
Common Product Name: Aquamantys

Ortho Surgery: Ortho Careline approved the use of Aquamantys for anterior total hip arthroplasty. It does not endorse the use of Aquamantys for total knee arthroplasty or posterior total hip arthroplasty.

Spine Surgery: Spine Careline approved the use of Aquamantys for open posterior cases >5 levels, expected blood loss >500cc, tumor patients/spinal metastasis, trauma patients who present on blood thinners, and patients who are Jehovah's Witness.

General Surgery: Surgery Careline approved the use of Aquamantys to be used to assist with Liver resection/preservation (during parenchymal dissection/hemostasis)

Advanced Energy – RF ESU:
Common Product Name(s): Plasmablate, Photonblade

General Surgery: To be used for Breast reconstruction and Electrophysiology procedures only

Wound Tissue:
Common Product Name(s) EpiFix, AmnioFix, AmnioFill, MiMedx, ACell, Restrata

General Surgery: For use with chronic, non-healing wounds only

Spine Surgery with Vascular Assist: Approved for the use in ALIF @ L3-L4 & L4-L5, for ALIF @L5-S1 when there is low bifurcation of vena cava or presence of transitional anatomy, and for Lumbar Artificial Disc surgeries.

We know the only way to achieve our goals is in collaboration with our physicians and truly appreciate your partnership and support of this and future PLPI initiatives. The PLPI and MERC committee leaders are committed to monitoring the effects of these changes to identify and respond to any unforeseen deleterious effects on patient safety and quality outcomes.

There will be coordination with the proper representation from the surgery and supply chain departments that will support the necessary changes in the next 60 days. If you have any questions regarding these decisions, please contact your Physicians Operations Executive.

Successful Operational Processes to Enforce the Change

- Engage your surgical team, logistics team and your schedulers on what can be utilized based on the criteria for use or based on what contracted item can be used
- Create a tracking or compliance tool that helps to look back
- Hold your surgeons accountable for the change they agreed to



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Source: Scripps Health

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Where the Rubber Meets the Road

Intraoperatively, success depended on education & communication. We took the following steps to ensure staff & surgeon compliance:

1. Posted fliers indicating conversions in M.D. locker rooms & lounges.
2. Posted fliers in staff locker rooms & control desk.
3. Educated staff to changes in staff huddles & in-services.
4. Worked with SCM to visually mark restricted items so that it alerts staff if the M.D. requests item.
5. Updated surgeon preference cards to remove restricted items from being pulled.
6. Met with surgeons prior to cases to ensure they have been educated to changes.
7. Leadership availability to provide intraop consult with surgeons in cases where they ask for restricted items.
8. Posted case follow-up between any surgeon defects with our OR Medical Director.

Source: Scripps Health

Be creative in how you communicate.

Besides just mailing it to their offices
or sending emails...



Source: HealthTrust royalty-free library via Getty Images-918531170 and -863559056.

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10140 Campus Point Drive
San Diego, CA 92121

MEMORANDUM



Date: February 16, 2021

To: All Scripps Surgeons

From: Ghazala Sharieff, MD, MBA, Chief Medical Officer, Acute Care, Clinical Excellence/Experience
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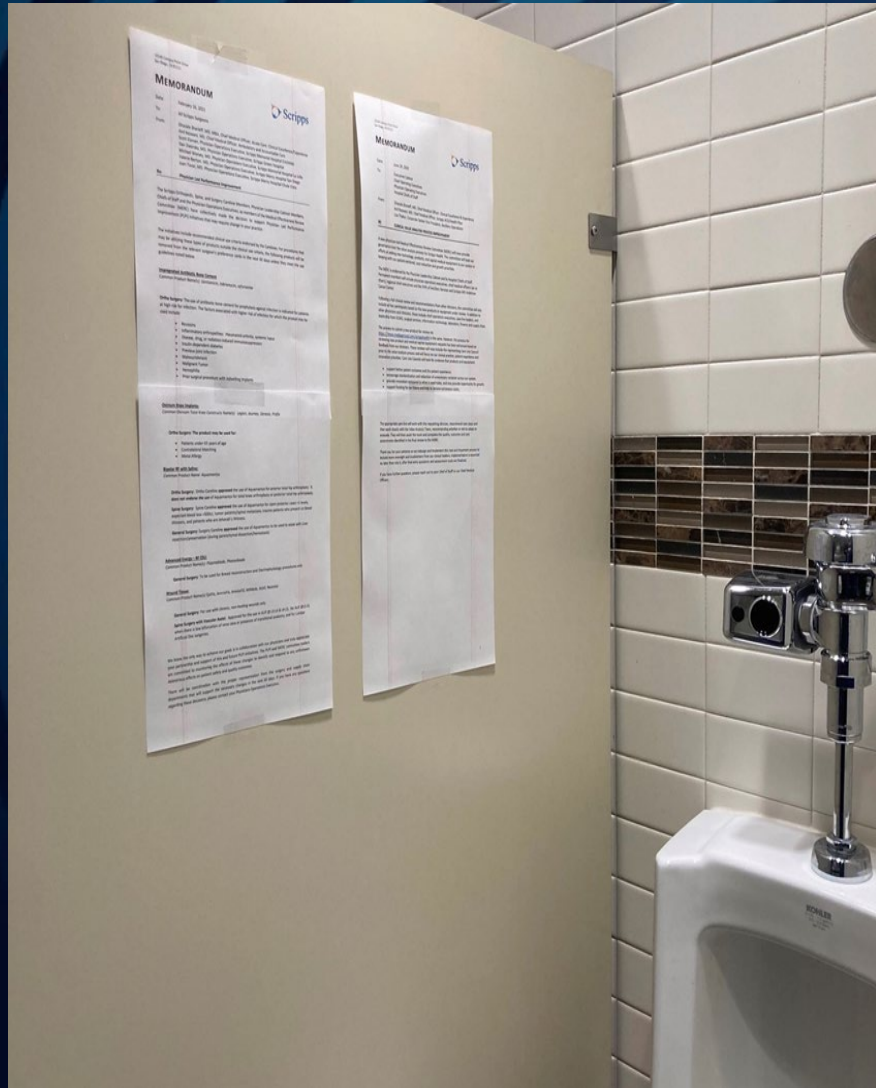
Impregnated Antibiotic Bone Cement

Common Product Name(s): Gentamicin, tobramycin, cefuroxime

Ortho Surgery: The use of antibiotic bone cement for prophylaxis against infection is indicated for patients at high risk for infection. The factors associated with higher risk of infection for which the product may be used include:

- Revisions
- Inflammatory arthropathies: rheumatoid arthritis, systemic lupus
- Disease, drug, or radiation-induced immunosuppression
- Insulin-dependent diabetes
- Previous joint infection
- Malnourishment
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- Hemophilia
- Prior surgical procedure with indwelling implants

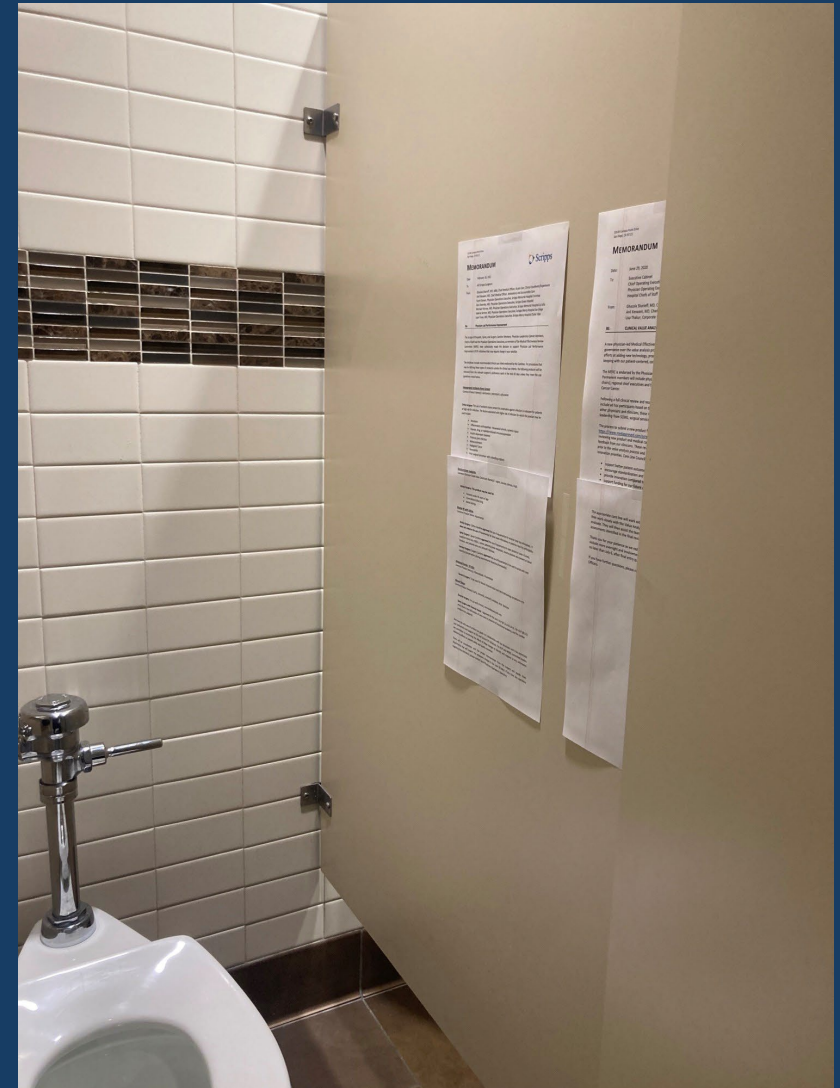
Source: Scripps Health



Creative Ways to Share the Communication

Bathrooms

Lots of Free Wall Space

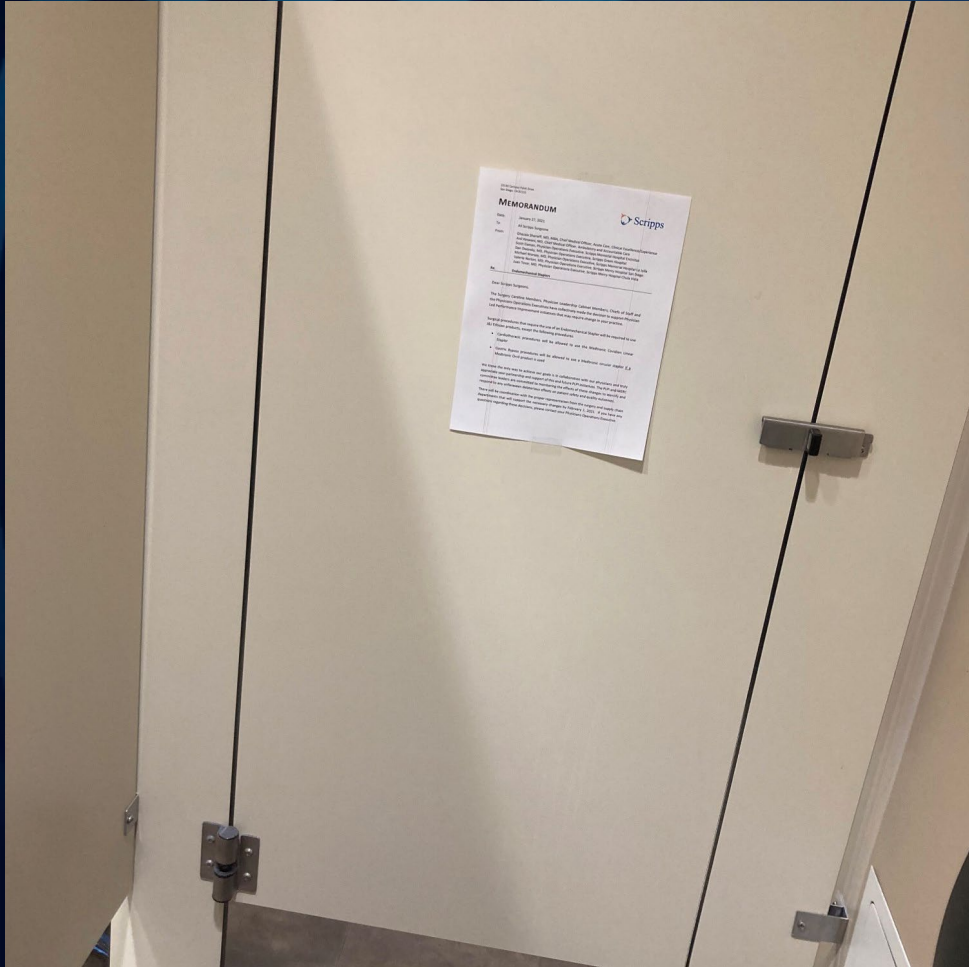


Source: Scripps Health

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Don't Forget Behind Doors

Source: Scripps Health

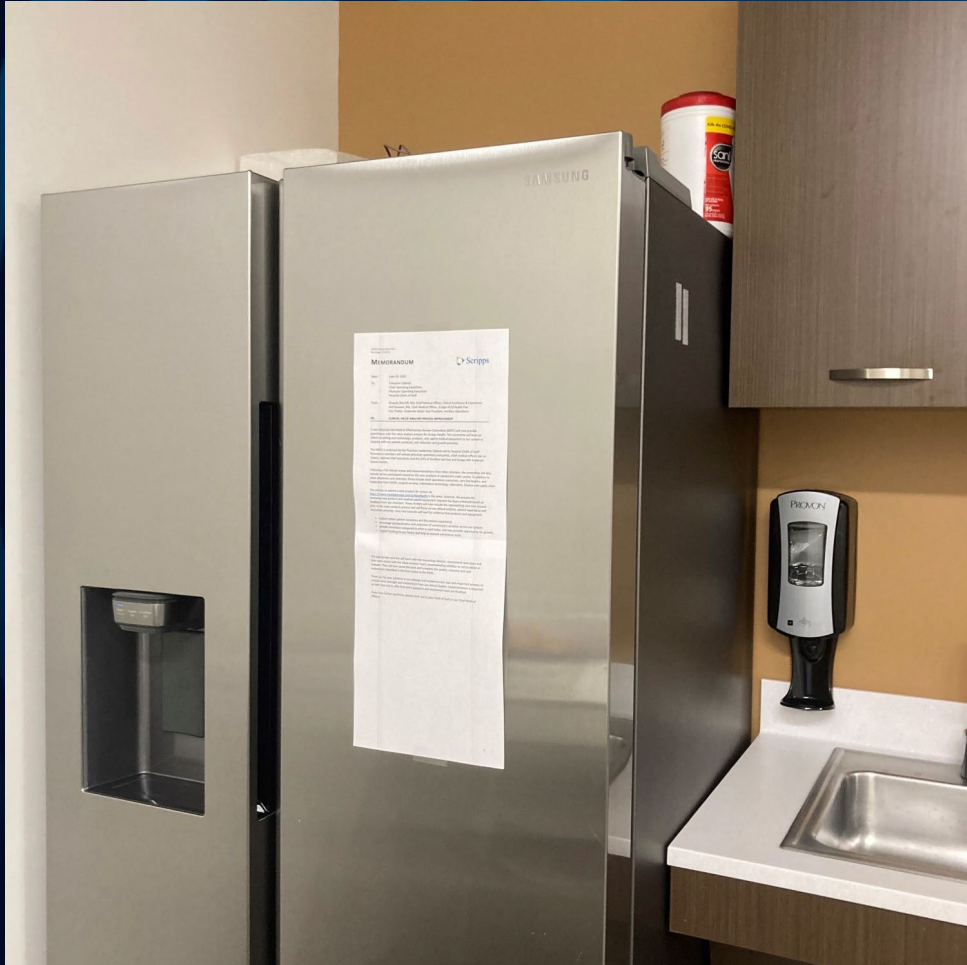
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Surgeons: Give me a break...

- Refrigerators



Source: Scripps Health

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Surgeons: Give me a break...

- While eating



Source: Scripps Health

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Surgeons: Before you go...

- Close to Exits



Source: Scripps Health

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Have Transparency to the Outcomes

- Create an online tool that illustrates the decisions
- Have the data represent exactly what has been decided

*Make sure everyone has access to the information; don't restrict!



Source: HealthTrust royalty-free library via Getty Images-1305317670



Premium Product Utilization Criteria

To support Scripps' mission to deliver quality, safe, cost effective, socially responsible care, utilization criteria has been created to establish use of premium products based on indications for use, evidence of efficacy and other clinical considerations.

Antibiotic Bone Cement	Aquamantys	Endomechanical	Oxinium	Plasma Blade	Wound Tissue
<p>The use of antibiotic bone cement for prophylaxis against infection is indicated for patients at high risk for infection. The factors associated with higher risk of infection include:</p> <ul style="list-style-type: none"> · Inflammatory arthropathies: rheumatoid arthritis, systemic lupus · Disease, drug or radiation-induced immunosuppression · Diabetes (IDDM and non IDDM) · HbA1c > 7.0 · BMI > 40 · Previous joint infection · Malnourishment · Malignant Tumor · Hemophilia · Prior surgical procedure with indwelling implants 	<p>Ortho-Trauma Surgery: <i>High potential for blood loss > 500 ml, prolonged operative time, anterior and combined approach procedures for pelvic fractures or extensile long exposure of femur</i></p> <p>Ortho Surgery: <i>Ortho Careline approved use of Aquamantys for anterior total hip arthroplasty. It does not endorse the use of Aquamantys for total knee arthroplasty or posterior total hip arthroplasty.</i></p> <p>Spine Surgery: <i>Aquamantys approved in spine for open posterior cases >5 levels, expected blood loss >500cc, tumor patients/spinal metastasis, trauma patients who present on blood thinners, and patients who are Jehovah's Witness.</i></p> <p>General Surgery: <i>Laparoscopic Aquamantys device to be used to assist with Liver</i></p>	<p>Ethicon endomechanical staplers (Endoscopic linear, Linear, Circular) should be used for all procedures.</p> <p>Exceptions for utilizing Covidien Staplers:</p> <ul style="list-style-type: none"> · Cardiothoracic Procedures · Procedures utilizing the Covidien Orvil Device · Esophageal procedures using Covidien Purse Stringer 45mm · Live Kidney Donor – Signia powered vascular stapler. 	<p>Ortho:</p> <ol style="list-style-type: none"> Under 65 Contralateral Matching Metal Allergy <p>Hemostasis</p> <p>Ethicon hemostatic agents (Vistaseal & Surgiflo) should be used for all procedures.</p> <p>Exceptions for using Baxter hemostatic agents (Tisseel & Floseal) are the following:</p> <p>Neurology: <i>Skull based surgery; transnasal or transsphenoidal surgery; CSF Leak that requires surgical repair.</i></p> <p>ENT: <i>Skull base surgery, pituitary procedures, as well as, open neck cases, which includes parathyroidectomy, thyroidectomy, parotidectomy, neck dissection, lymph node excision, thyroglossal duct cyst/Sistrunk.</i></p>	<ul style="list-style-type: none"> · To be used for Breast, DBS, VP Shunt Revision, Spinal IPGs and EP procedures only 	<p>For use with chronic, non-healing wounds only.</p> <p>Spine surgery with Vascular Assist: <i>Spine and Vascular Carelines have approved the use of Mimedx in ALIF @L4-L5 & L3-L4, ALIF @L5-S1 when there is low bifurcation of vena cava or presence of transitional anatomy, and Lumbar Artificial Disc surgeries.</i></p>

PLPI COMPLIANCE DASHBOARD

Clear All

CARE LINE	MFG	COMPLIANCE DESCRIPTION	COMPLIANCE REQUIREMENT	DATE RANGE	PREVIOUS COMPLIANCE ACTUAL	PCT DIFF	CLINIC	ENCINITAS	GREEN	LA JOLLA	MERCY CV	MERCY SD	COMPLIANCE ACTUAL
SURGERY	MEDTRONIC	CLINICAL CRITERIA	100%	202102				67%	40%	21%	0%	50%	41%
				202103	41%	0%	63%	78%	29%	0%	19%	41%	
				202104	41%	-2%	60%	50%	21%	0%	38%	39%	
				202105	39%	17%	56%	50%	50%		67%	56%	
				202106	56%	-10%	67%	75%	20%	0%	50%	46%	
				202107	46%	14%	100%	75%	33%	0%	63%	60%	
				202108	60%	-7%	75%	75%	40%	0%	56%	53%	
				202109	53%	1%	17%	50%	69%	0%	80%	54%	
				202110	54%	3%	71%	57%	58%	0%	57%	57%	
				202111	57%	3%	78%	75%	31%	0%	73%	60%	
				202112	60%	-5%	100%	38%	22%		67%	55%	

PRODUCT CATEGORY DETAIL

BY COMPLIANCE	ENTITY	SURGEON	SURGEON SPECIALTY	MFG NAME	ITEM DESCRIPTION	PROCEDURE
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Patience & Transparency Are Key

- Less than 40% compliant to the criteria
- It takes time to change culture
- Surgeon Leaders to have conversations

Source: Scripps Health

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It Does Work!!!

- See the Green!!!
- Moved from less than 40%, to now over 80%

PLPI COMPLIANCE DASHBOARD

LINE	MFG	COMPLIANCE DESCRIPTION	COMPLIANCE REQUIREMENT	DATE RANGE	PREVIOUS COMPLIANCE ACTUAL	PCT DIFF	CLINIC	ENCINITAS	GREEN	LA JOLLA	MERCY CV	MERCY SD	COMPLIANCE ACTUAL
SURGERY	MEDTRONIC	CLINICAL CRITERIA	100%	202207	66%	-3%		67%	38%	60%		100%	63%
				202208	63%	13%		100%	91%	38%	0%	71%	76%
				202209	76%	-18%		100%	71%	33%		60%	58%
				202210	58%	11%		71%	57%	50%	50%	100%	69%
				202211	69%	20%		100%	90%	67%		92%	89%
				202212	89%	-12%		100%	92%	60%		88%	83%
				202301	77%	-2%		92%	73%	29%		86%	75%
				202302	75%	12%		83%	93%	70%	100%	93%	87%
				202303	87%	-6%		89%	67%	60%		100%	81%
				202304	81%	2%		100%	85%	33%		100%	83%

PRODUCT CATEGORY DETAIL

Source: Scripps Health



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ALIGNED FOR SUCCESS

OPTIMIZING OUTCOMES

Thank you...

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