UNIVERSITY OF MINNESOTA CENTER FOR ALLIED HEALTH PROGRAMS

MEDICAL LABORATORY SCIENCES

Improving utilization of 25-hydroxyvitamin D and 1,25-dihydroxyvitamin D testing

Judy Thao MLSP 6905 Capstone Project Presentation

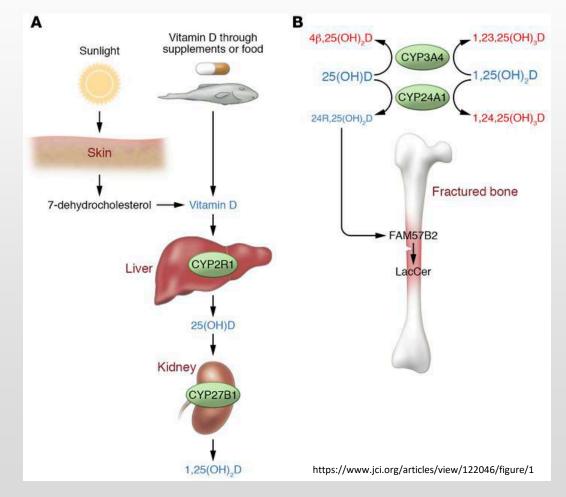
Project Research Question

- Reducing utilization of 25-hydroxyvitamin D
- Differentiation of 25-hydroxyvitamin D and 1,25-dihydroxyvitmin D
- Improving utilization of 1,25-dihydroxyvitamin
 D testing among inpatients

Literature Review / Background

- Right patient, right time
- Laboratory reimbursements for inpatients based on a single diagnosis related group (DRG)
- 25-hydroxyvitamin D useful for vitamin D deficiency or toxicity
- 1,25-dihydroxyvitamin D useful for kidney function or hypercalcemia

Relationship of 25(OH)D and 1,25(OH)₂D

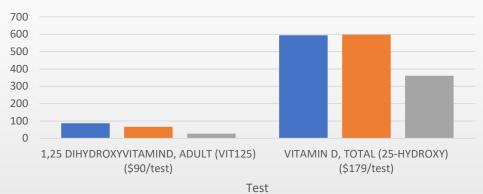


Materials & Methods

- Inpatients and outpatients
- HeathEast (2016-2018)
- Changing the name of 25-hydroxyvitamin D to total vitamin D
- Putting in a best practice alert (BPA) in the EMR system for 1,25-dihydroxvitamin D
- Creating an alert in the EMR for the most recent total vitamin D result

Discussion

- 40% reduction in total vitamin D tests for inpatients
- 69% reduction in 1,25dihydroxyvitamin D tests for inpatients
- 41% <u>increase</u> in total vitamin D tests for outpatients
- 46% reduction in 1,25dihydroxyvitamin D tests for outpatients



Inpatient Tests from 2016-2018

Figure 1: Inpatient tests for both vitamin D tests from 2016-2018 Outpatient Testing from 2016-2018

Thao

120

100 80

60

40 20

0

Figure 2: Outpatient tests for both vitamin D tests between 2016-2018

6

Discussion

- DRG's associated with both tests in 2016 were either reduced or no longer associated with the tests in 2018
- Total vitamin D (25hydroxyvitamin D) associated more with kidney related diagnoses than 1,25dihydroxyvitamin D

DRG MOST COMMON FOR VITAMIN D, TOTAL	2016	2017	2018
KIDNEY AND URINARY TRACT RELATED DIAGNOSES	24	23	27
BIPOLAR DISORDERS	26	52	7
DEGENERATIVE NERVOUS SYSTEM DISORDERS	55	1	4
PSYCHOSES	93	181	50
OTHER	383	324	269
NO DRG (MAINLY OUTPATIENTS)	76	91	114
GRAND TOTAL	657	672	471

Table 1: Total Vitamin D test and most common diagnoses related to testing

DRG MOST COMMON FOR 1,25-DIHYDROXYVITAMIN D	2016	2017	2018
KIDNEY AND URINARY TRACT RELATED DIAGNOSES	5	5	3
ALCOHOL, DRUG ABUSE OR DEPENDENCE RELATED DRG	8	6	0
MISCELLANEOUS DISORDERS OF NUTRITION,			
METABOLISM, FLUIDS AND ELECTROLYTES	7	10	10
SEPTICEMIA RELATED DRG	6	9	0
OTHER	59	36	14
NO DRG (MAINLY OUTPATIENTS)	30	20	13
GRAND TOTAL	115	86	40

Table 2: 1,25-Dihydroxyvitamin D test for adults and most common diagnoses related to testing

Conclusion

- Changes in the electronic medical record system effective in reducing test volumes for both vitamin D tests
- Name change was necessary for improved utilization of total vitamin D tests for outpatients
- EMR's are almost essential to help improve utilization of laboratory tests

Study Limitations / Next Steps

- Use of vitamin D supplementation unknown for patients
- Exact wording of BPA for 1,25dihydroxyvitamin D unknown and limited to inpatients only

Medical Laboratory Sciences

References

- Behling, K. C., & Bierl, C. (2019). Cost per case mix index–adjusted hospital day as a measure of effective laboratory utilization efforts in a growing academic medical center. *American Journal of Clinical Pathology*, 151(4), 371–376. <u>https://doi.org/10.1093/AJCP/AQY152</u>
- Baird, G. S. (2019). The Choosing Wisely initiative and laboratory test stewardship. *Diagnosis (Berlin, Germany), 6*(1), 15–23. https://doi.org/10.1515/dx-2018-0045
- Zhou, Y., Procop, G. W., & Riley, J. D. (2018). A novel approach to improving utilization of laboratory testing. *Archives of Pathology and Laboratory Medicine*, 142(2), 243–247. <u>https://doi.org/10.5858/arpa.2017-0031-OA</u>
- Konger, R. L., Ndekwe, P., Jones, G., Schmidt, R. P., Trey, M., Baty, E. J., ... Bashir, C. M. (2016). *Reduction in Unnecessary Clinical Laboratory Testing Through Utilization Management at a US Government Veterans Affairs Hospital*. 355–364. <u>https://doi.org/10.1093/AJCP/AQV092</u>
- HealthEast Laboratory Test Utilization Steering Committee. (2017). *HealthEast Laboratory Test Utilization*. St. Paul: HealthEast.
- Bikle, D. M. (2017). Vitamin D: Production, Metabolism, and Mechanisms of Action. South Dartmouth: MDText.com, Inc.
- Endocrine Society. (2020). Endocrine Society: Don't routinely measure 1,25-dihydroxyvitamin D unless the patient has hypercalcemia or decreased kidney function. Retrieved from Choosing Wisely: https://www.choosingwisely.org/clinician-lists/endocrine-society-vitamin-d-testing/
- Kandilov, A. M. G., Pope, G. C., Kautter, J., & Healy, D. (2012). *The National Market for Medicare Clinical Laboratory Testing: Implications for Payment Reform*. 2(2), 1–21. <u>https://dx.doi.org/10.5600%2Fmmrr.002.02.a04</u>
- Panning, R. (2014). Current Status of Clinical Laboratory Reimbursement. *Clinical Laboratory Science*, *27*(2), 119-126. https://doi.org/10.29074/ascls.27.2.119
- Mafi, J. N., Russell, K., Bortz, B. A., Dachary, M., Hazel, W. A., & Fendrick, A. M. (2017). Low-cost, high-volume health services contribute the most to unnecessary health spending. *Health Affairs*, 36(10), 1701–1704. <u>https://doi.org/10.1377/hlthaff.2017.0385</u>