

# Focusing on Single Interventional Cardiologist Yields Rapid Results

## Case Study: Altoona Regional Health System

### About the Organization

- 297-bed not-for-profit teaching hospital in central PA
- Crimson member since 2008

### Challenge

- Crimson analysis reveals LOS and charges opportunity in DRG 247 (Cardiovascular Procedures with Drug Eluting Stents), largely driven by single physician
- Drill-down reveals outlier physician performing multiple catheterizations on same patient during a single stay

### Solution

- CMO intervenes with outlier physician, who reports multiple catheterizations reserved for elderly patients to limit dye load given at one time; initial procedure is diagnostic, followed by second and third if multiple stents required
- CMO discusses how advances in injecting equipment (combined with use of lesser ionic dye) eliminate concern for renal damage and shares data on how peers, accordingly, limit patients to a single catheterization

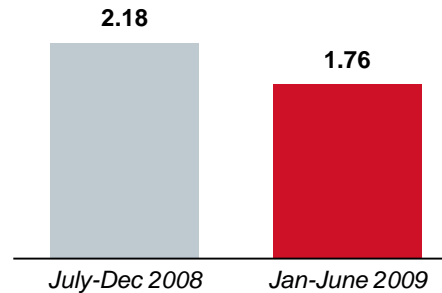
### The Impact

- Outlier physician changes practice, resulting in total savings of \$189 K
- Changes reduce risk of infection from multiple procedures and inpatient days

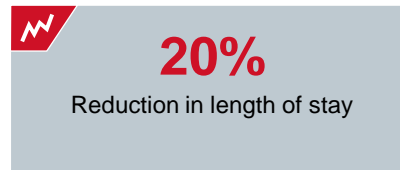
## Crimson Analysis Pinpoints Outlier Clinical Practice

### Length of Stay for DRG 247

Single Outlier Cardiologist

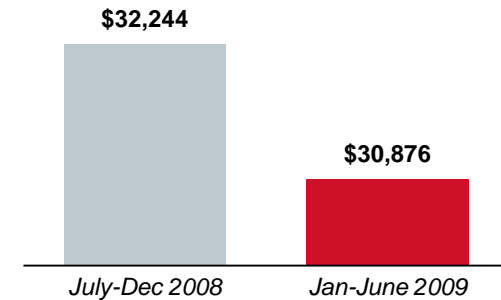


- Interventional cardiologist with high LOS identified using Crimson's Executive Dashboards
- Physician found to be performing multiple catheterizations on patients requiring stents, driving up LOS and average charges



### Average Cost per Case for DRG 247

Single Outlier Cardiologist



- Problems of multiple operating room charges, multiple days, plus separate loads of dye for each case
- Reduction from three catheterizations to one per stay results in reduced costs and higher profit margin since hospital gets paid by DRG



1) Costs based on a ratio of 0.35