



Q: How does this tool benefit physicians?

Physicians want to be good stewards of care resources. But have been frustrated by retrospective reports that compare them to national averages, which offers very little insights into their care patterns.

By having access in real-time to care utilization and costs of care data, physicians can make more informed care decisions that are more mindful of capacity/throughput/costs.

Most physicians understand that health system margins impact patient care directly. Those margins drive the availability of resources (nurse staffing, imaging, labs) that are essential for quality. And every physician should care about capacity and throughput, as it allows for the efficient care of today's and tomorrow's patients.

Q: How do physicians use CareGauge to make better care decisions?

Physicians aim to manage care resources well, but they currently can't easily compare a patient's care utilization to what would be expected for that patient based on their clinical condition.

In a team-based care environment, labs and imaging may get repeated without knowing what's already been done. Physicians also lack access to cost data, so they may not realize one medication costs much more than another with similar effectiveness.

Q: How do they "see" CareGauge and where do they access it from?

The CareGauge Indicator starts displaying once a Working DRG is available for a hospitalized patient.

The Indicator will be configured in your EHR to show in various places within the physician's workflow on a patient.

The goal for configuration is to identify areas where the Indicator is displayed so that the physicians have easy visualization, but that it is non-intrusive and doesn't generate pushback in terms of being disruptive.

Q: What are the thresholds for the green/yellow/red indicators?

The following thresholds are used for the overall CareGauge bar for a patient's stay as well as for the individual category gauges. The percentages = $\frac{\text{Current patient's care utilization}}{\text{DRG baseline care utilization}}$

- **Green** indicates 0 – 85% Expected Care Utilization
- **Yellow** indicates 85 – 115% Expected Care Utilization
- **Red** indicates >115% Expected Care Utilization

Q: How "real-time" is the data being shown to the physicians?

CareGauge updates in real-time based on EHR data via an HL7 interface. Cost estimates are based on ordering activity, with actual costs integrated 1-2 days after the order, improving accuracy over time.

Some data feeds may take longer:

- Medications need pharmacy verification before updating.
- Surgical procedures are estimated initially, with final costs added 1-2 days later.

Q: Does CareGauge offer alternative recommendations or insights in real-time?

CareGauge does not provide treatment recommendations. CareGauge gives physicians real-time insights into utilization patterns and costs of care. From there, it is up to physicians to determine the best care for their patients. Physicians know the evidence-based treatment approaches, but because of a lack of real-time data certain aspects of care are often over utilized (imaging, labs, expensive medications).

Q: The CareGauge Indicator is showing "in the red", what now?

The CareGauge Indicator or individual gauges can be in the red for a few reasons:

1. Utilization of care on that patient was over what would be expected

- If the Working DRG is accurate and utilization of care was truly high on that patient, that care may have been appropriate for that patient.
- Over time, physicians may start to recognize items of overutilization or insights that help them make more mindful treatment decisions.

2. The Working DRG is not accurate or needs to be updated

- Physicians may notice that the Working DRG on that patient hasn't fully capture the proper diagnosis or severity of that patient's clinical condition.
- Perhaps that patient's most severe diagnosis hasn't been capture in the Problem List.
- If the patient has co-morbidities or other factors that are contributing to them needing longer LOS or higher resource utilization, have those factors been documented?
- If additional diagnosis or factors are captured in the Problem List and documented in Progress Notes, the next time the Working DRG updates it will reflect this additional information.
- If the Working DRG is changed or CC/MCC added, CareGauge will recalculate the LOS and care utilization estimates.

Q: What is a DRG (Diagnosis-Related Group?)

A Diagnosis-Related Group, or DRG, is a system used to classify inpatient hospital cases. Each DRG represents a grouping of diagnoses, procedures, and patient characteristics, such as age and comorbidities, which are expected to require a similar level of hospital resources.

Examples:

293 Heart failure and shock without complications or comorbidities

292 Heart failure and shock with complications or comorbidities

291 Heart failure and shock with major complications or comorbidities

Q: How is the Working DRG Assigned?

CareGauge ingests patient information upfront, such as the primary and secondary diagnosis, to generate an initial patient classification soon after inpatient admission.

24-48 hours into the patient's hospital stay, the Working DRG becomes available from 3M. Once this is available, CareGauge shifts over to utilize the Working DRG, as that is what is used by case management for throughput and capacity planning.

The Working DRG updates every 15 minutes based on new information (Problem List, Progress Notes, Labs, Procedures) available in Epic.

Q: If the physician doesn't agree with the working DRG, what do they do?

The Working DRG is generated automatically from EHR data, including the Problem List, History and Physical, Progress Notes, Lab Results, Procedures, etc.

If the physician feels the DRG doesn't reflect the patient's current condition, they have options:

- Update the Problem List or Progress Notes could lead to the Working DRG being updated.
- This information is also helpful during Multi-Disciplinary Rounds, where discussing inaccuracies with case management/CDI can improve DRG accuracy and capacity/throughput expectations.

Q: How can CareGauge potentially improve final DRG accuracy?

Proper physician documentation is key to accurate coding and determining the Final DRG. Providers often don't get feedback on the Working DRG while the patient is hospitalized. When a patient moves to Yellow/Red, it's often due to an inaccurate Working DRG, not over-utilization.

When CareGauge goes Yellow/Red, it may prompt physicians to review the patient's details. If the Working DRG is inaccurate, they may update the Problem List or Progress Notes. This is especially important at discharge, where accurate documentation can help ensure the Final DRG is optimized.

Q: Does CareGauge help with CDI?

While CareGauge is not specifically designed to be a CDI tool, we do believe it can have a positive impact.

CareGauge gives physicians real-time feedback on expected LOS and utilization for a patient's current Working DRG.

Sometimes when CareGauge goes into the Yellow/Red, it may be because the Working DRG needs to be updated. By getting this feedback in real-time, it may prompt physicians to add the patient's current condition to the Problem List and make sure that they patient's severity of illness is properly documented in the medical record. All of this leads to the best opportunity for optimal Final DRG capture.

Q: What costs are shown in CareGauge?

As part of the implementation process we have received cost accounting data from the health system on all aspects of care utilization on hospitalized patients.

This includes: Imaging, Labs, Medications, Procedures, Room, Therapy, and Other. Data is broken down into these categories because these are the 7 Medicare cost categories.

What is displayed in CareGauge is the Variable Cost for that item of care at your hospital.

Q: What does it mean if a category gauge has a color but clicking on it does not show any order details?

As soon as orders begin flowing in for a given category, CareGauge estimates the cost associated with each order. For some orders, medications for example, there may be the cost of medication as well as the cost for the administration. CareGauge estimates these.

At this time, estimated costs are not reflected in the drill-down tables of each category.

Each night, CareGauge receives the actuals from Epic for posted charges and these costs are immediately reflected in the drill-down table.

Q: What is driving the "Room" category gauge?

The Room gauge is driven primarily by Room & Board costs. For example, an ICU bed cost and a Semi-Private room cost would both influence the gauge, although likely with varying cost levels.

While LOS and the Room gauge are closely correlated, they are separate benchmarks for each DRG baseline.

Q: Does CareGauge work on OBS patients as well or only admitted (INPT) patients?

CareGauge starts to display to providers when a Working DRG is available for a patient. Since DRGs are usually not established for OBS patients, the CareGauge indicator will not display on these patients.

Furthermore, since DRGs are usually not assigned for OBS patients, we do not have baseline data to be able to estimate what your historical care utilization and costs were on this patients.

Q: Are physicians forced to use CareGauge?

CareGauge is a passive decision support tool. While the information showed is real-time and always available, physicians are not forced to utilize it at any time

It is our goal to make information that is valuable for physicians in the care of their patients available in real-time.

Q: Is this used as a punitive tool?

No. The goal for CareGauge is to not be punitive.

There are no alerts, no hard stops, and no telling a physician that they are "bad" for ordering a particular aspect of care.

It simply gives them real-time feedback on how that patients utilization across different care categories compares to historical patients with the same condition. The status of the CareGauge indicator is always visible (like the gas gauge in your car) and the gauges can be accessed if the provider wishes.

We've found this approach makes providers very receptive to CareGauge, as they don't feel like it is something that is being forced on them or that is going to be weaponized against them.