Revenue Recovery for Oncology Drug Waste

Department	Pharmacy _ UC San Diego Health
EXECUTIVE SPONSOR	Jo Anna Lamott
PROJECT MGER	Lily Angelocci
CO-LEADS	Susan Wilson, Carrie Coates, Hieu Dao
Mentor	Ric Van Der Linden & Steve Spravzoff
DATE	9/1/2016- 2/14/2017

PROBLEM STATEMENT

Single Dose Vial oncology drugs that carry significant price tag (up to $18,000/vial) have been wasted due to their shelf life after opening (up to 6 hours). They are not appropriately documented that led to unknown waste volume/$. UCSD does not have capability to appropriated measure and bill oncology drug waste to benefit from *CMS JW modifier policy** starting on Jan 1st, 2017.

CASE FOR CHANGE

Top most costly 23 Single-Dose-Vial medications financial analysis using Moores Cancer Center's rolling 12 months data (Sep.2015 - Aug 2016) discovered that $2.7M (at cost)was wasted, accounts for 11% of total cost for medication included in the study. **Scanning the medication specifics** into EPIC is the CRITICAL step to realize revenue recovery. Only if we scan it, we can bill it.

SMART GOALS:

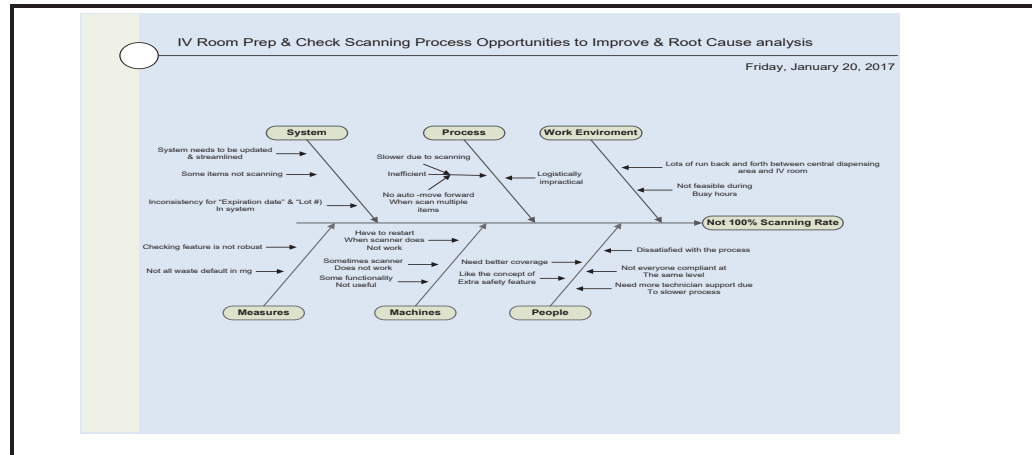|	Goal	Direction	% or Amt	By this Date
1)	Implement Waste tracking system in EPIC for qualified medication	% of Completion	100%	1/1/2017
2)	Scan medication information into EPIC	% up	90%	2/14/2017

CURRENT STATE

- No process in place to track SDV medication waste
- Scanning rate (for medication safety reason) various from site to site (25% - 99%)
- UCSD Health is leaving money on the table if not capturing the opportunity of JW Modifier Policy
Moores cancer center has been paying for the wasted drug that's worth $2.7M (at Cost)/12 months
Hillcrest and SDCC add another 20% to the volume above.

PROJECT SCOPE (Including in/out of scope)

- Moores Cancer Center (Scan and Bill)
- La Jolla Campus Infusion (Scan)
- Hillcrest Campus Infusion (Scan)
- Compliant to billing process once scanned
* JW Modifier: CMS policy _ Effective January 1, 2017, providers and suppliers are required to report the JW modifier on Part B drug claims for discarded drugs and biologicals. Also, providers and suppliers must document the amount of discarded drugs or biologicals in Medicare beneficiaries' medical records.
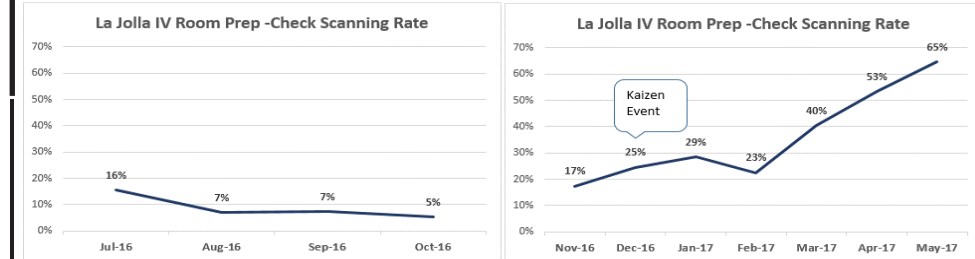*Resources:*

NAME OF METRICS	METRIC TARGETS	Starting Score (July 2016)	RECENT SCORE (May 2017)
% scanning rate			
1) Moores Cancer Center	95%	N/A	99%
2) Hillcrest Infusion Center	95%	1%	91%
3) La Jolla	95%	16%	65%
4) SDCC (Encinitas)	95%	94%	99%

IV Room Prep & Check Scanning Process Opportunities to Improve & Root Cause analysis

Friday, January 20, 2017

SOLUTIONS TO ROOT CAUSE ANALYSIS

1)	5 Whys to communicate the expectations for scanning _ education on why it's critical to scan meds
2)	"Eight Waste" KaiZen Event target "bottle neck" area _ provide pharmacist support at night shifts; implement stand for scanners; hired new techs to cover the "slow downs" due to scanning
3)	Monthly data update and reports are shared with all infusion room staff via email & in person meetings

Before and After Kaizen Event

ACTION for Implementation	Due Date	Who	Risks	Mitigation	Completed by:
Define: Site Visit (MCC IV Clean Room) to collect first hand information on current process map and drug waste tracking	10/1/2016	Lily, Hieu Dao	pharmacists and techs are busy, little time to communicate		Completed
Measure: Current and future state process map, identified steps that can be improved for efficiency and accuracy	11/15/2016	Lily, Chuck, Hieu Dao		Completed in Jan 2017 due to version update	
Analyze: Data analysis, DOE, Cause & Effect, FMEA, Survey Monkey	6/30/2017	Lily, Jo Anna, Susan W.		Total waste for rolling 12 months; Scanning rates and cost of medication billed; root cause analysis	
Improve: Kaizen event after Survey Monkey results collected, follow up communication	2/14/2017	Lily, Ashely		Completed in Jan 2017; 48 percentage points increase in LJ scanning rate; **$5.4M (at charge)** drug waste has been billed between Jan - June 2017	
Control: Department Quality Assurance Process Improvement Dashboard metric built	ongoing	Lily/data team			Monthly