What's the Score? Using a Mortality Risk Score to Support Program Growth

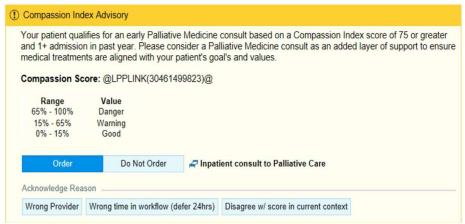
Anjali Grandhige MD FAAHPM
Wellstar Health System

PROBLEM STATEMENT

Competing for limited C suite resources is a challenge for all Palliative Medicine (PM) program leaders. We inherently know there are more unmet needs in the community that could be addressed with the addition of more resources, yet C suite leaders require objective ways to demonstrate this need and the return on investment with the addition of resources.
Our system relies on per case cost avoidance analysis to help support PM resource allocation, so any request for program growth must have valid projections as to the expected case increase with the addition of more PM resources.

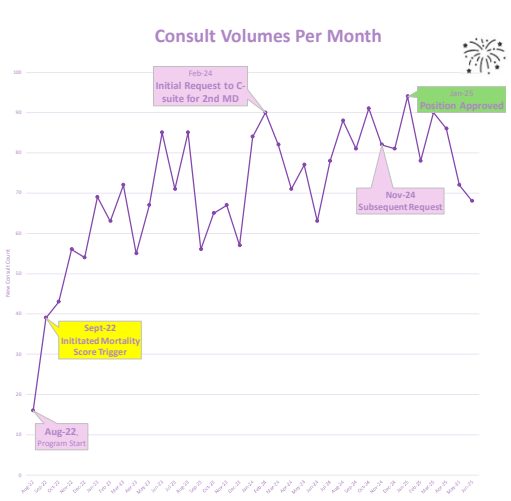
PROJECT DESCRIPTION

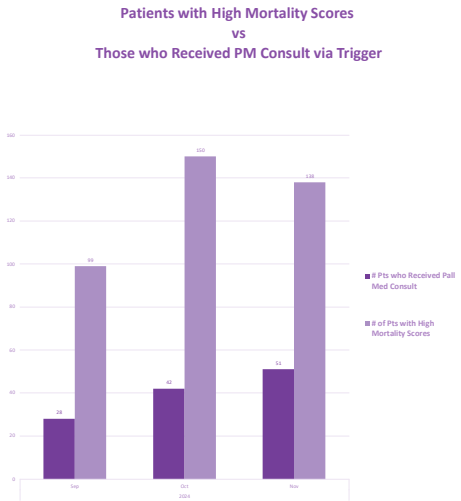
We integrated a mortality risk score into EPIC, our electronic medical record, that would help us identify patients with the highest PM needs. This is validated tool available in EPIC that uses 47 patient specific variables to calculate a one-year mortality risk score. Clinically, we used this score to prompt providers for a PM consult within 48 hours of admission:



Through EPIC reports, we could determine how many patients with high scores were missed opportunities for PM.
We made conservative estimates of the proportion of these patients that could be captured with additional providers and utilized validated cost savings per case estimates to support the cost of an additional provider.

RESULTS





Our newest inpatient site began with one MD and one SW. We implemented the mortality score in Sept 2022 to trigger PM consults. Consult volumes increased from an average of 57 consults a month in year one, to 72 consults a month in year two and a productivity level in the 90th percentile for our provider.

Using the mortality score, we evaluated that only 31% of high-risk patients receive a PM Consult. We conservatively estimated a 30% increase in volumes, or additional 144 new consults a year captured with the addition of a second physician.

Using previous internally validated cost avoidance estimate of $2,245 per case, we calculated additional cost savings of $323,280.

144 Additional Cases x $2,245 = $323,280.

This provided our C suite with the financial evidence to approve our request for a second physician position.

DISCUSSIONS

The primary value of PM is undoubtedly the impact we have on qualitative measures of patient well being and quality of life. However, learning how to harness quantitative data is a necessary tool for program leaders to wield to support program growth.
Implementing an objective risk score not only helps to identify patients with unmet PM needs, but it can also give C suite leaders a clear estimate of the return on their investment in PM program expansion.
Implementing scores like this empowers program leaders to proactively seek out patients and chart a course for responsible program growth.

INSIGHTS

- The EMR is a powerful tool for data collection to show outcomes and project future impact of program expansion
- Palliative Medicine Program leaders should familiarize themselves with ways to leverage data unique to their program
- Data can help augment our compelling patient stories to demonstrate the value of PM to clinicians and C-suite leaders clinically, financially, and from a hospital metric standpoint

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