

The evolution of innovation: How Stanson Alerts & Analytics is empowering a positive change in physician order habits at the point of care.



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A long-standing advocate for better technology to improve quality of care, Scott Weingarten, M.D., M.P.H., co-founder and chairman of the board of Stanson Health, helped create Stanson Alerts & Analytics.

This new clinical decision support solution gives physicians patient-specific treatment alerts when and where they need them most: at the point of care. It also lets chief medical officers (CMOs) and chief medical information officers (CMIOs) review physician order behavior, monitor adherence, and help improve care quality over time.

Dr. Weingarten answered questions on his experience developing Stanson Alerts & Analytics and implementing it at Cedars-Sinai Health System, where he is senior vice president and chief clinical transformation officer.

Q&A

WHAT WAS THE DRIVING FORCE BEHIND THE DEVELOPMENT OF STANSON ALERTS & ANALYTICS?

Federal subsidies have fueled the avid adoption of electronic health records (EHRs) in hospitals and physician offices recently. Studies show that EHRs alone, without clinical decision support, have minimal impact on quality and cost of care. EHRs with the appropriate forms of clinical decision support, however, can have a substantial impact.

Prior clinical decision support solutions developed, however, were largely applicable to the hospital setting and less so to the ambulatory setting, had a greater impact on quality but not cost, and tended not to be focused on population health. Essentially, most available alerts covered drug interactions, but did not help the physician make an appropriate intervention at the point of care for decisions that would have a substantial impact on the quality and cost of care.

There was a vacuum for alerts, clinical decision support (CDS), and the analytics that enable organizations to succeed in a population health world.

“There was a vacuum out there for alerts, clinical decision support, and analytics that enable organizations to succeed in a population health world.”

HOW HAVE PHYSICIANS AT CEDARS-SINAI RESPONDED TO THE IMPLEMENTATION, AND WHY DID YOU SELECT CHOOSING WISELY®?

The response has been very positive. The initial recommendations that we utilized were from Choosing Wisely®, which was selected for a few reasons, including that it is endorsed by about 60 physicians' specialty societies representing over 500,000 physicians. So when a cardiologist asks where a recommendation originates, and we tell them the American College of Cardiology, they might acknowledge that they are a member of the American College of Cardiology.

In addition, Choosing Wisely® can be consumed by electronic health records, which is obviously key to this technology. I think Choosing Wisely® is groundbreaking work that is making a huge contribution to healthcare and to patients and communities.

Overall, there has been very little physician resistance. On occasion, a physician will say that a recommendation is not appropriate for their particular patient. They could be right, and that's fine. We want physicians, nurses, and other health care providers to always do whatever is appropriate for their patients, but it is rare that someone will say, “I don't agree with Choosing Wisely®.”

WHAT SETS THIS SOLUTION APART FROM OTHER CLINICAL DECISION SUPPORT (CDS) RESOURCES?

To the best of my knowledge, there are no other CDS solutions integrated in EHRs that prepare organizations for population health and risk-based payment, reduce inappropriate care, and are integrated into the physician workflow. Other forms of clinical decision support are largely used by case managers. I'm not aware of any other alerts and analytics solutions that incorporate Choosing Wisely®.

IS THERE A SUCCESS STORY YOU CAN SHARE FROM IMPLEMENTING STANSON ALERTS & ANALYTICS?

A Choosing Wisely® alert intended to reduce the use of benzodiazepines and non-benzodiazepine sedative hypnotics in the elderly was deployed in a group of pilot offices (10 physicians). Following this intervention, prescribing rates for these medications in the elderly fell nearly 31.5% among these physicians. During this same period, prescribing rates for similar medications actually rose about 10.5% among a comparison group of physicians.

If we could reduce the prescribing of benzodiazepines and non-benzodiazepine sedative hypnotics to elderly patients, evidence from peer-reviewed publications suggests it could result in fewer falls with injuries, fewer emergency department visits, fewer hospitalizations, and fewer deaths.

“Cedars-Sinai reduced benzodiazepine usage in elderly patients by 31.5%, which can ultimately result in fewer emergency department visits, hospitalizations and deaths.”

HOW HAS THE ANALYTICS PART OF THE STANSON SOLUTION BENEFITED YOUR ROLE AT CEDARS-SINAI?

Some physicians follow the Choosing Wisely® recommendations to a greater extent than others. The ability to compare and contrast physicians with their colleagues is very powerful.

HOW HAS CEDARS-SINAI ADDRESSED PHYSICIANS WITH OUTLIER TENDENCIES?

We bring the physicians together to provide them with data on how they are doing compared to their peers and just have them talk. A physician might not realize that they practice differently than their colleagues since they have never been told. So, when someone brings them data showing them that they practice differently, they are going to find that type of data interesting. These data points can support productive conversations.

On the other hand, after reviewing outliers, it may be clear that as a clinical leader, I need to do a better job educating my staff physicians on a particular topic.

WHAT ARE A COUPLE OF WAYS THIS TECHNOLOGY AND THE USE OF PATIENT-SPECIFIC ALERTS CAN CHANGE HABITS?

As soon as the alerts were integrated, we saw some degree of improvement. Let's say I believe that women 50 years of age should have a mammogram, but I forget to order a mammogram for my patient because her appointment is for knee pain. The alert pops up to remind me to order it.

In one case, I got a note of thanks from a doctor who was treating a patient with hypertension and got an alert about a non-steroidal anti-inflammatory drug. The doctor didn't realize that this patient was on a number of NSAIDs and that might have contributed to the patient's blood pressure being out of control.

WHAT DO YOU THINK IS THE MOST IMPORTANT FEATURE OF STANSON ALERTS & ANALYTICS?

CMOs and CMIOs worry about alert fatigue. They worry that doctors will be overrun with alerts that are false-positives, and that doctors will override and ignore those alerts. However, this is something we were acutely aware of while developing this technology. We kept testing and improving the alerts, measuring, and reducing the false-positive rate. Most physicians are not seeing inappropriate alerts, and there haven't been any significant complaints.

**For more information, visit clinicaldecisionsupport.com/stanson.
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