

Crimson Guide for Physicians

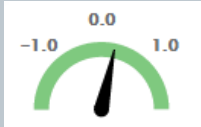
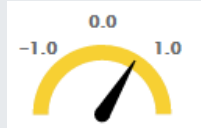

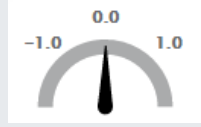
Crimson Modules

Crimson is a website that provides insight into facilities', physicians', and groups of physicians' quality and utilization outcomes. The following document is for two Crimson modules: **Inpatient and Outpatient**. The Outpatient Module encompasses Emergency Department (defined by Admission type 1 – Urgent, type 2 – Emergent, and type 5 – Trauma) treat and release cases. It also includes Observation cases, defined by cases with the Revenue Code 0762, and Outpatient Procedures cases.

Crimson's Methodology

Crimson is based on a **severity-adjusted methodology** using the 3M™ APR DRG Grouper, a national standard for inpatient cases. Many patient attributes (such as patient age, gender, admit and discharge date, and ICD-9 Diagnosis and Procedure Codes) are considered for each case, which results in the ability to assign each inpatient case an APR-DRG, severity level, and risk of mortality level. **A physician's cases are only compared to "like" cases; those with a matching APR-DRG and severity combination.** There are four levels of severity and risk of mortality: 1- minor, 2- moderate, 3- major, and 4- extreme. Outpatient cases (defined as ED treat & release, observation, and outpatient procedure) are compared based upon ICD-9 Diagnosis and Procedure codes.

Crimson assesses physician performance by **analyzing variation in practice patterns**. Based on the comparison group that is selected, an average is calculated for each metric using the physician's cases and "like" cases across the comparison group. Crimson utilizes gas gages and the stoplight methodology to display how a physician is performing on each metric compared to the calculated average. If a physician's performance is directly in line with his or her peers, the needle will be at the mean and point at 90 degrees. As a physician's practice patterns vary from the average, the needle will move to the left or the right of the 90 degree mark, indicating better than average performance or possible room for opportunity, respectively. Each tick mark on the gas gage signifies a ½ standard deviation; the color of the gage reflects the region in which the needle falls.

Gas Gauge Color	Statistical Comparison Result	
Green	0.5 standard deviations above the mean or less	
Yellow	0.5 – 1.0 standard deviation above the mean	
Red	Greater than 1 standard deviation above the mean	
Blue	<p>Two possible scenarios:</p> <ul style="list-style-type: none"> Results represent fewer than 5 cases in the comparison group The gas gauge is displayed on the overview tab 	

Logging into Crimson

Crimson is accessed by typing the following URL into any internet browser:

login.crimsonservices.com

A screenshot of the Crimson login interface. It has a light grey background with the text 'Sign in securely.' at the top. Below this are two input fields: 'Username' and 'Password'. The 'Username' field has a small question mark icon to its right. Below the 'Password' field is a blue link that says 'Forgot Password?'. At the bottom left is a checkbox labeled 'Remember me'. At the bottom right is a blue button labeled 'Sign in'.

To access the site, a login ID and password are needed. When logging into Crimson for the first time, it will prompt you to:

1. Enter a series of security questions
2. Change your password (it must be a combination of numbers and letters and at least 8 characters in length)
3. Submit your email address

You will then use your login ID (EMAIL) and new password for all consequent logins.

If you experience any difficulty logging in, or at any point during Crimson use, feel free to utilize Crimson Support:

1-855-372-8896

crimsonsupport@advisory.com

Password Requirements

For a password to be considered valid, it must pass the application's password validation process, a process that consists of the validation rules and steps outlined below. If the new password fails either the rules or the steps (or both), the password will be rejected by the application.

Validation Rules

1. Length: The default setting is at least 5 characters.
2. Form: Must contain at least 1 number or symbol.
3. Password should not exist in the password dictionary.

The application performs the following steps against a well-formed password (meets validation rules #1& 2 above) to ensure that the password does not exist in the password dictionary. These password dictionary checks are case insensitive (i.e. case does not matter). A valid password is one that passes all of the validation steps. A password that fails at least one step is rejected.

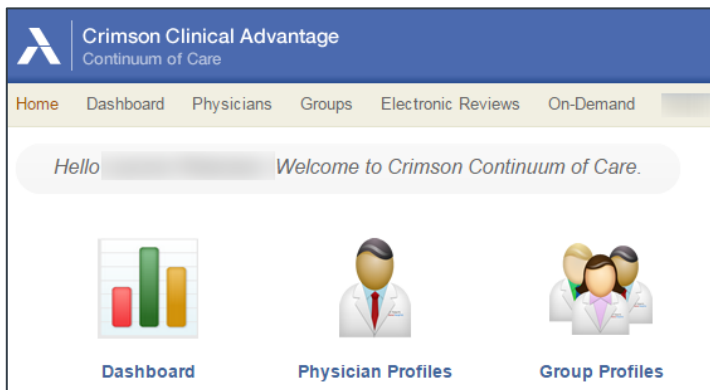
Check the password against the password dictionary. The password is checked for exact matches to the password dictionary. If no exact matches are found, the application

removes any numbers and symbols and checks just the alpha characters against the password dictionary. Also, check the reverse of the password against the password dictionary. After passing the first validation step, the password is subjected to a check where the password's reverse is checked against the password dictionary. It is worth noting that numbers and symbols are not removed during this validation step. The table below provides some sample passwords and their pass/fail result based upon this validation.

Password Example	Pass / Fail	Rationale
password21	Fail	"password" exists in the password dictionary
1812overture	Fail	"1812overture" exists in the password dictionary
TennisPro21	Pass	Neither "TennisPro21" nor "TennisPro" is in the password dictionary
P4\$\$w0rd21	Pass	Not in the password dictionary
P4\$\$w0rd	Pass	Not in the password dictionary
erutrev02181	Fail	This is the reverse of a password dictionary entry: "1812overture"

The Home Screen

Once logged into Crimson, the user is directed to the home screen.



The Physician Profile

Clicking on the Physician Profile icon, and then on the Profile button, will access a physician's profile.

Physician	ID	Facility	Sub-Specialty	
PhysicianLast, PhysicianFirst 9546	9546	Central	Internal Medicine	Profile >
		West	Internal Medicine	

The Focus Feature

The focus feature is accessible in the upper right corner of a physician's profile beginning on the overview tab. By clicking focus, a user is able to customize data results based on the following criteria: Date period, physician role, comparison group, facility, DRG, ICD-9 diagnosis or procedure code, payer, individual case exclusion, and patient age.



Period: A user can select a date range from one of the pre-defined ranges or **customize the date period**.

Focus Settings

Select a focus setting template:

Default ▼

Or customize your focus settings as needed:

Period Role Comparison Facilities DRGs ICD-9 Diag Procedures Payers

☒ Pre-defined Range ☐ Custom Range

Quarters

- Oct2013 - Dec2013
- Sep2013 - Nov2013
- Aug2013 - Oct2013
- Jul2013 - Sep2013
- Jun2013 - Aug2013
- May2013 - Jul2013
- Apr2013 - Jun2013
- Mar2013 - May2013
- Feb2013 - Apr2013
- Jan2013 - Mar2013
- Dec2012 - Feb2013
- Nov2012 - Jan2013
- Oct2012 - Dec2012
- Jul2012 - Sep2012

Role: Users may review a physician profile in one of four roles. The attending physician is deemed the “responsible” physician on the case and is attached to a case based on the institution’s attribution policy.


Use **Consulting** for physicians who have the most volume as a consultant on cases, such as Cardiologists and Pulmonologists. Use **Performing** for proceduralists, such as General or Orthopedic surgeons. Use **ED Attending** if you want to look at inpatient cases that came in through the ED. If you are looking at an ED physician’s profile on the ED tab, use the Attending role.

Period **Role** Comparison Facilities DRGs ICD Diag Procedures Payers Excludes Patient Age Service Lines CDMs

☒ Attending ☐ Consulting ☐ Performing ☐ ED Attending

Comparison: A user can choose either an internal or external comparison group. **Whichever comparison is selected, the physician’s or group’s cases will only be compared to “like” cases across the chosen group. Comparison defaults to “System”, which is the entire South Atlantic Division for the past 27 months of data.** Selecting “User-Defined Groups” or “Auto-Generated Groups” will allow the physician to pick the specific specialty or custom group across his system in which he wishes to compare himself. Choosing “Cohort” will compare the physician’s cases to those across different parts of the Crimson cohort, which is 850+ hospitals that currently send data through the Crimson platform.

Period Role **Comparison** Facilities DRGs ICD Diag Procedures Payers Excludes Patient Age Service Lines CDMs

 Cohort ▼ (Some comparison groups do not apply to the Ambulatory setting)

Comparison Date Range

☒ Past 27 Months ☐ Focus Period

- All Hospitals
- All Non-Teaching Hospitals
- All Teaching hospitals
- All Trauma
- Community Hospitals

Facilities: The user can limit the cases to a particular facility or facilities in which they were performed.

Diagnosis Related Group (DRG): The user can view the data by MS-DRG, Medicare Severity Diagnostic Related Groups, or APR-DRG, All-Patient Refined Diagnostic Related Groups. Each case has been assigned both; it is merely two different classifications of DRGs. You can choose to view a physician or group's "Medical" or "Surgical" DRGs. "Custom" provides the ability to limit the data by one or a few DRGs. **Select DRGs may be searched by exact text stream match, name, or number.** When the DRGs appear in the left panel, they can be selected by clicking on them to add into the right panel.

ICD-9 Diagnosis Code: The user can restrict cases by specific diagnoses using "Custom." Selected diagnoses may be searched by exact text stream match, name, or number. There is an option to exclude ICD-9 Diagnosis via the select box at the bottom of the menu. Should the user not wish to limit cases, "All ICD9 Diagnoses" should remain selected in the tab.

ICD-9 Procedure Code: The user can limit cases by procedure in a similar way as DRGs and ICD-9 Diagnoses codes. In addition to the option to exclude a case by procedure, there is also the ability to include only cases where the profiled physician was the proceduralist.

The screenshot shows the 'ICD Diag' tab selected in the top navigation bar. Below the tabs, there are two radio buttons: 'All ICD Diagnoses' and 'Custom ICD Diagnoses', with 'Custom ICD Diagnoses' being selected. A search box labeled 'Filter ICD Diagnosis...' is present. Below this, there are two main panels: 'ICD Diagnosis Available' on the left and 'ICD Diagnosis Selected' on the right. The 'Available' panel has a sub-header 'Filter To Find ICD Diagnosis' and is currently empty. The 'Selected' panel is also empty. At the bottom right, there are two checkboxes: 'Use as primary diagnosis(es)' and 'Exclude these ICD Diagnoses', both of which are unchecked.

Payers: A user can select specific payer groups to limit cases by one or a few specific payer classes.

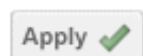
The screenshot shows the 'Payers' tab selected in the top navigation bar. Below the tabs, there are two radio buttons: 'All Payers' and 'Custom Payers', with 'Custom Payers' being selected. A search box labeled 'Filter Payers...' is present. Below this, there are two main panels: 'Payers Available' on the left and 'Payers Selected' on the right. The 'Available' panel has a sub-header 'Payer Class' and a list of options: 'Blue Cross', 'Champus/Tricare', 'Charity', and 'Commercial'. The 'Selected' panel is empty. At the top right of the 'Payers Available' panel, there is a blue 'Add All' button. At the top right of the 'Payers Selected' panel, there is a blue 'Remove All' button.

Excludes: The user has the ability to remove specific discharges from the cases being viewed. Excluding cases should be performed with great discretion. It can be useful, if there is an extreme outlier case that is skewing metric results. If one user decides to exclude a case(s), it will *not* remove the case(s) entirely from Crimson or affect the way in which another Crimson user views the same profile. Selecting the “Omit excluded discharges” box is the second of a two-step process; it occurs after the excluded discharges have been selected within the discharges explorer (the entire process is reviewed on the last page).

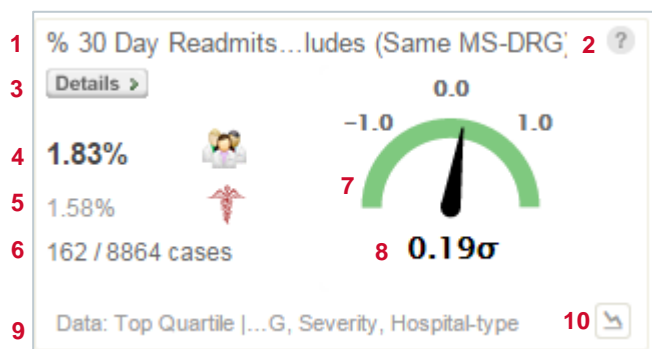
The screenshot shows the 'Excludes' tab selected in the top navigation bar. Below the tabs, there is a checkbox labeled 'Omit excluded discharges' which is checked.

Patient Age: The user can choose to select a particular patient age range by which to narrow case results.

Apply Button: When the user has finished setting data parameters in the focus feature, the apply button should be selected.



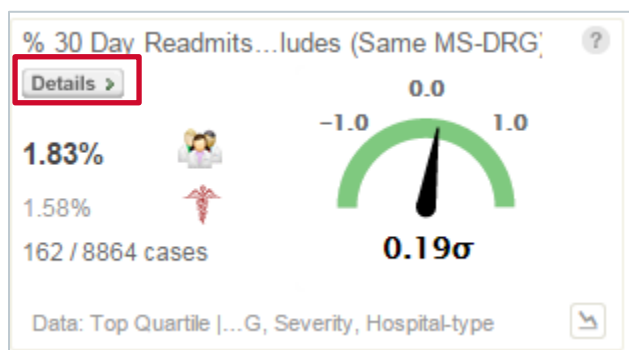
Navigating the Metric Tile



1. Title of the Metric
2. **Help Button:** Displays additional information on the specified metric.
3. Details Button: Allows a user to drill down on the metric, providing further analysis at the DRG level and direct access to case level detail (displayed below).
4. Physician or Group Metric Result or Performance
5. Comparison Group Metric Result or Performance
6. Total number of cases for Physician or Group
7. Gas Gage: Displays a statistical comparison of performance. The gas gauge scale is 0.5 standard deviations, as identified by the five markings within. The gas gauge contains a needle to identify the performance result. If performance is at the mean, the needle will point at 90 degrees. If performance is above the mean, the needle will point to the right. If performance is below the mean, the needle will point to the left.
8. Standard Deviations: Displayed relative to the selected benchmark.
9. Information in Data Row: Identifies the comparison or benchmark group and the methodology used for comparison.
10. Trending Graph: Shows trending over a one or two year period with results displayed in quarters or months.

Details Navigation

Clicking the details button on a tile launches a new page, which provides a breakdown of the selected metric by, in most instances, top volume DRGs.



The top volume DRGs display performance using the stop light color scheme in a flattened out bar graph.

Display by MS-DRG	Find MS-DRG by Name						
COMPARED TO: TOP QUARTILE					COMPARED TO: GENERAL MEDICAL CENTER		
3.40% ● comparison: 4.36% cases: 29 / 852					3.40% ● comparison: 4.36% cases: 29 / 852		
NAME	RESULT	COMPARISON	STD DEV (σ)	CASES	RESULT	COMPARISON	STD DEV (σ)
Kidney & Urinary...ons W/O Mcc (690)	0.00%	3.00%	-0.58	0 / 34	0.00%	3.00%	-0.58
Esophagitis, Gast...ers W/O Mcc (392)	3.57%	4.43%	-0.12	1 / 28	3.57%	4.43%	-0.12
Septicemia Or Se...Hours W Mcc (871)	4.00%	4.31%	-0.05	1 / 25	4.00%	4.31%	-0.05
Cellulitis W/O Mcc (603)	0.00%	3.25%	-0.41	0 / 23	0.00%	3.25%	-0.41
Heart Failure & Shock W Cc (292)	15.00%	7.39%	0.71	3 / 20	15.00%	7.39%	0.71
Chronic Obstructive Pulm...W Cc (191)	5.56%	5.75%	-0.02	1 / 18	5.56%	5.75%	-0.02

Encounter List and Integrated Patient Timeline

From the details view, clicking the hyperlinked cases will launch the Encounter List and Integrated Patient Timeline. The timeline provides two distinct views of case level information as well as the ability to exclude cases.

The Encounter List displays all outlier cases for the selected measure. At the top of the Encounter List, the total number of outlier cases is displayed. Below, each patient's name or encounter number is listed along with discharge date, LOS, MS-DRG/Diagnosis, attending physician, and facility. **You can export this list of cases to Excel for further analysis by clicking the Gear icon in the upper right corner of the list and choosing 'Export to CSV'.**

% 30 Day Readmissions (Any APR-DRG) / Cases for PhysLast,PhysFirst - 00014						
Case Overview for PhysLast,PhysFirst - 000141 DISCHARGES 29						
<div> </div>						
ENCOUNTER	DISCHARGED	LOS	DIAGNOSIS	PHYSICIAN	FACILITY	
978827648	03/15/2011	7 days	Chronic Obstructive Pulmon...Disease W Cc(191)	PhysLast,PhysFirst - 000141	General Medical Center	
936122380	01/12/2011	2 days	Red Blood Cell Disorders W/O Mcc(812)	PhysLast,PhysFirst - 000141	General Medical Center	
870251632	09/24/2011	1 days	Esophagitis, Gastroen...Disorders W/O Mcc(392)	PhysLast,PhysFirst - 000141	General Medical Center	
862232581	11/11/2011	8 days	ENDOCRINE DISORDERS W CC(644)	PhysLast,PhysFirst - 000141	General Medical Center	

Selecting any encounter or patient name will launch the Integrated Patient Timeline. Leverage the Integrated Patient Timeline to review case-level information and identify the root cause of outlier behavior. Details include encounter information, alerts to outlier behavior, the responsible physician, consulting physicians, and ED attending physician if applicable. Patient demographic information, such as patient name, discharge number, and race will populate, along with diagnosis information, core measure compliance, ICD-9 complications, and procedures.

Case Overview for Internal M

CASES

5

Find Encounter by Number or Diagnosis

ENCOUNTER	DISCHARGED	LOS
2046551633	08/16/2013	5
1266561915	07/14/2013	4
1046211085	06/12/2013	7
303883283	03/22/2013	1
2126575348	02/09/2013	1

- 5 of 5

Patient Name-6306798

[Close](#)

Hospital Inpatient - Wed 7/10/2013 to Sun 7/14/2013

[Details](#) [Timeline](#)

Encounter Information

Encounter Number	1266561915
Facility	General Medical Center
Admit Date	Wed 7/10/2013
Discharge Date	Sun 7/14/2013
Discharge Disposition	03 - Discharge/Transfer to SNF
Admission Type	5 - Trauma
Admission Source	Non-Health Care Facility Point of Origin
Length of Stay	4.00 days 2.79 days SYSTEM 2.79 days HOSPITAL 3.42 days GMLOS
Charges	\$76,293 \$46,989 SYSTEM \$29,304 HOSPITAL

Alerts: 8

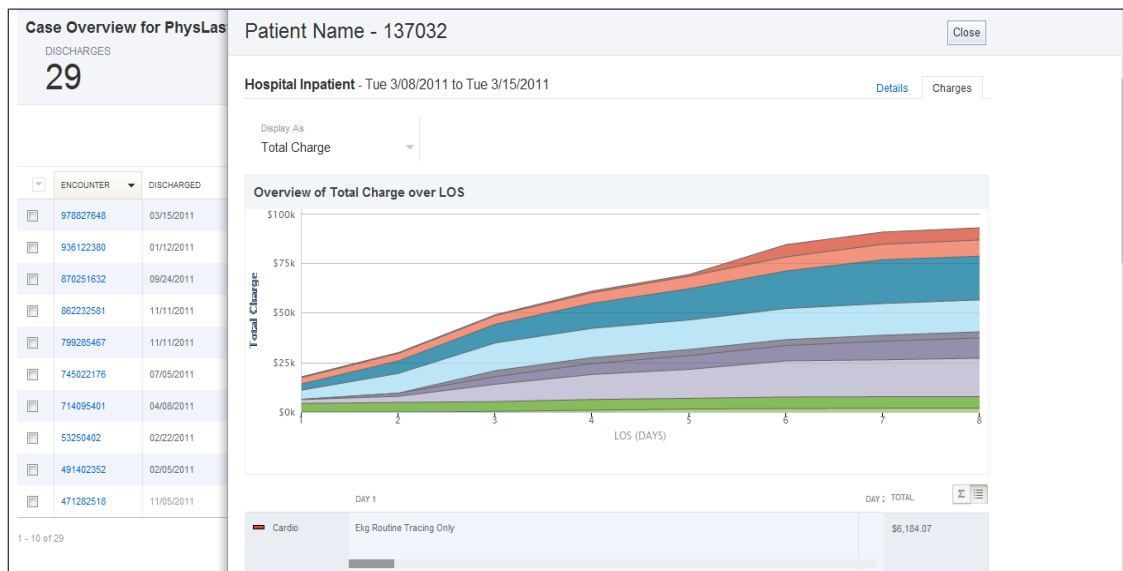
- Falls and trauma (HAC5)
- Complications of Condition
- Complications of Care
- LOS Above Average
- Charges Above Average

[View all alerts](#)

Demographics

Patient Name	Patient Name-6306798
Patient MRN	082708433

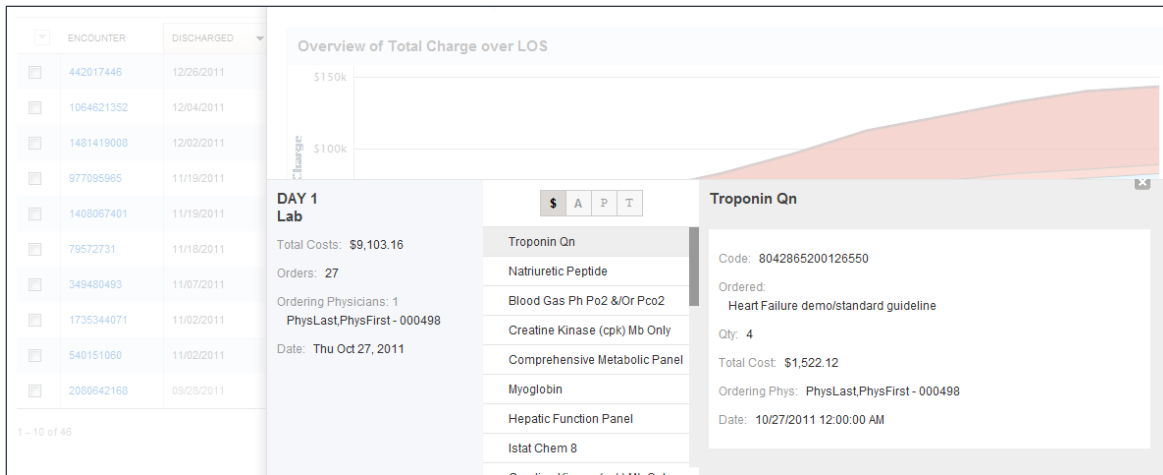
The second view displays a timeline, which is accessible by clicking the timeline hyperlink in the top right corner. The timeline view provides a day-by-day analysis of charges/costs for a patient encounter. At the top of the screen, a color-coded line graph will display an overview of cumulative costs in each charge/cost category. Below the graph is a daily breakdown of all costs that occurred during the patient stay, divided by cost category. Use the scroll bar at the bottom of the screen to move across each day of the patient's stay.



	DAY 1	DAY 2	TOTAL
Blood Utilization			\$1,344.32
Cardio	Ekg Routine Tracing Only		\$428.41
ER	Ed Level 5 W Proc		\$3,091.92
Lab		Creatine Kinase (cpk) Mb Only Glucose Reagent Strip Comprehensive Metabolic Panel Myoglobin Troponin Qn	Coombs Indirect Ql Blood Typing Abo Blood Typing Rh (d) Crossmatch Immediate Spin Cbc Auto W/Auto Dif
			\$8,080.50

Click into the chart to learn more about specific charges/cost items ordered

within that category. Items can be sorted by cost, name, ordering physician, or time ordered, and selecting an individual item shows the quantity ordered, item cost, and additional information.



Excluding Cases

The first step of the two-step process to exclude cases is found on the Encounter list. The user should begin by selecting the case(s) to be excluded under the Excludes column.

Find Encounter by Number or Diagnosis

2

ENCOUNTER	DISCHARGED	LOS	MS-DRG	PHYSICIAN	
<input checked="" type="checkbox"/>	414796087	09/27/2013	8 days	Hip & Femur Proce...or Joint W Cc(481)	PhysLast,PhysFirst - 0001
<input checked="" type="checkbox"/>	450921068	09/23/2013	14 days	Major Gastrointes...ections W Mcc(371)	PhysLast,PhysFirst - 0003
<input type="checkbox"/>	870251632	09/23/2013	1 days	Esophagitis, Gast...rders W/O Mcc(392)	PhysLast,PhysFirst - 000141

Exclude Selected

Clear Excludes for Selected

Export All to CSV

General Medical Center

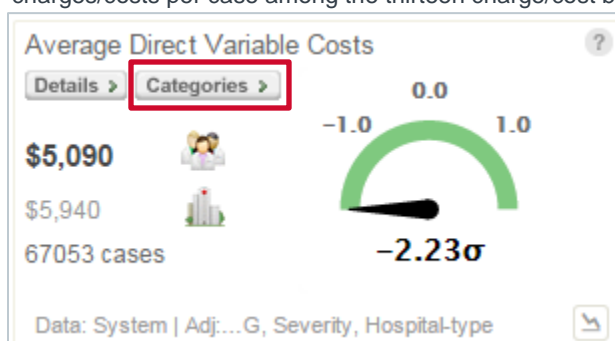
General Medical Center

The second step is to navigate back to the Focus feature to the Excludes tab and select the "Omit excluded discharges" box.

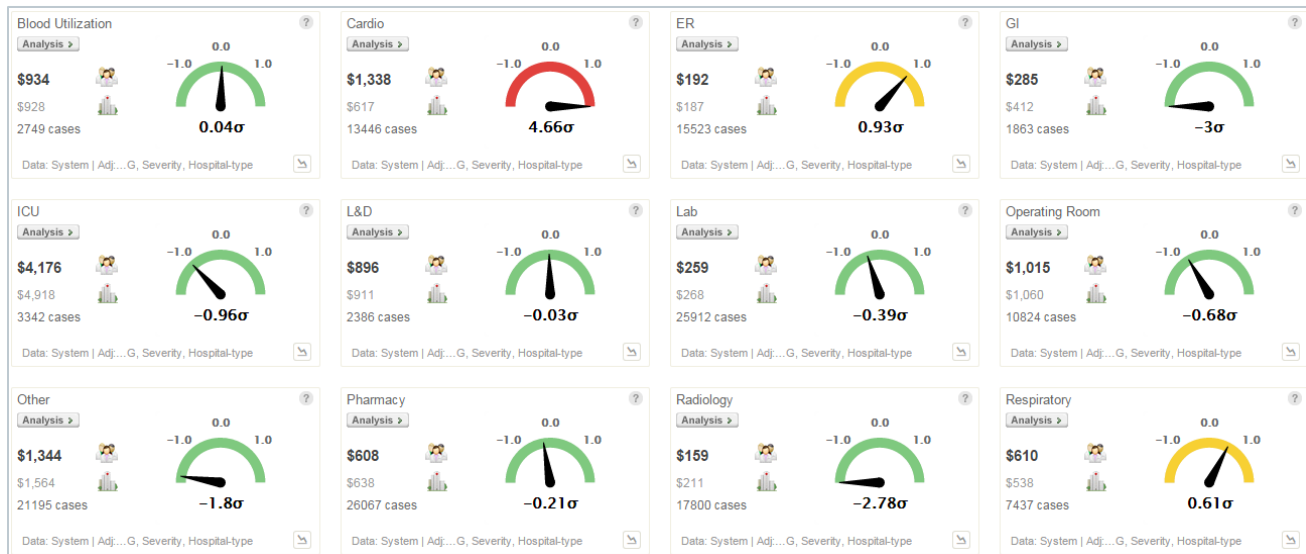
Period	Role	Comparison	Facilities	DRGs	ICD-9 Diag	ICD-9 Proc	Payers	Excludes	Patient Age
<input checked="" type="checkbox"/> Omit excluded discharges									

Charge/Cost Categories

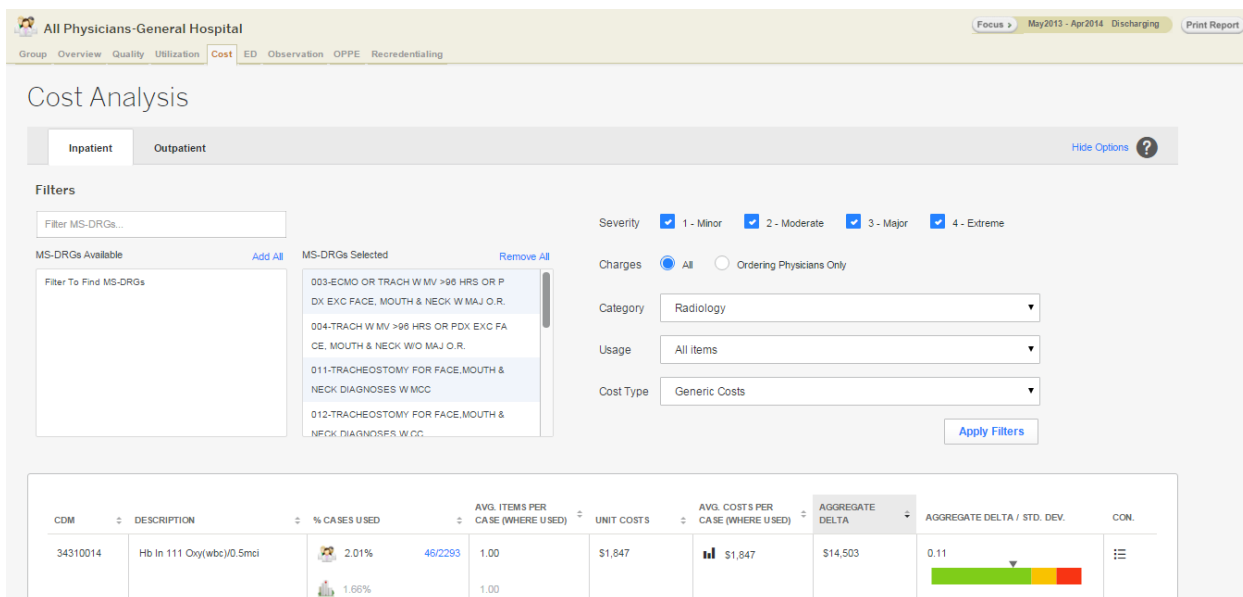
Selecting the categories button on the **Average Cost metrics within the utilization tab** allows the user to see a breakdown of charges/costs per case among the thirteen charge/cost buckets.



To understand which chargeable items were ordered on a physician's cases under a particular category, a user can select the **analysis button** on a metric. Selecting the analysis button under the lab category, for example, will bring the user into the charges or cost tab with the lab items delineated. **Note: you do not click directly on the Costs tab, but rather enter it through the Utilization tab.**



The charges/cost tab provides the user insight into the particular items ordered on a physician's cases. Depending on the filters set on the upper portion of the page, different items will populate on the bottom half of the screen. A user can choose to view the items ordered on different types of cases by selecting inpatient or outpatient, particular DRGs, or different severity levels. Because the analysis button under the lab category was selected as an example, the category selection is set to lab on the charges/cost tab.



On the bottom portion of the screen, the columns provide insight into the ordering of particular items on the physician's cases.

1. CDM (Charge Master Code): A unique code provided in the billing data associated with the item charged.
2. Description: The description of the item charged during the patient treatment.
3. Percentage Cases Used: The percentage of the physician's "eligible cases" in which the item was charged. The comparison group's percentage is directly below the physician's result. The hyperlinked case count fraction to the right of the percentage provides insight into the number of the physician's cases that were involved. The numerator is the number of cases where the item was ordered at least once. The denominator is the number of "eligible cases" where the item could have been ordered. To determine the denominator, Crimson looks across the member's past historical data

for same APR-DRG, severity level combinations where a specific CDM code has appeared. If a match across the three criteria is identified in the historical data, the case from the time period and physician selected is counted in the denominator as an "eligible case."

4. Average Items per Case (where used): The average number of times an item was ordered per case when the item was used at least once.
5. Unit Costs: The hospital charges/costs for a particular item.
6. Average Costs per Case (where used): Calculated by multiplying the average number of items per case (where used) by the unit charges/costs.
7. Aggregate Delta: Considering the difference between item utilization on the physician's cases versus the comparison group's cases, the aggregate delta defines the possible charges/cost opportunity if the physician's ordering patterns were decreased to the comparison average. For the calculation, the aggregate delta utilizes both the percentage of cases used and the average items per case (where used), if applicable. **Only attend to this column if your comparison group in the focus feature is your hospital. This is because not all hospitals in your Division use the same charge codes for each item.**
8. Aggregate Delta (Standard Deviation): The statistical difference between the physician and the comparison group in terms of overall item utilization.

Use Case: Analyzing Inpatient Length of Stay in Crimson

1. Search for a Single Physician or Group of Physicians



Physician Profiles



Group Profiles

Find physician by name or id
 [Find Physician >](#)

Find physician by hospital, specialty or sub-specialty

Hospital

Specialty

Sub-Specialty

☒ Sort alphabetically by hospital
☐ Sort alphabetically by sub-specialty

[Find Physician >](#)

Groups	
Available Group Profiles	
<input type="text" value="system"/>	
NAME	DESCRIPTION
System-All Physicians	System-All Ph

2. Click the Utilization Tab and find the Average LOS Metric Tile

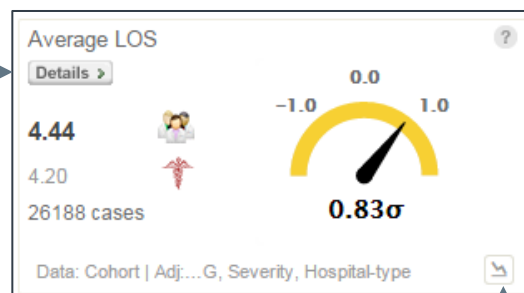
System-All Physicians

[Group](#) [Overview](#) [Quality](#) [Utilization](#) [Costs](#) [ED](#) [Observation](#) [Guides](#)

System-All Physicians - System-All Physicians

MEMBERS OF THIS GROUP

Click into
Details for
further
Drill Down



View a trend line
of Average LOS
over time

3. Adjust Focus Feature Settings for Desired Analysis

Note: Comparison defaults to 'System', which means the last 27 months of similar cases from all of the facilities within your crimson site. You can change the Comparison to be other Crimson Cohorts (groups of hospitals that use Crimson). There are a number of Cohorts pre-programmed into your site.

Focus Settings

Select a focus setting template:
 Default

Or customize your focus settings as needed:

Period Role **Comparison** Facilities DRGs ICD Diag Procedures Payers Excludes Patient Age Service Lines CDMs

☐ Pre-defined Range ☒ Custom Range

Start of November 2013 through end of October 2014

Cohort (Some comparison groups do not apply to the A)

Comparison Date Range
☒ Past 27 Months ☐ Focus Period

- All AMCs
- All hospitals
- All Non-teaching hospitals
- All Teaching hospitals
- All Trauma
- Community Hospitals
- HCA - All
- HCA - American Group
- HCA - Capital Division
- HCA - Central and West Texas Division
- HCA - Continental Division
- HCA - East Florida Division
- HCA - Far West Division
- HCA - MidAmerica Division
- HCA - National Group

☐ Include only cases performed at Select Facilities in the comparison

Apply Defaults

4. View by MS-DRG, Physician, Discharge Disposition, etc.

Display by
 MS-DRG

Find MS-DRG by Name

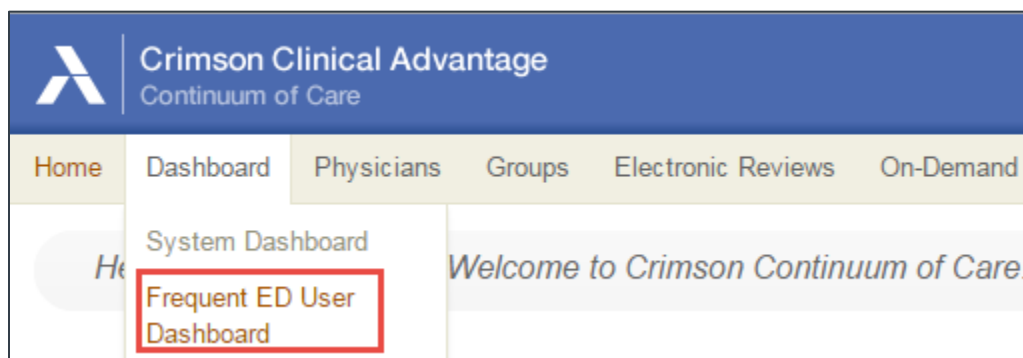
COMPARED TO: SYSTEM AVERAGE

5.09
 comparison: 5.06 cases: 148932

NAME	RESULT	COMPARISON	STD DEV (σ)	CASES
Normal Newborn (795)	2.23	2.29	-0.09	11607
Vaginal Deliver...Diagnoses (775)	2.28	2.29	-0.02	9544
Psychoses (885)	8.83	8.32	0.17	6949
Neonate W Othe...Problems (794)	2.61	2.78	-0.26	4320
Cesarean Section ...Cc/Mcc (766)	3.29	3.41	-0.09	4261
Septicemia Or S...urs W Mcc (871)	7.28	8.11	-0.16	2988

Use Case: Understanding the ED Frequent User Dashboard

The ED Frequent User Dashboard provides a cross-continuum perspective on high cost, high visit patients. From the Home Page, click Dashboard, then choose 'Frequent ED User Dashboard'



Identify the average cost per patient for these top 100 patients, as well as that average cost trend over time.



The next section of the dashboard lists the top 100 patients with ED visits by name. You can see the number of their ED visits, and click that link to see the encounter list of those visits. Further, you can see their ED Costs and most recent ED Diagnosis. Use this section to identify patients for case management intervention in the ED.

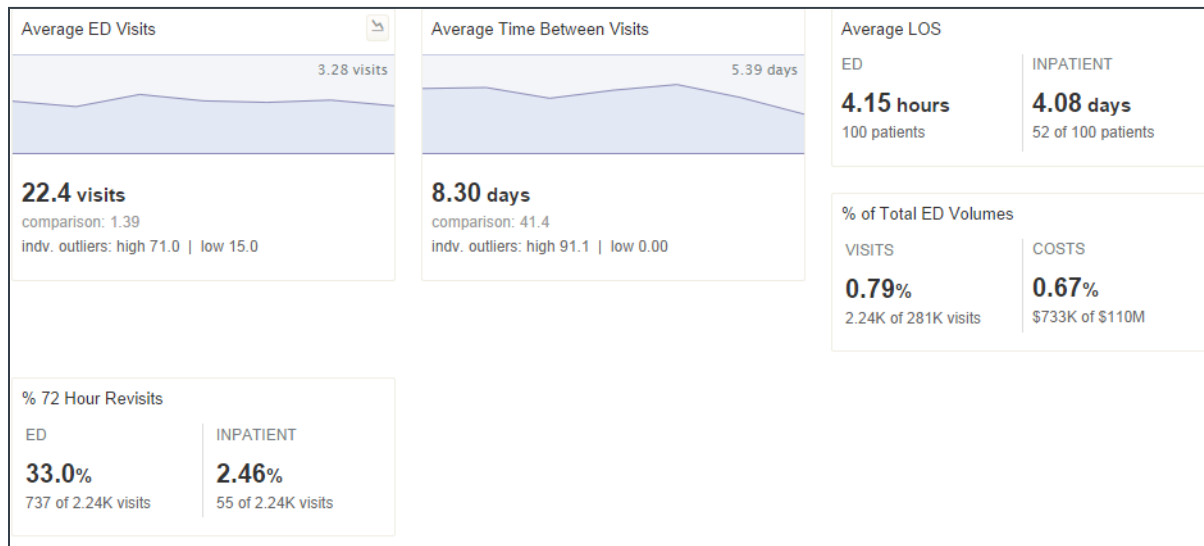
Top 100 ED Users				
PATIENT	ED VISITS	TOTAL VISITS	ED COST	LATEST ED DIAGNOSIS
Patient Name	20	21	\$68.0K	Chest Pain Nos
Patient Name	20	23	\$42.0K	Abdmnal Pain Oth Spcf St
Patient Name	19	20	\$32.3K	Migme Unsp Wo Ntrc Mgrn
Patient Name	19	19	\$4.66K	Backache Nos



Suggestions:

- Identify not only top 10 Frequent ED Users, but also top 20 and top 50 for Case Management opportunities.
- For a more focused look at the top 100 ED users, direct case management to the most frequent users by latest ED diagnosis.

The next section provides a number of different metrics about the top 100 ED Frequent Utilizers. You can see the average number of ED visits, time between visits, ED and Inpatient Length of Stay, and the percentage of ED visits these 100 patients make up. Note the low volume of Inpatient stays, but high percent of 72 Hour Revisits.



72 Hour Revisits looks at the percentage of occurrences where a patient in the top 100 ED users was discharged from the ED and then **came back into the ED** within 72 hours. The INPATIENT part of the metric shows the percentage of occurrences where a patient in the top 100 ED users was discharged from the ED, return to the ED and then are subsequently **admitted into the inpatient care setting** within 72 hours.

Questions

Any questions should be directed to the organization's Dedicated Advisor who is more than happy to work with users to better understand data and performance. Thank you for using Crimson to assess physician performance at your organization.