

**The Ohio State University Wexner Medical Center –  
adoption of a surgeon-led initiative delivers \$900k  
in savings and positive financial impact**

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## Navigating the data roadmap to success

The Ohio State University Wexner Medical Center identified variations in a minimally invasive procedure performed by different surgeons on the bariatrics team.

By using the Vizient® Procedural Analytics cohort opportunity data presented by Valerie Coffman, PhD, Vizient Lead Analyst, Spend Management Delivery, they discovered that two surgeons were using a costly custom pack, significantly contributing to the variation.

After reviewing the data, Stacy Brethauer, MD sat down with his colleagues in bariatric surgery to discuss surgical techniques and practices. Together they determined that the custom pack had “one or two of everything in it. It was great for the nurses in the OR. They didn’t have to pick stuff off the shelves, but it was a lot of bloat within those packs,” said Dr. Brethauer.

The surgeons agreed to adjust their surgical technique, use fewer staples and use the standard laparoscopic custom pack.

**“It was a nice opportunity for the small group of people I know and work with every day to affect some change.”**



Stacy Brethauer, MD  
General Surgeon, The Ohio State University Wexner Medical Center

As a result, they “revised their preference cards to reflect the bare minimum of what you need to get the case done with some ‘as needed’ items on there as well” said Dr. Brethauer. Additionally, they put tracking mechanisms in place to track cost per case reduction alongside quality outcomes. The team has closely monitored quality



# \$900k

Savings from change of custom pack supplies and reduced staple usage



# 40%

Reduction in average cost per case

metrics like LOS, mortality and readmissions, and there's been no impact on patient outcomes. With a go-forward plan in place, the surgical practice change will decrease average case costs by 40% for those physicians and achieve substantial cost savings, approximately \$900K.

The use of Procedural Analytics supported data-backed surgeon conversations and played a crucial role in identifying and addressing this variation. This surgeon-led initiative showcases how data-driven approaches can significantly impact the bottom line of the health system.

## Additional Insights

“I’m a bariatric surgeon, so my specialty bubbled up right to the top [of our opportunity list], said Dr. Brethauer, “It was a nice opportunity for the small group of people I know and work with every day to affect some change. We already have great clinical outcomes. We pull in Vizient

data on LOS, mortality, readmissions, and case mix index. We want to drive value, not just cost reduction.”

“I think most health systems would benefit from a physician leader or leaders in supply chain to help facilitate the discussions and to effect change. There’s a lot of opportunities for surgeons who want to get involved in this area to really help their health system, but it’s also a great niche in terms of a career path, leadership opportunities, visibility with the health system leadership. And there’s a very robust return on investment for health system to invest in that kind of physician leadership. I think it pays a lot of dividends, both in terms of culture and cost savings.”

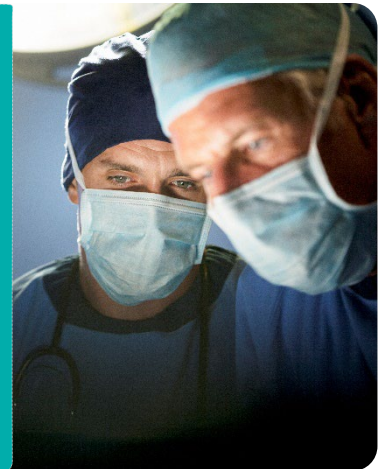
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## Critical success factors

- Data-backed savings and variation opportunities were **shared** with other surgeons on team
- The Ohio State University Wexner Medical Center has led the way with **supply chain physician leaders** to help facilitate discussions and affect change
- **Surgeon-led discussions with actionable data** as an approach can have a significant impact toward the bottom line.
- After elimination of products on the shelf, **physician preference cards have been updated** for the changes to take effect and **monitoring is in place to track cost and quality outcomes.**

This surgeon-led initiative showcases how data-driven approaches can significantly impact the bottom line of the health system.



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