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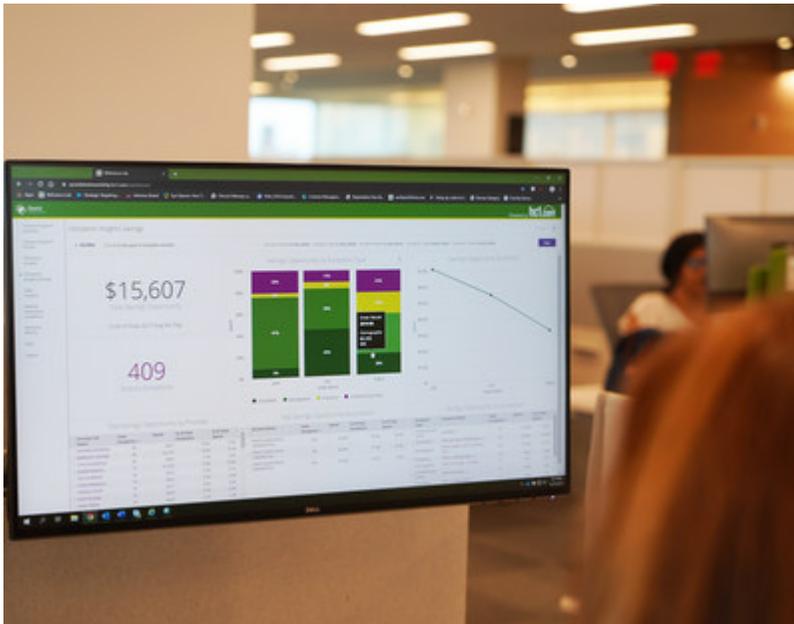
Quest Diagnostics and hc1 Collaborate to Optimize Enterprise-wide Laboratory Testing for Health Systems

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Strategic collaboration aims to improve patient care and reduce costs across thousands of health systems nationwide by delivering insights that empower optimal lab testing

SECAUCUS, N.J. and INDIANAPOLIS, Sept. 12, 2019 /PRNewswire/ -- Quest Diagnostics (NYSE: DGX), the world's leading provider of diagnostic information services, and hc1, the bioinformatics leader in precision testing, today unveiled Quest® Lab Stewardship ™powered by hc1®, an innovative new service that employs machine learning to harmonize laboratory testing across health systems in order to help optimize laboratory test utilization.*

Quest Lab Stewardship is the result of a strategic collaboration between Quest and hc1 focused on improving costs and clinical impact of lab testing, in- and out- of hospital settings.

"While lab testing is fundamental to delivering cost-effective healthcare, opportunities remain to drive out clinical variation when looking across patient touch points in a health system. Working with hc1, we've created a solution that overcomes several of the traditional barriers to delivering real-time enterprise insights needed to drive and support at-scale optimization of lab testing," said David Freeman, General Manager, Information Ventures, Quest Diagnostics. "We're taking a holistic approach to collaboration with hospitals and health systems, providing a scalable solution and a suite of associated services that will empower them to drive actionable insights that lead to measurable improvements in care, quality and costs."

In recent years, health systems and hospitals have implemented "test utilization" programs to identify patterns in lab ordering trends. However, these programs often require time-consuming manual uploads of data or use platforms that cannot pull from disparate enterprise systems or provide real-time test ordering guidance.

Quest Lab Stewardship is designed to eliminate the limitations common to these programs. It integrates in real-time with enterprise systems and leverages hc1's machine learning capabilities to ingest, organize and normalize lab data, alleviating the time and effort of manual data gathering and analysis. It also provides a framework for lab directors and hospital administrators to consult with medical staff to identify areas of concern and implement compendium updates and order-prompting based on selected clinical guidelines.

Additional features include:

- Real-time enterprise system integration and data organization across electronic medical record (EMR) and laboratory information systems (LIS) systems, enabling rapid identification of problematic utilization patterns while driving proactive intervention.
- Creation of a system-wide normalized test compendium to remove the confusion of having multiple names for the same test across multiple compendia, enabling clear and precise reporting.
- Intuitively organized healthcare data, allowing leadership to analyze utilization trends for particular locations, providers, departments and tests.
- Built-in, nationally recognized medical laboratory guidelines to help lab stewardship committees design and implement

real-time test order prompting linked into existing enterprise systems and workflows.

"The hc1 team is passionate about personalizing care delivery to improve outcomes and reduce medical spending," said Brad Bostic, chairman and CEO, hc1. "This strategic collaboration between hc1 and Quest brings an innovative solution to progressive health systems that are committed to improving patient care and bringing down costs. I am thrilled that Quest selected the hc1 Platform to address this critical need for optimized lab testing with their hospital and health system clients."

Advancing lab strategies for hospitals and health systems

The National Academy of Medicine estimates that the healthcare system wastes around $765 billion a year, due to factors such as unnecessary or inefficiently delivered services as well as missed prevention opportunities.[i] Although laboratory testing reflects only about 2-3% of overall health care costs in the United States, ordering lab tests is healthcare's single highest-volume activity.[ii] Under-and over-utilization* of lab tests can adversely affect clinical decisions, such as by prompting unnecessary or delayed procedures to address missed diagnoses.[iii]

"Lab stewardship is about more than lab testing and lowering costs of over testing. It's really about helping health systems to use lab services efficiently to deliver appropriate care while preventing the downstream consequences from unnecessary, costly procedures," said Lee H. Hilborne, MD, MPH, DLM (ASCP), Senior Medical Director, Medical Affairs, Quest Diagnostics and Chair of the American Society for Clinical Pathology's Effective Test Utilization Subcommittee (Choosing Wisely). "We expect the Quest-hc1 solution will improve quality and care across a wide swath of the nation's healthcare system that already refers their advanced diagnostic services to Quest."

Quest Lab Stewardship is an outgrowth of the professional lab management services of Quest Diagnostics, which Quest provides to dozens of health systems and hospitals in the U.S. to help improve their laboratory quality and cost efficiency. Quest also provides reference testing, often involving highly advanced diagnostics services, to about half the hospitals and health systems in the country.

"Quest Lab Stewardship is another way we are helping our customers to maximize the value and utility of their laboratories with technologies and expertise that enhances infrastructure and workflows that hospitals and health systems have already invested in. It's what our clients expect from Quest Diagnostic and we're excited to bring this service to market," said Freeman.

For more information, please visit www.QuestDiagnostics.com/LabStewardship

*Quest's identification of potential appropriate or inappropriate testing, including over- and under-utilization, via its Quest Lab Stewardship offering is intended as a guide to assist providers in identifying ordering patterns recommended by applicable third-party guidelines and is not intended to replace a treating provider's medical judgement, based upon evaluation of the patient.

About hc1
Founded to improve lives with high-value care, hc1 has emerged as the leader in bioinformatics for precision testing and prescribing. The cloud-based hc1 Platform organizes volumes of live data, including lab results, genomics, and medications, to deliver solutions that ensure that the right patient gets the right test and the right prescription. Today, the hc1 Platform powers two flagship solutions *hc1 Lab CRM ™*and *hc1 Test Utilization*, as well as breakthrough precision prescribing innovations *hc1 Opioid Advisor ™*and *hc1 PGx Advisor ™.* To learn more about hc1's proven approach to personalizing care while eliminating waste for thousands of health systems, diagnostic laboratories, and health plans, visit www.hc1.com and follow us on Twitter, Facebook, and LinkedIn.

About Quest Diagnostics
Quest Diagnostics empowers people to take action to improve health outcomes. Derived from the world's largest database of clinical lab results, our diagnostic insights reveal new avenues to identify and treat disease, inspire healthy behaviors and improve health care management. Quest annually serves one in three adult Americans and half the physicians and hospitals in the United States, and our 46,000 employees understand that, in the right hands and with the right context, our diagnostic insights can inspire actions that transform lives. www.QuestDiagnostics.com.

[i] Nelson, Bryn. Healthcare's Main Contributors to Wasteful Spending. The Hospitalist. 2015 June;2015(6) https://www.the-hospitalist.org/hospitalist/article/122351/healthcares-main-contributors-wasteful-spending

[ii] Freedman DB. Towards Better Test Utilization - Strategies to Improve Physician Ordering and Their Impact on Patient Outcomes. EJIFCC. 2015;26(1):15–30. Published 2015 Jan 27.

[iii] Gandhi TK, Kachalia A, Thomas EJ, Puopolo AL, Yoon C, et al. (2006) Missed and delayed diagnoses in the ambulatory setting: a study of closed malpractice claims. Annals of Internal Medicine145: 488–496.

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