Agenda

▶ **Introduction**

- Learning Objectives and Resources
- Why the *Right* Data is Key
- Progressing from Data to Wisdom

- Debunking the "Silver Bullet" Myth
- Foundational Definitions

▶ **The Right Questions and Right Data for Every Function:**

Case Studies:

- Business Development
- Strategic Planning

- Marketing
- Population Health

▶ **Data Summary**

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Introduction

Learning Objectives

1

Pair right data with right questions for powerful growth insights.

2

Leverage multiple datasets for maximum growth potential.

3

Find data-based answers to questions about business development, strategic planning, marketing, and population health.

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Resources/Handouts

Please reference our chart featuring common growth questions

paired with the appropriate datasets for answers.

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Getting to Know You

By show of hands, how many of you:

- ▶ Work in hospitals and health systems as Business Developers, Planners, Marketers?

- ▶ Work outside hospitals and health systems but in other healthcare settings?

- ▶ Are consultants/partners or service providers?

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The *Right* Data is Key

*"Successful people ask better questions, and as a result, they get better answers." – **Tony Robbins***

You don't just need data to answer your growth questions, you need the **right data** paired with **right questions**.

The *Right* Data is Key

Top-performing organizations use data analytics *five times more* often than lower performers.

▶ With the *wrong* data, you may:
- Miss important segments of your population in your analysis
- Make improper conclusions about your market
- Miss growth opportunities

▶ Armed with the *right* data, you can make growth decisions with confidence

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The DIKW Pyramid

The DIKW pyramid is the most philosophically accurate way for leaders to make informed, data-driven decisions.

The DIKW Pyramid

With the right data, you can progress from data to wisdom, where higher-level thinking takes place.

WISDOM

KNOWLEDGE

INFORMATION

DATA

Debunking the "Silver Bullet" Myth

With so many options for healthcare data it's reasonable to want to narrow your focus and pick only one to work with.

But it's more valuable to have a variety of data sources for the most complete and accurate look at market opportunities.

Debunking the "Silver Bullet" Myth

THERE'S NO SILVER BULLET

@bryanMMathers

With access to a variety of datasets, you can **leverage the strengths of each one**.

Knowing which data is the *right* **data to answer** your questions is key.

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However...

AVOID

Analysis Paralysis

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Definitions

Foundational Definitions - APCD

All-Payer Claims Data (APCD):

A universal term to describe any data source that contains multiple payers. While typically used to describe medical billing clearinghouses, APCD can also include EMR data or other insurance claims products. APCD can vary drastically from vendor to vendor: different clearinghouses, different insurers, etc.

Geography	ZIP 3, ZIP 5 modeled, ZIP 5 (if the same insurers), physician practice address
Source	Payers or clearinghouses
Benefits	Patients can be longitudinally tracked, care setting volume not available anywhere else, provider information/referrals, extremely current
Limitations	Expensive, not all patients in a market are included, market coverage varies, huge files (probably going to use a vendor partner), closed plans not included (Kaiser)

Definition based on market knowledge, may not be complete.

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Foundational Definitions - State

State Data:

A standardized dataset usually maintained by state departments of health or hospital associations. Data submission is often required by the state or hospital organization.

Geography	ZIP 5, County (cross-walked)
Source	State or Hospital Associations
Benefits	Comprehensive hospital data - IP, ED, OP surg, typically more affordable, regulated and usually consistent, documentation
Limitations	Every state is different, non-hospital data rarely included, sometimes a significant time lag

Definition based on market knowledge, may not be complete.

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Foundational Definitions - Medicare

Medicare Data:

The Centers for Medicare & Medicaid Services (CMS) provides data to the public, researchers, and media organizations for analysis. Medicare claims files include inpatient, outpatient, skilled nursing facility, home health agency, hospice, and durable medical equipment data.

Geography	ZIP 5, County
Source	CMS
Benefits	Requirements/consistency–reliable and comprehensive, Significant number of records–44 million beneficiaries, 16.5% of the U.S. population, high healthcare utilization, less expensive, access to sites of care–physician offices, imaging, labs, emergency, urgent care, and hospitals
Limitations	Different datasets can cause confusion (public use files, limited data sets, research identifiable files); Masking cases for smaller subsets of data, no pediatrics or OB, Medicare Advantage coming– but not yet

Definition based on market knowledge, may not be complete.

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Foundational Definitions - EMR

EMR (Internal) Data :

Administrative and quality data generated in the course of providing and paying for care. Typically includes characteristics of the population served, their use of services, and charges for those services. Gathered from claims, encounter, enrollment, and providers systems. Common data elements include type of service, number of units, diagnosis and procedure codes for clinical services, location of service, amount billed, and amount reimbursed.

Geography	Address-level
Source	Provider EMR system
Benefits	Geocode patient data to the address level, comprehensive and consistent for facility care, financials and volume; Depending on the system, may be easy to access
Limitations	Doesn't include market information; Depending on the system, may be difficult to access; can be expensive

Definition based on market knowledge, may not be complete.

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Foundational Definitions – Demographics and Psychographics

Demographics:

Age, sex, education level, income level, marital status, occupation, religion, birth rate, death rate, average size of a family, average age at marriage

Psychographics:

Attitudes, values, lifestyles, personalities, opinions, interests, activities, aspirations

Geography	Block Group
Source	Vendor, based on census and consumer data
Benefits	Finite level demographic characteristics. Psychographics provides community behaviors to learn more about consumers.
Limitations	Even at the block level, not all Psychographics correct.

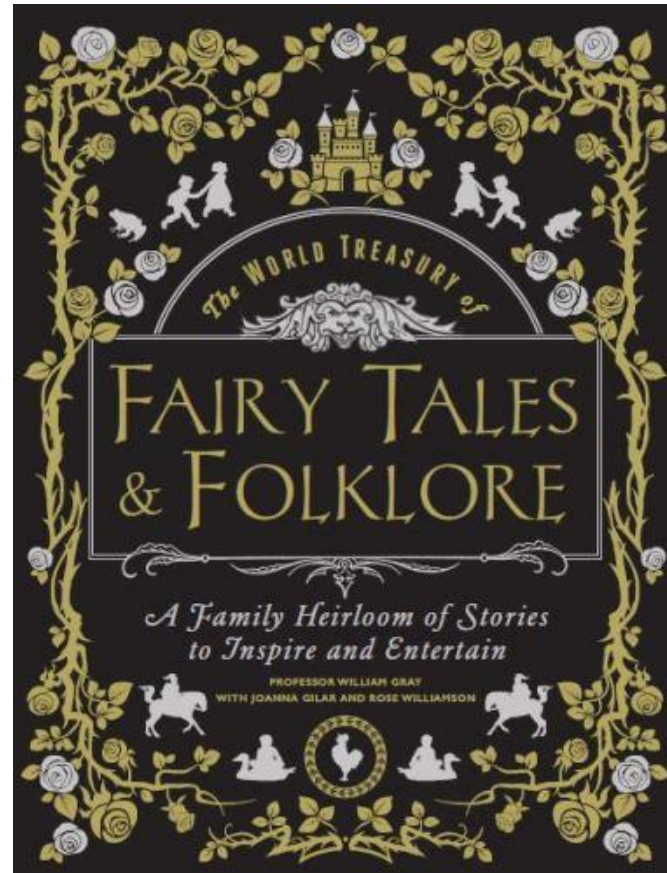*Definition based on market knowledge, may not be complete.*

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Foundational Definitions - Folklore

Gut Feeling and Hospital Folklore:

Market "intelligence" based on traffic patterns, hearsay, and well, folklore.

The WORLD TREASURY of

FAIRY TALES & FOLKLORE

A Family Heirloom of Stories to Inspire and Entertain

PROFESSOR WILLIAM GRAY
WITH JOANNA GILAR AND ROSE WILLIAMSON

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Trust Your Experience with Data

The introduction to Blink,

"The Statue That Didn't Look Right," tells the story of the Getty Museum's purchase of a seemingly ancient statue that appears to be authentic based on its documentation, but that has many experts believing, nevertheless, that something is not quite right with it even though they are unable to articulate precisely what is wrong.

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Key Question Case Studies

Business Development

Common Growth Questions:

▶ How do I know where primary care physicians send their cardiac surgery referrals?

▶ For unaligned community providers, how do I know they're sending patients to us? Or not?

The Best Data for Answers:

▶ Both APCD and Medicare are good options, depending on what specialty is being utilized. EMR is also helpful, such as Epic or others.

The Common (Wrong) Data Used:

▶ Any dataset if you're only using one. The key is that you need more than one viewpoint.

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Business Development

Why it matters to use the right data:

▶ The common mistake is thinking one single source of data will be enough to see the full picture.

▶ You need more than one because each will only show you a portion of what you need to know.

▶ For optimal insights, you need what both APCD and Medicare can provide.

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Business Development

PRIVATE PRIMARY CARE PROVIDERS ▶ **ALIGNED & TIERED** ▶ **TARGETED BD EFFORTS**

Development

Needed to develop targeted, strategic business development efforts around private PCPs in greater Houston area

Alignment

Wanted to strengthen alignment with HM & HM employed providers

Data

Interested in utilizing internal and external data resources to understand referral patterns

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Strategic Planning

Common Growth Question:

▶ How do I grow my market share?

The Best Data for Answers:

▶ State (Medicare if state is not available), Demographics, Outmigration, Recruitment Plan

The Common (Wrong) Data Used:

▶ APCD

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Strategic Planning

Why it matters to use the right data:

▶ With APCD, 100% market coverage is a concern. With state data, you can expect better coverage. There is a single consolidation point for state data and all facilities report in a conformed way.

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Strategic Planning

Common Growth Question:

▶ What should be our next strategic move? Convenient Care Center?

The Best Data for Answers:

▶ APCD
▶ Internal data
▶ Drive times

▶ All the Data

The Common (Wrong) Data Used:

▶ Gut instinct based on market growth and hospital folklore.

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Strategic Planning

Why it matters to use the right data:

▶ APCD enables detailed insight into patient movement throughout the healthcare continuum. You'll be able to more easily identify leakage and opportunities for growth.

Strategic Planning

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EXTERNAL DATA

Overall Market Presence	**Market Demands**

PSA / SSA Market Share

Service Line Specific Market Share

Payor Market Share

Service Line Demand Estimates

Physician Demand Estimates

INTERNAL DATA

Internal Activity

Inpatient / Outpatient

Physicians by Service Line

Financial Performance

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Marketing

Common Growth Questions:

▶ How do I know if I'm reaching the right population?

▶ How do I know if I'm doing the right kind of marketing?

The Best Data for Answers:

▶ EMR data, Psychographics, Demographics, CRM

The Common (Wrong) Data Used:

▶ Gut instinct based on market growth and hospital folklore.

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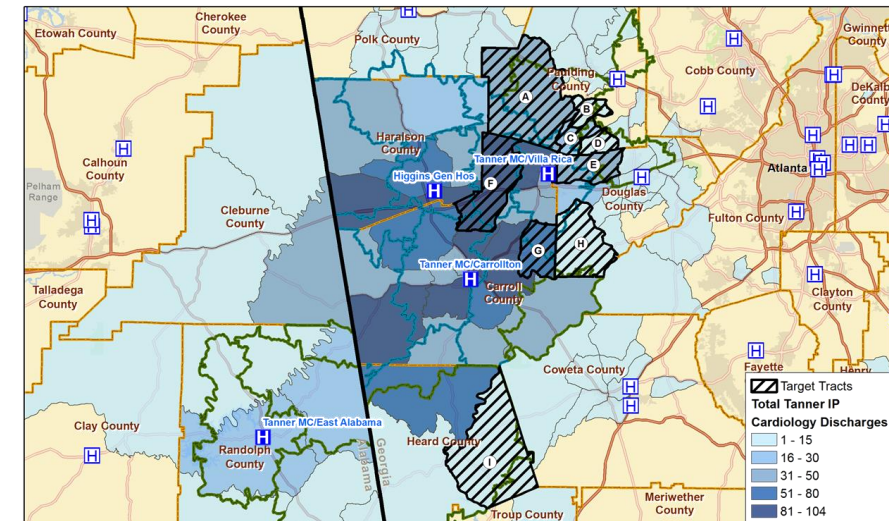
Marketing

Why it matters to use the right data:

▶ Right data can inform customized marketing. Salesforce reports that 52% of customers are extremely or somewhat likely to switch brands if a company doesn't personalize communications.

▶ Right data can lead to more targeted marketing. The "scattershot" approach isn't productive. Implement initiatives that can be measured.

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Marketing

Tanner Health System Cardiology Marketing Campaign

► Robust marketing campaign including entire service area AND a micro-targeted population

► Micro-targeted block groups of the community:

- Income
- Gender
- Payer class
- Out-migration of market share
- Propensity for disease
- Likelihood to utilize services

► Used psychographics in creation of campaign

► Marketing tactics included digital and traditional media, with a heavy focus on social media

Marketing

Common Growth Question:

▶ Are we operationally ready ("market ready") to start marketing this offering?

The Best Data for Answers:

▶ EMR data, Online Customer Reviews, Patient Satisfaction

The Common (Wrong) Data Used:

▶ Hospital Folklore: "We make the most money on joint replacements."

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Marketing

Why it matters to use the right data:

▶ Marketing a new program or service offering before it is market-ready could backfire and drive patients to your competition!

▶ It's important that online reviews are positive, and the new offering is easily accessible for patients.

▶ Negative customer experiences are not worth the benefit that may come from getting to market early. "Don't ever go to that ER… I'm lucky to be alive!"

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Marketing

Tanner Health System
"Market Ready" for Orthopedics

▶ Kept getting requests to market Orthopedics

▶ 2-year delay getting "market ready"

- Good patient satisfaction
- Positive online reviews
- Physician capacity
- Improved processes

▶ Used analytics to tell the doctors "not yet"

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Population Health

Common Growth Question:

► How are social determinants of health impacting my patients?

The Best Data for Answers:

► Public Health data, EMR data, APCD

The Common (Wrong) Data Used:

► State data

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Population Health

Why it matters to use the right data:

▶ Using public health data is essential for knowing the health of the population and just not your patients.

▶ If you're trying to keep patients out of the ED, you need to know which social determinants keep bringing them back.

- Income and social status
- Employment
- Education

- Physical environments
- Childhood experiences
- Social supports and coping skills

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Population Health

Geisinger Fresh Food Farmacy[1]

- ▶ 22,000 residents with pre-diabetes

- ▶ 90% don't know they're pre-diabetic

- ▶ Type 2 diabetes facing food insecurity

- ▶ Providing diabetes education and healthy food in a sensitive, caring and respectful manner

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Population Health

Common Growth Question:

▶ How can I track and understand post-acute care usage?

The Best Data for Answers:

▶ EMR data, Medicare

The Common (Wrong) Data Used:

▶ State data, APCD

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Population Health

Why it matters to use the right data:

▶ Post-acute care usage is more frequently utilized by older individuals, many of which are Medicare-eligible age$_2$.

▶ While there will be some additional volumes treated outside the Medicare-eligible population, the trends observed for this population should be largely indicative of the market as a whole.

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Data Summary

Data Summary

Data

The data sources
we've discussed

Usage

Where each dataset
is most useful

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Data Summary: APCD

Where this dataset is most helpful:

▸ Tracking volume to outpatient sources not found elsewhere

▸ Viewing physician outbound referrals for non-CMS related procedures

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Data Summary: State

Where this dataset is most helpful:

- ▶ Trending hospital market share

- ▶ Trending inpatient and emergency volume

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Data Summary: Medicare

Where this dataset is most helpful:

▶ Tracking and understanding post-acute care usage

▶ Physician outbound referrals for Medicare patients

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Data Summary: EMR (Internal)

Where this dataset is most helpful:

- ▶ Mining EMR data
- ▶ Quality
- ▶ Customer satisfaction
- ▶ Volume trends
- ▶ Reimbursement and cost, contribution margin

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Three Key Take-Aways

1

Simply having data isn't enough, you need the *right* data.

2

There is no "silver bullet" dataset – access to a variety is better.

3

It's important to know how each dataset can most effectively be utilized.

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Presenters

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Kola Omotade is Project Manager to the President & CEO of Global Health Care Services & Senior Vice President of Community Development at Houston Methodist where she leads and directs projects within the two departments. Kola develops and coordinates system-wide business development and strategic planning initiatives in line with the organization's vision.

Kola received her BS in Community and Public Health from the University of Maryland and her MHA from the University of Pittsburgh. While in Pittsburgh, Kola completed a management residency at UPMC before moving to Houston to begin the Administrative Fellowship Program at Houston Methodist.

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Ms. Lambdin holds her M.S. in Healthcare Administration from Trinity University in San Antonio, Texas and a B.A. in English from The University of the South in Sewanee, Tennessee.

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Bibliography | References

1. Geisinger Fresh Food Farmacy: https://www.geisinger.org/freshfoodfarmacy/our-purpose/where-did-we-start

2. Accountability of Hospitals for Medicare Beneficiaries' Post Acute Care Discharge Disposition: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4718077/