

# Analytics Governance in Support of Health Care Transformation

**Geisinger**

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Associate CMIO  
Professor

## Outline

1. The Value of Data and The Problem
2. Analytics use in Business and Healthcare
3. Establishing Analytics Governance at Geisinger
4. Early Successes



# **The Value of Data and The Problem**

# HEALTH DATA

You Are Here



# Health Data is a Primary Asset

## CURRENT STATE OF HEALTH DATA

- Health data collection is idiosyncratic and fragmented
- Health data is collected in multiple data silos
- Significant quantities of health data are inaccurate or missing
- Terabytes of irrelevant, inconsistent and duplicative data are clogging systems

## CURRENT NEEDS FOR HEALTH DATA

- Growing demand for data and analytics for clinical and business decision making, operations, regulatory reporting and strategic planning
- Protected Health Information and Business Sensitive Information represent potential security threats with growing cybersecurity crime

# Depends on Health Data

Delivery of  
health care

Coding and  
Billing

Calculating  
costs of clinical  
care

Regulatory  
reporting

Medical  
research

Resource  
management

Personnel  
management

Billing

Financial  
analyses and  
planning

Medical  
education

...and more  
everyday

# Health Data is a Primary Asset



## Health Data...

- is valuable
- costs money to produce, store and use
- should be collected intentionally
- needs to be managed and used effectively
- is necessary to run the business of health care



*“In attempting to arrive at the truth, I have applied everywhere for information, but in scarcely an instance have I been able to obtain hospital records fit for any purpose of comparison. If they could be obtained, they would enable us to decide many other questions besides the one alluded to. They would show subscribers how their money was being spent, what amount of good was really being done with it and whether the money was not doing mischief rather than good.”*

*Florence Nightingale*

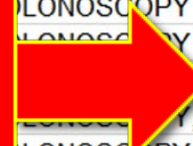


# Over a century later...a simple request?

- Gastroenterology would like to ensure our patients are receiving the recommended screening colonoscopies on schedule
- They are requesting a tool that will remind us and the patient when it is time to schedule their initial and subsequent colonoscopies

GHS_GHP Colonoscopy (Include Surg HX)					
Reporting Period: 01/01/03 to 01/16/16					
Generated: 01/19/2016 at 8:50:03AM					
MRN	CPT Code	Proc Name	Surgical Hx Date	Contact Date	
	45378	COLONOSCOPY,	3/4/03, 5/2005	12/22/2015	
	44389	COLONOSCOPY,	1999,2000, 7/28/10	10/14/2015	
	44389	COLONOSCOPY,	10/06,12-09,1/10,	02/02/2015	
	EPIC6887	COLONOSCOPY	02/07	01/11/2016	
	45378	COLONOSCOPY,	01/24/08	12/29/2015	
	45378	COLONOSCOPY,	6-3-99, 2005	11/23/2011	
	EPIC6887	COLONOSCOPY	'02	12/07/2015	
	45378	COLONOSCOPY,	07/07/2010 DONE	10/20/2015	
	EPIC6887	COLONOSCOPY	~1996	10/12/2015	
	EPIC6887	COLONOSCOPY	discussed	08/25/2015	
	45378	COLONOSCOPY,	01/09/2012	06/05/2015	
	EPIC6887	COLONOSCOPY	'01	07/30/2015	
	EPIC6887	COLONOSCOPY	2006/2010declined	11/23/2015	
	EPIC6887	COLONOSCOPY	multiple	10/08/2015	
	45378	COLONOSCOPY,	93-94	08/20/2015	
	EPIC6887	COLONOSCOPY	due 2015 -declined	08/20/2015	
	EPIC6887	COLONOSCOPY	abt 1996	10/20/2015	
	EPIC6887	COLONOSCOPY	3-4 years ago	12/18/2015	
	45378	COLONOSCOPY,	1/1/67;58;60	11/18/2015	
		COLONOSCOPY	/NOT READY 09-10	03/29/2015	
		COLONOSCOPY	? 2003	01/12/2016	
		COLONOSCOPY	unknown - old records pending	08/13/2015	
		COLONOSCOPY	12/98-NORMAL	12/09/2014	
		COLONOSCOPY	45y/o, 50s	10/04/2015	
	EPIC6887	COLONOSCOPY	205//06/07/09/10/11	08/25/2015	

**Poor Data Quality:  
Unusable for analytics**



# Investigation reveals...

## Entry Form for Surgical History

**Surgical History - Details**

Procedure: COLONOSCOPY

Laterality:

Date: Anything **Date is free text field!**

Age:

Comment:  **There is a free text comment field**

**GHS\_GHP Colonoscopy (Include Surg HX)**  
 Reporting Period: 01/01/03 to 01/16/16  
 Generated: 01/19/2016 at 8:50:03AM

CPT Code	Proc Name	Surgical Hx Date	Contact Date
45378	COLONOSCOPY,	3/4/03, 5/2005	12/22/2015
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- How do we solve the problem moving forward?
- What do we do about all the old bad data?



# Solution?

- Made leadership aware and got buy-in
  - Met with leadership teams to personally communicate issue and solution
- Introduced field input mask for date
- Trained individuals who enter this data
  1. Created and published Fast Facts
- Manually correct the existing low-quality data only when necessary

**Purpose:**

To communicate the importance of using standardized formatting when documenting patient medical and surgical history dates in Epic.

**What is required?**

In the medical and surgical history activity, a date can be documented on the patient in order to indicate when the patient had a procedure or clinical onset.

**Correct Date Entry:**

Procedure	Laterality	Date	Age
UNNA BOOT (NURSE APPLY)	Left	09/02/2015	32y
THORACOSTOMY TUBE W/ WATER SEAL	Right		
REVISE HORIZONTAL EYE MUSCLE	Bilateral	11/23/2015	32y
REMOVE TONSILS & ADENOIDS, AGE 13+			

**Incorrect Date Entry:**

Procedure	Laterality	Date	Age
TRACHEOTOMY MASK OR COLLAR			
THORACOTOMY W/ WEDGE RESECTION INITIAL		Unknown	
SINGLE LOBECTOMY, LUNG		12/12/12	16y
REPAIR OF NASAL SEPTUM			

Because this field currently allows free-text entry, it's possible to enter non-date responses that cause one **significant patient care issue** and one documentation issue:

1. Patient care is compromised because surgical or medical history information cannot be used by analytics designed to identify the patient's care gaps. Additionally, these errors cause us to report below-actual percentages for measures that impact our CMS Five Star and other important national ratings.
2. Documentation is incomplete because the "Age" field next to the "Date" field cannot auto-calculate the patient's age at the time of the historical surgical or medical event.

To prevent these negative outcomes, please consider the following:

- Enter a date in the "Date" field. Please see the next section for tips on entering estimated dates.
- Use the "Comments" field when documenting "Unknown" or extended text responses.

**What about estimated dates?**

It's understood that the exact date will often times be unknown. When estimating dates, it is acceptable to enter the year or partial date in the following formats:

MM/YY (E.g. 12/97)


YYYY (E.g. 1997)

MM/YYYY (E.g. 12/1997)

Month YYYY (E.g. Jan 1997 or January 1997)

**Questions?**

Contact your best practice analyst or the [GHS Data Quality Team](#) (570.214.8468).

A photograph of an iceberg in the ocean. The tip of the iceberg is visible above the water surface, while the much larger, jagged base is submerged underwater. The water is a deep blue, and the sky is a lighter blue. The text is overlaid on the right side of the image.

This is just the  
tip of data **quality**  
issues



# Analytics use in Business and Healthcare

# MIT Sloan

## Management Review

### Major Findings:

- Top-performing organizations are twice as likely to apply analytics to activities
- The biggest challenges in adopting analytics are managerial and cultural
- Visualizing data differently will become increasingly valuable

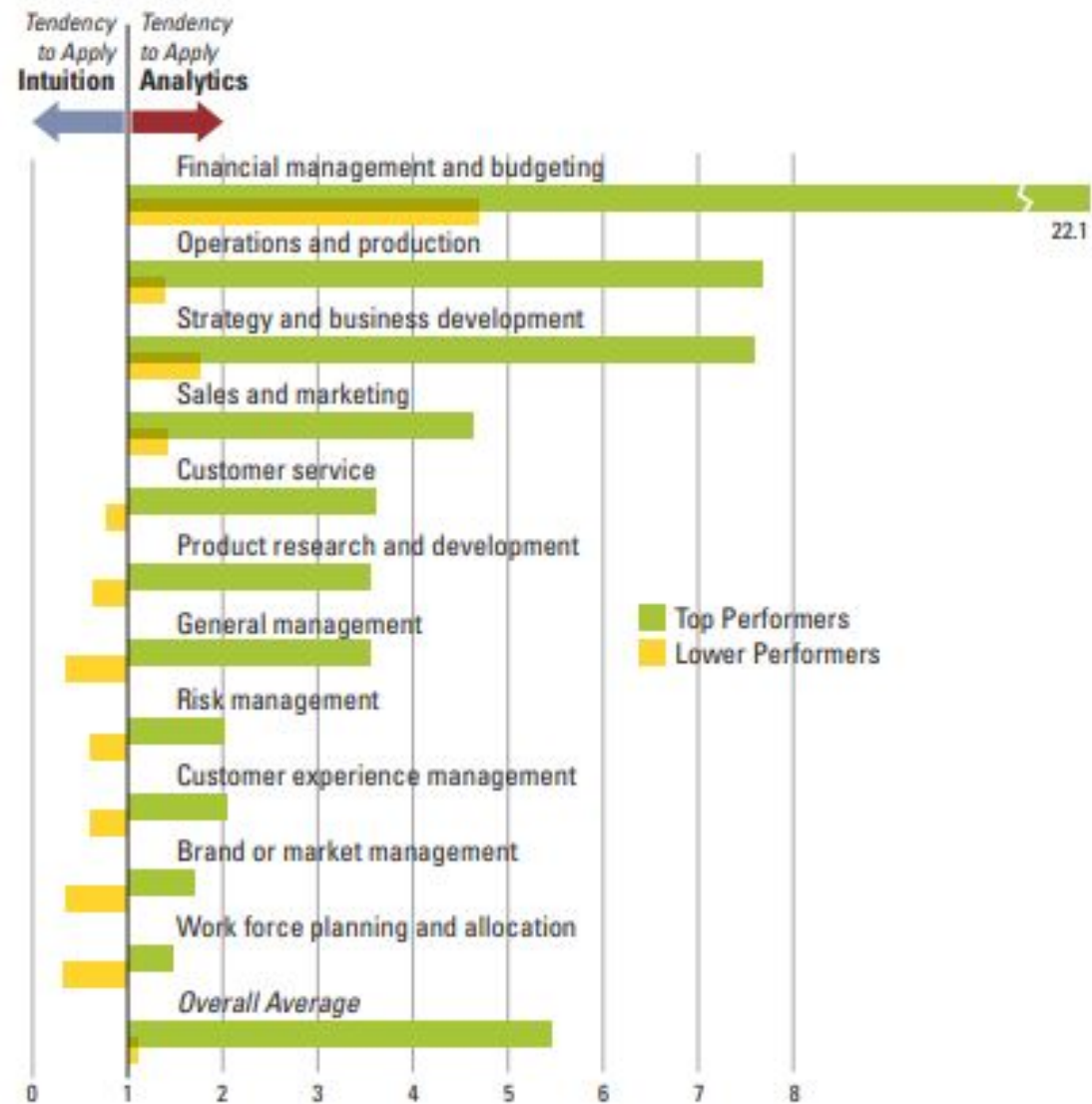
**Steve LaValle, Eric Lesser, Rebecca Shockley,  
Michael S. Hopkins and Nina Kruschwitz**

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# Big Data, Analytics and the Path From Insights to Value

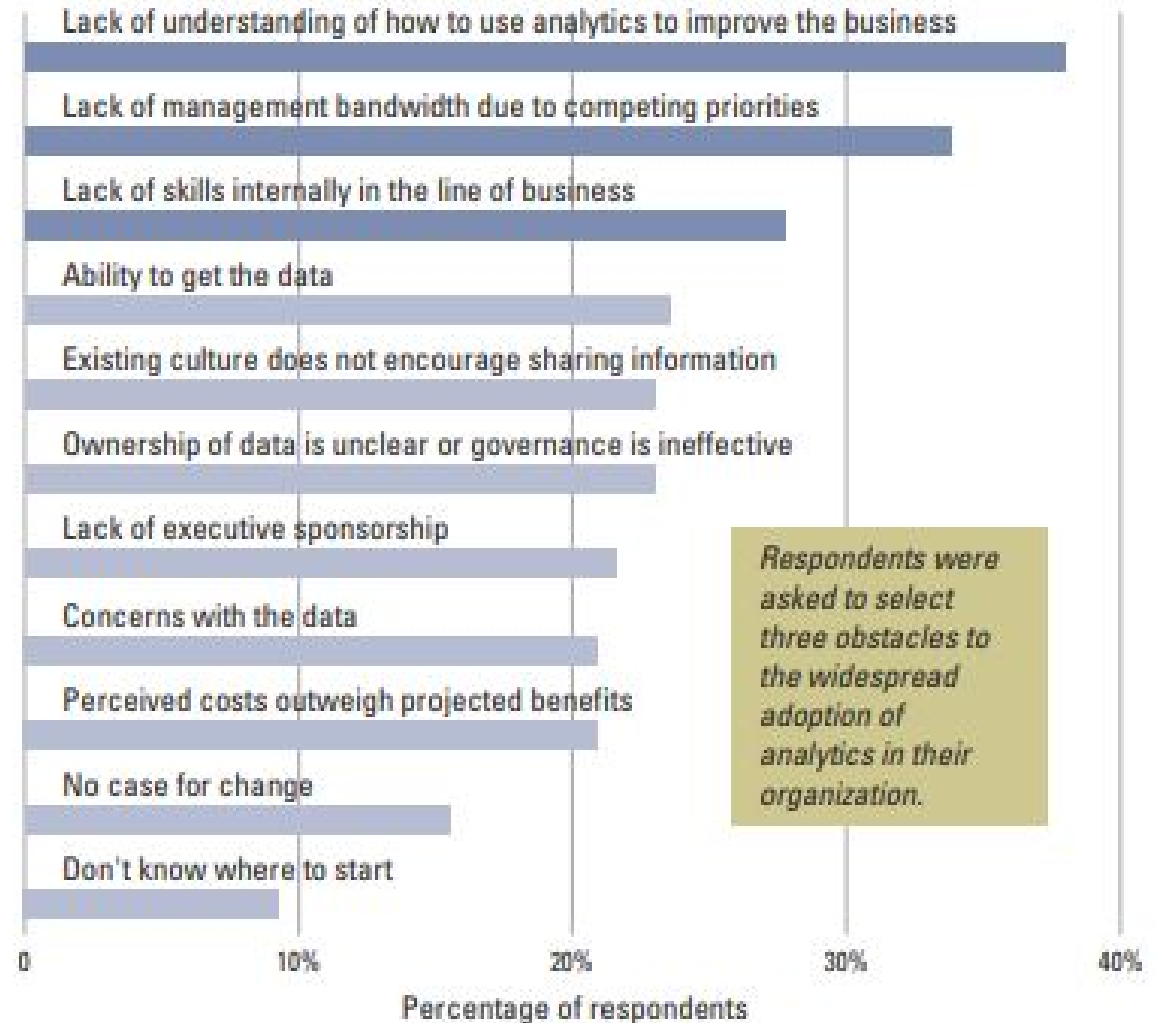
## ANALYTICSTRUMPS INTUITION

The tendency for top-performing organizations to apply analytics to particular activities across the organization compared with lower performers. A likelihood of 1.0 indicates an equal likelihood that the organizations will use either analytics or intuition.



## THE IMPEDIMENTSTO BECOMING MORE DATA DRIVEN

The adoption barriers organizations face most are managerial and cultural rather than related to data and technology.





## THE THREE STAGES OF ANALYTICS ADOPTION

Three capability levels — Aspirational, Experienced and Transformed — were based on how respondents rated their organization's analytic prowess.

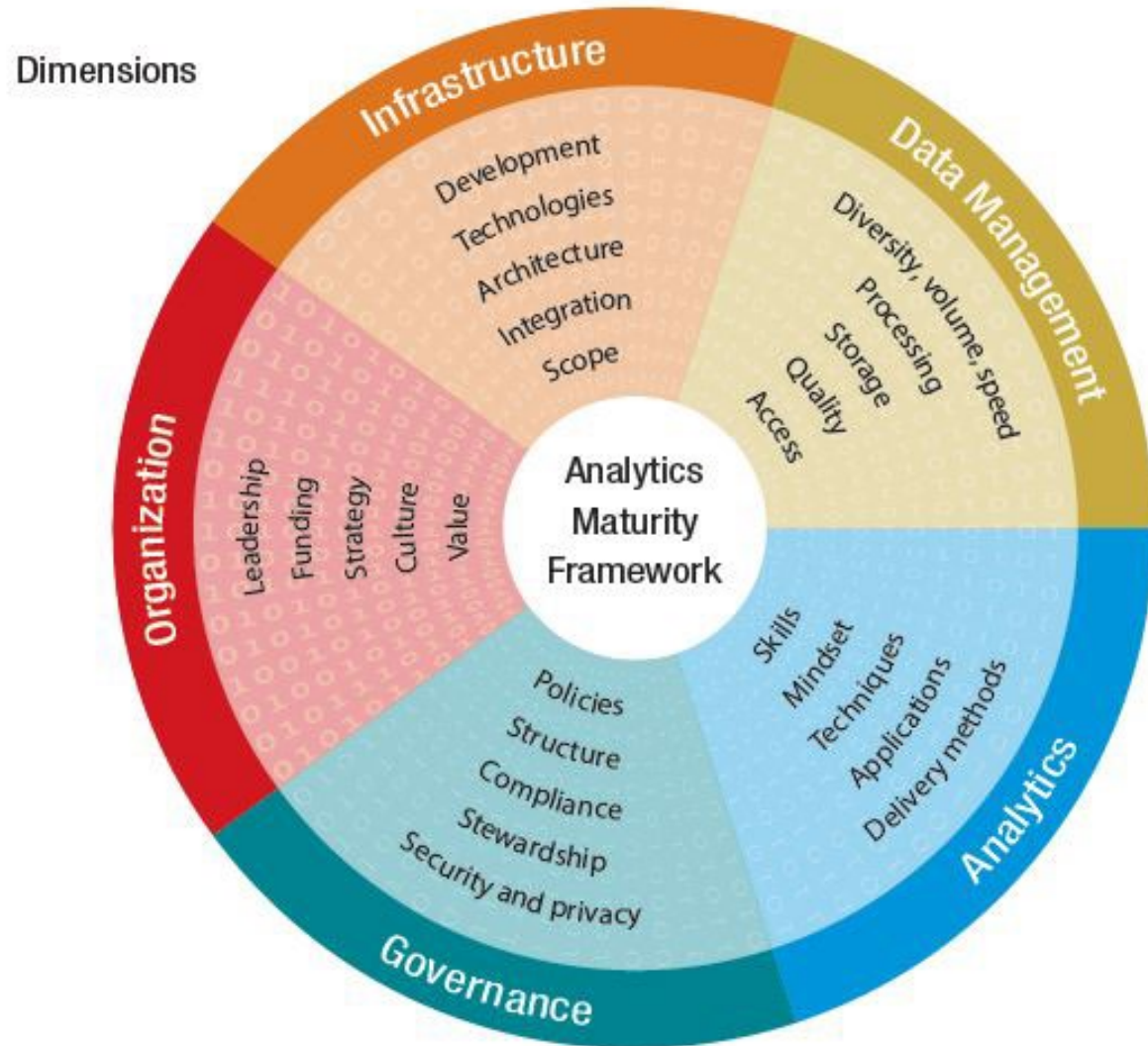
	ASPIRATIONAL	EXPERIENCED	TRANSFORMED
<b>Motive</b>	<ul style="list-style-type: none"> <li>•Use analytics to justify actions</li> </ul>	<ul style="list-style-type: none"> <li>•Use analytics to guide actions</li> </ul>	<ul style="list-style-type: none"> <li>•Use analytics to prescribe actions</li> </ul>
<b>Functional proficiency</b>	<ul style="list-style-type: none"> <li>•Financial management and budgeting</li> <li>•Operations and production</li> <li>•Sales and marketing</li> </ul>	<ul style="list-style-type: none"> <li>•All Aspirational functions</li> <li>•Strategy/business development</li> <li>•Customer service</li> <li>•Product research/development</li> </ul>	<ul style="list-style-type: none"> <li>•All Aspirational and Experienced functions</li> <li>•Risk management</li> <li>•Customer experience</li> <li>•Work force planning/allocation</li> <li>•General management</li> <li>•Brand and market management</li> </ul>
<b>Business challenges</b>	<ul style="list-style-type: none"> <li>•Competitive differentiation through innovation</li> <li>•Cost efficiency (primary)</li> <li>•Revenue growth (secondary)</li> </ul>	<ul style="list-style-type: none"> <li>•Competitive differentiation through innovation</li> <li>•Revenue growth (primary)</li> <li>•Cost efficiency (secondary)</li> </ul>	<ul style="list-style-type: none"> <li>•Competitive differentiation through innovation</li> <li>•Revenue growth (primary)</li> <li>•Profitability acquiring/retaining customers (targeted focus)</li> </ul>
<b>Key obstacles</b>	<ul style="list-style-type: none"> <li>•Lack of understanding how to leverage analytics for business value</li> <li>•Executive sponsorship</li> <li>•Culture does not encourage sharing information</li> </ul>	<ul style="list-style-type: none"> <li>•Lack of understanding how to leverage analytics for business value</li> <li>•Skills within line of business</li> <li>•Ownership of data is unclear or governance is ineffective</li> </ul>	<ul style="list-style-type: none"> <li>•Lack of understanding how to leverage analytics for business value</li> <li>•Management bandwidth due to competing priorities</li> <li>•Accessibility of the data</li> </ul>
<b>Data management</b>	<ul style="list-style-type: none"> <li>•Limited ability to capture, aggregate, analyze or share information and insights</li> </ul>	<ul style="list-style-type: none"> <li>•Moderate ability to capture, aggregate and analyze data</li> <li>•Limited ability to share information and insights</li> </ul>	<ul style="list-style-type: none"> <li>•Strong ability to capture, aggregate and analyze data</li> <li>•Effective at sharing information and insights</li> </ul>
<b>Analytics in action</b>	<ul style="list-style-type: none"> <li>•Rarely use rigorous approaches to make decisions</li> <li>•Limited use of insights to guide future strategies or day-to-day operations</li> </ul>	<ul style="list-style-type: none"> <li>•Some use of rigorous approaches to make decisions</li> <li>•Growing use of insights to guide future strategies, but still limited use of insights to guide day-to-day operations</li> </ul>	<ul style="list-style-type: none"> <li>•Most use rigorous approaches to make decisions</li> <li>•Almost all use insights to guide future strategies, and most use insights to guide day-to-day operations</li> </ul>



# 5 Dimensions of Analytics Maturity

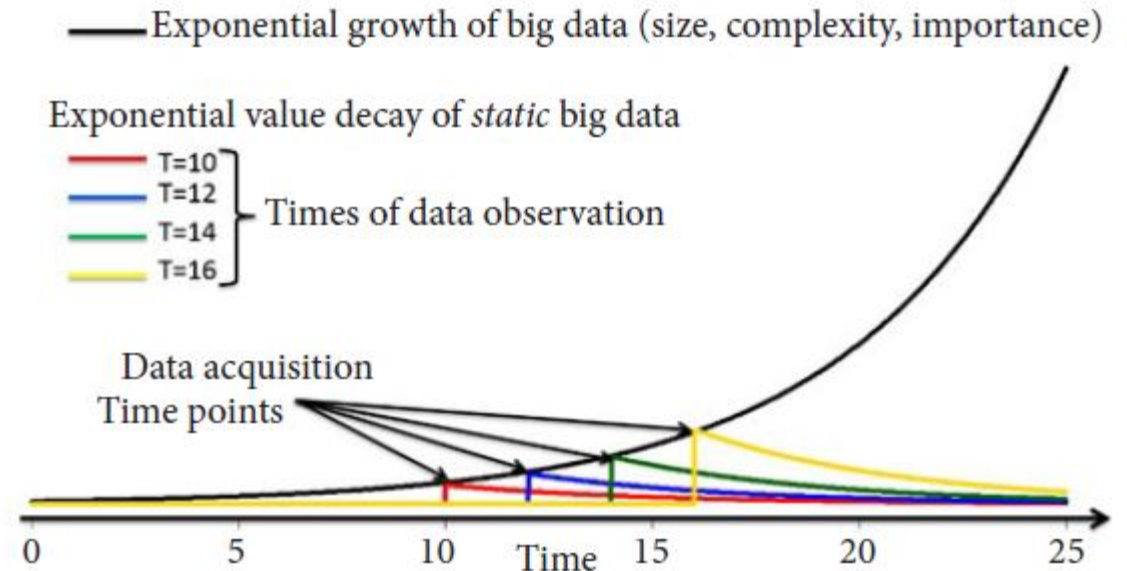
1. Organization
2. Infrastructure
3. Data Management
4. Analytics
5. Governance

## Analytics Maturity Assessment Criteria



# Time Value of Health Information

The life-span and value of data decay at an exponential rate



**Figure 2.** Parallels between the growth in size and decay in value of large heterogeneous datasets. The horizontal axis represents time, whereas the vertical axis shows the value of data. As we acquire more data at an ever faster rate, its size and value exponentially increase (black curve). The color curves indicate the exponential decay of the value of data from the point of its fixation (becoming static).

# Adopting healthcare analytics is hard!



- Absolute need for data and analytics accuracy due to life and death decision making
- Absence of evidence of its practical benefits in health care
- Lack of trust (and some fear) of the potential for these algorithms to replace providers or disrupt the physician-patient relationship
- Multiple ethical considerations
- Regulatory requirements and restrictions

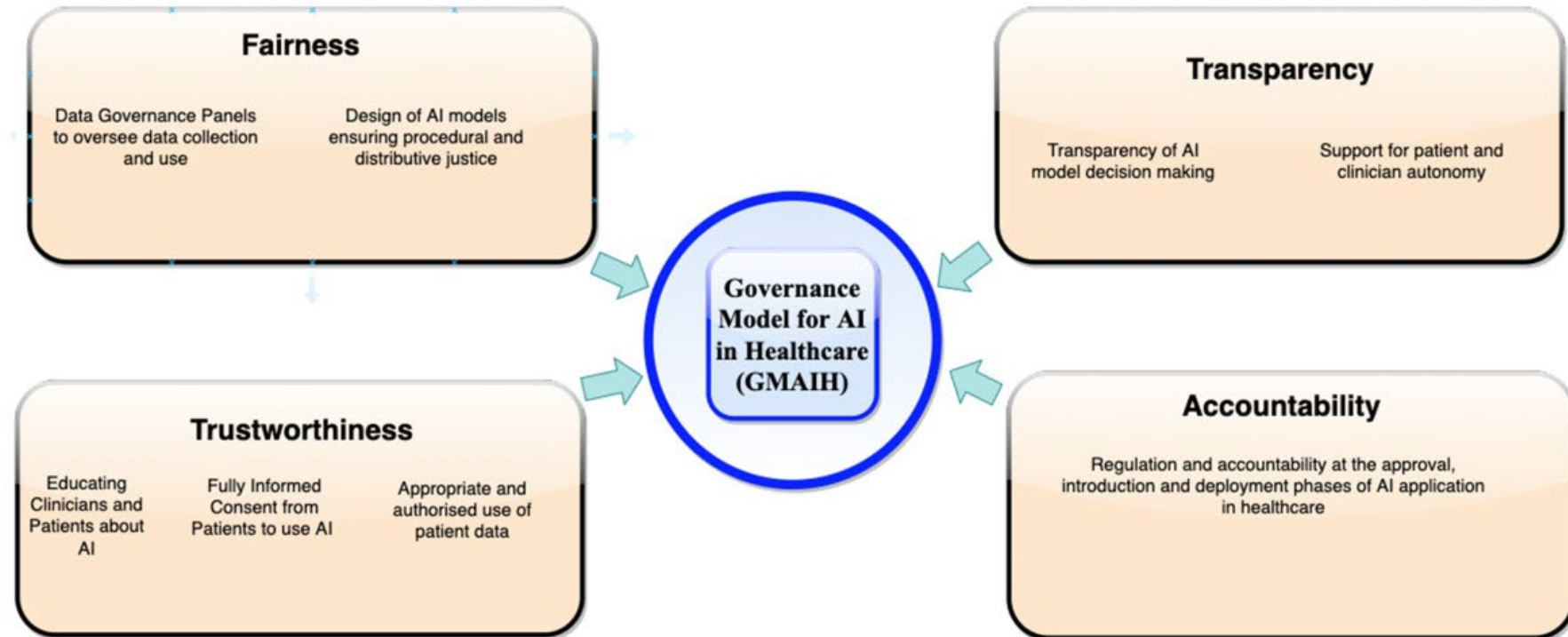
# Big data analytics and healthcare

1. Researchers lack consensus about the operational definitions
2. Comes from multiple internal and external sources
3. Natural language processing is the most widely used technique and most of the processing tools are based on Hadoop
4. Used for clinical decision support, optimization of clinical operations and reduction of cost of care
5. Major challenges in adoptions is non-availability of evidence of its practical benefits in healthcare

# Governance for ethical use

## Ethical concerns

- Potential biases in AI models
- Lack of transparency with some AI algorithms
- Protection of patient privacy
- Safety and liability issues of AI algorithms in the clinical environment
- Gaining the trust of clinicians and the general public



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# Establishing Analytics Governance at Geisinger



# Geisinger's journey starts with an article

- 2003 landmark NEJM article/RAND study
- Found that patients received recommended care 54.9% of the time
- Geisinger had implemented Epic in 1995
- Decided to apply process redesign methodology and reliability science to implement and consistently deliver evidence-based medical practices

The NEW ENGLAND JOURNAL of MEDICINE

## SPECIAL ARTICLE

### The Quality of Health Care Delivered to Adults in the United States

Elizabeth A. McGlynn, Ph.D., Steven M. Asch, M.D., M.P.H., John Adams, Ph.D., Joan Keeseey, B.A., Jennifer Hicks, M.P.H., Ph.D., Alison DeCristofaro, M.P.H., and Eve A. Kerr, M.D., M.P.H.

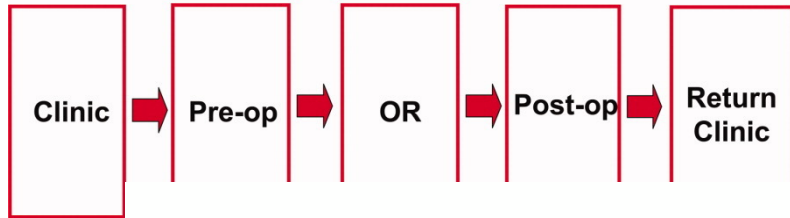
## ABSTRACT

### BACKGROUND

We have little systematic information about the extent to which standard processes involved in health care — a key element of quality — are delivered in the United States.

# ProvenCare Journey

ProvenCare® Elective Pulmonary Resection:  
Process Flow with Examples of Best Practices



- PET/CT
- Clinical Sta
- PFTs
- EKG (age2!
- Smoking st

## ProvenCare Diabetes

### Heart Attack

- Less than 3 years
- 306 prevented with estimated savings of \$27,111/case = \$8.3M!



### Stroke

- Less than 3 years
- 141 prevented with estimated savings of \$2,021/case =



### Retinopathy

- Less than 3 years
- 166 cases prevented!
- Quality of life maintained
- Savings...priceless!



# This requires advanced data and analytic capabilities

## recovery

Pilot program showed an 18 percent drop in opioid use and cut length-of-stay in half for certain surgery patients, yielding big savings.



Beth Jones Sanborn, *Managing Editor*



You put your trust in us, and we didn't meet your expectations. Let us know what happened so we can make it right.

\*Please select all that apply

- Working with office or support staff
- Working with nurses
- Working with my doctor or physician assistant
- Learning what to expect about my care
- Billing
- I felt like the team did not adequately address my pain, if I had any
- Other

Talk to us

Get a refund

Send us a message

Just submit my feedback

Back Next



# Analytics Governance Goals

1. Develop the vision for data and analytics and connect it to the strategic priorities of the organization
2. Define the organizational structure, roles and responsibilities
3. Manage the institution's data assets
4. Implement a robust data governance program
5. Establish analytics processes to standardize visualization and delivery of data
6. Promote the thoughtful implementation and rigorous evaluation of institutional programs and initiatives

# 1. Develop the vision

- Develop the vision and connect to the organization's strategic priorities

*Use informatics to make better health easier*



# Geisinger's Analytics Transformation

## LESS MATURE

Less Used

Information is provided automatically in the context of workflow

Information is available via self-service (e.g., Analytics Hub)

More Used

Information is obtained via multiple request processes

**Impact:** Reports and dashboards proliferate. Operations and clinical stakeholders receive data, but not useful analysis. One-off requests lead to silos, duplication of effort, and inefficiency.

## MORE MATURE

More Used

Information is provided automatically in the context of workflow

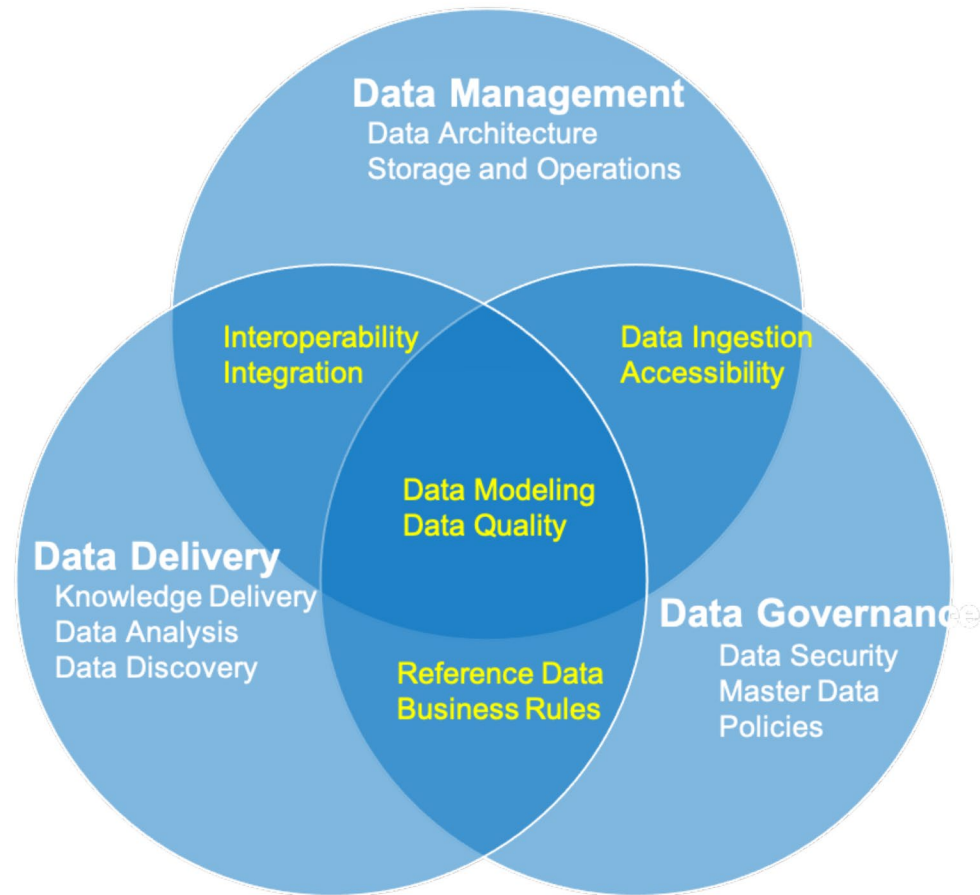
Information is available via self-service (e.g., Analytics Hub)

Less Used

Information is obtained via single request process

**Impact:** High-quality data and analysis are readily available to support Geisinger's clinical, research, and educational mission, and it's automated to fit seamlessly into each person's workflow.

## 2. Define structure, roles, responsibilities



- Analytics governance will reach into every corner of the enterprise
- Formal and informal (dotted line) organizational relationships
- Organized formal channels of communication

### *Geisinger's Informatics Core*

- 1. Data Management*
- 2. Data Governance*
- 3. Data Delivery*



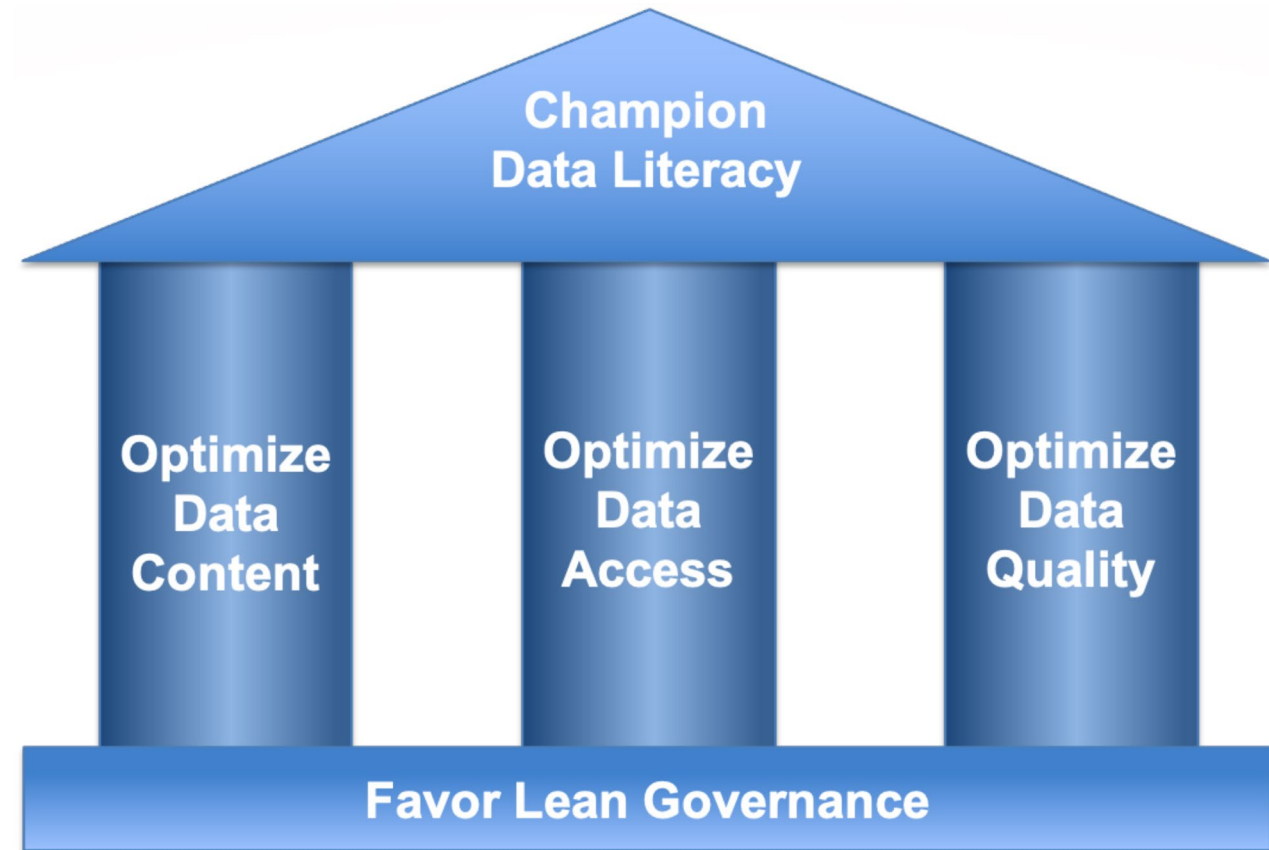
# 3. Manage data assets

Multiple source systems feed into a data lake. From the data lake is derived multiple data warehouses.

Transactional source systems for warehousing and analytics	
Electronic health record systems (multiple)	Customer relationship management system
Departmental systems (e.g., Laboratory Information System)	Socioeconomic data and social determinants of health
Picture archiving and communication systems (PACS) and other imaging systems	Facilities data (e.g., utilities, maintenance, construction, supply chain)
Imported health data (e.g., scanned documents, digital data, health information exchange)	Outside data (e.g., rankings and ratings, benchmarks, public health)
Patient-generated health data	Financial data, including available payor data
Research generated data	Student and trainee data

# 4. Robust Data Governance

- Data governance is a prerequisite for analytics governance
- Aspects of data governance:
  - ✓ Terminology standards
  - ✓ Master data management
  - ✓ Organization P&P for data security, privacy and sharing
  - ✓ Monitoring compliance with P&P
  - ✓ Assessing and improving data quality
  - ✓ Ensuring data is available to measure health equity



**Deliver the full value of our data.**

# 5. Establish analytic processes

## System Alignment

- Standards for tools and data visualization
- Request intake and prioritization process
- Monitor use of evidence-based CDS
- AI algorithm stewardship (assess potential bias)



# 6. Implement and Evaluate

- Evaluate effectiveness of existing and potential new tools
- Use quantifiable, measurable, previously defined outcomes
  - Value, clinical effectiveness, efficiency, satisfaction, financial ROI, equity, and dissemination
- Measure return on investment (ROI)
- Monitor any sociotechnical impacts, especially unintended negative consequences
- Initiate rapid changes as needed



# An Enabling Foundation: Our Data Infrastructure (ODIN)

## Core Systems / Data Sources



## EHR-based Analytics



## Blended Modeled Data



## Research Data Environment



## Cloud Computing aws



# Analytics AI/Predictive Modeling

## Analytics



## AI/Predictive Modeling



# Improvement Science (Intervene and Evaluate)

Value  
(Quality ÷ Cost)

Clinical Effectiveness

Efficiency

Satisfaction

Financial ROI

Equity

Dissemination

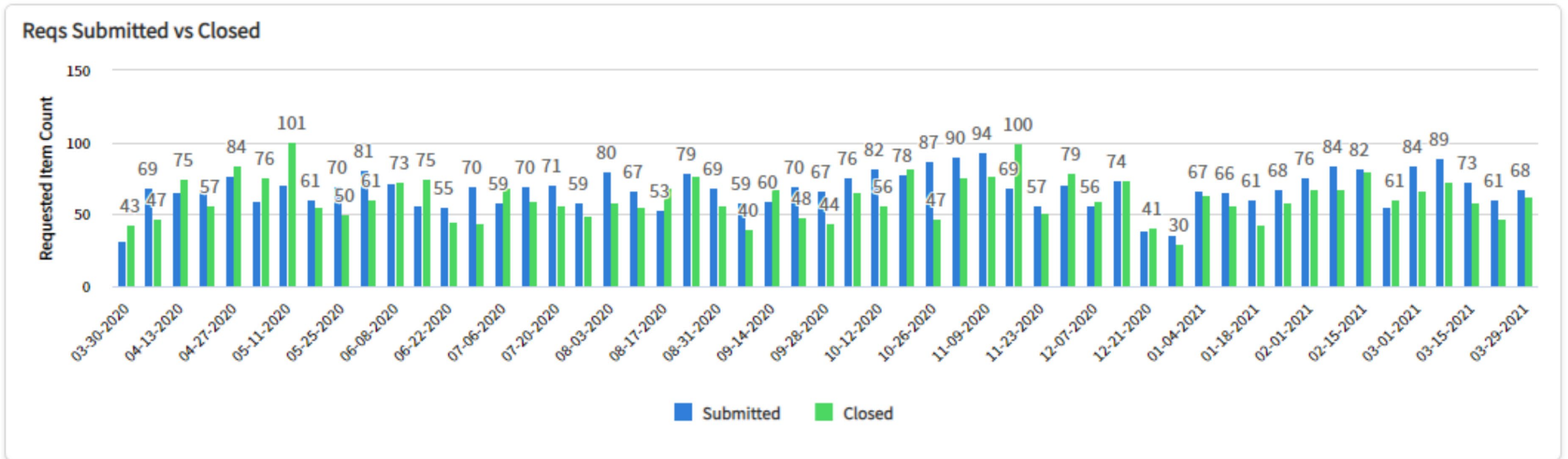
Data Governance, Terminology Management, Customer Data Hub



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# Early Successes of Analytics Governance

# Tracking of analytic requests



Top five requesting groups are Medicine Institute, Population Health, Pharmacy, Marketing & Communications, and Steele Institute

Roughly two-thirds of the currently active requests are > 2 months old, and one-third are > 6 months old

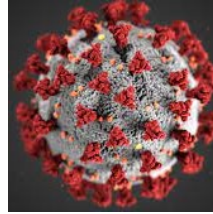
# Tracking insights

The existing processes are not sustainable. We need a different approach.



## Barely treading water

Receive 900 requests/quarter  
Complete 874 requests/quarter  
Know top requestors



## COVID-19

Relationship management  
functionality  
Open communications and  
preemptive solution building



## Demand increasing

The more we do the more  
they want  
Demand growth appears  
infinite

# Analytics Self-Service

- Enterprise Analytics Hub
  - ✓ **One stop shop` for already developed analytic tools**
  - ✓ **Open to all employees**
- User friendly analytic tools
  - ✓ **DIY analytics**





Geisinger's Analytics Team is organized to help solve problems and promote data-driven decisions in support of our Strategic Priorities: **Managing Total Health**, **Access & Ease of Use**, and **Operational Excellence**.

If you can't find what you are looking for below, please [contact us for a consultation](#). Need access to an existing dashboard/report? [Request it here](#).

**Enterprise**

- COVID-19**
- Geisinger Enterprise Scorecard
- Balanced Scorecard
- Leadership Dashboard
- Health Equity & Social Needs
- Geisinger Innovations
- Managing Total Health
- Institutes
- Hospital Scorecards
- Service Line Scorecards
- Provider Scorecards
- Care Redesign

**Geisinger Family**

- Employee Engagement
- RN Satisfaction
- Safety Culture
- EHR Efficiency and Usability
- Retention/Recruitment
- Employee Health and Workplace Safety
- Compliance Reporting
- myHealth Rewards

**Access/Patient and Member Experience**

- Patient Access
- Pharmacy Operational Dashboard
- MyGeisinger
- Telemedicine
- Transfers Dashboard
- Patient Experience
- Member Experience
- Patient Liaison Dashboard
- Patient Questionnaires
- Digital Transformation Office

**Quality**

- Access Forms
- Care Gaps
- Disease Burden Program
- CMS Hospital 5-Star
- Pay for Performance Programs
- Geisinger Health Plan
- Outcomes
- KACO
- Process
- Core Measures
- ProvenCare / ProvenRecovery
- Safety
- Influenza
- Immunization
- Patient Satisfaction
- Documentation & Coding
- Documentation Compliance
- Ratings/Rankings
- Pharmacy
- External References

**Utilization/Flow**

- Acute Care Treatment Area
- Advance Care Planning
- Ambulatory Care Sensitive Conditions
- Emergency Department
- Geisinger at Home
- Geisinger Health Plan
- Inpatient Flow/Length of Stay
- KACO
- Mobile Integrated Health
- PAC Referral Dashboard
- Patient Volume
- Pharmacy
- Physician Alignment
- Referral Patterns
- Radiology

**Financial Health**

- Operating Margin
- Productivity
- DSS Analytics Dashboard
- Point of Service Collections

**Population Management**

- GHP VBC Scorecard
- Geisinger Bundles Program
- KACO Board Meeting Presentation
- POC A1C Dashboard

>500 unique resources available  
Can request new resource or analyst consult



# DIY Analytics

- Data exploration for clinical, access and revenue areas
- Users can investigate a hunch and refine searches on the fly
  - Searches are nimble and powerful with good user interface
  - Variety of visualization tools and measures
  - Dig into the details layer by layer
- Examine trends
- Drill down to line-level detail
- Jump to related records to follow up
- Win-Win
  - Users get answers faster and data analysts free for more complex analysis

# Potential Users Require Training

- Initial login requires taking a tutorial on basic functionality – but this is not sufficient!
- Created additional training materials about data
  - Finding the right fields
  - Using your clinical judgement
  - Based on actual requests
  - Available when and where needed
- Identification of SME's within functional units





# Progress to Date

## Successes

- Analytic tools more broadly available
- Our culture has evolved to be more aware of and sensitive to data
- Easier to integrate more complex sources of data
- Able to apply analytic tools with reasonable expectation of accurate results
- Improved efficiencies (fewer duplicative efforts, better distribution of resources)

## Lessons Learned

- Analytics governance is complex and long-term
- Cultural and leadership alignment is critical
- Previous governance experience is necessary (e.g., HIT governance, data governance)
- Analytics is more a business function than a technical competency
- Beware analytics scope creep
- Critical to identify, measure and share outcomes to demonstrate value
- Demand for data and analytics will continue to grow for the foreseeable future

**Thank you  
Questions?  
Comments?**

**Geisinger**