

# Dickson Advanced Analytics Group

Marcy Neale, MS
Director, Clinical Analytics





#### WHO WE ARE

Carolinas HealthCare System has a unique story to share. Operating as a fully integrated system and connecting and transforming care delivery throughout the Carolinas, our overarching goal is to provide seamless access to coordinated, high quality healthcare – and provide that care closer to where our patients live.

# With 41 hospitals and 900+ care locations, the depth and breadth of services results in a full continuum of integrated care including:

- Prevention and general wellness
- Primary care at more than 180 locations
- Specialty care via several nationally recognized service lines
- Critical care with one of the largest virtual (e-ICU) programs in the nation
- Continuing care including home health, skilled nursing, hospice, palliative care centers, inpatient/outpatient rehab, and long-term acute care hospital



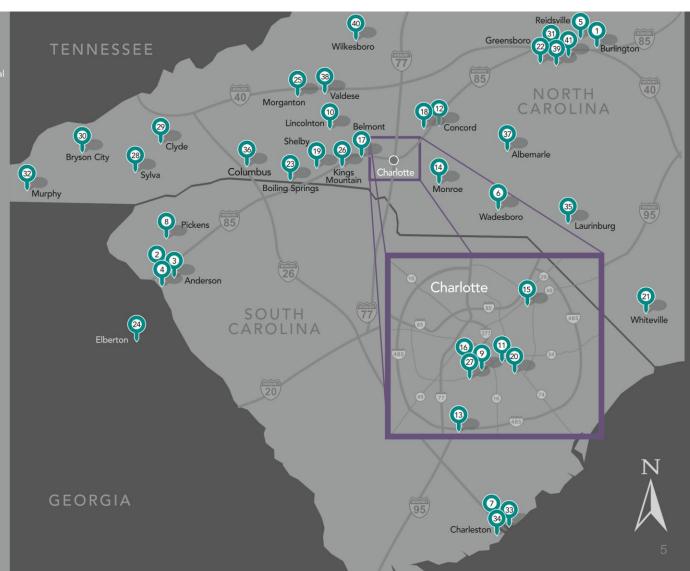
#### AT-A-GLANCE

- 41 hospitals and 900+ care locations in North Carolina, South Carolina and Georgia
- More than 7,800 licensed beds
- **10.5 million** patient encounters in 2012
- 3,000+ system-employed physicians, 14,000+ nurses and more than
   60,000 employees
- \$1.25 billion in community benefit in 2012
- More than \$8 billion in annual revenue
- More than 50 disease-specific certifications from The Joint Commission –
   one of the highest totals in the country among comparable systems
- The region's only Level I trauma center
- One of five academic medical centers in North Carolina
- One of the largest HIT and EMR systems in the country



#### WHERE WE ARE

- Alamance Regional Medical Center
- AnMed Health Medical Center
- AnMed Health Rehabilitation Hospital
- AnMed Health Women's and Children's Hospital
- Annie Penn Hospital
- 6. Anson Community Hospita
- 7. Bon Secours/St. Francis Hospital
- 8. Cannon Memorial Hospital
- Carolinas Medical Center
- Carolinas Medical Center-Lincoln
- Carolinas Medical Center-Mercy
- Carolinas Medical Center-NorthEast
- 13. Carolinas Medical Center-Pineville
- Carolinas Medical Center-Union
- Carolinas Medical Center-Universit
- Carolinas Rehabilitation
- Carolinas Rehabilitation-Mount Holly
- Carolinas Rehabilitation-NorthEas
- 19. Cleveland Regional Medical Center
- 20. CMC-Randolph
- 21. Columbus Regional Healthcare System
- 22. Cone Health Behavioral Health Hospit
- 23. Crawley Memorial Hospital
- 24. Elbert Memorial Hospital
- 25 Grace Hospital
- 26. Kings Mountain Hospital
- 27. Levine Children's Hospital
- 28 MadWest Harris
- 29 MedWest-Haywood
- MedWest-Swair
- 31. Moses H. Cone Memorial Hospita
- 32 Murphy Medical Center
- 33. Roper Hospital
- 34. Roper St. Francis-Mount Pleasant Hospital
- 35 Scotland Memorial Hospita
- 36 St Luke's Hospita
- Stanly Regional Medical Center
- 38 Valdese Hospital
- Wesley Long Hospital
- 40. Wilkes Regional Medical Center
- Women's Hospital







#### DATA & ANALYTICS DRIVEN

- A centralized advanced analytics capability with more than 100 team members
  - Predicts health needs
  - Evaluates and elevates patient outcomes
  - Drives transformative solutions to promote the health of our communities
- Integrated electronic data warehouse with daily updates supports the platform for consistent business analysis throughout the enterprise
  - Access to more than a petabyte (10<sup>15</sup> bytes) of data across the System to provide business intelligence
- Predictive analytics to drive care management
  - Predict in real time a patient's risk for readmission, and create personalized discharge care plans
- Population health analytics
  - Population segmentation
  - Employer partnerships
  - Shared savings



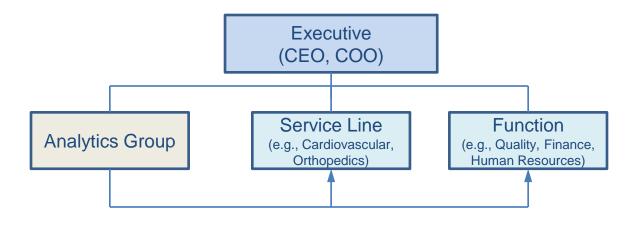
#### DA<sup>2</sup> VISION

Dickson Advanced Analytics Group (DA<sup>2</sup>) of Carolinas HealthCare System will be an innovative leader in advanced analytics and business intelligence that predicts health needs, continually elevates patient outcomes, and drives transformative solutions to promote the health of our communities.

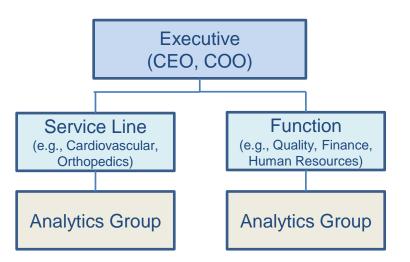


### ANALYTICS MODELS

**Centralized Analytics** 



**Decentralized Analytics** 

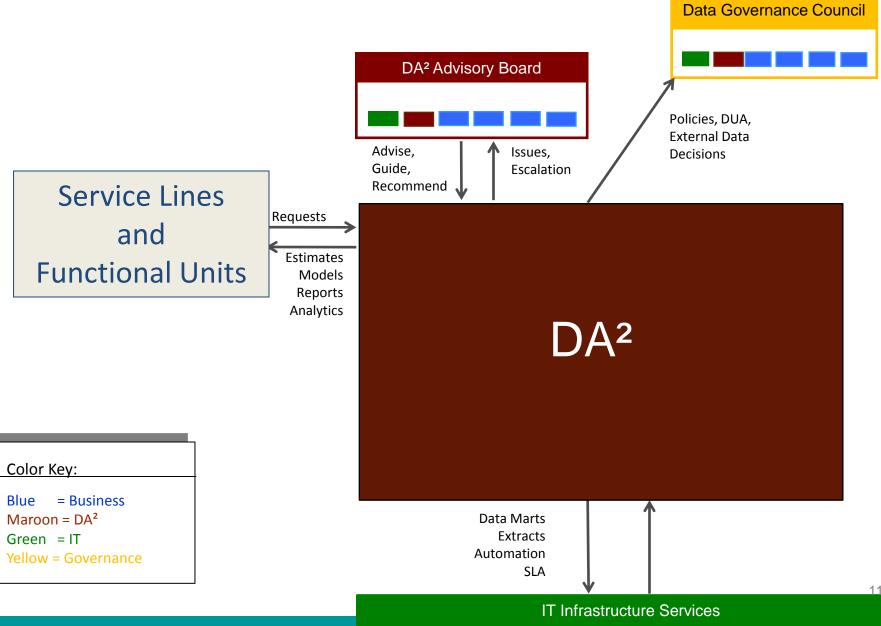




### Why build a centralized capability?

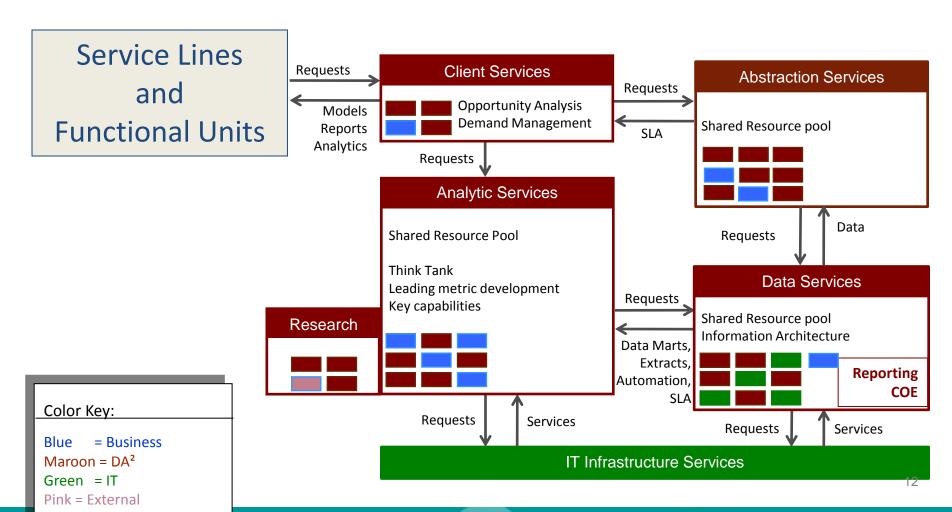
- 1. Avoid duplicity of work
- 2. Streamline requests to best suited skill sets
- 3. Better answers to current questions with more comprehensive data (outcomes, cost, satisfaction, operations)
- 4. Answers to currently unanswerable questions (across continuum of care)
- 5. Early preparation for explosion of usable data availability from our EMR
- 6. Advance a culture of analytics across the enterprise





Carolinas HealthCare System

#### ANALYTIC COMPETENCY





#### CORE ANALYTICAL FUNCTIONS

#### **Clinical Analytics**

- Quality
- Patient Experience
- Public Reporting

# Financial and Operational Analytics

- Performance Metrics
- Marketing
- Business Planning
- Input Cost

#### Healthcare Economics

- Forecasting
- Program Evaluation
- Cost Benefit Analysis

# Population Health Analytics

- Employer Partnerships
- Shared Savings/Payment Reform
- Care Management
- Cost of Care



## ANALYTICAL ROLES

<u>Title</u>	<u>Function</u>
Clinical Research Nurse	Medical record abstraction
Informatics Developers	Data preparation & tool development
BI Analysts	Prepare dashboards and reports
Data Scientist	Methodological development for analysis and policy
Statistician	Predictive analytics and statistical methodology
Health Services Researcher	Research outcomes, cost, and payment drivers
Epidemiologist	Analyze population health
Applications Specialist	Technical development of clinical applications
Healthcare Economist	Forecasting, evaluation

#### OUR TOOLS







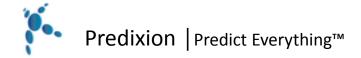






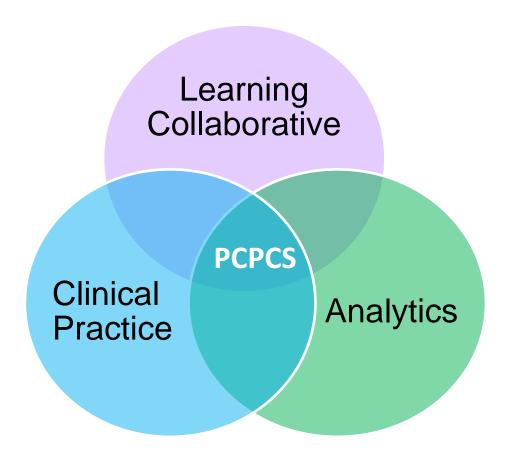








# PATIENT-CENTERED POINT OF CARE SUPPORT







#### HOSPITAL ENGAGEMENT NETWORK

Centers for Medicare & Medicaid Services Innovation Center (CMMI) announced 'Partnership for Patients' April 2011

Provides funding to create Hospital Engagement Networks (HENs) to achieve two core goals:

- 1 reduce preventable hospital readmissions by 20%
- 2 reduce inpatient harm by 40%

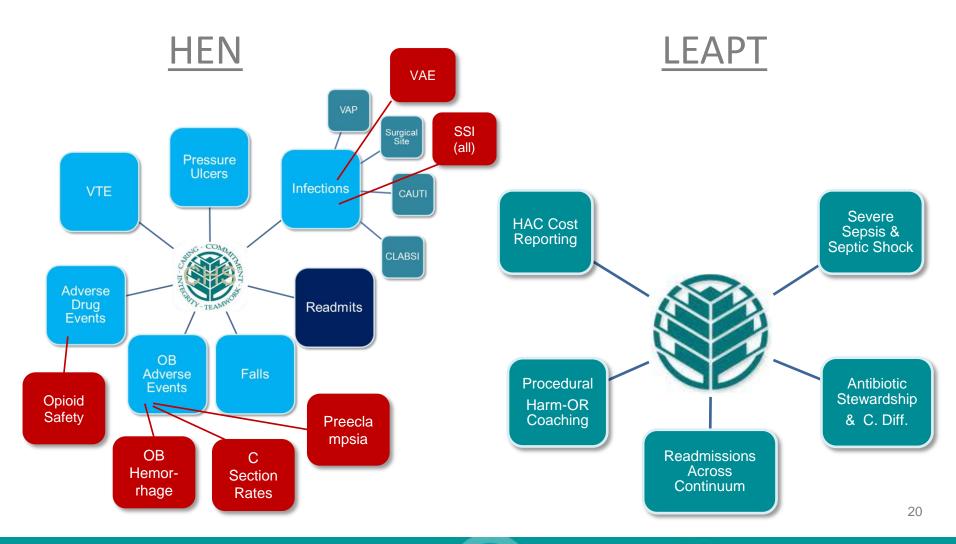
HEN performance period is 3 years (2012-2014)

27 HENs across the country, one of 5 healthcare systems awarded the contract

Leading Edge Advance Practice Topics (LEAPT) contract awarded to six high performing HENs to accomplish additional deep dives into new harm areas (Oct 2013 – Dec 2014)

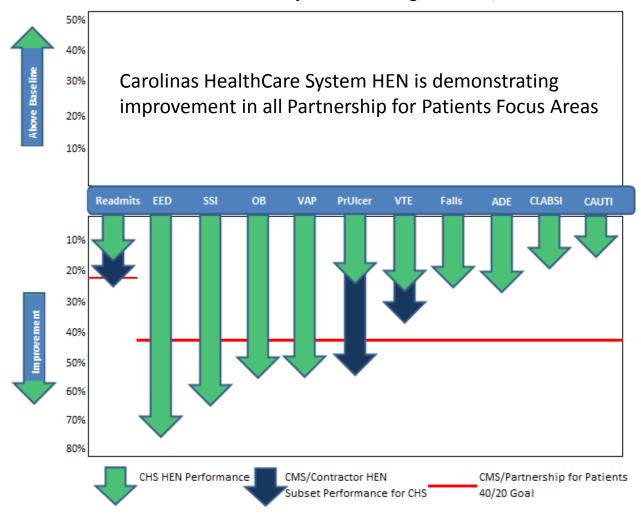


#### HOSPITAL ENGAGEMENT NETWORK



#### HOSPITAL ENGAGEMENT NETWORK

#### Carolinas HealthCare System HEN Progress to 40/20 Goals



#### HEN: KEYS TO SUCCESS

Alignment of CHS Quality Goals with HEN focus areas

Engagement through combined "top-down" and "bottom-up" structure

Centralized data analytics and innovation (predicting readmission risk)

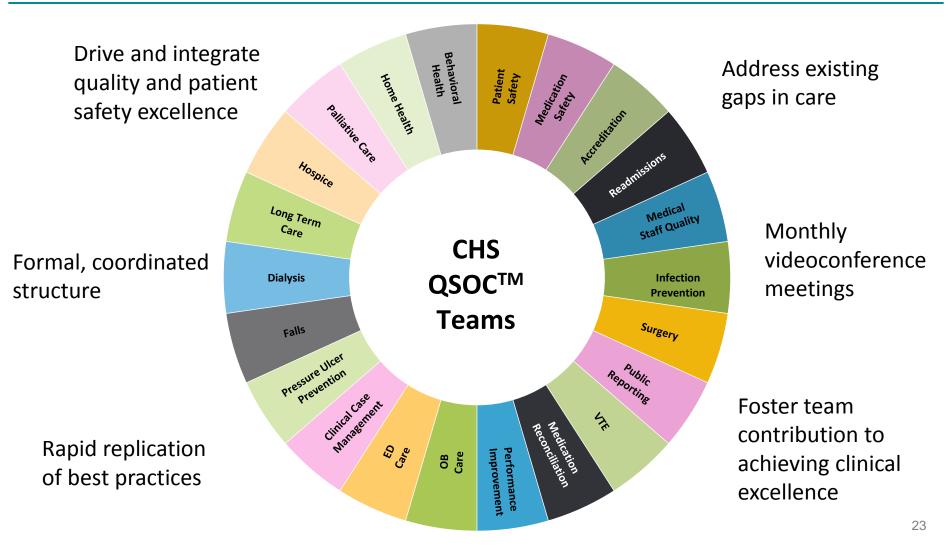
Data transparency and "healthy" competition

HEN Quality Coaches and Key Staff from Medication Safety and Infection Prevention to provide high level perspective and guidance

Leadership awareness, presence and engagement



#### QUALITY SAFETY OPERATIONS COUNCIL





#### Early August 2013

CHS Quality and Service Goals Retreat

#### September

2013

Definitions, Baseline, and Target Development

#### November 2013

QCC Endorses 2014 Goal Targets













## Late August 2013

Preliminary QCC Discussion of Priorities

# October 2013

Facility Presentations

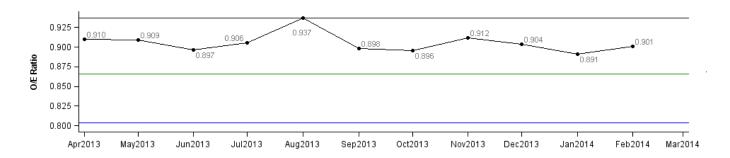
## December 2013

QCC Chair Reviews Specific Goals and Final Goals are Published to QCC for Comment



CHS Graph (Home)	Metro Group	▼	Regio	onal Grou	ıp ▼ PSC Graph	Em	ail Portal	Team
Hospital Name								
	Quali	-			etrics 2014			
		Base	Target	Stretch	Apr2013 - Mar2014	YTD*	Num	Den
Patient Safety Composite Score	(Rolling Year)	0.818	0.777	0.736		0.733		
Inpatient Mortality O/E		0.767	0.718	0.672	$\diagdown$	0.775	1,357	1,752
Appropriate Care Score, Acute		94.4	97	99		97.445	11,441	11,741
Uncontrolled A1C, Ambulatory		15.4	16.7	13		17.248	28,622	165,948
Breast Cancer Screening, Ambul	atory	66.3	70.2	74.6		67.741	310,453	458,291
Likelihood to Recommend***		77.02	78.32	79.65	~~~	75.403		4,060
Hospital-Wide 30 Day Readmiss	ions O/E**	0.937	0.866	0.804	~~~	0.894	2,377	2,659
Home Care Transfers to Inpatien	nt Acute Care	5.28	4.94	4.6	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	4.824	471	97,638
Length of Stay O/E		1.139	1.092	1.052		1.102	238,762	216,684
ED Patient with LOS ≤ 180 Minu	ites				~~^	64.305	164,592	255,957
* Click on YTD metric to navigate to details. Missing YTD values indicate 2014 data currently not available.  ** Cut off date for readmissions is February 12, 2014 to reduce effect of incomplete data.  *** Likelihood to Recommend pull date from Press-Ganey is April 10, 2014.								
YTD Colors: ■ No Goals Set   ■ Below Base   ■ Below Target   ■ Above Target   ■ Above Stretch								





Anson Community Hospital	0.397			Jan2014	Feb2014	Mar2014
Carolinas Medical Center - Randolph	0.425	Behavioral	Observed	15	8	
Roper St. Francis Mount Pleasant Hospital	0.444		Expected	25	11	
Cone Womens Hospital	0.454		·			•
Bon Secours St. Francis Hospital	0.596		Index Visits	296	118	
Cannon Memorial Hospital	0.605	Cardiorespiratory	Observed	387	146	
Carolinas Medical Center - University	0.615		Expected	453	151	
Carolinas Medical Center - Mercy	0.640		Index Visits	2932	929	
Roper Hospital	0.651	Contlement				
Kings Mountain Hospital	0.651	Cardiovascular	Observed	115	40	
Murphy Medical Center	0.659		Expected	114	44	•
Stanly Regional Medical Center	0.746		Index Visits	1102	444	
Elbert Memorial Hospital	0.757	Neurological	Observed	88	33	
Carolinas Medical Center - Lincoln	0.816	neurorogical				
Scotland Memorial Hospital	0.840		Expected	80	32	
Wesley Long Hospital	0.843		Index Visits	877	353	
Carolinas Medical Center - Union	0.853	Medicine	Observed	797	277	
Carolinas Medical Center - Pineville	0.860		Expected	894	317	
Carolinas Medical Center - Blue Ridge	0.875		·			·
Annie Penn Hospital	0.877		Index Visits	6444	2366	
Moses Cone Memorial Hospital	0.892	OBGYN	Observed	66	34	
Cleveland Regional Medical Center	0.905		Expected	77	31	
Wilkes Regional Medical Center	0.926		Index Visits	2699	1096	
Alamance Regional Hospital	1.018	S!				
Carolinas Medical Center - NorthEast	1.021	Surgical	Observed	275	96	
Carolinas Medical Center	1.033		Expected	312	118	. 26
Cone Behavioral Health Hospital	1.072		Index Visits	3998	1535	

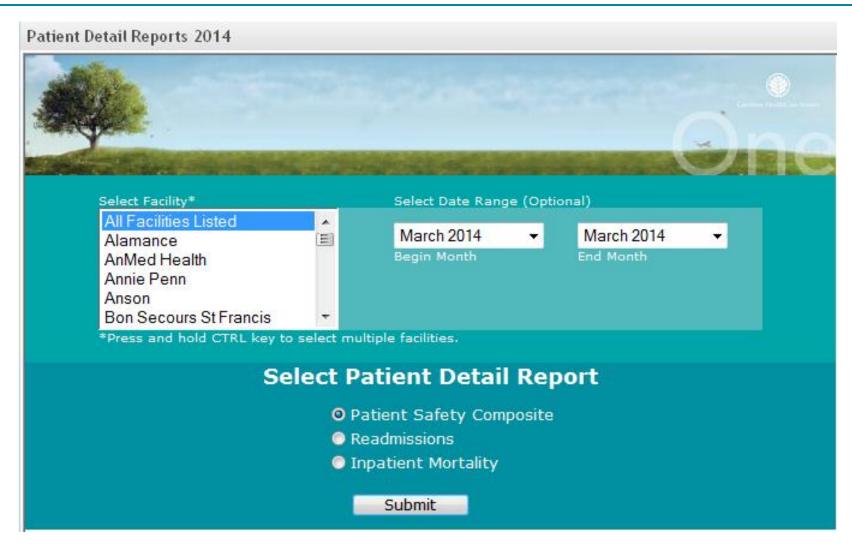


Patient Safety Composite Metrics 2014

Patient	sarety Composite	Met	HUS	2014			
		Current Rolling Year					
	Apr2013 - Mar2014	O/E E	Events	Contribution By Metric		Excess Events To Target	Excess Events To Stretch
Catheter Associated Urinary Tract Infection $^{\ast}$	~	1.394	38	1.38%	11	17	18
Central Line Associated Bloodstream Infection $\ensuremath{^*}$		0.485	10	7.74%	-10	-6	-5
Clostridium Difficile (Lab ID) $st$		0.927	52	16.73%	-4	8	10
Falls with moderate to severe injury and Other Trauma	~~~	0.447	11	1.77%	-13	-8	-7
PC-01 Early elective delivery		0.202	3	0.08%	-11	-8	-8
PSI-03 Pressure ulcer		0.110	3	0.15%	-24	-18	-17
PSI-04 Death among surgical inpatients	\	0.733	21	32.34%	-7	-1	0
PSI-06 Iatrogenic pneumothorax		0.428	3	1.17%	-4	-2	-2
PSI-11 Postoperative respiratory failure		0.513	9	22.67%	-8	-4	-4
PSI-12 Postoperative PE or DVT		0.718	22	8.07%	-8	-2	0
PSI-13 Postoperative sepsis		0.183	1	0.87%	-4	-3	-3
PSI-14 Postoperative wound dehiscence		0.511	1	1.22%	0	0	0
PSI-15 Accidental puncture or laceration		0.190	9	1.48%	-38	-28	-26
PSI-17 Birth trauma rate - injury to neonate		0.554	3	0.02%	-2	-1	-1
PSI-18 Obstetric trauma rate - vaginal delivery with instrument		0.523	15	0.08%	-13	-7	-6
PSI-19 Obstetric trauma rate - vaginal delivery w/o instrument		0.734	26	0.03%	-9	-1	0
Surgical Site Infection (COLO/HYST) *		0.568	5	4.19%	-3	-1	-1
Patient Safety Composite Score		0.604	YTD				

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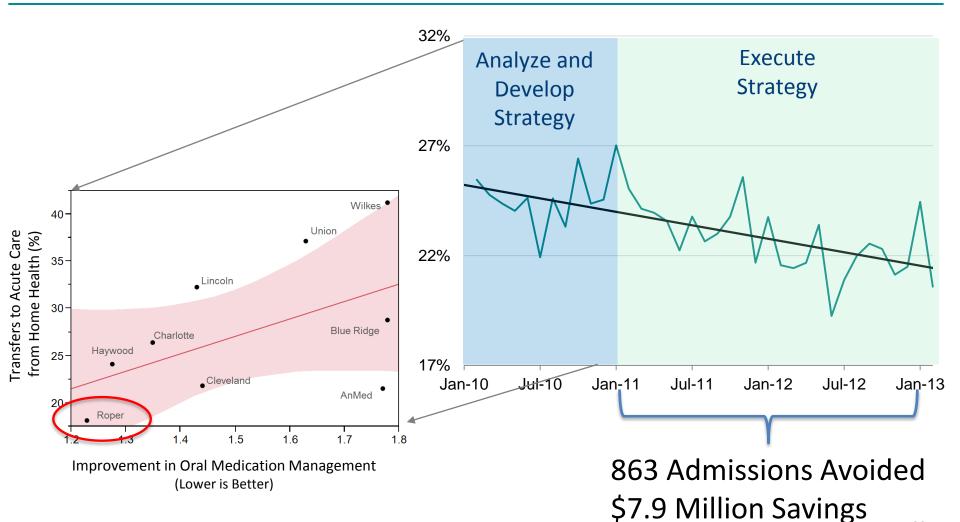
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## HOME HEALTH TRANSFERS



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#### HOME HEALTH TRANSFERS

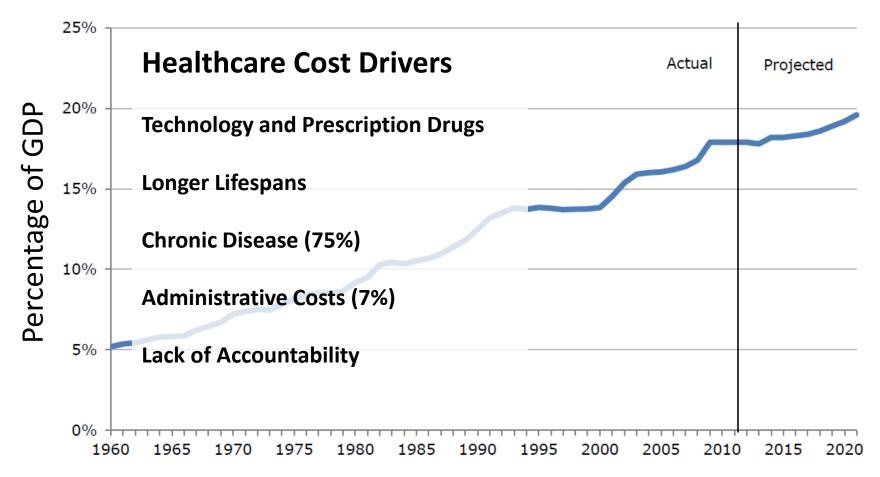
22.3% Reduction

Telemonitoring Yields
Significant Improvement in
Readmissions

	7 Days	14 Days	30 Days
<b>Usual Care</b> (N = 1137)	11.9%	19.9%	29.1%
Telemonitor (N = 638)	8.5%	14.9%	22.6%
	p = 0.028	p = 0.016	p = 0.012



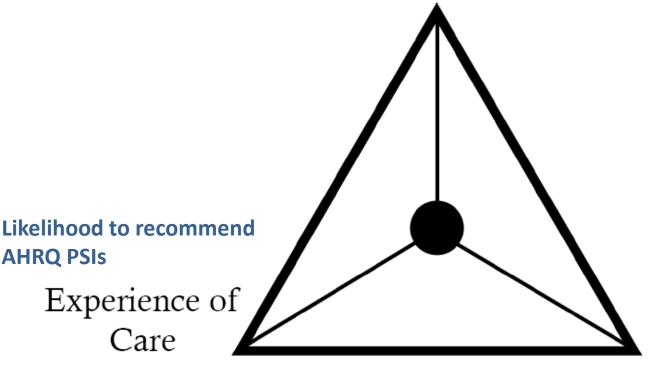
#### ANNUAL HEALTH EXPENDITURES



Source: Centers for Medicare and Medicaid Services.

Health of a Population

**Mortality rates** Admissions per 1,000



Per Capita Cost

Per Member Per Month The Triple Aim 34

Institute for Healthcare Improvement

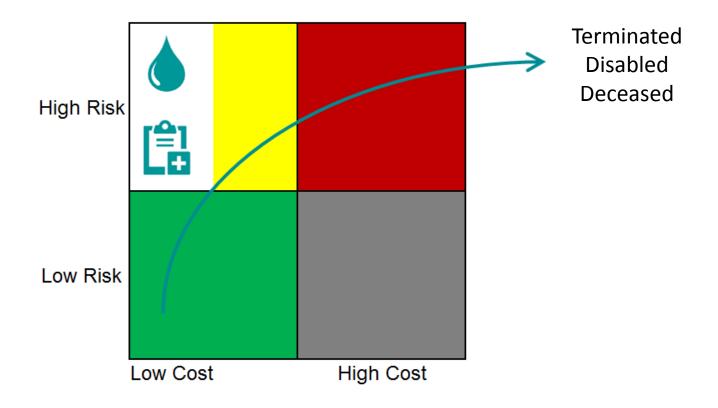
Experience of

Care

**AHRQ PSIs** 



# Limit Chronic Disease Progression



# Completing the 360° View

#### **Consumer Data Personal Health** provides socio-Personal **Survey** captures Consumer Health geographic health and lifestyle Data Survey consumption trends risks not readily available elsewhere **Patient Biometric** and Claims supply a **Clinical Data** wealth of medical identify the data at the Clinical Claims status of disease member level **Biometrics**

not just its presence

# Completing the 360° View

- Multi-year strategy
- 11-system integration
- >300 users (including call center)
- 360° Patient View CRM for Care Management



#### ENTERPRISE DATA WAREHOUSE







- Statistical analysis
- Predictive Analytics
- Optimization



**Business Objects** 

**Business** Glossary Universe / Semantic Layer

