



Leveraging Analytics to Drive Action

The Maine Health Blueprint

08.28.2018

Every Survey... Every Article... Every Report in Healthcare



A common priority

Hospital CFO Report

Financial Management



Top priorities for hospital CFOs today

Written by Laura Dyrda (Twitter | Google+) | April 27, 2017 | Print | Email



Declining reimbursements, high deductible health plans and uncertainty from government payers are the key issues keeping hospital and health system CFOs across the country up at night. But many are developing innovative ways to address these issues with population health and waste eliminating strategies.

Healthcare IT News

TOPICS

CIOs top 3 strategic priorities for 2018, a year of federal policy uncertainty

CIOs need to eliminate unwarranted care variations, deploy telemedicine and encourage adoption of consumer-centric technologies, The Advisory Board says.











Lower Cost of Care



Top trends driving this...

Providers are Struggling

Average operating margin ~2.2% (1 of 3 have negative margins)

There is Significant Waste...and Opportunity

\$700B in annual waste (overuse, misuse, variation, inefficiency, harm)

Understanding Cost/Margins is a Requirement

Relevant in both FFS and FFV settings and physicians are ready to engage

Driving Out Cost is Mission Critical

Major initiatives on variation and waste are in motion in every health system



Understanding Costs is the first step!

Alternative Payment Models Gaining Steam

All are trying to prepare, but don't have the data they need

MDs are Ready to Engage on Cost, Value

But most health systems don't know how to get started



Since you can't fix, what you don't know?

THE WALL STREET JOURNAL.



Summary

- Huge gap in understanding cost of care
- Significant cost variation
- Opportunity for efficiency improvement
- Health Care Pricing is inaccurate!

The Flaws

- Focus on a single procedure
- Unscalable model to understand costs
- No solution to the pricing problem!
- No solution for tracking the impact of improvements – it's not easy!

Step 1: Commit to a level! Adopt Advanced Cost Accounting



Level 7

Level 7

Level 6+ Cost data shared with Clinicians at the Point of Care + Cost Data is Integrated in Operating and Capital Planning

Level 6

Level 5 + Time Stamp or RFID informed labor cost models + Physician Compensation Costing

Level 5

Level 4+ Acuity Data for costing + tracking variation in most patient centric areas using Activity based costing

Level 4

Level 3 + Post Acute Care Costing* + Few Activity Based Costing concepts deployed

Level 3

Level 2 + Collaborative workflow to maintain RVUs+ Pharmacy Price Costing(340B) + MD Data

Level 2

Level 1 + Acquisition Costing, Wide Spread RVUs but no process, Limited to Hospitals

Level 1

Own a Cost Accounting System, Primarily RCC, Limited RVUs, Limited to Hospitals

Cost accounting has advanced...

- Understand variation across the Continuum of Care
- Scalable, data driven approach

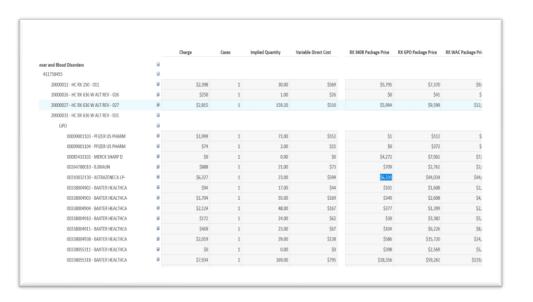
A necessary tool for improvement & value based care



Step 2: The missing piece...

To drive action, data needs to be in hands of decision makers in a meaningful way!

Self Service Data Discovery via drill down reporting



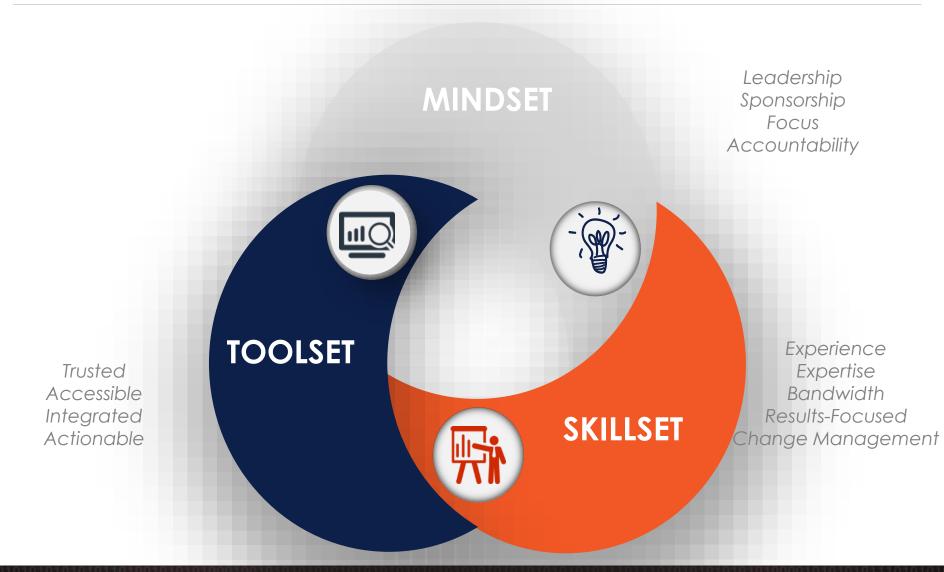
Interactive Data Dashboards

Executive Leadership Clinical Leadership





Our Case Study Today



MaineHealth | Study:

Maine Medical Center Case Study:

Leveraging Analytics To Drive Action

August 28, 2018













Introductions and Background

Be a role model. Take responsibility. Set high Embrace Be an active listener. standards. Act with kindness and compassion.

Maine Health Background

- MaineHealth is a not-for-profit family of high-quality providers and healthcare organizations committed to the health and well-being of the communities and people we serve. As the largest healthcare organization in Maine and a leading healthcare provider serving northern New Hampshire, MaineHealth is recognized as one of the nation's top integrated healthcare delivery networks.
- 11 community hospitals in a dozen counties in Maine and New Hampshire
- 18,000 employees and 1,500 employed and independent physicians working together through the MaineHealth Accountable Care Organization
- Multiple physician practices in the communities we serve
- Complete behavioral and mental health care network, including southern Maine's only private, nonprofit psychiatric hospital as well as community-based services at dozens of locations













Maine Medical Center Background

- Flagship hospital for MaineHealth
- Maine Medical Center is the state's largest medical center, licensed for 637 beds and employing more than 8,000 people. Maine Medical Center's unique role as both a community hospital and a referral center requires an unparalleled depth and breadth of services, including the state's only medical school, through a partnership with Tufts University School of Medicine, and a world-class biomedical research center, the Maine Medical Center Research Institute.
- Epic Hospital since 2012
- Stratajazz Hospital since 2016















Stan Jakubowski: Role Of Presenter

- At Maine Medical Center for just over a year.
- Senior Financial Systems Support Analyst Database guy
- Degree in computer science
- Working with health care data for over 18 years
- NO business or clinical background (None, Zippo)
- **Legos are great** -- I like to build things
- Learned how to help people think logically and solve problems using the data/information they already have.













Our Decision Support Crew

- Tige Monacelli
- Frank Isakson
- Angelique Wright
- Joe Gasbarrone
- Stan Jakubowski
- Paul Anderson
- Strata Staff

- Dashboards
- Custom Reports
- Programing and Maintaining Epic Data Feeds to Strata
- End User Training
- Super User Training
- Costing
- ❖ Monthly Financial Stats















Actionable Dashboard & Reporting Design



The Desire For Service Line Dashboards

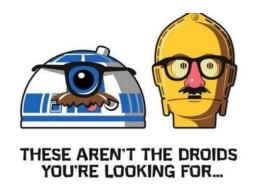


We Went Looking For A Tool.



These are the droids we are looking for

- The Dashboards Strata Decision Support were a good choice.
- The cost data was already in Strata. We had charge level cost data going back to 2014.
- It has a nice tool for building Dashboards. It is flexible but still fairly easy to use.
- Could Create Standard source reports and use Parameter logic to apply to different service lines.
- Strata can handle multiple service line definitions. These definitions can be updated as needed.





12 Service Lines at MMC

- Adult Medicine
- Surgical Services
- Neuroscience
- Oncology
- Cardiovascular
- Children's Health
- Women's Health
- Orthopedics
- Behavioral Health

- Critical Care
- ED & Urgent Care
- Primary Care



Horse Trading And Lessons Learned



I'll trade you DRG 470 for DRG 520.

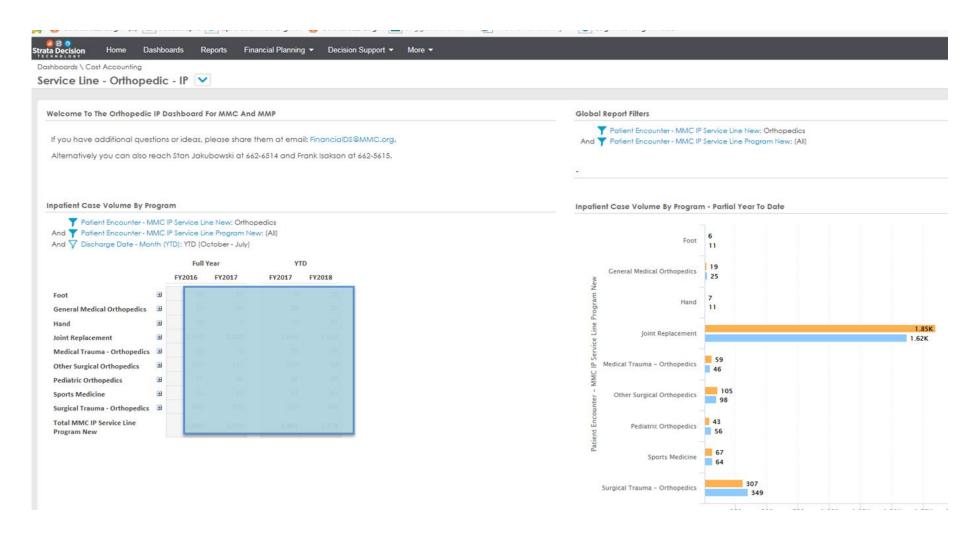


Our Task (should we choose to accept it)

Give Service Line Leaders a Dashboard Tool To Help Drive Decision Making



Dashboard Anatomy – Global Parameter

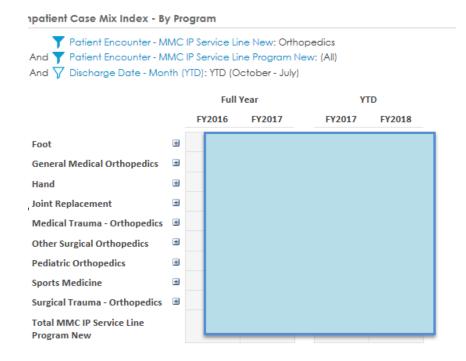




Dashboard Anatomy – Data Points

- Volume
- Average LOS
- Opportunity Days
- Case Mix Index
- Payor Mix
- Contribution Margin
- Net Income
- Financials Per Case
- LOS Index

- Last 2 full years of data and current YTD compared to last year same months
- Most change dynamically when we update the system date each month





Dashboard Anatomy – Data Points

Opportunity Days

Financials Per Case

LOS Index

Dashboard Anatomy – Links To Reports Strata Decision

IP Average Length Of Stay Detail Report Link



IP Opportunity Days Detail Report Link

SL - IP Opportunity Days - Orthopedic

IP Payor Mix By Program And By Fiscal Year Links

Please click each link, then on the top right of the new windows toggle the button to (Chart) instead (Table).

SL - IP Payor Mix by Discharge FY - Graph - Orthopedic

SL - IP Payor Mix by Program - Graph - Orthopedic

Attachments

DRG_XWALK_April2018.xlsx

Orthopedic Specific Report Requests

SL - IP Percent Distribution For A DRG LOS - Orthopedic

SL - IP DRG By Primary Performing - Orthopedic

SL - IP DRG Financials By Primary Performing - Orthopedic



Build It And They Will Come...





We Needed Allies

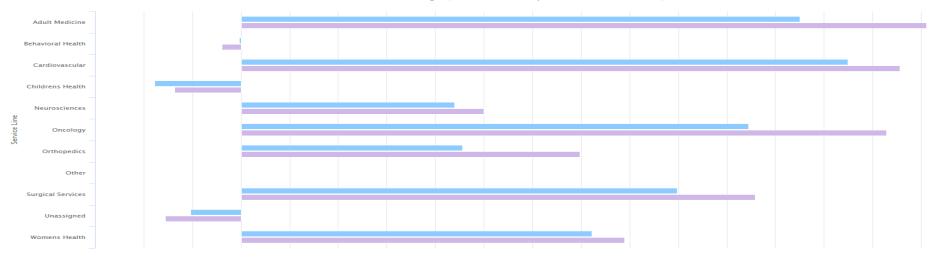




THE SLEC



OP Contribution Margin(Combined Hospital and Professional)





Rollin'







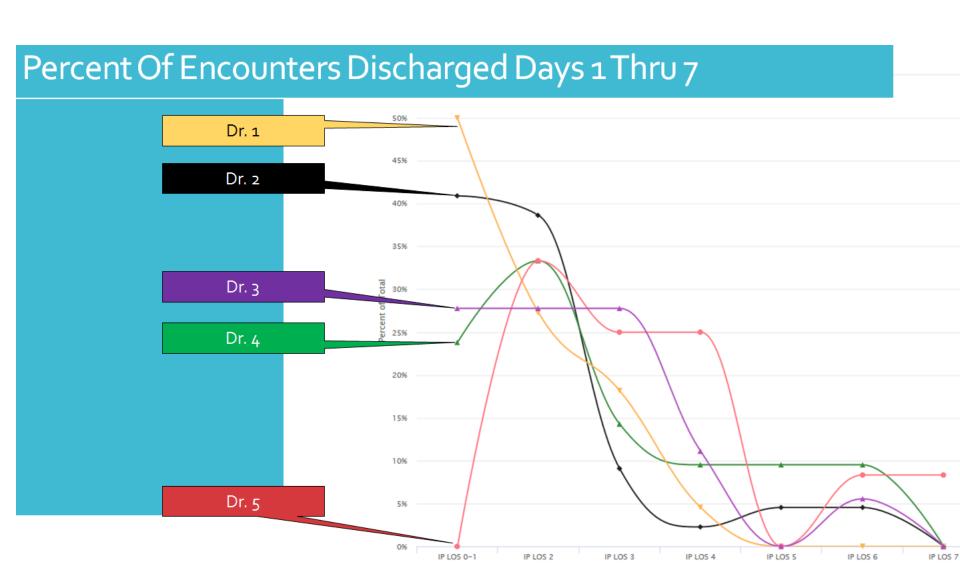
Neuroscience: Single Spine Fusion Study

The table below highlight average per case utilization by Physician.

		Dr A	Dr B	Dr C	Dr D	Dr E	Subtotal	
	Cases	44	22	21	18	12	117	
Case	BONE CHIPS	1.0	0.8	2.0	1.1	1.7	1.2	
	BLOCKER	4.2	0.9	5.0	4.4	4.7	3.8	
	SPACER	1.1	0.9	1.1	0.8	0.8	1.0	
ē	ROD	2.0	2.3	1.9	2.2	2.0	2.1	
Jnits P	CAGE	-	0.1	-	0.2	0.4	0.1	
	SCREW	4.1	7.1	3.9	3.8	4.8	4.6	
-	WIRE	-	0.1	1.0	-	0.4	0.2	
	Per Case Total	12.4	12.1	14.8	12.5	14.8	13.0	

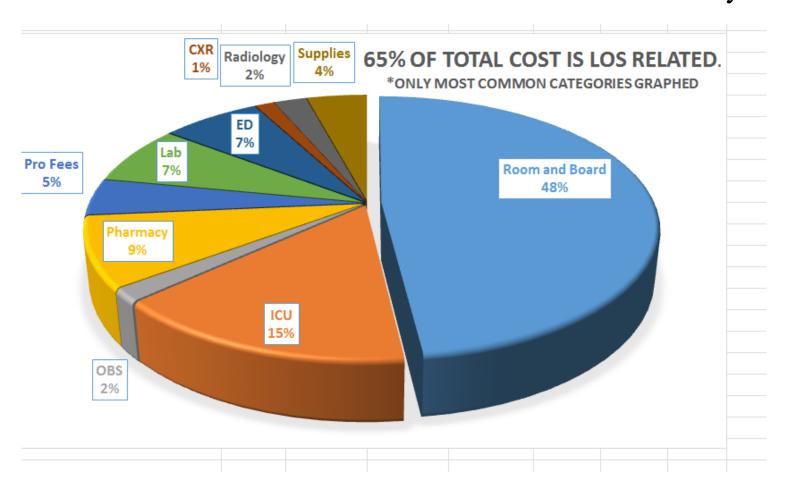


Neuroscience: Single Spine Fusion Study





Adult Medicine: IP Pneumonia Study





Adult Medicine: IP Pneumonia Study

Simple Pn	eumor	nia CXR [Day Uti	lizatio	n (all ag	es)									
		Prior FY	CY Month								Fiscal Year				
		FY2017		Quarter 1			Quarter 2		Quarter 3			FY2018			
		Billed	Direct		Billed	Direct		Billed	Direct		Billed	Direct		Billed	Direct
XR 1 View	Cases	Units Of	Cost	Cases	Units Of	Cost	Cases	Units Of	Cost	Cases	Units Of	Cost	Cases	Units Of	Cost
Day 1	26	28		7	7		12	14		9	9		28	30	
Day 2	10	12		5	5		3	4		6	6		14	15	
Day 3	13	14		3	3		3	3		3	3		9	9	
Day 4	5	7		2	2		3	3		3	3		8	8	
Day 5	7	7		1	1		1	1		3	3		5	5	
Day 6	7	13		1	1		2	2		3	3		6	6	

Day 7

Day 8 - 22

Day 25 - 76

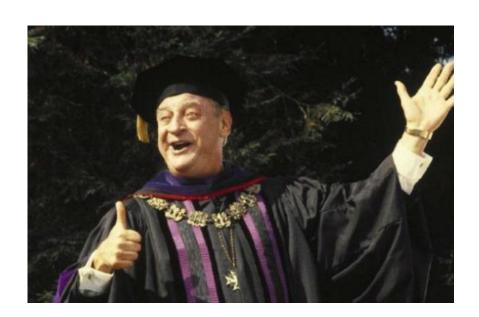


3 Service Lines/'Service Areas' That Do Not Fit The Pattern





Training End Users For Self Service



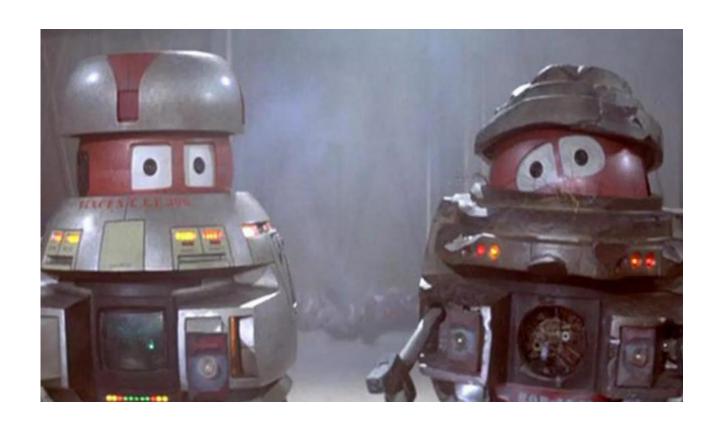


Super User Training



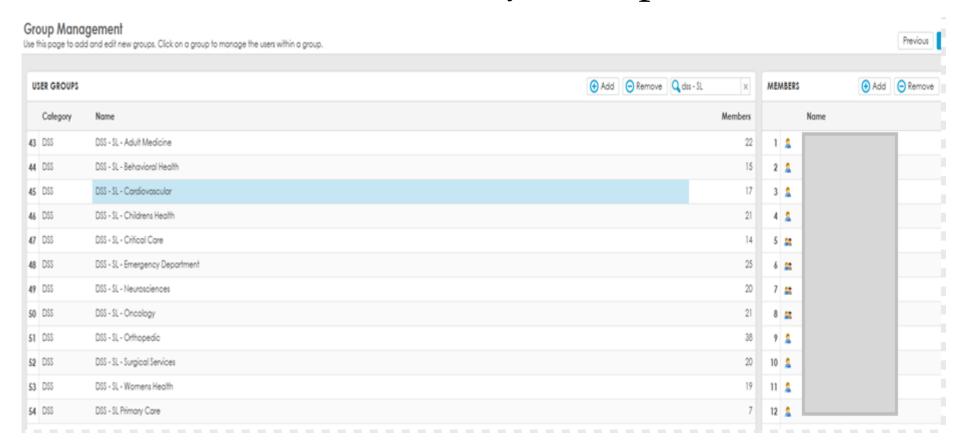


User Management and Data Security



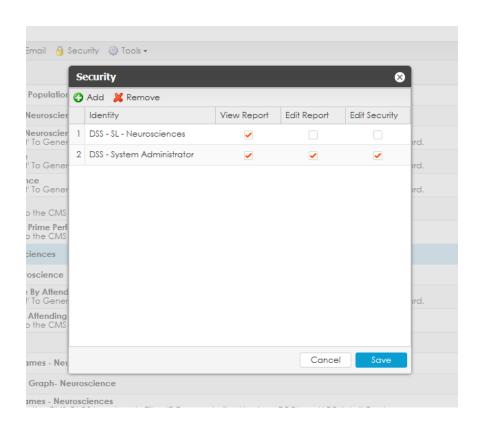


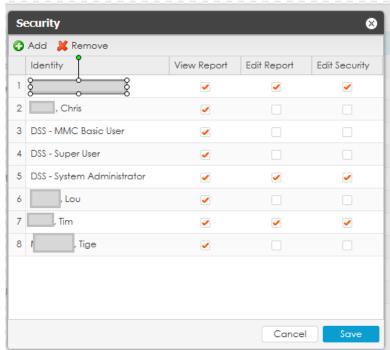
Strata Security Groups





Examples Of Security On Reports





September 5th @ 1PM Central

For providers only: we invite you to join a product demo of StrataJazz[®], the tool that Maine Medical Center uses for their Cost Accounting and Management Reporting, on September 5th at 1PM Central.

REGISTER BY GOING TO

WWW.STRATADECISION.COM/DEMO

AND SCROLL TO #2

Questions ??? Or Comments!!!!

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