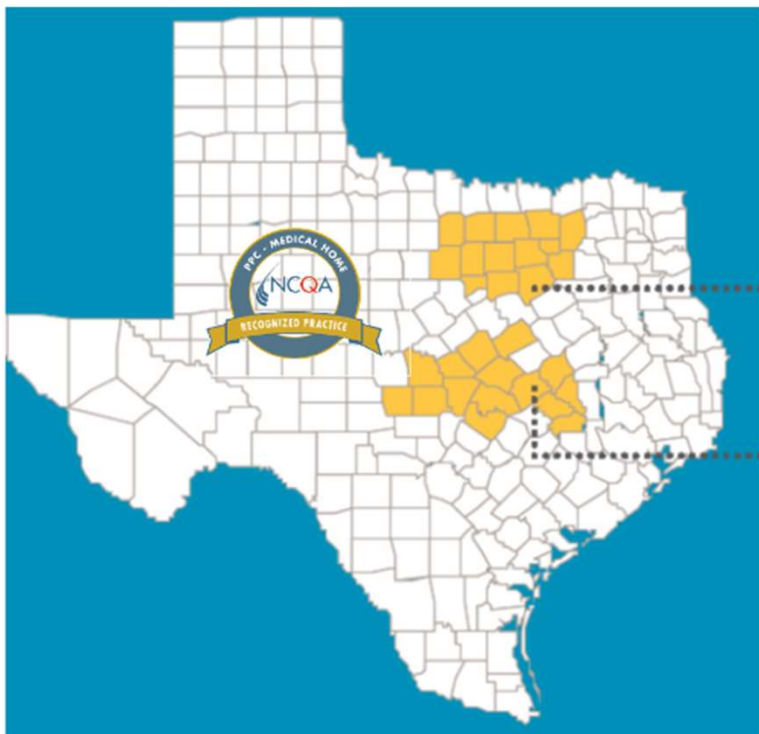# BaylorScott&White
QUALITY ALLIANCE

Project Translation – Avoiding Visualization Misuse & Disillusion by Understanding your Stakeholders

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Changing Healthcare For The Better

Baylor Scott & White Quality Alliance Network

Total Provider Members

Primary Care	1,631
Specialist	5,238
Total	6,869

North Texas Provider Members

Total	4,992

Central Texas Provider Members

Total	1,877

ACO to ACO Collaborations

Methodist HEALTH SYSTEM   children's health

50 HOSPITALS

95+ POST-ACUTE CARE FACILITIES

OTHER HEALTH CARE STAKEHOLDERS

ALL AGREEING TO BE JOINTLY ACCOUNTABLE
for delivering value-based care

Key Takeaways

- How to help your analysts get to the heart of the matter

- How to bring actionable insights

- How to make data digestible

- Throughput: one off vs standing request

Well, did you ask?

- **Common problem** – analysts don't get invited to initial meetings

  - **Results in**: missed background information, identification of assumptions, and defining scope

- **Solution** – ask better questions and *keep asking*

  - **Have a purpose** – don't disguise an opinion as a question

  - **Are clear or seek clarity** - define the request

  - **Are brief** - single sentence, help people stay engaged

  - **Are simple** - one topic, one thought

  - **Are thought provoking** - avoid yes/no answers, usually follow questions that define, clarify and focus discussion
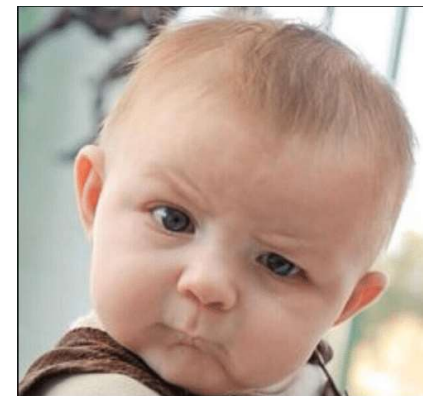
  - **WHAT ELSE?**

BSWH-BSWQA Volume

Request: Create a PowerBI that shows what percent of our facility volume is a BSWQA member

- **Meeting One**:

    - Q: What facilities do I include?

    - A: Hospitals and Clinics

    - Q: What visit types do I include?

    - A: Inpatient, ED, outpatient, Obs

- **Meeting Two**:

    - Q: What do we know about visit types? WHAT ELSE? WHAT ELSE? WHAT ELSE?

Always end the discussion with a summary of the request as you understand it

How to Get to the Heart of the Matter

- **Get comfortable asking questions – what else?**

- **Don't stop until your description of the ask aligns with that of the requestor**

  - Help your analysts find phrases they're comfortable with that incorporate translation and repetition of the request

    - *What I heard you say was*

    - *Let me make sure I understood what you're asking*

- **Develop a process for your team to share both soft skills and technical tips**

  - Make them accessible - *Azure DevOps and Wiki*

  - Incorporate them into onboarding exercises - *Teams and SharePoint*

How to Bring Actionable Insights

Identify data available
- Define the problem, limit scope
- **Create context**
- Set expectations

Create simple visuals
- Start with bar charts and trends
- **Building blocks**
- More predictive
- Continually improve

Plan

Do

Act

Check

Recommend actions based on insights
- **Explain the visual to support correct interpretation**
- Results in bite-sized chunks

Identify insights available
- **Help the team define success**
- Align with a goal
- Display results

How to Make Data Digestible

- **Use your description to describe the problem and create context**

- **Develop your characters**
  - What specific cohort are we looking at, speak to them as real people

- **Leverage simple visuals**
  - In the hospital volume example, we stared with a bar chart comparing total facility volume to BSWQA member volume at the facility. Then, added a percent trend line, giving our quality and finance teams context between our analysis and their work.

- **Recommend Actions specific to your characters**
  - Tie the recommendation back to the request
  - Identify what is or isn't working

Readmissions

- Readmissions within our system has at least a half a dozen metrics, two task forces, and inconsistent, poorly defined terminology because even though we have the smartest analysts on the measure, they struggle telling a story

- **Real life bullet point**: *Regression analysis examined key factors previously identified by this group and were found significant for the Medicare readmission O/E ratio FYTD (p=.05). The risk factors highly associated with readmission were high risk patients with a diagnosis in a chronic DRG category, 5 or more chronic diseases, and lack of surgery during the index stay.*

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How to Make Data Digestible

Don't let poor communication result in good insights getting lost as noise

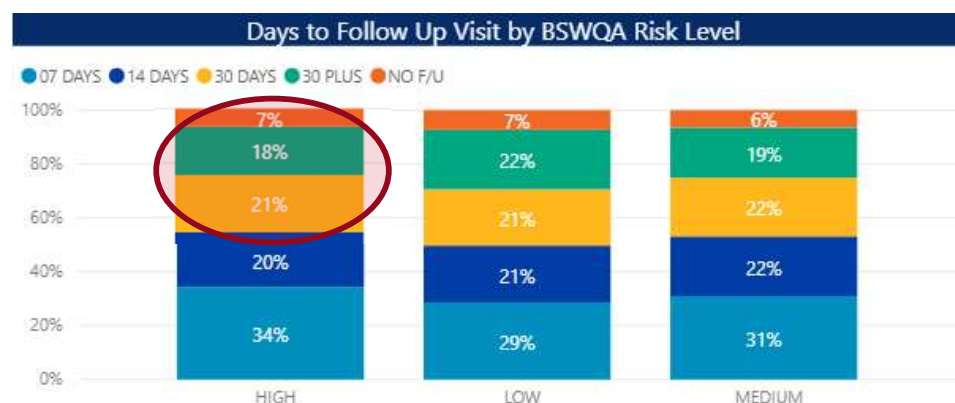- **Develop your characters**

  - High Risk Medicare patients

  - Mostly 70-74yo

  - have 5+ chronic conditions

  - 42% have an annual wellness exam

- **Leverage simple visuals**

  - Identify the low hanging fruit

- **Recommend actions specific to your characters**

  - Schedule a follow up visit for all patients discharged home - how do we reach these folks?

  - Leverage Care Management to help High Risk patients that need a follow up with pulmonology, infectious disease, or urology

Days to Follow Up Visit by BSWQA Risk Level

07 DAYS 14 DAYS 30 DAYS 30 PLUS NO F/U

	HIGH	LOW	MEDIUM
NO F/U	7%	7%	6%
30 PLUS	18%	22%	19%
30 DAYS	21%	21%	22%
14 DAYS	20%	21%	22%
07 DAYS	34%	29%	31%

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Throughput: one off vs standing request

Do you know your teams capacity?

- Use some type of time tracking – Trello, Service Now, free apps

- Start big and refine as your use matures

- Use your numbers to validate team thresholds, request more FTEs, and scope new work

Do you have a process for prioritization?

- All requests should have a business sponsor – the higher the better

- Keep the prioritization team as small as possible

- Review requests and current work on a frequent basis

- Be transparent in the work and priorities

Start in the shallow end – don't dive head first

30	Available for prioritization
5	Product support and operations
15	BSWQA Reporting Inbox
15	BSWQA Analytics Prioritized
15	Maintenance and updates to measures and reports
20	Company and department meetings, mgmt., operations, PTO

Current State: Transforming value based care

Integrating Machine Learning: Predictive modeling, risk stratification and real-time cluster analysis to identify actionable populations and opportunities

- **Modeling and Stratification:** High Need High Cost risk stratification, Pediatric patients at risk for hospitalization, wellness questionnaire predictive risk stratification
- **Use case alignment with BSWQA Strategies:**
  - **Care Management:**
    - Supporting top of credential work and alignment to patient needs
    - High risk member engagement; efficiency in outreach, transparency to providers
  - **Clinical Excellence:**
    - Clinical program development: Medicare Advantage Care plan, Digital Health Journeys, Frail Elderly

Keys to Successful Transformation:

- **Develop analysts as subject matter experts**
- **Advance complexity of insights frequently**

Thank You
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