Analysis Paralysis – Don’t Become a Victim!

5 Major Mistakes People Make with Analytics

Will Israel, MPH, CSBI
Director, Product Management
SSI: At A Glance

Founded in 1988

Based in Mobile, AL

400 employees and growing

Serving leading healthcare providers and payers

Providing a complete revenue cycle solution
SSI: By the Numbers

- 2,400: Healthcare providers rely on SSI
- $1.5T: Total claim charges processed in 2017
- 50%: Percentage of client partnerships at 10+ years
Will Israel, MPH, CSBI
Director, Product Management
SSI

Will plays a pivotal role at SSI where he champions the adoption of Performance Management solutions to drive organization and revenue growth for our clients. He has over 10 years experience in healthcare and, more importantly, analytics. Prior to joining SSI, Will worked for CareFusion.
Agenda

So What Is Analytics?

Analytics V Business Intelligence

The Five Major Mistakes

Bridging the Gap between the Front End and the Back End

Summary
So What Is Analytics?
What is Analytics?

“The extensive use of data, statistical and quantitative analysis, explanatory and predictive models and fact-based management to drive decisions and actions.” *

Nota Bene: Data visualization alone is not analytics.

If you can contextualize data, you make it actionable.

So What is Analytics?

Source: Competing on Analytics: The New Science of Winning (Davenport /Harris)
Analytic Value Escalator

- **Descriptive Analytics**: What happened?
- **Diagnostic Analytics**: Why did it happen?
- **Predictive Analytics**: What will happen?
- **Prescriptive Analytics**: How can we make it happen?

The diagram shows a gradient from **Information** (Hindsight) to **Optimization** (Foresight), with **Insight** as the intermediary stage. The vertical axis represents **VALUE** increasing from lower to higher difficulty levels.
The DMAIC model is designed to use data to improve process and operations.

It is cyclical because it is continuous and allows for constant process improvement based on data acquisition and results.
Analytics V. Business Intelligence (BI)

• Analytics and BI
  - Are they the same thing?
  - In a word, no, but they are very intimately related.
    • Data Analytics is the path to Business Intelligence.

• BI Tools help you consume the Analytics Data.

“You set up a Business Intelligence initiative, but you do Data Analytics.”
– Timothy King, Best Practices
Five Major Mistakes People Make with Analytics
# 1:

- Trying to manage processes you aren’t measuring.

- “If we have data, let's look at data. If all we have are our opinions, let's go with mine.” – Jim Barksdale, former CEO of Netscape

- “…[l]f you don’t know where you’re going[,] [a]ny road will take you there” – George Harrison, Any Road
How do you keep score?

• Key Performance Indicators
  - Ultimately, they boil down to two components
    • Time and Treasure
      - How to evaluate success
        • How much do you get of each for those processes you’re currently working on?
      • How do you track that?
        • Time studies
        • Dollars Spend Avoided
        • Dollars Recovered
Information Radiators

- BVCs (Big Visible Charts) are a great use of data to create an analytic disposed to action.
Two Management Styles

• How to best use KPIs
  - Manage by Exception (MBE)
    • MBE is a practice where only significant deviations from a budget or plan are brought to the attention of management. The idea behind it is that management's attention will be focused only on those areas in need of action.
  - Manage by Objective (MBO)
    • The principle of MBO is for employees to have a clear understanding of their roles and the responsibilities expected of them, so they can understand how their activities relate to the achievement of the organization's goals. Common goal for whole organization means it is a unifying, directive principle of management.
# 2:

- Not understanding how KPIs translate to process.

  - Work Backwards. Have a question related to a business goal and build out the data required to answer the question.
Process focused questions

• How are you tracking your denials today?
• Who are your best payers / worst payers and how do you evaluate them?
• What do you see as the biggest areas of opportunity for you to accelerate your cash in hand?
• What performance initiatives are you targeting on the revenue cycle side this quarter / year? How are you tracking?
Working backwards using the 5 Whys…

PROBLEM

Jefferson Memorial is deteriorating

WHY?
Working backwards using the 5 Whys…

PROBLEM
Jefferson Memorial is deteriorating

WHY?
Overuse of Industrial Cleaners

WHY?
Working backwards using the 5 Whys…

PROBLEM

Jefferson Memorial is deteriorating

WHY?

Overuse of Industrial Cleaners

WHY?

Excess of bird droppings

WHY?
Working backwards using the 5 Whys...

PROBLEM

Jefferson Memorial is deteriorating

WHY?

Overuse of Industrial Cleaners

WHY?

Excess of bird droppings

WHY?

Lots of spiders to eat

WHY?
Working backwards using the 5 Whys…

PROBLEM
Jefferson Memorial is deteriorating

WHY?
Overuse of Industrial Cleaners

WHY?
Excess of bird droppings

WHY?
Lots of spiders to eat

WHY?
Lots of gnats to eat

WHY?
Working backwards using the 5 Whys…

PROBLEM

Jefferson Memorial is deteriorating

WHY?

Overuse of Industrial Cleaners

WHY?

Excess of bird droppings

WHY?

Lots of spiders to eat

WHY?

Lots of gnats to eat

WHY?

Gnats drawn to lights at dusk
Working backwards using the 5 Whys…

**Solution**
Turn the lights on 1 hour later nightly.

**Result**
90% reduction in the number of gnats within 2 weeks.
• Not having the most granular data available making Root Cause Analysis impossible.

- You have to be able to slice and dice to truly understand root cause so that the complex relationships become visible.
- Payer, Revenue Code, Bill Type, Physician, Remark Code, and Date has been a unique, important relationship.
The Ultimate Venn Diagram

- Think of every question you ask bringing you closer to your solution.

- It’s literally how GPS works:
# 5:

- **KPIs not lining up to business goals.**

  - Key Performance Indicators (KPIs) can be built for just about anything you want to measure. That doesn’t mean that they’re relevant to YOUR business or your objectives.

  - Start top down.

  - Think about what is your organizational mission, then what are your leadership groups goals, build your KPIs to align with how you’re assessed.
KPIs: Revenue Cycle v. Healthcare

- Not Relevant
  - ER Wait Times
  - Lab Turnaround Time
  - # of Patients in the ER
  - Patient Satisfaction

- Relevant
  - A/R days
    - Days to Drop
    - Days to Bill
    - Days to Pay
  - Clean Claim Rate
SMART Initiatives

- **Specific** – target a specific area for improvement.
- **Measurable** – quantify or at least suggest an indicator of progress.
- **Agreed upon** – specify who will do it.
- **Realistic** – state what results can realistically be achieved, given available resources.
- **Time-related** – specify when the result(s) can be achieved.
# 4:

- Not making objective comparisons when looking at visualizations.

- **signal-to-noise ratio**
  
  *noun*
  
  the ratio of the strength of an electrical or other signal carrying information to that of interference, generally expressed in decibels.
  
  *informal*
  
  a measure of how much useful information there is in a system, such as the Internet, as a proportion of the entire contents.

- The worst thing you can do is making the wrong “leap” when consuming the data
  
  - Do you understand the question that the data is answering?
Making the Right Comparison

Adjustment Analysis

Remitt Amount  $2,913,806,768
Remitt Count  684,965
Adjustment Amount  $2,432,950,668
Adjustment Count  3,846,074

Total Adjustment Trend

Adjustment Amount By Group, Code

Adjustment Category
- Other Adjustment
- Patient Responsibility
- Contractual Obligation
- Payer Initiated
- Correction & Reversals

Adjustments By Payer

© 2018 The SSI Group, LLC - Proprietary and Confidential
Making the Right Comparison

Adjustments By Payer

- Payer: 44
- Payer: 38
- Payer: 4
- Payer: 284
- Payer: 196
- Payer: 32
- Payer: 477
- Payer: 27
- Payer: 20
- Others

Adjustment Category:
- Contractual Obligation
- Other Adjustment
- Patient Responsibility
- Payer Initiated
- Correction & Reversals
Making the Right Comparison

Adjustments By Payer

Remit Payer Name, Adjustment Category

- Adjustment Category
  - Contractual Obligation
  - Other Adjustment
  - Patient Responsibility
  - Payer Initiated
  - Correction & Reversals

0% 25% 50% 75% 100%
Bridging the Gap between the Front End and the Back End
Thinking about KPIs

• So how do we understand in practice how KPIs are affected by business practices?

• Before we do that, let’s look at something analogous in our daily lives.
  - This KPI affects us in major ways and it’s something that many of us “know about” but don’t really understand end to end…

• Credit Scores
Credit Score View

YOUR FREE CREDIT SCORE FOR MAY 2017

803

Your credit score is Excellent.

About your score
Lenders love you! Based on your score, lenders may see you as a very low risk. This can qualify you for financial products with the best interest rates.

© 2017 SSI Group
© 2018 The SSI Group, LLC - Proprietary and Confidential
Credit Score: The “Guts”

YOUR FREE CREDIT SCORE FOR MAY 2017

803

Your credit score is Excellent.

Powered by EQUIFAX

Factors making up FICO score:

- 35% Payment history
- 30% Amount owed
- 15% Length of credit history
- 10% Credit mix
- 10% New credit

About your score

Lenders love you! Based on your score, lenders may see you as a very low risk. This can qualify you for financial products with the best interest rates.

Courtesy: Mint

SOURCE Experian
JAE YANG AND JANET LOEHRKE, USA TODAY

Courtesy: USA Today
Drilling down

Credit Inquiries

<table>
<thead>
<tr>
<th>TOTAL INQUIRIES</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEWEST INQUIRY</td>
<td>4 mos</td>
</tr>
<tr>
<td>OLDEST INQUIRY</td>
<td>2 yrs</td>
</tr>
</tbody>
</table>

You're doing well!

Try not to apply for new credit too often. Inquiries stay on your report for two years and may raise a red flag.

Your Credit Inquiries

<table>
<thead>
<tr>
<th>Date</th>
<th>Company</th>
<th>Inquiry Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>MAY 01, 2017</td>
<td>CREDOO</td>
<td>Feb 03, 2017</td>
</tr>
<tr>
<td></td>
<td>CREDOO</td>
<td>Nov 04, 2016</td>
</tr>
<tr>
<td></td>
<td>CHASE BANK USA, N. A</td>
<td>May 27, 2015</td>
</tr>
</tbody>
</table>
## KPIs at a Glance

### Payer Scorecard

<table>
<thead>
<tr>
<th>Facility Name</th>
<th>Clean Claim Rate</th>
<th>Average Days to Drop</th>
<th>Average Days to Bill</th>
<th>Average Days to Pay</th>
<th>Initial Denial Rate - Zero Pay</th>
<th>Initial Denial Rate - Partial Pay</th>
<th>Professional Service Denial Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Payer Name</strong></td>
<td><strong>Remit Amount</strong></td>
<td><strong>Clean Claim Rate</strong></td>
<td><strong>Avg Days to Drop</strong></td>
<td><strong>Average Days to Bill</strong></td>
<td><strong>Average Days to Pay</strong></td>
<td><strong>Initial Denial Rate - Zero Pay</strong></td>
<td><strong>Initial Denial Rate - Partial Pay</strong></td>
</tr>
<tr>
<td>Average</td>
<td>$2,913,577,812</td>
<td>69%</td>
<td>15.51</td>
<td>0.21</td>
<td>18.78</td>
<td>17%</td>
<td>32%</td>
</tr>
<tr>
<td>Payer: 39</td>
<td>$1,850,000,281</td>
<td>78%</td>
<td>13.65</td>
<td>0.67</td>
<td>15.81</td>
<td>6%</td>
<td>21%</td>
</tr>
<tr>
<td>Payer: 44</td>
<td>$938,097,612</td>
<td>65%</td>
<td>14.62</td>
<td>0.66</td>
<td>24.26</td>
<td>12%</td>
<td>12%</td>
</tr>
<tr>
<td>Payer: 284</td>
<td>$273,188,649</td>
<td>53%</td>
<td>23.23</td>
<td>0.49</td>
<td>12.39</td>
<td>8%</td>
<td>15%</td>
</tr>
<tr>
<td>Payer: 4</td>
<td>$272,338,884</td>
<td>77%</td>
<td>18.87</td>
<td>0.28</td>
<td>26.53</td>
<td>7%</td>
<td>18%</td>
</tr>
<tr>
<td>Payer: 32</td>
<td>$113,673,320</td>
<td>61%</td>
<td>14.51</td>
<td>0.20</td>
<td>11.20</td>
<td>4%</td>
<td>9%</td>
</tr>
<tr>
<td>Payer: 196</td>
<td>$102,795,350</td>
<td>65%</td>
<td>14.62</td>
<td>0.36</td>
<td>24.26</td>
<td>13%</td>
<td>13%</td>
</tr>
<tr>
<td>Payer: 477</td>
<td>$44,392,576</td>
<td>69%</td>
<td>14.73</td>
<td>0.28</td>
<td>26.91</td>
<td>7%</td>
<td>54%</td>
</tr>
<tr>
<td>Payer: 27</td>
<td>$25,196,415</td>
<td>91%</td>
<td>13.88</td>
<td>0.09</td>
<td>17.73</td>
<td>4%</td>
<td>6%</td>
</tr>
</tbody>
</table>

### Initial Denial: Zero Pay Rate (%)

<table>
<thead>
<tr>
<th>Measures</th>
<th>2016</th>
<th>2016</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan</td>
<td>7.0</td>
<td>8.0</td>
<td>9.0</td>
</tr>
<tr>
<td>Feb</td>
<td>8.0</td>
<td>9.0</td>
<td>10.0</td>
</tr>
<tr>
<td>Mar</td>
<td>9.0</td>
<td>10.0</td>
<td>11.0</td>
</tr>
<tr>
<td>Apr</td>
<td>10.0</td>
<td>11.0</td>
<td>12.0</td>
</tr>
<tr>
<td>May</td>
<td>11.0</td>
<td>12.0</td>
<td>13.0</td>
</tr>
<tr>
<td>Jun</td>
<td>12.0</td>
<td>13.0</td>
<td>14.0</td>
</tr>
<tr>
<td>Jul</td>
<td>13.0</td>
<td>14.0</td>
<td>15.0</td>
</tr>
<tr>
<td>Aug</td>
<td>14.0</td>
<td>15.0</td>
<td>16.0</td>
</tr>
<tr>
<td>Sep</td>
<td>15.0</td>
<td>16.0</td>
<td>17.0</td>
</tr>
<tr>
<td>Oct</td>
<td>16.0</td>
<td>17.0</td>
<td>18.0</td>
</tr>
<tr>
<td>Nov</td>
<td>17.0</td>
<td>18.0</td>
<td>19.0</td>
</tr>
<tr>
<td>Dec</td>
<td>18.0</td>
<td>19.0</td>
<td>20.0</td>
</tr>
</tbody>
</table>
Focus on Denials

### Payer Scorecard

<table>
<thead>
<tr>
<th>Payer Name</th>
<th>Remit Amount</th>
<th>Clean Claim Rate</th>
<th>Avg Days to Drop</th>
<th>Average Days to Bill</th>
<th>Average Days to Pay</th>
<th>Initial Denial Rate - Zero Pay</th>
<th>Initial Denial Rate - Partial Pay</th>
<th>Professional Service Denial Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average</td>
<td>$2,913,077,812</td>
<td>69%</td>
<td>15.38</td>
<td>0.21</td>
<td>18.76</td>
<td>17%</td>
<td>32%</td>
<td>-</td>
</tr>
<tr>
<td>Payer: 38</td>
<td>$1,850,006,281</td>
<td>78%</td>
<td>13.66</td>
<td>0.87</td>
<td>15.81</td>
<td>6%</td>
<td>21%</td>
<td>19%</td>
</tr>
<tr>
<td>Payer: 44</td>
<td>$238,097,812</td>
<td>65%</td>
<td>14.62</td>
<td>0.36</td>
<td>24.26</td>
<td>13%</td>
<td>12%</td>
<td>20%</td>
</tr>
<tr>
<td>Payer: 284</td>
<td>$273,189,649</td>
<td>53%</td>
<td>23.23</td>
<td>0.49</td>
<td>12.38</td>
<td>8%</td>
<td>16%</td>
<td>0%</td>
</tr>
<tr>
<td>Payer: 4</td>
<td>$272,338,884</td>
<td>77%</td>
<td>18.87</td>
<td>0.28</td>
<td>26.55</td>
<td>7%</td>
<td>18%</td>
<td>10%</td>
</tr>
<tr>
<td>Payer: 32</td>
<td>$113,873,320</td>
<td>61%</td>
<td>14.51</td>
<td>0.20</td>
<td>11.20</td>
<td>4%</td>
<td>9%</td>
<td>13%</td>
</tr>
<tr>
<td>Payer: 196</td>
<td>$102,795,390</td>
<td>65%</td>
<td>14.62</td>
<td>0.36</td>
<td>24.26</td>
<td>13%</td>
<td>13%</td>
<td>20%</td>
</tr>
<tr>
<td>Payer: 477</td>
<td>$44,392,578</td>
<td>69%</td>
<td>14.73</td>
<td>0.26</td>
<td>28.91</td>
<td>7%</td>
<td>64%</td>
<td>4%</td>
</tr>
<tr>
<td>Payer: 27</td>
<td>$251,196,415</td>
<td>91%</td>
<td>13.88</td>
<td>0.09</td>
<td>17.73</td>
<td>4%</td>
<td>6%</td>
<td>31%</td>
</tr>
</tbody>
</table>

### Initial Denial: Zero Pay Rate (%)

- **2016**: [Graph showing data]
- **2016**: [Graph showing data]
- **2017**: [Graph showing data]
But wait, how is it built?
But wait, how is it built?

<table>
<thead>
<tr>
<th>Adjustment Reason Code</th>
<th>Adjustment Reason Description</th>
<th>Timing</th>
<th>WPC Notes</th>
<th>Active?</th>
<th>Modified?</th>
<th>Area for Focus?</th>
<th>Extra Notes</th>
<th>Lack of Coverage/No Ins Eligibility</th>
<th>Adjustment Reason Code Category in Analytics</th>
</tr>
</thead>
<tbody>
<tr>
<td>100</td>
<td>Claim/service not covered by this payer/contractor. You must send the claim/service to the</td>
<td>Start: 01/01/1995</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td></td>
<td></td>
<td></td>
<td>Payer/COB</td>
</tr>
<tr>
<td></td>
<td>correct payer/contractor.</td>
<td>Last Modified: 01/20/2013</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>110</td>
<td>Billing date predates service date.</td>
<td>Start: 01/01/1995</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td></td>
<td></td>
<td></td>
<td>Coding Issue/Medical Necessity</td>
</tr>
<tr>
<td></td>
<td>The advance indemnification notice signed by the patient did not comply with requirements.</td>
<td>Last Modified: 09/30/2007</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>112</td>
<td>Benefit maximum for this time period or occurrence has been reached.</td>
<td>Start: 01/01/1995</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td></td>
<td></td>
<td></td>
<td>Coding Issue/Medical Necessity</td>
</tr>
<tr>
<td></td>
<td>Last Modified: 02/29/2004</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>140</td>
<td>Patient's/insured health identification number and name do not match.</td>
<td>Start: 06/30/1999</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td></td>
<td></td>
<td></td>
<td>Patient Eligibility or Coverage</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>152</td>
<td>Payment adjusted because the payer deems the information submitted does not support this</td>
<td>Start: 10/21/2002</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td></td>
<td></td>
<td></td>
<td>Coding Issue/Medical Necessity</td>
</tr>
<tr>
<td></td>
<td>frequency of services.</td>
<td>Last Modified: 02/27/2008</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>165</td>
<td>Referral absent or exceeded.</td>
<td>Start: 09/30/2007</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td></td>
<td></td>
<td></td>
<td>Coding Issue/Medical Necessity</td>
</tr>
<tr>
<td></td>
<td>Last Modified:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>166</td>
<td>These services were submitted after this payer's responsibility for processing claims under</td>
<td>Start: 02/28/2005</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td></td>
<td></td>
<td></td>
<td>Claim or Payment Timing</td>
</tr>
<tr>
<td></td>
<td>this plan ended.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>167</td>
<td>This (these) diagnosis(es) is (are) not covered. Note: Refer to the 835 Healthcare Policy</td>
<td>Start: 06/30/2005</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td></td>
<td></td>
<td></td>
<td>Non-covered Charges</td>
</tr>
<tr>
<td></td>
<td>Identification Segment (Loop 2110 Service Payment Information REF), if present</td>
<td>Last Modified: 09/20/2005</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Legend: I=Informational, B=Business or PFS, AnAccess Management, H=HIM or Med Rec, CM=Case Management or UR |
Note: PFS sees and reacts to all. They are not giving up control but the list gives a denial team a starting point to research and reduce future denials.
Denial Review
Denial Area Graph

Denial Analysis

Denial Composition

- Paper/COB: 2.37M
- Authorization: 1.67M
- Patient Eligibility or Coverage: $0.52k
- Non-covered Charges: $24.16k
Denial Drill Down

Denial Analysis

Denied Composition

15: The authorization number is missing, invalid, or does not apply to the billed services or provider.
342.6k

140: Patient/Insured health identification number and name do not match.
23.7k
Drilldown into the Denials

Source Data

### Custom Report

<table>
<thead>
<tr>
<th>Remit Data</th>
<th>Charge Amount</th>
<th>AdjustmentID</th>
<th>Adjustment Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payer: 4</td>
<td>$2,015.78</td>
<td>130650291</td>
<td>15: The authorization number is missing, invalid, or does not apply to the billed services or provider.</td>
</tr>
<tr>
<td>Payer: 4</td>
<td>$2,015.78</td>
<td>130650291</td>
<td>15: The authorization number is missing, invalid, or does not apply to the billed services or provider.</td>
</tr>
<tr>
<td>Payer: 284</td>
<td>$1,412.94</td>
<td>137129763</td>
<td>148: Patient/Insured health identification number and name do not match.</td>
</tr>
<tr>
<td>Payer: 4</td>
<td>($13,563.31)</td>
<td>143185494</td>
<td>15: The authorization number is missing, invalid, or does not apply to the billed services or provider.</td>
</tr>
<tr>
<td>Payer: 4</td>
<td>($13,563.31)</td>
<td>143185497</td>
<td>15: The authorization number is missing, invalid, or does not apply to the billed services or provider.</td>
</tr>
<tr>
<td>Payer: 4</td>
<td>($13,563.31)</td>
<td>143185544</td>
<td>15: The authorization number is missing, invalid, or does not apply to the billed services or provider.</td>
</tr>
<tr>
<td>Payer: 4</td>
<td>$3,883.86</td>
<td>150683741</td>
<td>15: The authorization number is missing, invalid, or does not apply to the billed services or provider.</td>
</tr>
</tbody>
</table>
Back to the DMAIC Model again...

• We know what we want to review
• We have the data
• We can measure the ROI
• We can improve process on the front end
• And we can measure our impact
• And we can continue to monitor to make sure our new practices stay in place
Summary

• “Analytics” can feel like drinking from a firehose, focus on specific aspects of the business that you want to impact.

• Choose your specific areas carefully. Make sure:
  • They align with business interests
  • You have the ability to measure your impact
  • You can make an impact in the area

• If you understand what drives a KPI, you can improve it and deliver organizational value.
Questions?

Will Israel

- Email: Will.Israel@ssigroup.com
- LinkedIn: www.linkedin.com/in/willisisrael

Thank you for your time and interest.