### Analysis Paralysis – Don't Become a Victim!

### 5 Major Mistakes People Make with Analytics

### Will Israel, MPH, CSBI Director, Product Management





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### **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







# **Key SSI Partnerships**





### **Speaker**



#### 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.









# **So What Is Analytics?**



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"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.

\* Competing on Analytics. Tom Davenport, Jeanne Harris, 2007 Harvard Business School Press.



## **So What is Analytics?**

Ar	nalytics		
4	Decision Optimization	What's the best that	can happen?
	Predictive Analytics	What will happen ne	xt?
_	Forecasting	What if these trends	continue?
	Statistical models	Why is this happenin	ig?
	Alerts	What actions are nee	eded?
_	Query/drill down	Where exactly is the	problem?
	Ad hoc reports	How many, how ofte	n, where?
	Standard reports	What happened?	Reporting

#### **Degree of Intelligence**

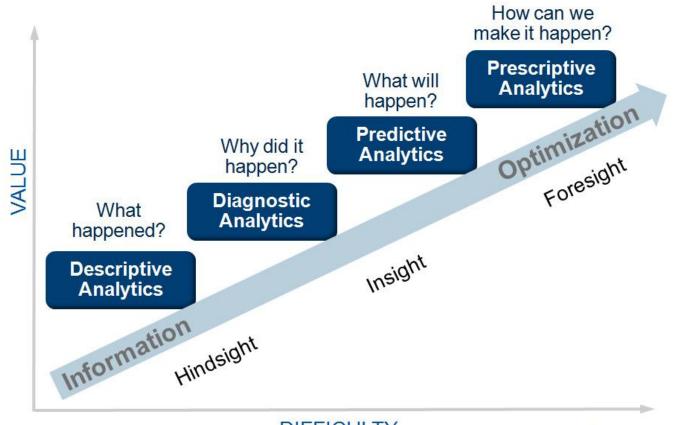
Source: Competing on Analytics: The New Science of Winning (Davenport /Harris)



**Competitive Advantage** 

### **A Little Easier to See Here**

### **Analytic Value Escalator**



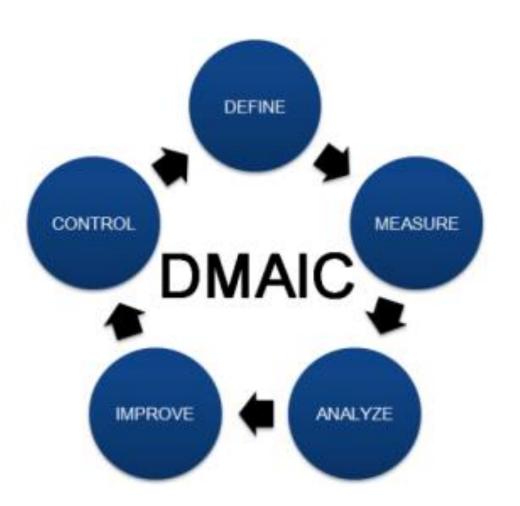
DIFFICULTY





### **Using Analytics Practically: The DMAIC Model**

- 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



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# 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
- "…[I]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.





# Not understanding how KPIs translate to process.

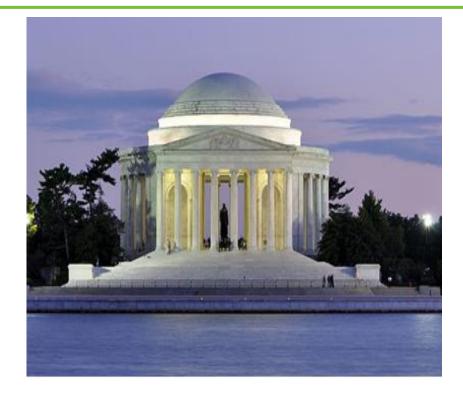
- Work Backwards. Have a question related to a business goal and build out the data required to answer the question.



### **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?





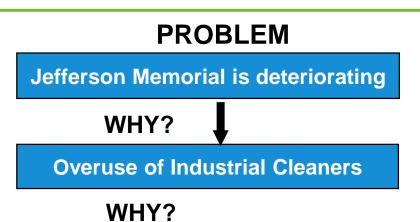
#### PROBLEM

Jefferson Memorial is deteriorating

WHY?

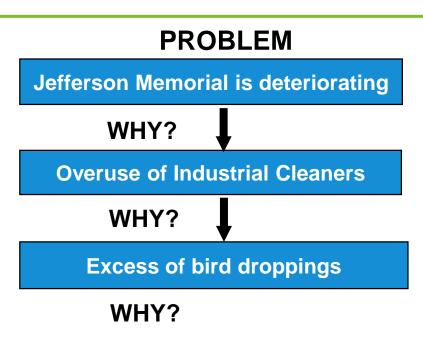






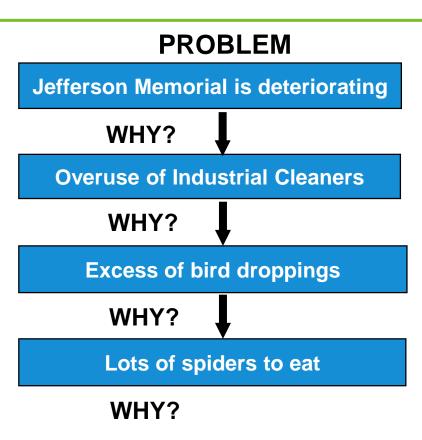






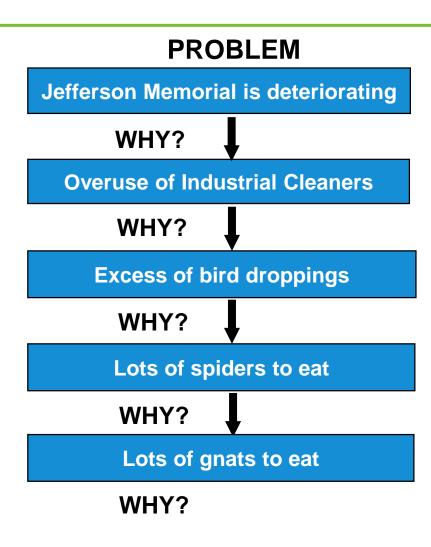




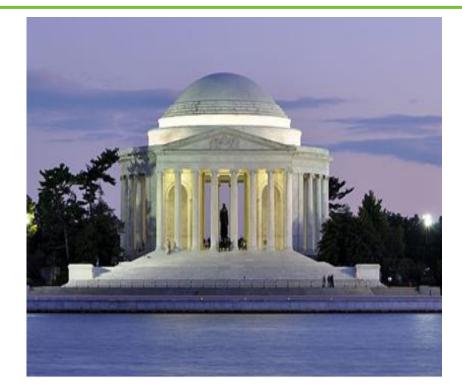


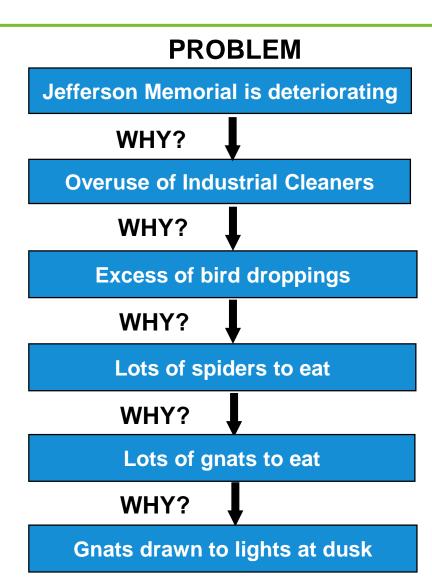












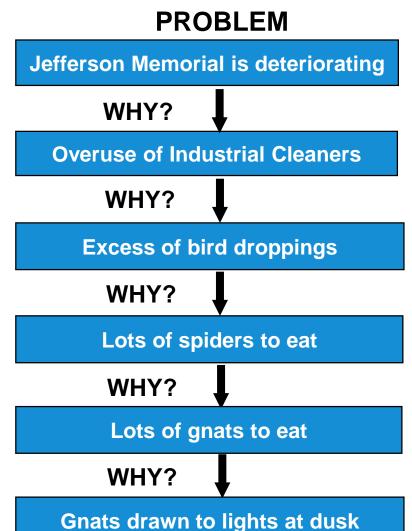




### Solution

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

90% reduction in the number of gnats within 2 weeks.





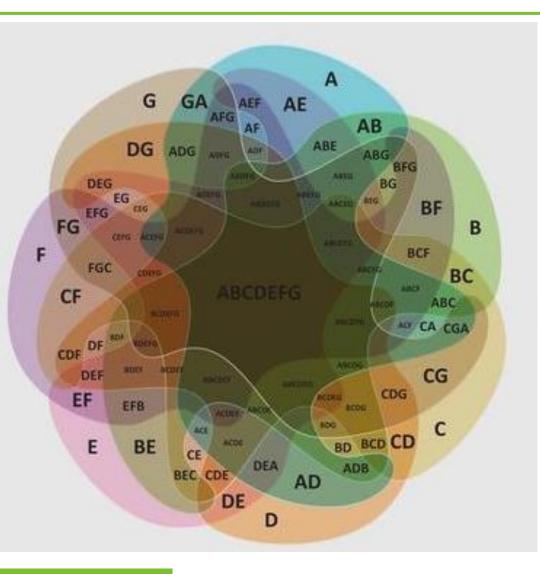


### Not having the most granular data available making Root Cause Analysis impossible.

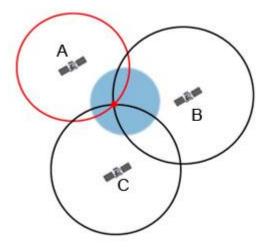
- You have to be able to slice and dice to truly understand root cause so that the complex relationships become visible.
- Payer, Revenue Code, Bill Type, Physician, Remark Code, and Date has been a unique, important relationship.



# **The Ultimate Venn Diagram**



- Think of every question you ask bringing you closer to your solution.
- It's literally how GPS works:







### 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

Bill Date 92 of 1188											Q
evenue Cycle KPIs											
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### **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.





### Not making objective comparisons when looking at visualizations.

#### sig·nal-to-noise ra·tio

noun

the ratio of the strength of an electrical or other signal carrying information to that of interference, generally expressed in decibels.

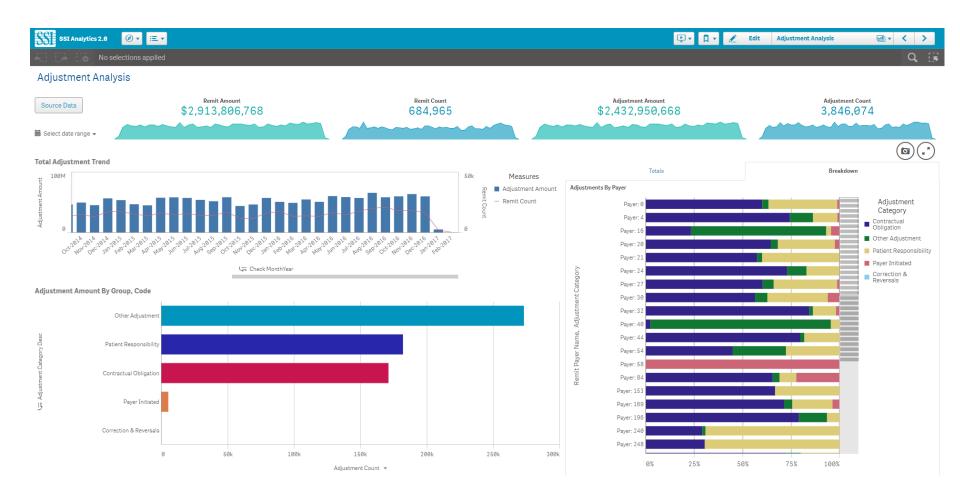
informal

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?

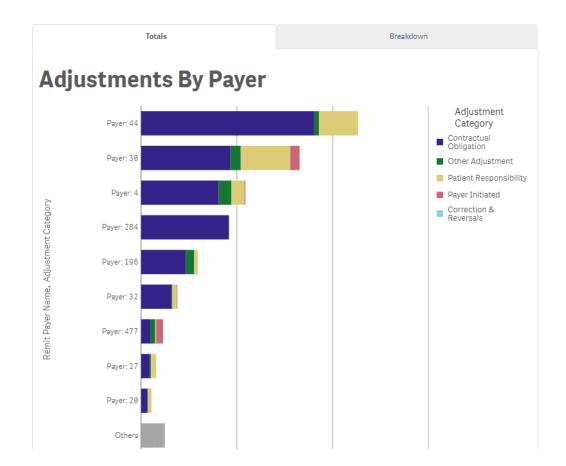


## **Making the Right Comparison**



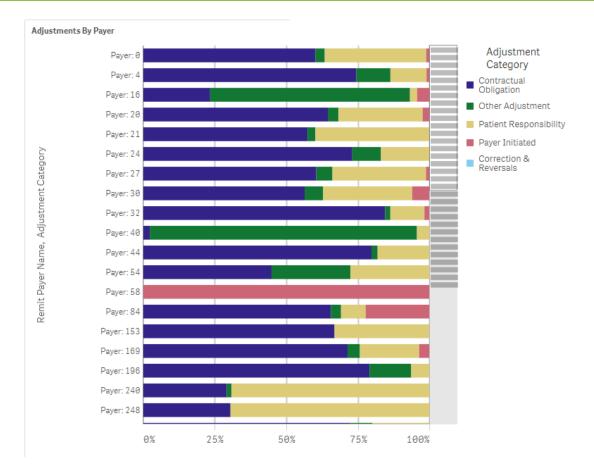


### **Making the Right Comparison**





## **Making the Right Comparison**





# Bridging the Gap between the Front End and the Back End



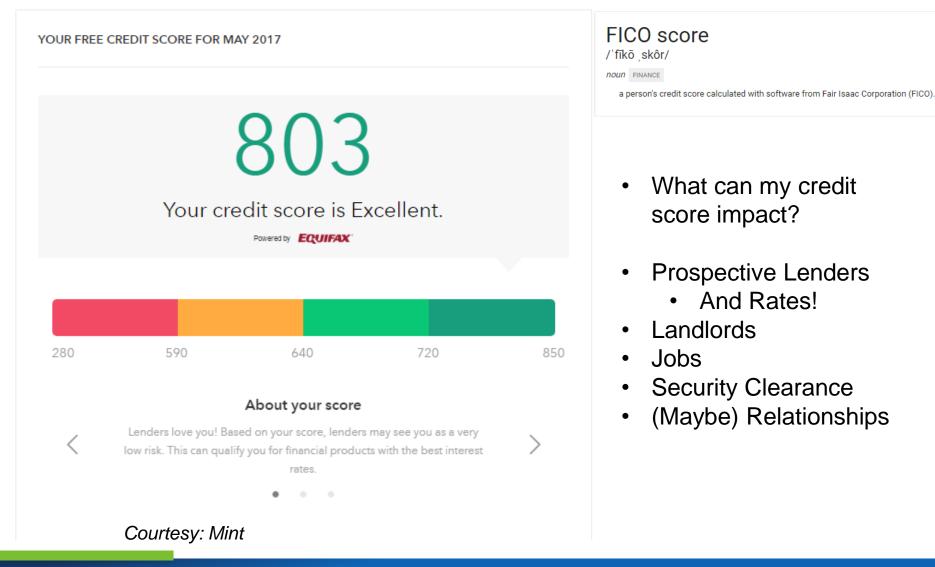
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## **Thinking about KPIs**

- 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

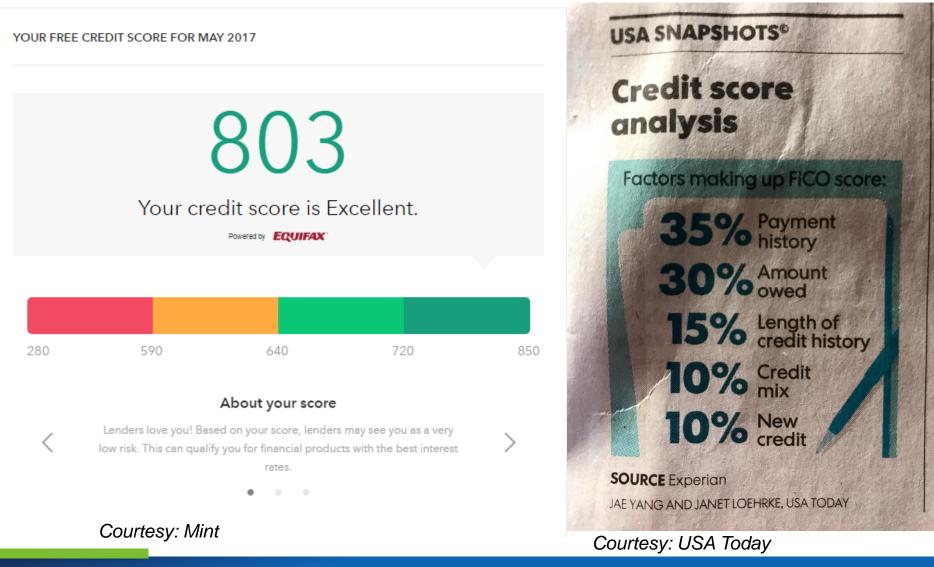


#### **Credit Score View**



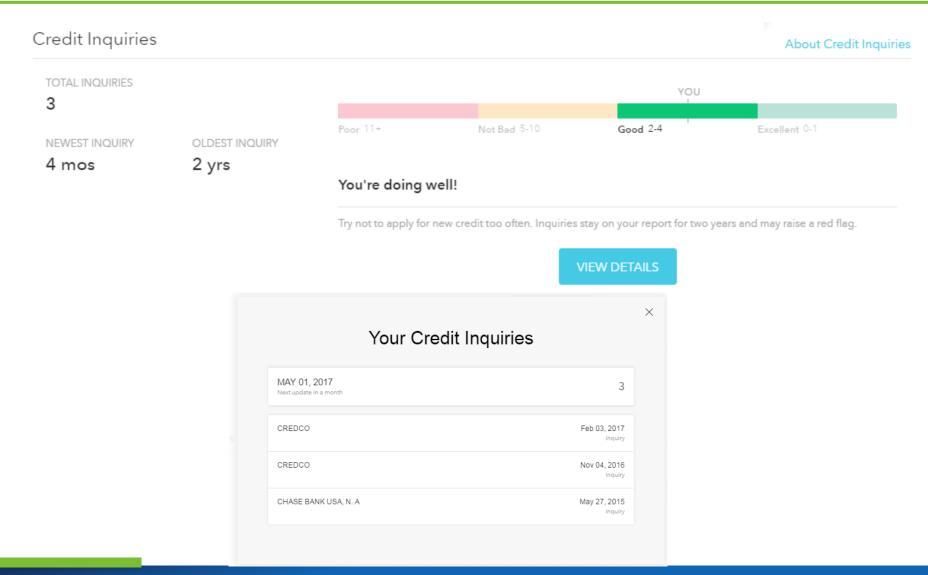


## **Credit Score: The "Guts"**





# **Drilling down**





#### **KPIs at a Glance**

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#### **Focus on Denials**

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#### But wait, how is it built?

Adjustment						_			
Reason Code 🖃	Adjustment Reason Description 💌	Timing	WPC Notes	Active? 💌	Modified?	Area for Focus*	Extra Notes 🔻	Lack of Coverage/No Ins Eligibilit	Adjustement Reason Code Category in Analytics
	Claim/service not covered by this								
		Start: 01/01/1995							
	the claim/service to the correct	Last Modified:							
109	payer/contractor.	01/29/2012		Y	Y	A			Payer / COB
110	Billing date predates service date.	Start: 01/01/1995		Y	N	A *Legend	: I=Informational . B=Business		Coding Issue / Medical Necessity
	The advance indemnification	Start: 01/01/1995					ment, H=HIM or Med Rec, CM=		
	notice signed by the patient did not	Last Modified:					S sees and reacts to all. They		
116	comply with requirements.	09/30/2007		Y	Y	A			Coding Issue / Medical Necessity
	Benefit maximum for this time	Start: 01/01/1995					gives a denial team a starting	point to research and reduce	
	period or occurrence has been	Last Modified:				future d	enials		
119	reached.	02/29/2004		Υ	Y	Α			Patient Eligibility or Coverage
	Patient/Insured health								
	identification number and name do								
140	not match.	Start: 06/30/1999		Y	N	Α		Yes	Patient Eligibility or Coverage
	Payment adjusted because the								
	payer deems the information	Start: 10/31/2002							
	submitted does not support this	Last Modified:							
151	many/frequency of services.	01/27/2008		Y	Y	Α			Coding Issue / Medical Necessity
		Last Modified:							
165	Referral absent or exceeded.	09/30/2007		Y	Y	Α	Typically physician		Coding Issue / Medical Necessity
	These services were submitted after								
	this payers responsibility for								
	processing claims under this plan								
166	ended.	Start: 02/28/2005		Y	N	Α		Yes	Claim or Payment Timing
	This (these) diagnosis(es) is (are)								
	not covered. Note: Refer to the 835								
	Healthcare Policy Identification								
	Segment (loop 2110 Service	Start: 06/30/2005							
	Payment Information REF), if	Last Modified:							
167	present.	09/20/2009		Y	Y	A			Non-covered Charges



#### But wait, how is it built?

Adjustment						_		
Reason Code 🖃 Adjustment Reason Description 💌	Timing	WPC Notes	Active? 💌	Modified? 🔻	Area for Focus*	Extra Notes 🔻	Lack of Coverage/No Ins Eligibilit	Adjustement Reason Code Category in Analytics 💌
Claim/service not covered by this								
payer/contractor. You must send	Start: 01/01/1995							
the claim/service to the correct	Last Modified:							
109 payer/contractor.	01/29/2012		Y	Y	Α			Payer / COB
110 Billing date predates service date.	Start: 01/01/1995		Y	N	A *Legend	I=Informational, B=Business		Coding Issue / Medical Necessity
The advance indemnification	Start: 01/01/1995				-	ment, H=HIM or Med Rec, CM=		
notice signed by the patient did not	Last Modified:							
116 comply with requirements.	09/30/2007		Y	Y	A	S sees and reacts to all. They		Coding Issue / Medical Necessity
Benefit maximum for this time	Start: 01/01/1995					ives a denial team a starting	point to research and reduce	
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119 reached.	02/29/2004		Y	Υ	Α			Patient Eligibility or Coverage
Patient/Insured health								
identification number and name do								
140 not match.	Start: 06/30/1999		Y	N	А		Yes	Patient Eligibility or Coverage
Payment adjusted because the								
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submitted does not support this	Last Modified:							
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	Last Modified:							
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Segment (loop 2110 Service	Start: 06/30/2005							
Payment Information REF), if	Last Modified:							
167 present.	09/20/2009		Y	Y	A			Non-covered Charges



#### **Denial Review**

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	tional payment for Dental/V	100.00	a					Payer: 284	90.7%	\$1,608,300	1522
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2.37M		ting \$1,000,00	e –					Payer: 4	77.4%	\$383,932	72
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# **Denial Area Graph**

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			Non-covered Charges 224.16k



## **Denial Drill Down**

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Denial Analysis Denial Composition	🖸 îli 😵
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. 237.92k

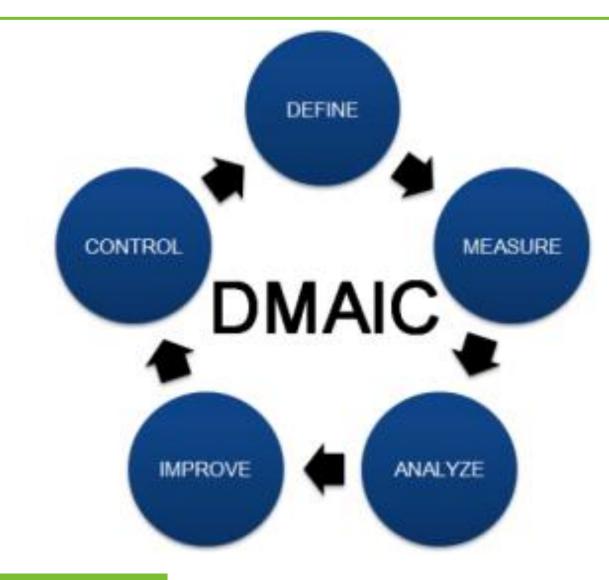


#### **Drilldown into the Denials**

SSI Analytics 2.0	Ø	<ul> <li>■ Ξ ■</li> </ul>				💽 👻 📮 🖌 Edit Source Data	
51 [7 [8 <b>Adju</b> 5 of	ustment 133	Reas 🐼 =If([Adjustment Patient Eligibility	Adjus	tment_Cod 🛞			Q, 🗊
Source Data							
/isualizations		Custom Report [ 🔂 🖉					
Remit Data	*	Remit Payer Name 😣 (	Charge Amour	t 🛛 🛛 AdjustmentID 🛇	Adjustment Reason 😣		
Dimensions							
AdjustmentID	~	Remit Data					
	· ·	Remit Payer Name	Q	Charge Amount	AdjustmentID Q	Adjustment Reason	Q
Remark Code Desc	_	Totals		\$580,518.54			
Remit Payer Name	~	Payer: 4		\$2,015.78	130650286	15: The authorization number is missing, invalid, or does not apply to the billed services or provider.	
Remit Revenue Desc		Payer: 4		\$2,015.78		15: The authorization number is missing, invalid, or does not apply to the billed services or provider.	
Remit Status Desc		Payer: 284		\$220.27	137129609	140: Patient/Insured health identification number and name do not match.	
	_	Payer: 284		\$93.23	137129650	140: Patient/Insured health identification number and name do not match.	
RemitID		Payer: 284		\$3,123.91	137129742	140: Patient/Insured health identification number and name do not match.	
leasures		Payer: 284		\$1,413.04	137129763	140: Patient/Insured health identification number and name do not match.	
Charge Amount	~	Payer: 4		(\$13,563.31)	143185494	15: The authorization number is missing, invalid, or does not apply to the billed services or provider.	
Contractual Obligation		Payer: 4		(\$13,563.31)	143185497	15: The authorization number is missing, invalid, or does not apply to the billed services or provider.	
	_	Payer: 4		(\$13,563.31)	143185544	15: The authorization number is missing, invalid, or does not apply to the billed services or provider.	
Corrections & Reversals	_	Payer: 4		\$3,088.86	150893741	15: The authorization number is missing, invalid, or does not apply to the billed services or provider.	
Other Adjustments		Payer: 284		\$643.26	157885827	140: Patient/Insured health identification number and name do not match.	
Patient Responsibility		Payer: 284		\$643.26	157885842	140: Patient/Insured health identification number and name do not match.	
Davar Initiated		Payer: 284		\$643.26	157885862	140: Patient/Insured health identification number and name do not match.	
Payer Initiated		Payer: 284		\$643.26	157885887	140: Patient/Insured health identification number and name do not match.	



## 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.



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# Thank you for your time and interest.

