ANALYTICS PANEL DISCUSSION

Moderator

Chris Branin

UVA Health

Panelists

Sheila Seal

Mary Washington Healthcare

Glenn Wasson

UVA Health

Lauren White

Carol Sage

Chesapeake Regional Healthcare

SHEILA SEAL, FHFMA
DIRECTOR, DECISION SUPPORT
MARY WASHINGTON HEALTHCARE

- Based in Fredericksburg, VA
- 573 beds
- $1.5B NPR
- 25,000 discharges

GLENN WASSON, PHD
ADMINISTRATOR, ANALYTICS
UVA HEALTH

- Based in Charlottesville, VA
- Recent acquisitions of Prince William, Haymarket, and Culpeper Medical Centers
- 856 beds
- $4.1B NPR
- 37,000 discharges

LAUREN WHITE
DIRECTOR, PLANNING
& PERFORMANCE ANALYTICS

CAROL SAGE
STRATEGIC ANALYST

CHESAPEAKE REGIONAL HEALTHCARE

- Based in Chesapeake, VA
- 310 beds
- $470M NPR
- 18,300 discharges

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CRH Strategic Decision Support Journey

Early

- DSS Selection
- Staff Development
- Tools Development
- Training
- Engagement
- Governance (tight)

Emerging

- Integrated Data
- Stakeholder Dashboards
  - Analysis
  - Market Intelligence
  - GEO Coded Data
- Governance (flexible)

Mature

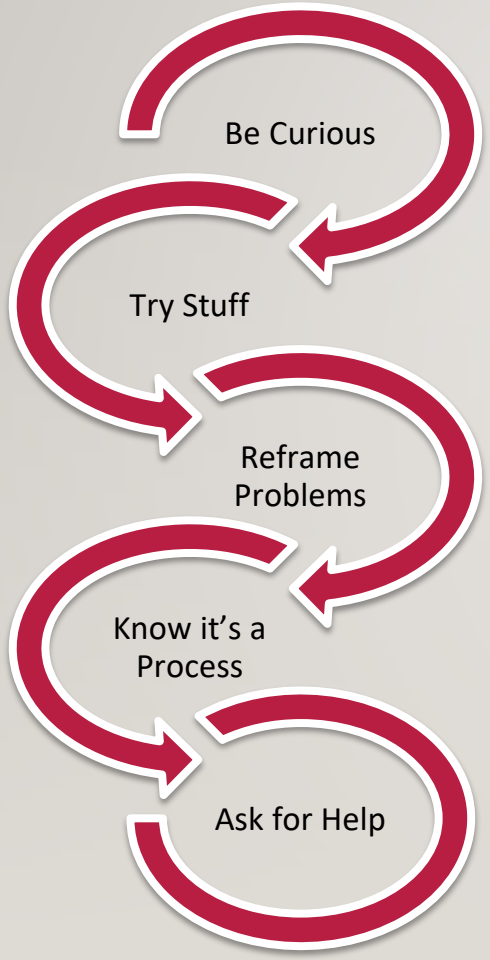
- Non-EMR, Nonpatient-Centered Data Lakes
- Social Determinant of Health Analytics
- Predictive Analytics
- Cultivate Story Tellers

Rules of Decision Support Engagement

- **Data Integrity** – a DBA with teeth
- **Data Governance**
  - Standardized definitions
  - Access to the rabbit hole
  - Final word – there is a sheriff in town
- **Stakeholders**
  - Designing Your Success
  - A deliberate break from IT- or Finance-centric objectives
  - Building trust

Collaborate with Stakeholders

based on *Designing Your Life* by Dave Evans & Bill Burnett



Stakeholder Problem Solving

Data Audits & Compliance

KPI Dashboards

Populations of Interest

Community Benefit

Business Development

Presentations

Cost of Emergency Psychiatric Care

Emergency Room patients typically track along a bell curve when it comes to an ED charge, acuity and volume, meaning most patients fall in the middle between a Level 3 and Level 4 charge.

Patients with a primary diagnosis of Psychfall heavily on the highest level of acuity and cost. Thisadditional cost is not fully covered by insurance payors.

Either we raise our rates, (not likely to increase payment) or introduce lower levels of care to reduce time held in the ER.

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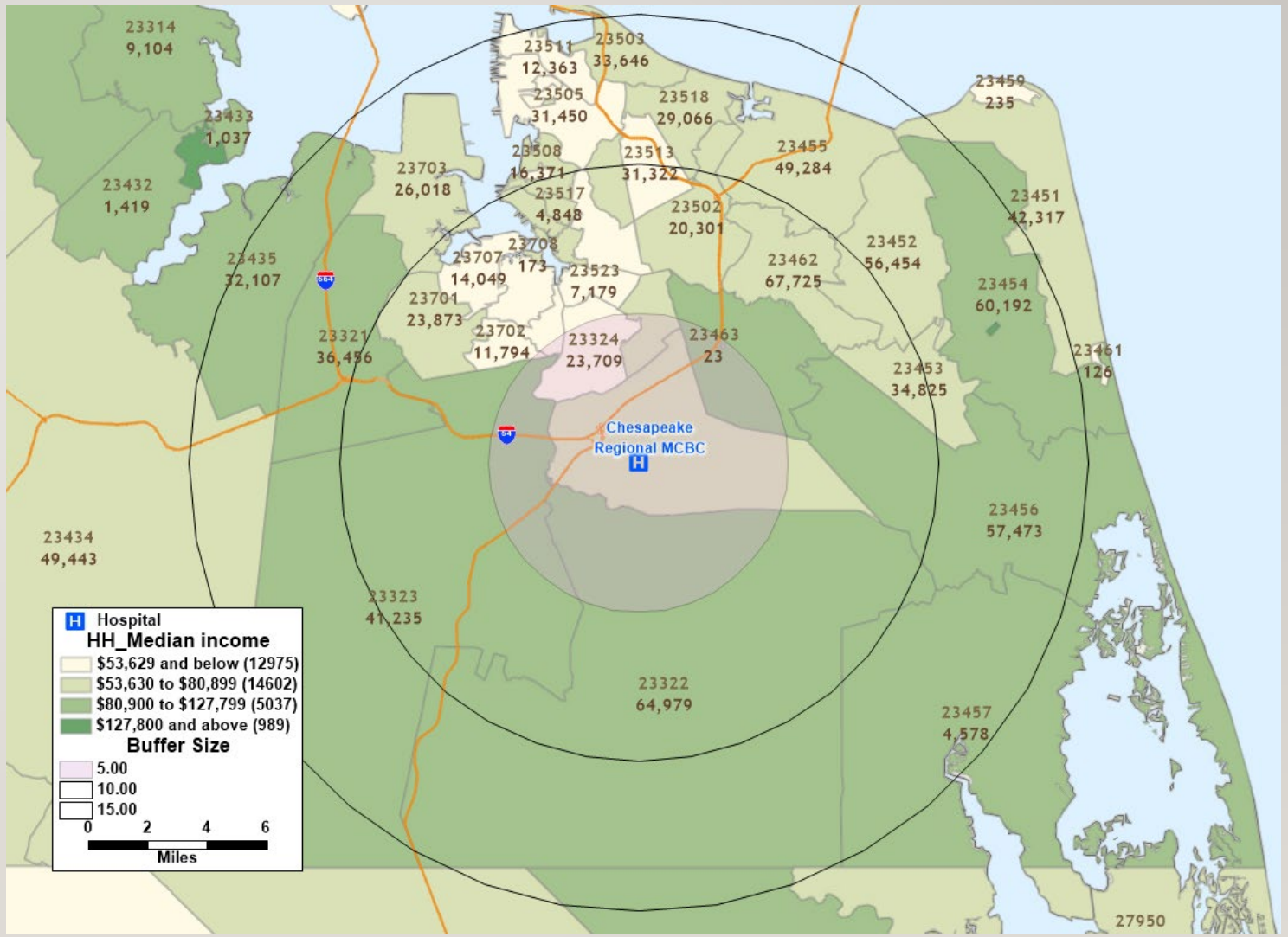
Income Disparities by ZIP Code

Where are our most vulnerable
patients and how do we find them, especially those in the shadows?

Plot high ED frequency in Planning District, and other hospital trends of social disparity—age, race, sex, income.

Attend informal community groups.

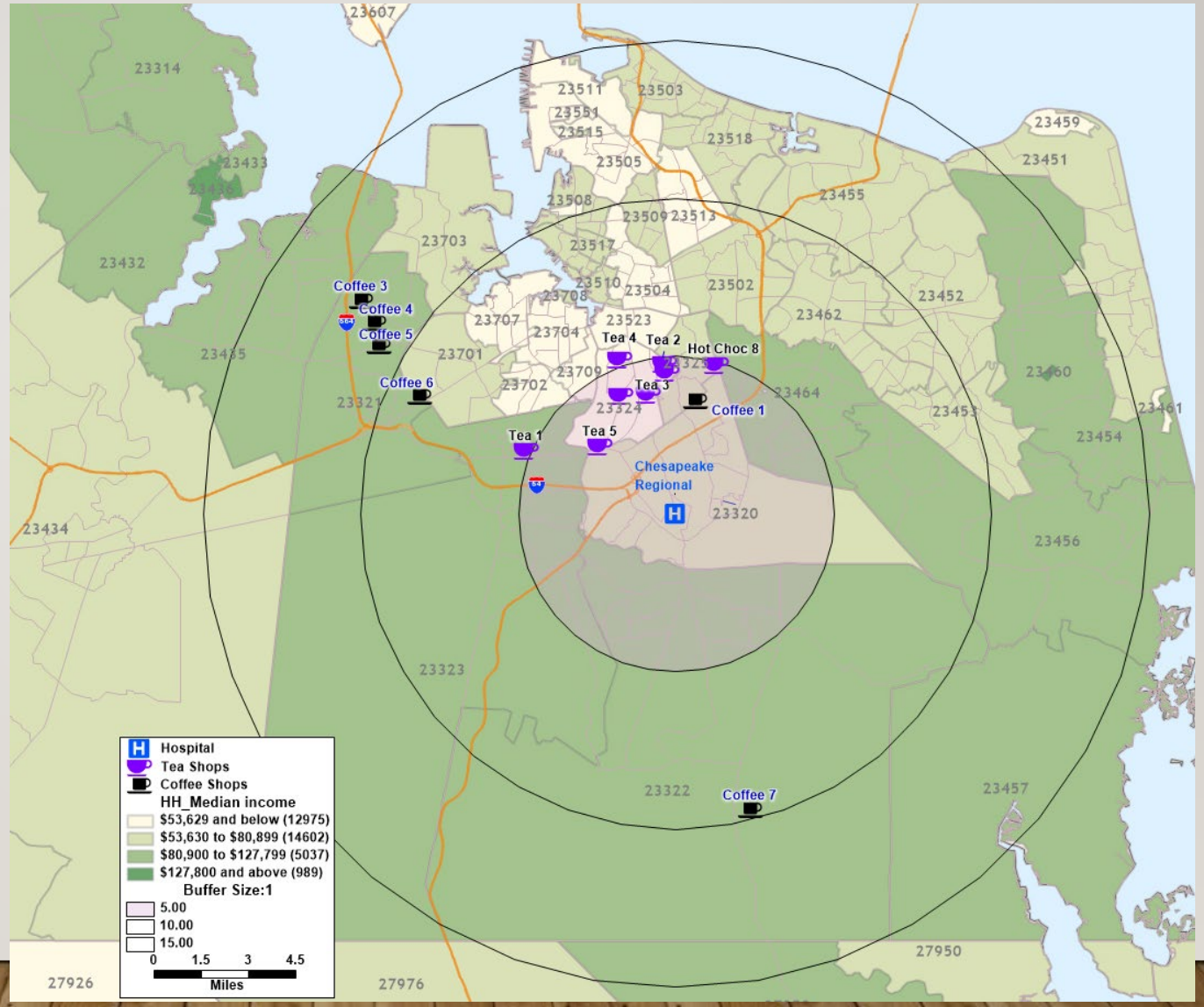


Income Disparities by ZIP Code

What did we learn? How far they travel for hospital medical services and what modes of transportation do they use.

What they need in their community:

Coffee shops & food stops
Primary care
Urgent care
Mobile services



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