

Automating Data Governance to Support Effective Analytics

Presenters: George Dealy & Amato Amarain

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HFMA New Jersey and Metro Philly Institute

Presenters



George Dealy Vice President, Healthcare Applications





Amato Amarain Consultant



Learning Objectives

- Define the Purpose of Enterprise Decision Support Systems
- Describe How Financial Professionals Can Help Ensure Their Success
- Discuss the Role of Data Governance
- Recommend Best Practices in Applying Data Governance
- Reinforce Concepts with a Case Study

Agenda

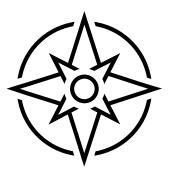
- Background on Decision Support
- Formula for Success
- The Role of Data Governance
- Best Practices
- Case Study



The Importance of Enterprise Decision Support



- Lifeblood of the Organization
- Meaningful Summarization
- Key Performance Indicators
- Precision & Accuracy
- Timely & Relevant
- Support Data Driven Decisions





Formula for Success



- Led by Stakeholders & Sponsors
- Involves Subject Matter Experts
- Institutes Data Governance
- Focuses on User Community Needs
- Facilitates & Monitors Adoption





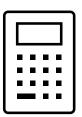
Financial Professionals: A Unique Opportunity



The Right Stuff!

- Quantitatively Oriented
- ☐ Finance: Precisely Defined Domain
- Disciplined Processes
- Broad Visibility across Organization
- Data Driven







The Role of Data Governance



- Identify Critical Measurements
- Build Consensus
- Determine Reliable Sources of Data
- Document Definitions & Decisions
- Respond to Change





Data Governance Best Practices



- 1. Engage **Key** Stakeholders
- 2. Start with KPIs, **First**
- 3. Identify the **Right** Data Sources
- 4. Create **Processes** for "Metadata"
- 5. Validate, Validate!





Best Practice #1: Engage Key Stakeholders



- Operational Responsibility
- Data Driven
- Drive Results via Metrics
- Lacking Good Options
- Invested in Outcome





Best Practice #2: Start with KPIs, First



- Align with Strategic Objectives
- Choose a Reasonable Number
- Assign Ownership
- Define Data & Logic Precisely





Best Practice #3: Identify the Right Data Sources



- ☐ Is it **Accessible**?
- ☐ Is it **Reliable**?
- ☐ Is it **Timely**?
- How often does it Change?
- ☐ Is it the **Right** Data?





Best Practice #4: Create Processes for Managing Metadata



- Dictionary of KPIs & Descriptions
- Accessible to Info. Consumers
- Co-locate with Quantitative Data
- Manage with a Task Workflow
- Keep it Up-to-Date





Measure Master for Metadata

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cute Admissions		count of inpatient accounts excluding non-acute and normal newborn accounts by admit date	count()	value("Acute Admission")	#,##0	up
cute Admit % ED		ED Admissions divided by Acute Admissions by admit date in percentage form	measure("ED Admissions") / measure("Acute Admissions")	value("Acute Admission")	#,##0.0%	up
cute All Payer Case Mix	The average (mean) of CMS MS-DRG weights for discharged acute inpatient accounts with a valid MS-DRG that has a non-zero CMS MS-DRG weight, by discharge	average (mean) of CMS MS-DRG weights limited to discharged acute inpatient accounts with a CMS MS-DRG weight greater than zero by discharge		value("Acute Discharge") and value("Valid Case Mix account")	#,##0.00	up
cute ALOS	The average length of stay (ALOS) in days for discharged acute inpatient accounts, by discharge date.		measure("Acute Discharge Days") / measure("Acute Discharges")	value("Acute Discharge")	#,##0.00	down
cute ALOS Variance	The difference between average length of stay and target average length of stay for discharged acute inpatient accounts, by discharge date.	Acute ALOS minus Acute ALOS Target by discharge date	measure("Acute ALOS") - measure("Acute ALOS Target")		#,##0.00	down
cute Discharge Days		sum of days from admission date to discharge date for discharged acute inpatient accounts (not counting day of discharge and counting same day discharges as one day) by discharge date	sum(value("Discharge Days"))	value("Acute Discharge")	#,##0	down
cute Discharges	discharge date.	count of inpatient accounts where discharge date is not null excluding non-acute and normal newborn accounts by discharge date	count()	value("Acute Discharge")	#,##0	up
cute Hospital Mortality	status of expired is used as an indication of hospital	count of discharged inpatient accounts where discharge date is not null limited to discharge status of Expired and excluding non-acute and normal newborn accounts by discharge date	· ·	value("Acute Discharge") and value("Expired Account")	#,##0	down
cute Hospital Mortality Rate	The percentage of acute inpatient accounts discharged with a discharge status of expired, by discharge date.		measure("Acute Hospital Mortality") / measure("Acute Discharges")	value("Acute Discharge")	#,##0.0%	down
cute Patient Days	accounts including discharged and in-house accounts by the census date of individual hospital days. Day of	sum of days from admission date to discharge date, excluding the day of discharge except where admit date equals discharge date, for discharged and in-house acute inpatient accounts (where the current date is substituted for discharge date for in-		value("Acute Admission")	#,##0	down
MI Population	The number of patients, counting unique medical record numbers (MRNs), with at least one account with an acute	count (dimcount) of medical record numbers (MRNs) with one or more accounts with an AMI	, , , , , , , , , , , , , , , , , , , ,	value("CMS AMI Population Account")	#,##0	down

Measure Master for Metadata

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Acute Admissions	The number of acute inpatient accounts including discharged and in-house patients, by admit date.	count of inpatient accounts excluding non-acute and normal newborn accounts by admit date	count()	value("Acute Admission")	#,##0	up
Acute Admit % ED	The percentage of acute inpatient admissions admitted from the ED, by admit date.		measure("ED Admissions") / measure("Acute Admissions")	value("Acute Admission")	#,##0.0%	up
Acute All Payer Case Mix	The average (mean) of CMS MS-DRG weights for discharged acute inpatient accounts with a valid MS-DRG that has a populate CMS MS-DRG weight, by discharge	average (mean) of CMS MS-DRG weights limited to discharged acute inpatient accounts with a CMS MS-DRG weight greater than zero by discharge	• ' '	value("Acute Discharge") and value("Valid Case Mix account")	#,##0.00	up
Acute ALOS	The average length of stay (ALOS) in days for discharged acute inpatient accounts, by discharge date.	Acute Discharge Days divided by Acute Discharges by discharge date	measure("Acute Discharge Days") / measure("Acute Discharges")	value("Acute Discharge")	#,##0.00	down
Acute ALOS Variance	The difference between average length of stay and target average length of stay for discharged acute inpatient accounts, by discharge date.	Acute ALOS minus Acute ALOS Target by discharge date	measure("Acute ALOS") - measure("Acute ALOS Target")		#,##0.00	down
Acute Discharge Days	inpatient accounts, by discharge date.	sum of days from admission date to discharge date for discharged acute inpatient accounts (not counting day of discharge and counting same day discharges as one day) by discharge date	sum(value("Discharge Days"))	value("Acute Discharge")	#,##0	down
Acute Discharges	discharge date.	count of inpatient accounts where discharge date is not null excluding non-acute and normal newborn accounts by discharge date	count()	value("Acute Discharge")	#,##0	up
Acute Hospital Mortality	status of expired is used as an indication of hospital	count of discharged inpatient accounts where discharge date is not null limited to discharge status of Expired and excluding non-acute and normal newborn accounts by discharge date		value("Acute Discharge") and value("Expired Account")	#,##0	down
Acute Hospital Mortality Rate	The percentage of acute inpatient accounts discharged with a discharge status of expired, by discharge date.	Acute Hospital Mortality divided by Acute	measure("Acute Hospital Mortality") / measure("Acute Discharges")	value("Acute Discharge")	#,##0.0%	down
Acute Patient Days	accounts including discharged and in-house accounts by the census date of individual hospital days. Day of discharge is not included except when admit date and	date, excluding the day of discharge except where admit date equals discharge date, for discharged and in-house acute inpatient accounts (where the	, , , , , , , , , , , , , , , , , , , ,	value("Acute Admission")	#,##0	down
AMI Population	discharge date are the same. The number of patients, counting unique medical record numbers (MRNs), with at least one account with an acute	current date is substituted for discharge date for incount (dimcount) of medical record numbers (MRNs) with one or more accounts with an AMI	dimcount(value("MRN"))	value("CMS AMI Population Account")	#,##0	down

Measure Master for Metadata

Measure 🗷	Description	Definition	Format -	Favorable
	The average length of stay (ALOS) in days for discharged acute inpatient accounts, by discharge date.	Acute Discharge Days divided by Acute Discharges by discharge date	#,##0.00	down

Best Practice #4: Create Processes for Managing Metadata



- Dictionary of KPIs & Descriptions
- Accessible to Info. Consumers
- Co-locate with Quantitative Data
- Manage with a Task Workflow
- Keep it Up-to-Date





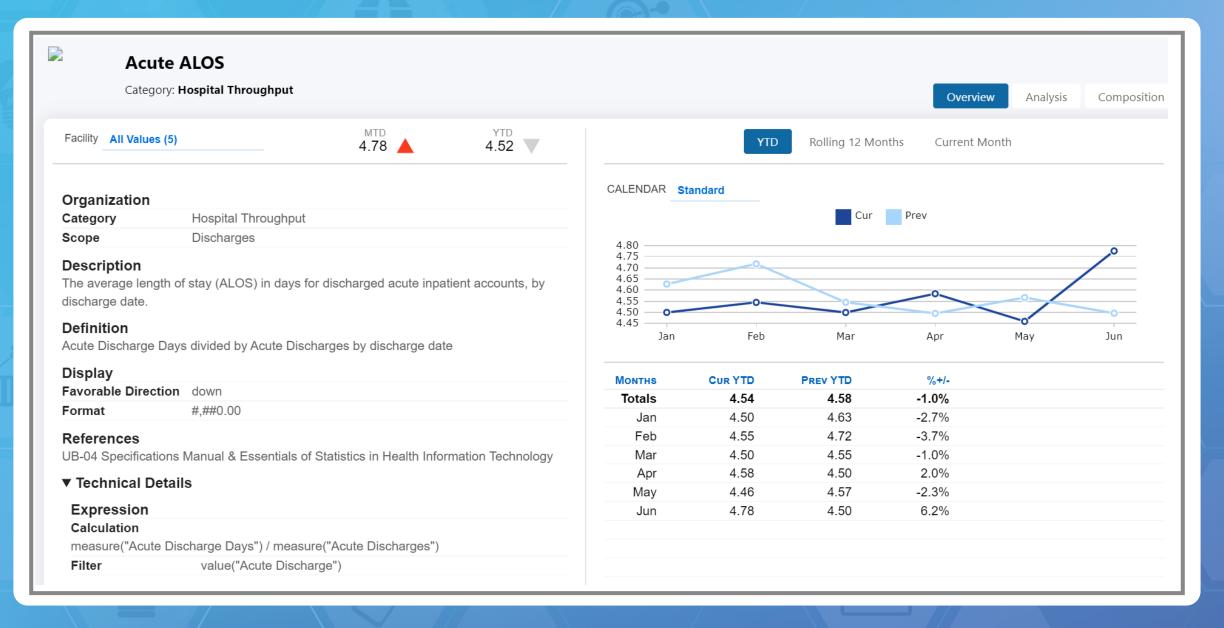
Integrating Quantitative & Meta Data



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Integrating Quantitative & Meta Data



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- Dictionary of KPIs & Descriptions
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Best Practice #5: Validate!



- Subject Matter Expert Perspective
- ☐ Tie KPI Values to Source System Data "Counts & Amounts"
- Automate Ongoing Integrity Checks
- Monitor Use & Respond to Feedback





Case Study: Physician Incentive Compensation

Problem:

As physician practices scale up, managing complex incentive compensation programs becomes increasingly challenging as manual processes are no longer practical.

Solution:







Provide Self-Service Reporting for Providers w/ Detailed Information





Physician Compensation Self Service Reports

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REPORT MONTH Jun-2023

CONTRACT PROVIDER Jarvis, Y (PHY 002482)

Physician Monthly Incentive Compensation Summary

	Jun-2023	YTD
Contract Daily Visits	9	10
Total Visits	215	1,494
Location:		
Downtown Cardiology	\$374.72	\$2,170.34
Jamestown		\$184.00
Longwood Hospital	\$21,498.75	\$149,783.59
Maplewood Hospital		\$212.00
Medical Plaza	\$77.34	\$1,204.09
Oceanway Ambulatory	\$500.79	\$1,688.78
Reliable Wound Care	\$167.41	\$1,530.46
Sanctuary OP	\$99.51	\$1,495.23
South Clinic	\$3,390.86	\$26,979.98
Springfield Hospital		\$146.95
Physician Total Receipts	\$26,109.38	\$185,395.42
Physician Payment Percentage	75.00%	76.67%
Physician Gross Pay	\$19,582.03	\$141,777.38

Contract APP Profit Share Payment	\$1,212.73	<i>\$15,273.87</i>
Sims, U (PHY_002397)		\$0.00
Pope, Z (PHY_019653)	\$0.00	\$1,986.13
Mcdowell, G (PHY_019409)	\$1,212.73	\$9,372.78
Levine, S (PHY_002934)		\$0.00
Hobbs, D (PHY 014532)		\$0.00
Hendricks, K (PHY 019435)	\$0.00	\$3,914.96
Arnold, J (PHY 000583)		\$0.00

Payment Reporting & Validation

Physician Payment Summary

REPORT MONTH Jun-2023

PRACTICE All Values (2)

FACILITY All Values (25)

CONTRACT PROVIDER All Values (22)

				COLI	LECTIONS			PROFIT SHARE	ONETIME PAYMENTS
CONTRACT PROVIDER	PHYSICIAN NET PAY	COLLECTIONS PAYMENT	TOTAL VISITS	AVG DAILY VISITS	TOTAL PATIENTS	COLLECTIONS	PAYMENT % OF COLLECTIONS	APP PROFIT SHARE	ONETIME
Giles, J (PHY_026545)	\$94,476.21	\$64,049.81	417	26	397	\$85,399.75	75.00%	\$31,301.40	
Burgess, Z (PHY_000999)	\$32,739.20	\$32,739.20	321	17	299	\$43,652.27	75.00%		
Hanson, M (PHY_004071)	\$30,784.73	\$30,784.73	266	16	262	\$43,978.19	70.00%		
Gamble, Q (PHY_014330)	\$29,813.74		228	14	218			\$29,813.74	
Rich, L (PHY_001502)	\$27,712.83	\$27,712.83	361	14	323	\$39,589.76	70.00%		
Bush, I (PHY_001028)	\$26,108.77	\$26,108.77	271	15	287	\$37,298.25	70.00%		
Daugherty, P (PHY_018189)	\$25,140.13	\$10,199.68	137	10	135	\$16,999.47	60.00%	\$15,595.95	
Cole, F (PHY_000413)	\$23,680.97	\$7,517.35	101	11	78	\$10,739.07	70.00%	\$16,163.62	
Beach, T (PHY_000613)	\$23,545.12	\$22,394.39	179	14	182	\$31,991.98	70.00%	\$1,150.74	
Hart, S (PHY_000569)	\$23,142.12	\$16,943.42	148	10	137	\$24,204.88	70.00%	\$6,198.70	
Holloway, R (PHY_004214)	\$22,983.86	\$16,226.10	311	15	137	\$23,180.14	70.00%	\$6,757.77	
Crawford, T (PHY_000659)	\$21,675.87	\$21,675.87	240	14	227	\$30,965.53	70.00%		
Hahn, G (PHY_000439)	\$21,468.15	\$21,468.15	207	12	202	\$30,668.79	70.00%	\$0.00	
Sims, H (PHY_016723)	\$20,974.39	\$10,867.98	165	9	165	\$14,490.64	75.00%	\$10,106.41	
Mcbride, G (PHY_002140)	\$20,876.22	\$20,876.22	138	11	120	\$29,823.17	70.00%		
Cantrell, A (PHY_002378)	\$20,230.96	\$15,085.91	166	12	168	\$25,143.19	60.00%	\$7,720.05	
Mclean, D (PHY_025244)	\$20,189.23	\$20,189.23	305	14	140	\$28,841.75	70.00%		
Jarvis, Y (PHY_002482)	\$19,673.26	\$19,582.03	215	9	85	\$26,109.38	75.00%	\$1,212.73	\$430.00
Munoz, Q (PHY 001193)	\$17,697.34		216	15	215	\$26,485.25		\$17,697.34	

Contract Management

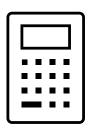
CONTRACT ID 6		NPI PHY_000	999	-
NPI	PHY_00	0999		
Kareo Doctor Name	Burgess	s, Z		
Start Year	2024	Month	05	
End Year		Month		
Contract Type	Collecti	ons	~	
Frequency Monthly	~	Units	А	~
Pay After Term?		Months		
State		W2 or 1099	1099	~
Malpr Type Standard	~	W2 or 1099		~
Profit Share	~	W2 or 1099	1099	~
Consulting Hours	~	W2 or 1099	1099	~
Medical Directorship		W2 or 1099		~
APP Stipend		W2 or 1099		~
Scribe Cost		W2 or 1099	1099	~
Advance Payment				
Notes	3-tier A			
Contract Notes				
Submit Reset				

Applying the Success Formula



- Stakeholders
- Subject Matter Experts
- Data Governance
- User Community Needs
- ☐ Facilitate & Monitor Adoption





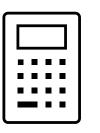


Active Data Governance



- 1. Engage Key Stakeholders
- 2. Start with KPIs, First
- 3. Identify the Right Data Sources
- 4. Create Processes for "Metadata"
- 5. Validate, Validate!



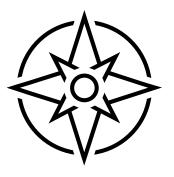




Summary



- Decision Support is Critical
- There's a Way to Ensure Success
- Data Governance will Help
- Financial Professionals are Key





Thank You!

Questions?



George Dealy: gdealy@dimins.com

