Northwell Health®



Enabling Accountable Care through Visual Analytics

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AGENDA

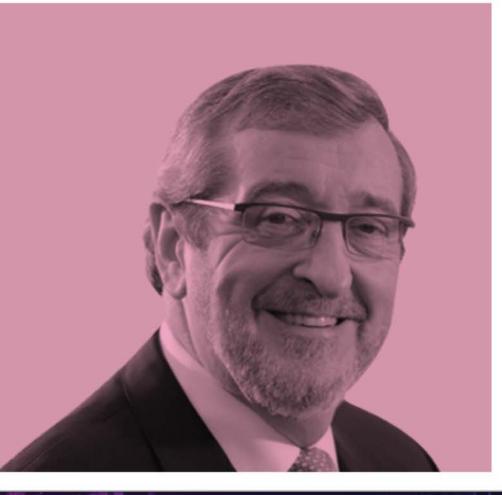
- NORTHWELL HEALTH OVERVIEW
- ACCOUNTABLE CARE ANALYTICS OVERVIEW
- ANALYTICS CHALLENGES
- TABLEAU IMPLEMENTATION
- USE CASES
- QUESTIONS

NORTHWELL HEALTH OVERVIEW

NORTHWELL HEALTH GOAL

"The goal of Northwell Health is a simple one that has been the same since its inception: be better tomorrow than we are today."

Michael Dowling





We are Northwell Health

More than being a health care provider, we are about pioneering discoveries at the Feinstein Institute for Medical Research, visionary education at the Donald and Barbara Zucker School of Medicine at Hofstra/Northwell and School of Graduate Nursing and Physician Assistant Studies, while achieving breakthrough innovations through Northwell Ventures

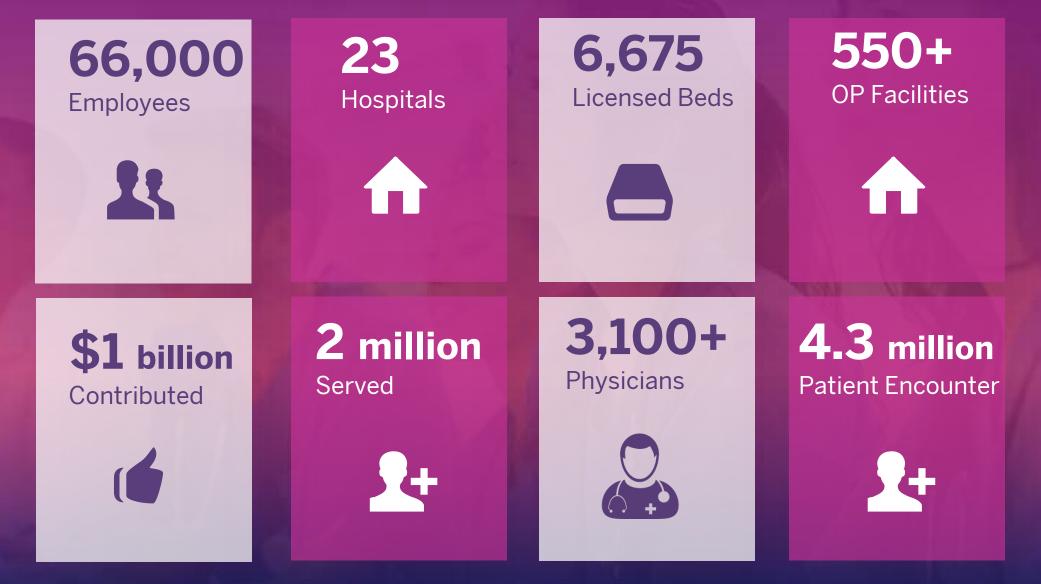
WHAT WE DO ?

Raising the standard of healthcare

At Northwell Health, we define tomorrow's health care through clinical care, community health, education, research and entrepreneurship.

NORTHWELL HEALTH 2017 SNAPSHOT





ACCOUNTABLE CARE ANALYTICS OVERVIEW





" Establish a movement for Northwell Health to be a Data-Driven Decision Organization for a better tomorrow than today "



"We are dedicated to improving provider operations and processes through developing, deploying, and maintaining comprehensive & reliable reporting environment, that provide healthcare providers with better insight enabling the provision of high-quality patient care "





- Enable Provider Decision-Makers and Care Managers with better insights
- Improve Provider Operations & Processes
- Fulfill Government Healthcare Agency Missions

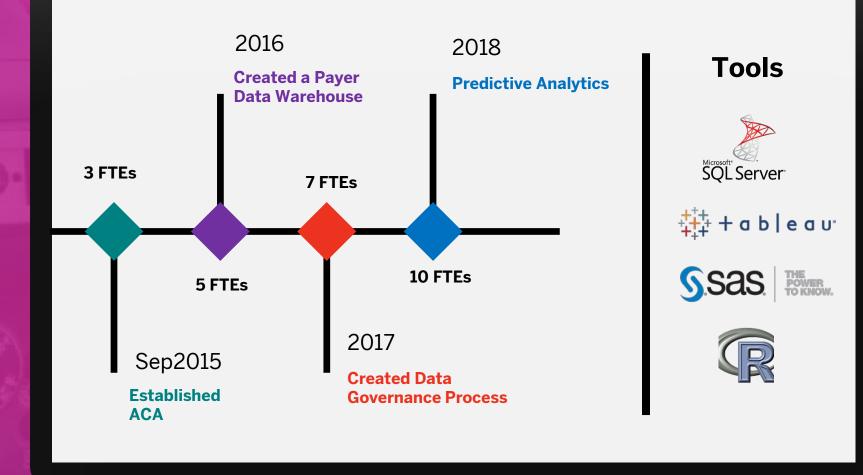
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ACCOUNTABLE CARE ANALYTICS CULTURE

- Trusted Team
- Business knowledge
- Quality
- Execution
- Continuous Process Improvement
- Problem Solving
- Customer Focus

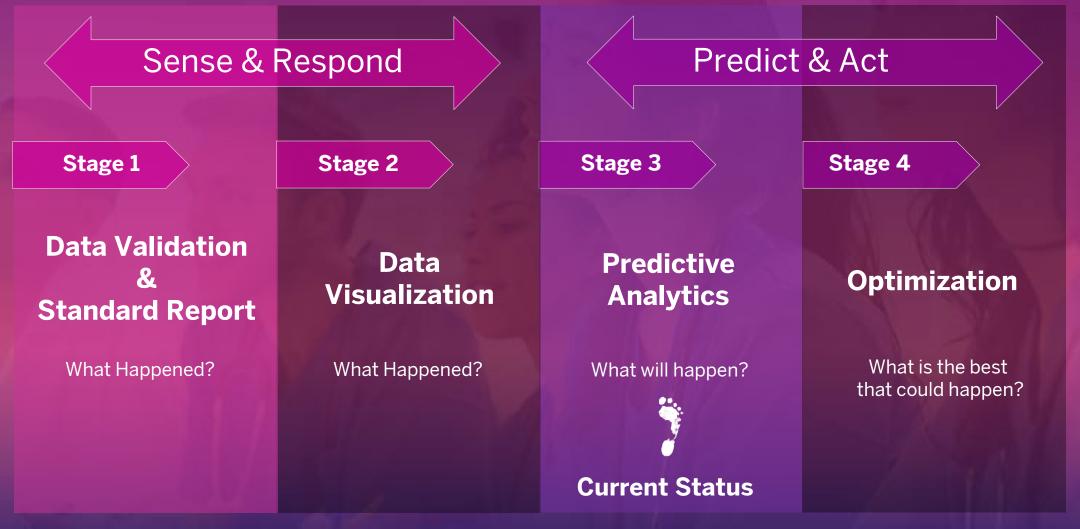
ACA TIMELINE

Empowering Imagination Pioneering Discovery



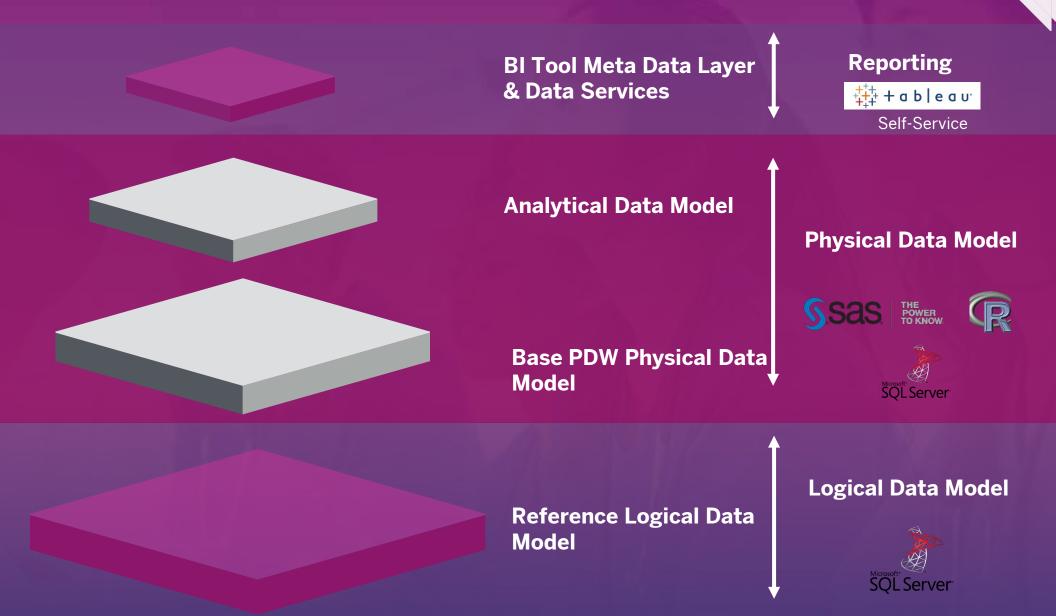
WHERE WE ARE ?





10

DATA MANAGEMENT & DATA ANALYTICS



HEALTHCARE DATA ANALYTICS CHALLENGES

DATA CHALLENGES IN HEALTHCARE

Healthcare business model is shifting from Fee-For-Service to Value Based Purchasing (VBP) Reimbursement

Executive and Business Owners need data and Insights to make the right decisions Data in Silos makes it hard for Analysts to derive better insights with high efficiency

- Data Governance issues and conflicts
- Duplication of efforts

ANALYTICS STRATEGY & OBJECTIVES



Continuously Improve **Our Processes**

Improve Quality Reporting To support CMS and State policies



Improve Data Management & Data Governance **Support Population** Health Analytics & Value **Based Purchasing** (VBP) Model

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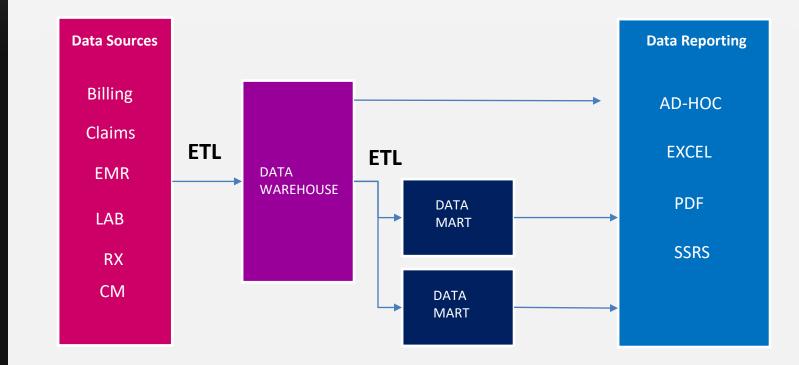
Revenue Maximization and Cost Containment

- **Payment Integrity**
- Stop Loss
- **Risk documentation**

Scale Analytics Platform across the organization & Promote Selfservice data discovery 14

TABLEAU IMPLEMENTATION

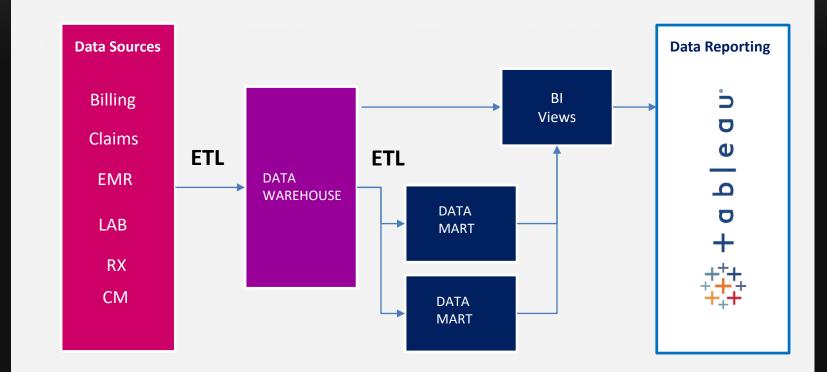
BEFORE TABLEAU IMPLMENTATION



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WITH TABLEAU IMPLMENTATION



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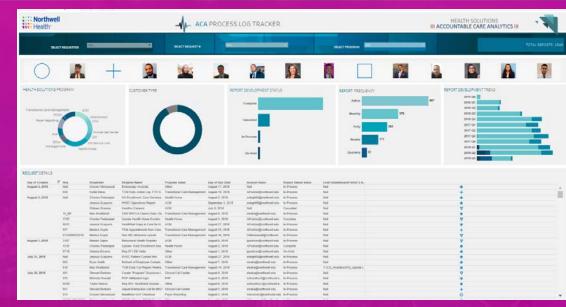


USE CASES "LET'S TABLEAU OUR DATA"

ACCOUNTABLE CARE ANALYTICS : Request Tracker

USE CASE: Manage many requests and communicate effectively with business owners – Over 1,500 data requests

- Improved Communication with Business Owners and helped VP of Analytics to track workload and performance of each analyst.
- Reduces wasted time and redundancy by **100%**
- Assured Timely Delivery 95% of the times
- 98% customer satisfaction





HEALTH SOLUTIONS : Executive Dashboard

USE CASE: Executive Team in Health Solutions wanted an executive dashboard to track and monitor performance

- Identified Opportunities for Operational Improvement
- Increased CM Program Enrollments
- Increased Patient Satisfaction
- Improved overall Health Solutions performance



COMPLEX CARE MANAGEMENT : Pre Vs. Post Enrollment

USE CASE: Track Complex Care Management Program with Pre and Post Performance

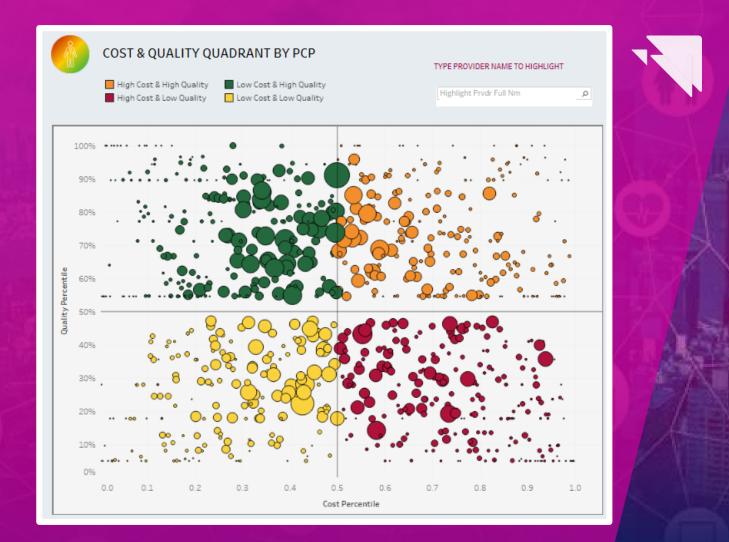
- Reduced Admits/1000 by 24%
- Reduced ED/1000 by **20%**
- Reduced Readmit Rate by 1%
- Increased Network Utilization by 8%
- Total Savings **\$2.6 million**

INTRODUCTION PERFORMA	NCE									
Northwell Health	•	COMPLEX CARE	MANAGEMEN	F PRE Vs. POST	PERFORMANCE	N	III ACCOUNTABLE CARE ANALYTICS III LAST UPDATED: 6/21/2018 Req# 440			
MONTHS ENROLLED) 38	LINE OF BUSINESS	(AII)						
MEMBERS	РМРМ	COST	ADMITS/1000	۵	ED/1000	READMIT %	30 NETV	VORK %	TOTAL SAVINGS	
506		-34.4%	-24.3	%	-20.2%	-0.8%		7.8%	2,632,357	
TOTAL COST		MEMBER MONTHS		ADMISSIONS		ED VISITS		READMISSIONS		
POST COST	\$4,984,961	POST MM	4,286	POST ADMISSION	s 141	POST ED	297	POST READMISSIONS	20	
DURING COST	\$6,787,088	DURING MM	3,175	DURING ADMISSI	ONS 205	DURING ED	298	DURING READMISSIO	61	
PRIOR COST	\$17,715,276	PRIOR MM	9,990	PRIOR ADMISSION	43 4	PRIOR ED	867	PRIOR READMISSIONS	65	
PMPM COST		ADMITS PER 1000		ED VISITS PER :	1000	READMISSION %		INN NETWORK %		
POST PMPM	\$1,163	POST ADMITS/1000	395	POST ED/1000	832	POST READMITS %	14.2%	INN POST %	51.8%	
DURING PMPM	\$2,138	DURING ADMITS/1000	775	DURING ED/1000	1,126	DURING READMITS %	29.8%	INN DURING %	48.0%	
PRIOR PMPM	\$1,773	PRIOR ADMITS/1000	521	PRIOR ED/1000	1,041	PRIOR READMITS %	15.0%	INN PRIOR %	44.0%	

VBPM – NETWORK DEVELOPMENT

USE CASE: Rapid identification of High Value Provider Network (HVPN) for Senior Management

- Identified a High Value Provider Network for future Value Based Purchasing arrangements.
- Identified over \$ 20 MM in value opportunities.
- Increased Transparency



CMS READMISSION INITIATIVE PROGRAM (STAR)

USE CASE: Transitional Care Management (TCM) Team wanted a tool to track 30 days readmission for CMS STAR 7 measures to reduce Readmissions

- Visual Analytics Dashboard created for the TCM Team to track performance
- Reduced **30 Days Readmissions** from **15.8%** in 2016 to **14.9%** in 2018

No	rthwell He	alth"		16/2016)		REA	DMISS	ION RED	UCTIO	N INIT	IATIV
PERIOD	1/1/2013		4/30/	2018	MEASURE	(All)		۲	HOSPITAL	(All)		
	PATIENT INI	DEX DISCHA	RGE	7			/ERAGE LEN	TH OF STAY				
2013 11,879	2014 11,396	2015 12,656			2 018 ,891	2013 6.2	2014 6.1	2015 5.8	2016 5.7	2017 5.6	2018 5.7	
3,263 3,098 2,679	2,923	2,895 3,235 3,215 2,912	3,294 3,622 3,485 3,166 3,468	3,810 3,491 3,145	3,408 3,692 1,199	6.6 6.2 5.9	6.3 6.0 6.0	5.6 5.6	5.7 6.0 5.8 5.5	5,6 5,9 5,5	5.4 5.8 5.8	ų
30	DAYS READ	MISSION IN	NETWORK			Ŷ	MEASURES					
2013	2014	2015	2016 2	2017	2018		(ase	Readmi	t R	eadmit%	
16.0%	16.2%	15.4%	15.8% 1	5.4% 1	4.9%	PNA		18,433	3,138	3	17.02%	
						HF		16,610	3,548	3	21.36%	
16% 16% 16%	16% 16% 16%	16% 16% 14% 15%	16% 16% 16% 15% 15%	15% 16% 15%	15% 15% 14%	THA/TKA		12,123	511	L	4.22%	
						COPD		8,682	1,747	7	20.12%	
						Stroke		6,110	720)	11.78%	
didibi	littiidu	المرياباتان	att.Ihtha	փեստ	alla	AMI		4,700	823	3	17.51%	
						CABG		1,759	238		13.53%	\sim
						Grand Tota	d	68.417	10.725	5	15.69%	

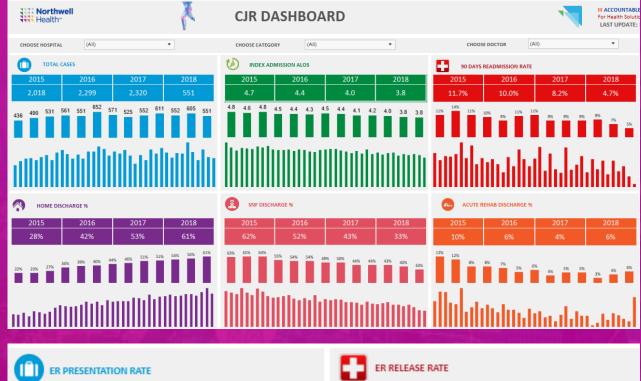
BUNDLE PAYMENT : Comprehensive Joint Replacement

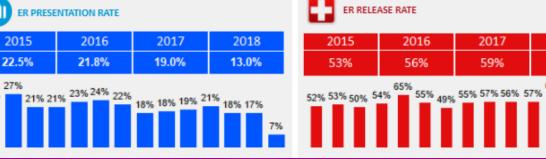
2015

USE CASE: Transitional Care Management (TCM) Team wanted a tool to track **Comprehensive Joint** Replacement (CJR) Bundle performance

MEASURABLE IMPACT:

- Reduced 90 Days • Readmission Rate from 10% in 2016 to 4.7% in 2018 and Improved Discharge to Home Rate from **42%** in 2016 to 61% in 2018
- Increased ED T&R by 3% \bullet





2018

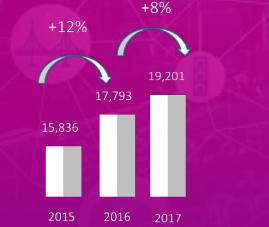
53%

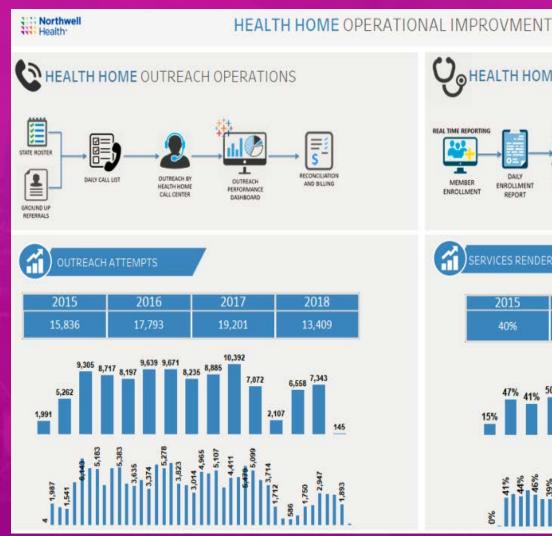
HEALTH HOME : Outreach & Clinical Operations

USE CASE: Health Home **Outreach Operations**

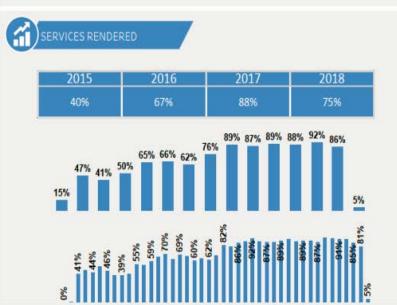
MEASURABLE IMPACT:

Improved Outreach Performance by 15% from 2015 to 2016 and by 8% from 2016 and 2017









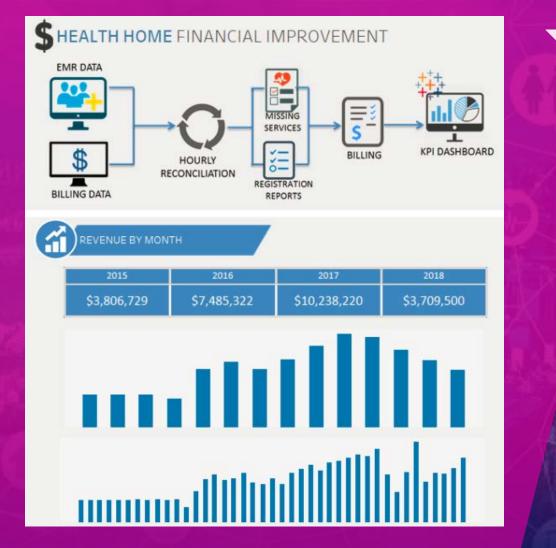
HEALTH SOLUTIONS

III ACCOUNTABLE CARE ANALYTICS

HEALTH HOME : Financial Operations

USE CASE: Health Home Outreach Operations

- Increased Revenue by **105%** from 2015 to 2016 and by **31%** from 2016 to 2017
- Decreased Time to Bill by **200%+**
- Reduced Resources by 2 FTEs



HCHAPS: TCM Patient Satisfaction

USE CASE: Transitional Care Management (TCM) Patient Satisfaction

MEASURABLE IMPACT:

 Increased TCM Patient Satisfaction for Recommend this Hospital from 78% in 2017 to 83.5% YTD 2018

				1/1/2017		12/31/2017		
HOSPITAL (All)		 DISCHA 	RGE DATE	1/1/2017	0	D	PROGRAM	
RESULTS BY DOMAIN				RESULTS BY QUESTIONS				
	RESULTS%	TOPBOX%	STARS =	Before giving you any new				9
Discharge Information	94.9%	94.9%	5	During this hospital stay,				1
Care Transitions Cleanliness of Hospital Environ	83.8% 89.5%	55.7% 74.5%	4	During this hospital stay,	how often did nur			1
Communication with Doctors	93.3%	82.6%	4	During this hospital stay,				
Communication with Nurses	93.3%	82.3%	4	During your hospital stay				_
Hospital Rating	91.0%	76.8%	4	During your hospital stay				
Pain Management	91.7%	79.7%	4	When I left the hospital, I				
Recommend the Hospital	91.5%	78.0%	4	During this hospital stay,				
Response of Hospital Staff	86.2%	65.6%	4	During this hospital stay,				
Communication about Medicines Quietness of Hospital Environm	77.6%	60.9% 53.1%	2	During this hospital stay,				
Grand Total	88.9%	73.5%	4	During this hospital stay, How often did you get hel				
				FREQUENCY BY DOCTOR				
EQUENCY BY NUMERIC VALUE				Nett Michael				
				Nett, Michael Krauss, Eugene S.			59	1
				Asnis,Stanley			55	
				Segal,Ayal		39	55	
				Rasquinha,Vijay		38		
				Reinhardt,Keith		36		
0 1 2 3	4 5 6	7 8	9 10	Boralah,Sreevathsa Scuderi,Giles		34		
TRO HOSPITAL COMPARE 8		HATIF ANALYSIS		Boralah,Sreevathsa Scuderi,Giles		0.4		
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VBCs – GAP IN CARE

USE CASE: Value Based Care (VBC) Quality Measures Targets

- Increased Provider
 - Engagement
 - & Transparency
- Improved gap in care closure
- Met our VBCs targets
- Received incentives from payers

Northwell Health		VA	LUE BASED (CARE <mark>PERFO</mark>	ORMANCE	HEALTH SOLUTIONS Last Updated: III ACCOUNTABLE CARE ANALYTICS III REQ 776 July 16, 2018 % TARGET TO GOAL (70%): 6.057 PATIENTS: 79.3						
OVERALL	GAPS:	49,661	DENOMINATOR: 145,347		5,347 CO	COMPLIANCE RATE:		TARGET TO GOAL (7		096):	6,057 PATIENTS:	79,343
CURRENT SELECTION	GAPS:	49,661	DENOMINATO)R: 14	15,347 CO I	MPLIANCE RATE:	66%	TAR	GET TO GOAL (7	0%): 6	5,057 PATIENTS:	79,343
				NWH Practice		DENOMINATOR DENOMI	NATOR (c	COMPLIANCE	NONCOMPLIAN =	COMPLIANCE %	TARGET TO GOAL (PERCENTILE
YEAR				Grand Total		145,347	145,347	95,686	49,661	65.8%	6,057	100.00%
2017 •				865 NORTHERN BL	VD	6,548	6,548	4,565	1,983	69.7%	19	100.00%
INSURANCE NAME				27005 76TH AVE		4,476	4,476	2,888	1,588	64.5%	246	99.80%
(All)				410 LAKEVILLE RD		3,793	3,793	2,536	1,257	66.9%	120	99.60%
				15055 14TH AVE		3,285	3,285	2,031	1,254	61.8%	269	99.40%
PCP ORG				321 CROSSWAYS PA	ARK DR	4,120	4,120	2,904	1,216	70.5%	0	99.20%
(IIA)		PRACTICE		1 SCHOOL ST		2,751	2,751	1,580	1,171	57.4%	346	99.00%
				9 BROOKSITE DR		3,586	3,586	2,428	1,158	67.7%	83	98.80%
LINE OF BUSINESS		PERFORMA	NCE	1010 NORTHERN BI	LVD	2,329	2,329	1,183	1,145	50.8%	448	98.59%
(AII)				560 NORTHERN BL	VD	3,396	3,396	2,429	967	71.5%	0	98.39%
				300 COMMUNITY DR		2,900	2,900	1,940	960	66.9%	90	98.19%
PRACTICE					NWH PCP NAME							
(AII) •				NWH PCP NPI				653		COMPLIANCE % T		PERCENTILE
SPECIALTY				1922058585	BIENENSTOCK, H				336		40	99.14%
(AII) *				1427089325	VLANTIS, ANTOI			1,012	330	75.4%	0	99.06%
(AI)				1447207634	HUYSMAN, JEAN			810 389	315	72.0%	0	98.99%
PCP		- <u> </u>		1477651065	SCHINDER, HAR				312	55.5%	102	98.91%
		() +		1447216494	LAXER, JOEL	83		551	286	65.8%	35	98.83%
(AI) •				1508892258	KERPEN, HOWA			656	276	70.4%	0	98.75%
		PROVIDER		1235134602	SIEGELHEIM, MJ			423	269	61.1%	62	98.67%
PCP NPI				1053402073	PATEL, SUNIL	72		466	262	64.0%	44	98.59%
(All) T		PERFORMAN	ICE	1841299633	GREENBERG, BR			375	259	59.1%	69	98.52%
				1699868174	CUSUMANO, ST			369	257	58.9%	70	98.44%
MEASURE				1184689028	GINDEA, AARON	53	51	276	255	52.0%	96	98.36%
(AI) •				LegendRuleName1	L	DENOMINATOR	COMPLIAN	CE NONCON	IPLIANCE = 0	OMPLIANCE % TAR	GET TO GOAL (70%)	PERCENTILE
				Grand Total		145,347	95,6	86	49,661	65.8%	6,057	100.00%
PRACTICE NON				Colorectal Cancer S	Screening	32,470	16,8	33	15,637	51.8%	5,896	100.00%
COMPLIANCE %				Pneumococcal Vac	cination	23,958	12,8	37	11,121	53.6%	3,934	97.22%
0.00% 4.90%				Breast Cancer Scre	ening	18,030	13,9	54	4,076	77.4%	0	94.44%
DD				Adolescent Well Ca	are Visit	5,888	1,9	39	3,949	32.9%	2,183	91.67%
				Cervical Cancer Scr	reening	23,961	21,6	91	2,270	90.5%	0	88.89%
PROVIDER NON				Diabetes Care:Eye	Exam	5,330	3,1	89	2,141	59.8%	542	85.11%
COMPLIANCE %		MEASURES	;	Annual Dental Visit	t - (2-20)	4,738	2,8	83	1,855	60.8%	434	83.33%
		PERFORMAN	CE	Diabetes Care: Nep	phropathy	4,426	2,8	81	1,545	65.1%	218	80.56%
0.00% 100.00%				Diabetes Care: Her	moglobin A.	7,867	6,7	13	1,154	85.3%	0	77.78%
0 D				Blood Pressure		3,204	2,0	63	1,141	64.4%	180	75.00% 🔻

VISUAL ANALYTICS BENEFITS

45% reduction in manual hours through automation

Deeper customer insights and better business intelligence

Generated over \$20 million In savings and revenue maximization

Eliminated over \$600K in Third party Software and visualization consulting for only one program Self-service reporting and Dashboards reduced reporting time from 3 weeks to 5 days

Simple Data Governance

At Northwell Health, we define tomorrow's healthcare through clinical care, community health, education, research and entrepreneurship.

Tableau helps us raise the standard of healthcare by delivering insight near real-time

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