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The Center for Business Innovation
Presents

The Business Intelligence & Analytics for Healthcare
Conference & Exhibition

Managing Data to Drive Quality, Financial Performance & Accountable Care

July 11-12, 2011
Manchester Grand Hyatt
San Diego, CA

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KEYNOTE SPEAKERS

Jennifer L. Close, MS, Vice President of Operations, Office of Medical Affairs, Dean Clinic

Lee Pierce, MIS, Director of Business Intelligence and Enterprise Data Warehouse, Intermountain Healthcare

Darren Taylor, Vice President, Enterprise Analytics and Data Management, Blue Cross and Blue Shield of Kansas City

Scott Wanless, Principal Consultant, Healthcare Business Intelligence Practice, Resource Management Professionals

WHO SHOULD ATTEND

✦ *Executives and clinicians from hospitals, healthcare systems, physician groups, health information exchanges, regional extension centers, health plans and population health management / disease management companies.*

✦ *Executives and clinicians from IT and business intelligence / analytics companies, consulting firms, government agencies, academic institutions and financial institutions.*

ABOUT THE CONFERENCE ORGANIZER

The Center for Business Innovation (TCBI) organizes conferences and exhibitions for the U.S. and international markets. TCBI is an independent company that is well-positioned to provide objective, balanced information and analysis on a wide range of topics. TCBI currently focuses on organizing programs that offer detailed and practical instruction on clinical, technological, financial, strategic and regulatory aspects of healthcare. These programs are carefully designed to meet the information needs of executives, clinicians and IT staff from hospitals, managed care organizations, physician groups, long-term care facilities, postacute care providers, pharmaceutical/biotechnology companies, medical device companies, information technology vendors and other organizations in the rapidly evolving healthcare industry. For additional information, please visit **www.tcbi.org**.

SPONSORSHIP AND EXHIBITION OPPORTUNITIES

Sponsorship and exhibition are effective ways to promote your products and services to key decision makers at healthcare provider and payer organizations as well as technology companies. Benefits include space to exhibit at the Conference, passes for staff and clients / potential clients, an advance listing of attendees and exposure on the Conference website. For additional information, please contact TCBI: Tel: (310) 265-2570   Email: info@tcbi.org

ABOUT THE CONFERENCE

An increasing number of healthcare provider and payer organizations are looking to business intelligence and analytics technologies to deal with the challenges of health reform, including meeting Meaningful Use requirements and creating sustainable accountable care organizations (ACOs). This Conference, which builds on our groundbreaking event in 2007, focuses on innovative applications of business intelligence and analytics, data mining, data warehousing, data integration and decision support to facilitate quality measurement and reporting and pay for performance initiatives, improve clinical outcomes, increase efficiency, reduce costs, increase revenues, deal more effectively with government regulation, increase patient satisfaction, enhance organizational agility and promote greater transparency and organizational information sharing by dismantling the silos of data typically found within healthcare organizations.

Providers and payers will face an avalanche of data in the coming years. This conference will provide detailed and practical instruction on how to effectively manage and use this data to provide the right information at the right time to the right people for optimal decision-making.

"Patients, payers and purchasers are knocking on the front door looking for quality, cost and service analytics. Shareholders and lenders are at the side door looking for financial performance and productivity information. And regulators and quality organizations are at the back door looking for compliance and comparative data. Hiding won't help. The demand for healthcare business intelligence has never been greater. Being analytically-inclined can not only help your organization survive, but also get ahead of the curve and lead. Hear from seasoned experts across healthcare providers, payers, information and consulting organizations on how they have done just that. And how you can too."

--Scott Wanless, Principal Consultant, Healthcare Business Intelligence Practice, Resource Management Professionals & Co-Author of the Ark Group Book Business Intelligence and Analytics for Healthcare Organizations

Conference Co-Chairperson & Keynote Speaker

CONFERENCE ADVISORY BOARD

Aaron Abend, Managing Director – Data Warehousing, Recombinant Data Corp.

Laura Madsen, Practice Leader, Lancet Software

Jason Oliveira, Partner, Kurt Salmon

Ali Al Sanousi, MD, DIH, MBI, MBA, Medical Informatics Consultant,
King Faisal Specialist Hospital & Research Centre

Shahid Shah, CEO, Netspective Communications

Jay Srini, MS, MBA, FHIMSS, Chief Strategist, SCS Ventures

Darren Taylor, Vice President, Enterprise Analytics and Data Management,
Blue Cross and Blue Shield of Kansas City

Scott Wanless, Principal Consultant, Healthcare Business Intelligence Practice,
Resource Management Professionals

Mitch Work, MPA, FHIMSS, President, The Work Group, Inc.

KEY TOPICS TO BE COVERED

- Using BI/analytics to support accountable care organizations and Meaningful Use initiatives

- How to use business intelligence technologies to transform formal Meaningful Use initiatives into more strategic, more far-reaching meaningful uses for the same types of technologies and analytical information

- How to use reports and highly visualized dashboards to achieve Meaningful Use

- Key considerations in creating and using connected devices that improve business intelligence for healthcare providers and help them to achieve Meaningful Use

- Applications of business intelligence (BI) and analytics within healthcare organizations and strategies for realizing the full potential of these applications

- A look at healthcare provider strategies and experiences related to the use of business intelligence technologies

- Leveraging multiple BI technologies to solve problems

- Using data to measure, promote and produce the levels of performance demanded by providers, payers, regulators, quality accreditation organizations and patients

- Creating an infrastructure for effective use of BI/analytics

- Using clinical analytics and decision support to improve outcomes

- How to identify the strategic drivers for analytics within your organization and linking analytics to these drivers to deliver benefits

- How to translate analytical needs into clinical, operational, financial and enterprise-wide business intelligence applications

- How to develop and deliver routine physician-level reporting on key clinical, service and financial metrics to drive change

- Key considerations in translating health plan analytics approaches to the care delivery environment

- How to use data analytics capabilities and tools such as pareto analysis to achieve "best clinical practice"

- Strategies and key considerations in establishing a Business Intelligence Competency Center

- How to develop a data architecture and infrastructure that enables the integration of multiple data sources in order to insure accurate business analytics and clinical quality reporting

- How to use data fusion to reduce the cost and risks associated with integrating and utilizing medical information

- How hospitals can utilize alert-based business intelligence tools for effective labor management and monitoring, thereby reducing costs

- How hospitals can use analytics to reduce costs and improve quality in the perioperative environment

- Using analytics to improve population health, enhance the patient experience and reduce costs

- How accountable care organizations and patient centered medical homes can use predictive analytics to identify patients with a high likelihood of negative outcomes

- How analytics can be used to create a culture of wellness

- How to use analytics and predictive modeling to reduce hospital readmissions

- How to effectively analyze patient telehealth data to reduce costs and improve outcomes

- How health information exchanges can leverage business intelligence technologies to reduce costs and improve outcomes

- How to improve clinical outcomes through data-based process improvement, including a discussion of Six Sigma tools and data management requirements

- How to integrate social media data with traditional business intelligence

- How to create simple practical solutions to data interoperability challenges that will enable healthcare organizations to facilitate Comparative Effectiveness Research and Patient Centered Outcomes Research

- How health plans can use analytics to address the current changes in the marketplace such as the shift from a wholesale to retail approach, healthcare reform and new provider collaboration models such as the Patient Centered Medical Home and Accountable Care Organizations

- How to use analytics for health plan performance improvement, including delivering better information about cost, use and health outcomes, improved selection and management of networks and improved results of intervention programs

- How analytics solutions can provide health plans and insurers with systematic planning, analytics and predictive capabilities to drive operational efficiencies, enhance quality and improve member services to support profitable growth while meeting regulatory and compliance demands

- How to create predictive models for health plans and how to augment with consumer data to further assist health plans in the selection of patients

- How a health plan can build a data model that builds member profiles based on a psycho-demographic profile and media preferences layered over traditional health segmentation in order to drive personal health behavior change

- How analytics can be used to create a culture of wellness

- How analytics solutions can provide health plans and insurers with systematic planning, analytics and predictive capabilities to drive operational efficiencies, enhance quality and improve member services to support profitable growth while meeting regulatory and compliance demands

- How health plans can use data (including data outside of traditional individual health plan data) and analytics to help prepare for Health Insurance Exchanges

UPCOMING TCBI EVENTS

Eighth Annual Healthcare Unbound Conference & Exhiibition

Special Focus on Remote Monitoring, Home Telehealth, mHealth, eHealth & Social Media to Manage Diseases, Promote Wellness & Facilitate Accountable Care

July 11-12, 2011, Manchester Grand Hyatt, San Diego, CA

This conference is co-located with the Business Intelligence & Analytics for Healthcare Conference. It is a separate conference and requires a separate registration fee. We will offer a special discounted registration fee to individuals who wish to register for both conferences. Please contact TCBI for additional information on the discounted registration fee.

Third Annual Medical Device Connectivity Conference & Exhibition

September 8-9, 2011, Joseph B. Martin Conference Center at Harvard Medical School, Boston, MA

This innovative event, designed to meet the information needs of hospitals and other healthcare providers as well as IT and medical device companies, focuses on connecting medical devices to people, workflow and information systems.

For additional information, please visit **www.tcbi.org** or contact TCBI:
Tel: (310) 265-2570   Email: info@tcbi.org
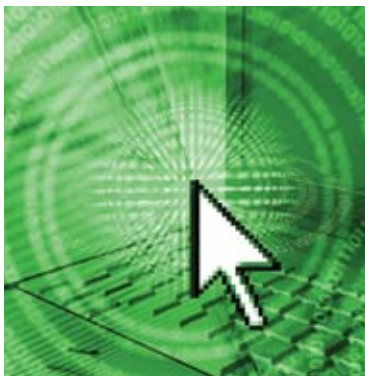
THE BUSINESS INTELLIGENCE & ANALYTICS FOR HEALTHCARE CONFERENCE & EXHIBITION AGENDA

DAY ONE: MONDAY, JULY 11, 2011

7:00 *Registration / Continental Breakfast & Sponsor / Exhibitor Showcase*

8:00 CHAIRPERSONS' OPENING REMARKS
Scott Wanless, Principal Consultant, Healthcare Business Intelligence Practice, Resource Management Professionals
Jay Srini, MS, MBA, FHIMSS, Chief Strategist, SCS Ventures

8:30 KEYNOTE ADDRESS: SIX STEPS TO HEALTHCARE BUSINESS INTELLIGENCE SUCCESS
The intersection of healthcare and business intelligence has become a very busy place. The simultaneous push for health reform, clinical quality, financial performance, service excellence and patient safety have brought these two areas to the forefront. And this is just the beginning. With these significant business drivers, hundreds of solution providers of all sorts who previously ignored healthcare, now are hot to get into the industry.

So how do you separate the important messages coming from solution providers from the noise? How do you know what to look for to tackle these challenges, and even what to listen for over the next two days?

Scott will challenge you to challenge vendors, consultants, presenters and even your own organization to make sure six key steps are covered:
• Strategic drivers for analytics specific to your organization
• Business responses to address these challenges
• Analytical questions behind these business actions
• Translating analytical needs into clinical, operational, financial and enterprise-wide business intelligence applications
• Making BI and analytics part of the new normal for the organization
• Linking analytics back to the strategic drivers and delivering benefits

Scott Wanless is the Healthcare Business Intelligence Practice Lead for Resource Management Professionals and a researcher, business analyst, and co-author of the Ark Group book Business Intelligence and Analytics for

Healthcare Organizations along with Tom Ludwig RN, MBA, FACMPE of Forward Healthcare Solutions (for additional information on the book, please visit www. ark-group.com). Scott also teaches online university courses and publishes articles and white papers on the BeyeNetwork. He has more than 30 years experience in business intelligence strategic planning, informatics and analytics development, financial management, economic development and process improvement. His experience spans numerous industries including healthcare providers, hospitals, long-term care, primary care and specialty physician practices, healthcare payers, laboratory research, retail pharmacy and optical, insurance, financial services, banking, manufacturing and state and local governments.
Scott Wanless, Principal Consultant, Healthcare Business Intelligence Practice, Resource Management Professionals

9:15 KEYNOTE ADDRESS: USING ANALYTICS TO ENGAGE PHYSICIANS IN DELIVERING ON THE "VALUE MODEL"
Dean Clinic is a multi-specialty clinic of 600+ providers based in southern Wisconsin and is part of a virtually integrated care delivery system (including clinics, hospitals, and health plan). We are committed to delivering on the "value model" to our patients and customers, which requires that we deliver the highest service and quality at the lowest cost. Robust data analysis and reporting is central to the ability to deliver on this promise to our customers.

Over the last four years, Dean Clinic has begun to build a comprehensive clinical analytics unit to provide the necessary data acquisition, analysis and reporting to deliver on this objective. The proposed plenary session would highlight work done by this unit to develop and deliver routine physician-level reporting on key clinical, service, and financial metrics that provides actionable information necessary to drive change. Additionally, the session would focus on leveraging analytic approaches common to the healthcare payer sector that are less commonly utilized on the care delivery side of the business (e.g., driver analyses, effectiveness analysis, practice variation studies).

The objectives to be achieved in this session are as follows:

- Share analytic and reporting approaches utilized to support the delivery of the "value model" to Dean Clinic patients
- Share "lessons learned" about the challenges in translating health plan analytic approaches to the care delivery environment
- Discuss challenges and opportunities posed in data acquisition, analysis and reporting in a virtually integrated care delivery model
- Discuss challenges of physician engagement and how to address "bad data" concerns

Jennifer is the Vice President of Operations in the Office of Medical Affairs with Dean Clinic in Madison, Wisconsin. In this role, Jennifer is responsible for oversight of the day to day operations and operational infrastructure supporting the 550+ providers (physician, associate staff, and advanced practitioner) and the physician leadership in achieving care delivery that is patient-centered, efficient, timely, effective, equitable and safe. Jennifer has been in this role since October 2007 and served in several positions with Dean Health Plan for 6 years prior to assuming her current position. Jennifer has more than 20 years experience in the health care industry and she received her Masters of Science degree in Clinical Psychology from Marquette University.

Jennifer L. Close, MS, Vice President of Operations, Office of Medical Affairs, Dean Clinic

10:00   *Refreshment Break & Sponsor / Exhibitor Showcase*

10:30   **KEYNOTE ADDRESS: HOW INTERMOUNTAIN HEALTHCARE ACHIEVES THE "BEST CLINICAL PRACTICE"**

The mission of Intermountain Healthcare is to provide the best possible care at the most appropriate cost. Our use of information systems and data analytics plays a key role in achieving this. Intermountain's EDW supports this process by providing integrated and accessible information. Using our data analytic capabilities and tools such as pareto analysis and appropriate organizations supporting clinical care, Intermountain has achieved tremendous results. The presentation will focus on the outcomes achieved, the tools and the organization supporting clinical best practice.

Lee Pierce, MIS, is the Director of Business Intelligence (BI), and Enterprise Data Warehouse at Intermountain Healthcare and is the Chairman of Intermountain's Enterprise Business Intelligence Council. Lee has over 15 years of experience in healthcare IT, specializing in business intelligence, data warehousing, data architecture, and BI/Data Governance. He is also a Board member of the Healthcare Data Warehousing Association, a national non-profit organization with 300+ healthcare organizations.

Lee Pierce, MIS, Director of Business Intelligence and Enterprise Data Warehouse, Intermountain Healthcare

11:15   **KEYNOTE ADDRESS: ANALYTICS: AN ENABLER TO HEALTH PLAN TRANSFORMATION**

Blue Cross and Blue Shield of Kansas City (Blue KC) is a leading health insurer whose mission is to provide affordable access to healthcare and improve the health of its members. Since 2004, Blue KC has focused on integrating and organizing corporate data, turning it into an important strategic asset. Though this award-winning, mature data foundation has proven its value time and again, in 2010 the plan recognized the need to further advance in the area of analytics. During this keynote presentation, Darren Taylor will outline what Blue KC is doing in the area of analytic solutions to directly address the dynamic changes occurring in the healthcare market. Areas that will be specifically covered include supporting the shift from a wholesale to a retail approach, healthcare reform modeling, new provider collaboration models (e.g., Patient Centered Medical Homes and Accountable Care Organizations), and general analytic portfolio management.

Darren Taylor is the Vice President of Blue Cross and Blue Shield of Kansas City's Enterprise Analytics and Data Management Division. He is currently accountable for the development, delivery and maintenance of business intelligence solutions; data management functions (data warehouse, data governance, etc.); and enterprise analytics, including actuarial services. Previous to his current assignment, Darren was accountable for the plans Integrated Business Systems Division which supports marketing, integrated health management, and member-centric operational areas of the company. Darren's other background includes 19 years of leadership experience in provider contracting and reimbursement, managed care system implementation, data warehousing, and healthcare analytics. He holds a Bachelors degree in Accounting from Truman State University and a Masters in Business Administration from Baker University.

Darren Taylor, Vice President, Enterprise Analytics and Data Management, Blue Cross and Blue Shield of Kansas City

12:00   *Luncheon & Sponsor / Exhibitor Showcase*

Concurrent Sessions: Track A is for executives and clinicians at hospitals and other healthcare provider organizations. Track B is for executives and clinicians at health plans as well as those interested in population health management (including hospitals and other healthcare providers). Health plans may find some topics in Track A of interest and healthcare providers may find some topics in Track B of interest. Attendees can choose sessions in either track. We encourage attendees to use the session descriptions as a guide and choose the sessions that are most appropriate for them.

TRACK A

1:15A   BUSINESS INTELLIGENCE IN HEALTHCARE: ENTERPRISE STRATEGIES TAKE SHAPE

Providers have spent the last few years selecting and implementing Electronic Medical Records (EMRs). They find themselves with silos of reporting, with data found in Clinical Data Repositories (CDRs), ERPs, Patient Accounting systems, and other myriad applications. Healthcare regulation particularly as well as new payment and delivery models are requiring the availability of knowledge and information, however, not just data. Providers are turning to Business Intelligence solutions to help them turn these growing mountains of data into actionable, accurate information. KLAS' recent research on Business Intelligence sheds light on provider strategies and experiences with BI vendors and their applications as well as consulting firms being more and more used by providers to guide them through the selection and build of these applications.

Lorin Bird, Research Director, KLAS

2:00A   LIGHTING THE PERFORMANCE MANAGEMENT FIRE WITH BICC

Business intelligence, performance management, and enterprise data warehousing have become increasingly more strategic in healthcare organizations of all types. Organizations are now struggling for ways to now manage and support deployments across hospitals, departments, functions, and even missions. A Business Intelligence Competency Center (BICC) is one organization model that seeks to concentrate knowledge and services in pursuit of enterprise approaches. To be considered are the interrelationships between data governance and the tactical implementation of functional teams that provide analytical applications, data architecture, and analytical support services. This learning session will explore the following topics:

- Review several of the unique realities of complex health organizations that complicate their pursuit for enterprise information management and analytics strategies:
- The myth of self-service
- Integrating across research and patient care missions
- Finance as the center of the decision support world
- 50 chefs in the kitchen
- But I already have a Steering Committee!
- Portray four governance and services organization models
- Discuss the 'fit' criteria that can be used to decide which model is best for your organization
- Review a case study of one complex healthcare organization's journey

Jason Oliveira, Partner, Kurt Salmon Associates

2:45A   DATA-FUSION: CUTTING THE COST AND RISK OF INTEGRATING AND UTILIZING MEDICAL INFORMATION

At the heart of the government strategy to reduce the cost of healthcare delivery is the integration and data mining of medical information. The success of the strategy depends upon reducing the cost and risk of managing and utilizing an unrelenting growth in medical data. Mainstream approaches that dominate large data-mining system design and integration have both limitations and unnecessary costs associated with them. That is why there are not already a plethora of deeply integrated stores in every medical information domain.

A new data fusion concept has been developed and applied that uses a significantly different strategic principle. In this case data patterns are not detected using model based filters. Patterns are detected by comparing a given data record with other data records and recording only their pattern differences as structure. The final result is that disparate data stores can be integrated and correlated with each other without having to join or rebuild everything, without having to build a huge number of store and data type interfaces, without having to build pattern-specific detection filters or having to build data-model specific storage architectures.

Ken Happel, CTO, Medical Strategic Planning

3:15   *Refreshment Break & Sponsor / Exhibitor Showcase*

3:45A   CLINICAL DATA ARCHITECTURE FOR BUSINESS INTELLIGENCE AND QUALITY REPORTING

Mr. Abend will discuss the importance of an effective data architecture integrating multiple data sources to ensure accurate business intelligence analytics and clinical quality reporting. Every healthcare organization has multiple IT systems for patient care and administration. Any single IT system provides only a limited view of provider and patient activities, so effective analytics for clinical quality and reporting for mandates such as Meaningful Use require using data from multiple systems. Integrating data from these different systems is a complex challenge that requires the proper architecture and infrastructure to be addressed successfully.

Aaron Abend, Managing Director – Data Warehousing, Recombinant Data Corp.

4:30A   CASE STUDY: PREDICTIVE ANALYTICS FOR PROACTIVE QUALITY MANAGEMENT

All measurement leads to the need to predict. Accountable Care Organization (ACO) and component parts like Patient Centered Medical Homes (PCMH) are fueling an explosive demand for performance measurement in healthcare and traditional Business Intelligence technologies such as dashboards are coming to the rescue. Improving scores on quality metrics, however, requires a proactive, here-and-now strategy that looks beyond historic performance. The ACO or PCMH must focus resources on patients who are likely to experience negative outcomes but haven't yet, leading to sicker patients and reduced payments. How can we possibly discover the profile of such patients prior to the fact of

negative outcome?

We will show how flexible cohort building and outcome definition enable an iterative and rapid discovery cycle of useful predictive models that could help an ACO or PCMH identify patients with high likelihood of negative outcomes. We will use real clinical data from the South Bronx Health Center, an outpatient facility of Montefiore Medical Center that provides high quality care to an urban, poor patient population. The need to discover predictive models that are sensitive to the characteristics of this special population or to "localize" general prediction algorithms like comorbidity indexes is tantamount. In this case, predictive models are trained and tested on historical patient data from this clinic in the South Bronx, then applied prospectively for prediction to other members of the very same population.

Cohort and outcome data, both historical and prospective, are extracted using a breakthrough clinical intelligence tool in development at Montefiore Medical Center called Clinical Looking Glass. Prediction model discovery and application of the models to prospective data for prediction are done using Predixion Insight by Predixion Software.

David Fletcher, MPH, Director of Product Development, Montefiore Medical Center
Michael R. Mercy, MD, FACEP, FAAEM, Healthcare Solutions Advisor, Predixion Software

5:15A **CASE STUDY: IMPROVING HOSPITAL BOTTOM LINES BY 8% POINTS THROUGH THE USE OF EFFECTIVE LABOR MANAGEMENT AND MONITORING**
Imagine a hospital that is able to improve its operating margin from -5% in one month to +3% the next month, by shifting to a culture of management accountability and providing their managers with the innovative state-of-the-art business intelligence tools needed for the shift. This case study is designed to show, with some detail, how a hospital used this culture shift to significantly improve their bottom line. No magic, no slash and burn. This hospital challenged it leaders and managers with a change in focus to better general and financial management with its culture shift and the use of better tools. The unique alerts-based business intelligence tools, with its strong descriptive analytic focus, allowed the organization to return to very good financial health. This presentation will highlight how the 8% improvement in one month can happen in your organization with the culture shift and advanced analytical tools.
Steven Berger, Founder & President, Healthcare Insights, LLC

6:00 *Day One Concludes; Sponsor / Exhibitor Showcase & Networking Reception*

1:15B **CASE STUDY: USING ANALYTICS TO CREATE A CULTURE OF WELLNESS**
"Mission Health", an incentive-based wellness program launched in 2008, was implemented at Sentara Healthcare, in partnership with Optima Health, a division of Sentara Healthcare. The program was introduced to over 11,200 benefit-eligible Sentara Healthcare employees in Virginia and North Carolina. Nearly 80 percent of employees participated in the program, which demonstrated significant clinical improvements in risk factors such as cholesterol, blood pressure, body mass index (BMI), exercise and tobacco use and a $3.4 million savings in healthcare costs. See how Optima Health uses Elsevier/MEDai analytics to turn healthcare data into actionable information and support Sentara employees with customized prevention programs. Learn best practices and see how analytic solutions provide health plans and insurers with systematic planning, analytics, reporting and predictive capabilities to drive operational efficiencies, enhance quality and improve member services to support profitable growth—while meeting regulatory and compliance demands.
Rebecca Susic, Vice President of Account Management, MEDai
Karen Bray, PhD, RN, CDE, Vice President, Clinical Care Services, Optima Health

2:00B **CASE STUDY: ANALYTICS PROVIDE INSIGHT TO DELIVER A HEALTHCARE MODEL FOR HIGH-QUALITY CARE**
Learn how advanced analytics are used for actionable insight to improve outcomes, decrease re-admissions and put an end to duplicative care. Geisinger Health Plan, an early adopter of the Patient Medical Home, places case managers inside select primary care practices to identify its highest-risk population and develop customized care plans to guide those individuals in better self-management of their condition and more sensible use of healthcare resources. Key populations are identified by using post-hospital discharge information combined with Elsevier/MEDai's predictive analytics tool to risk-rank patients and identify those high-ranking patients for case management enrollment. Learn how Geisinger Health Plan "Health Navigator" improves outcomes and has contributed to reduced medical expense. Learn best practices to incorporate in your health plan design to: improve population health, enhance the patient experience, and reduce per capital costs.
Joanne Sciandra, RN, BSN, CCM, Director, Case Management and Strategic Planning Health Services, Geisinger Health Plan
Rebecca Susic, Vice President of Account Management, MEDai

2:45B **UTILIZING REMOTE MONITORING PATIENT-DATA FOR ANALYTICS AND DECISION MAKING BY HEALTHCARE PROFESSIONALS**

Economist Robert Litan estimates the use of home telehealth can bring about $197 billion net savings to the health care system over the next 25 years. Remote Patient Monitoring widens the availability of timely, actionable, individualized health data and assists healthcare professionals in their analysis and decision-making process. Information is communicated in real time or through a store and forward process providing results to healthcare professionals who can use the latest recorded information to assess each patient's health status, modify the patient's care plan accordingly and drive disease management activities. Both providers and payers are reporting significant cost savings within their telehealth programs as well as a positive impact on wellness. However the integration of patient data within existing Health IT infrastructures is proving to be a challenge. Data sets are large, often of low quality and current solutions are immature / not open. During this talk we will examine a number of success stories and also review the main challenges that are hampering the effective analysis of patient telehealth data. We will also share insight gained from our experience in the field on the key lessons learned on how to overcome existing gaps in capability.

Proteus Duxbury, Managing Consultant, PA Consulting Group

3:15 *Refreshment Break & Sponsor / Exhibitor Showcase*

3:45B **CASE STUDY: USING BI FOR POPULATION HEALTH MANAGEMENT**

The presentation will cover lessons learned from advancing business intelligence applications in the Medicare Advantage space, where BI is a major differentiator for outcomes and medical spend metrics supporting acute and/or frail populations, to spotlight actionable BI initiatives of relevance to healthcare payers.

Concept: How to couple technology and BI to manage a cohort of members "by exception" to improve the quality of care and reduce hospital admission and re-admissions.

- Who is in the greatest need of care at any given moment? Health assessments and risk stratification methods (using claims, encounter and lab data) are effective tools for identifying high risk membership, yet such health plan data doesn't fully recognize the day-to-day needs of frail/acute members.
- The current-state model of care for high risk members (typically organized within Disease Management programs) lacks the near-real-time data required to understand who is at greatest risk of a hospital admission. And BI data is an even more lagging indicator of member needs.
- Significant collaboration (between plans and providers) must occur to assure that complementary (actionable) data can be offered into existing work

processes.
- BI identifies where to invest time and effort.
- Understand how the principal drivers of connected health technology can greatly increase the value of DM and BI.

Alan Little, Senior Advisor, Coto Partners
John Odden, Senior Advisor, Coto Partners
Ravi Sharma, Senior Advisor, Coto Partners

4:30B **THE VALUE PROPOSITION: HEALTH INFORMATION EXCHANGES THAT LEVERAGE BUSINESS INTELLIGENCE FOR STRATEGIC ADVANTAGE**

This session will explore the value proposition of Health Information Exchanges (HIEs) that leverage business intelligence capabilities for strategic advantage. This presentation will discuss the value of business intelligence capabilities that support the analysis of consolidated clinical information to improve outcomes and reduce healthcare costs. Additionally, we will present how business intelligence capabilities add value to measuring and improving quality, safety and efficiency of healthcare delivery, while enhancing access to care and improving care coordination.

Rick Simmons, CEO, LR Technologies, LLC

5:15B **KNOW THE PERSON BEFORE YOU KNOW THE RISK**

Most healthcare behavior and health interventions continue to be highly siloed and claims/risk driven. Unlike almost all other industry segments, no attempt have been made to build a consumer profile on individuals that not only identifies risks (potential costs as understood by the payor) but also by need as expressed by the consumer. Further there is little data that has been integrated to account for consumer communication and intervention preferences. The purpose of this session is to outline a data model that builds member profiles based on a psycho-demographic profile and media preferences layered over traditional health segmentation. Creating this member centric personal profile that continues to grow based on ongoing consumer behavior offers the opportunity to be significantly more effective in driving personal health behavior change in a scalable manner.

The session will explore
- Elements of the profile
- How it can be applied in a population behavior change model
- Tools that can be integrated into the model

Neal Sofian, Director Member Engagement, Premera Blue Cross

6:00 *Day One Concludes; Sponsor / Exhibitor Showcase & Networking Reception*

THE BUSINESS INTELLIGENCE & ANALYTICS FOR
HEALTHCARE CONFERENCE & EXHIBITION AGENDA

DAY TWO: TUESDAY, JULY 12, 2011

7:30   *Continental Breakfast & Sponsor / Exhibitor Showcase*

8:00   **CHAIRPERSONS' OPENING REMARKS**
Laura Madsen, Practice Leader, Lancet Software
Shahid Shah, CEO, Netspective Communications

Concurrent Sessions: Track A is for executives and clinicians at hospitals and other healthcare provider organizations. Track B is for executives and clinicians at health plans as well as those interested in population health management (including hospitals and other healthcare providers). Health plans may find some topics in Track A of interest and healthcare providers may find some topics in Track B of interest. Attendees can choose sessions in either track. We encourage attendees to use the session descriptions as a guide and choose the sessions that are most appropriate for them.

TRACK A

8:30A   **CASE STUDY: BI AS A PATH TO MEANINGFUL USE**
The HITECH act of 2009 has driven many healthcare organizations to implement EHRs in an effort to get incentives by demonstrating the Meaningful Use of EHRs. However, hospital leaders and healthcare providers are finding that achieving Meaningful Use can be complicated as the analytic tools within their core EHR systems may not be up to the task. Moreover, many hospitals have more than one EHR, rendering the embedded Meaningful Use reporting capability less valuable because it's not able to integrate data from other systems. With that in mind, Lancet Health developed a Meaningful Use solution that provides eligible hospital & professional organizations with reports and highly visualized dashboards that provide an at-a-glance view of where they are and where they need to be to achieve Meaningful Use.

This presentation will discuss the challenges with using a traditional BI method to achieve Meaningful Use reporting in a mid-sized community based hospital.
Chuck Oleson, EdD, Vice President and Chief Information Officer, Butler Health System
Laura Madsen, Practice Leader, Lancet Software

9:15A   **CASE STUDY: THE VALUE OF AGILE BUSINESS INTELLIGENCE IN ANALYZING MISSION CRITICAL HEALTHCARE INFO**

More and more, hospitals and healthcare networks are being driven by quality reporting and analytics, and have the opportunity to take advantage of data available via e-health systems.

BCA-Hemerica is a nationwide network of 40 blood banks whose members provide 30 percent of the nation's transfusion supply. Dealing with massive quantities of human blood being shipped and stored is life or death business, so it is absolutely critical to have the ability to, share, collaborate and analyze real-time data. More than 1,200 BCA blood bank employees depend on agile BI software to manage the blood supply available to different communities or when and where they should ship excess supply of a particular blood type.

Through this case study presentation, hospital and healthcare executives will learn how BCA increased efficiency and saved time by leveraging an agile BI solution, how it's used to execute information-based initiatives, and how to achieve better operational awareness.
Greg Bishop, Director of Technology, BCA-Hemerica (Blood Centers of America, Inc.)
Chor-Ching Fan, Director of Product Management, LogiXML

10:00   *Refreshment Break & Sponsor / Exhibitor Showcase*

10:30A   **PERIOPERATIVE ANALYTICS: FUELING PERFORMANCE IMPROVEMENT USING CRITICAL OPERATING ROOM METRICS**
The operating room is a challenging and complex environment. This department requires immediate access to very specific, critical metrics to effectively manage financial performance and care quality. Prior to using perioperative analytics, hospitals experience inefficiencies in documentation, and difficulty managing quality, regulatory compliance, and costs. Hospitals can successfully address these challenges with perioperative-specific, actionable information through SIS Analytics. The power of accurate and immediately available information enables organizations to minimize staff time required to create reports, increase accuracy of case costing information and compare the cost per case

across facility, service and surgeon. Information available through SIS Analytics also provides the ability to assess phases of care across pre-op, intra-op, anesthesia, and PACU, enabling the perioperative team to identify opportunities for efficiency improvements and eliminate unnecessary process steps. With this information, hospitals are able to improve on-time case starts, increase regulatory compliance, and lower overall operating rooms costs. Learn how hospitals achieve these results using perioperative analytics to improve performance in this critically important area of the hospital, the perioperative environment.

Myrna G. Chang, DHA, RN, CNOR, Nursing Director, O'Connor Hospital, Daughters of Charity Health System

Amit Jiwani, Manager, Consulting Services, Surgical Information Systems

11:15A PREDICTING HOSPITAL READMISSIONS FROM CLAIMS DATA

We have developed a model to predict the propensity of patients discharged from an inpatient facility to be readmitted within 180 days for preventable reasons. This model uses a patient's present and historical claims data (inpatient, outpatient, and pharmacy) inside a boosted decision tree to calculate the readmission score. Use of a decision tree allows for easy explanation of the outcomes. The model was engineered to use non-traditional features, like provider prior performance, and linkage of patient co-morbidities to improve performance. The readmission score allows health plans to tailor individual discharge plans for patients. The model has shown to have a reduction in readmission rates up to 85%, lowering of costs due to avoided readmissions (approximately $16,000 per admission), lowered operational costs of medical management (increase hit rate from 1 in 100 to 1 in 2), and improved quality of care to patients.

Nazmul Khan, Specialist Master, Deloitte Consulting LLP

Aditya Sane, Senior Consultant, Deloitte Consulting LLP

David Steier, PhD, Director, Information Management, Deloitte Consulting LLP

12:00A USING CONNECTED DEVICES TO IMPROVE BI FOR HEALTHCARE PROVIDERS

Medical devices can no longer be seen as standalone components and have been targeted in Meaningful Use Phase 2 as a potential integration point because of the significant clinical data they collect. Creating connected devices is a major requirement for most manufacturers but are not easy to architect because integration has proven notoriously difficult. Using modern, open source and open software architecture techniques to build connected devices is necessary. Shahid Shah, The Healthcare IT Guy, and Tim Gee, a Connectologist, present how to create the "Ultimate Connected Medical Device Architecture" and use BI techniques to successfully implement connected devices that can emit useful clinical data.

Tim Gee, Principal, Medical Connectivity Consulting
Shahid Shah, CEO, Netspective Communications

1:00 *Conference Concludes; Luncheon for Attendees of the Optional Post-Conference Workshop*

TRACK B

8:30B PANEL DISCUSSION: UTILIZING BI/ANALYTICS TO PREPARE FOR HEALTH INSURANCE EXCHANGES
- Understanding what data you may need
- Using data outside of traditional individual health plan data
- Importance of integrating consumer behavior data
- Influence of social media data
- Locating source of truth for data needs
- Data utilities servicing the exchanges

Moderator:
Cynthia Nustad, Senior Vice President & Chief Information Officer, HMS
Panelists:
Dwight N. McNeill, PhD, MPH, Partner, IBM Global Business Services
Amit Shukla, AVP, Infosys Ltd
Rick Simmons, CEO, LR Technologies, LLC
Hector Rodriguez, MBA, Industry Chief Technology Strategist, U.S. Health Plans, Microsoft U.S. Public Sector Health & Life Sciences

10:00 *Refreshment Break & Sponsor / Exhibitor Showcase*

10:30B INTEGRATING SOCIAL MEDIA DATA WITH TRADITIONAL BI

Data from social media is tantalizing because it's so easy to capture – however, a major question that many healthcare payers and providers are asking is whether social media can really improve an organization's business intelligence. This presentation will cover techniques such as how to measure the changes in your "mindshare" over time to assist with branding, how to compute "patient engagement" using comments + shares + trackbacks, and how to monitor negative customer sentiment and complaints to help improve customer service. Social media data, while easy to capture, needs lots of massaging before it can be used; sentiment analysis needs to be done first before it can be incorporated into traditional BI tools. Join Shahid Shah, The Healthcare IT Guy, for his presentation on how social media data can be homogenized so it has a common structure and then tied into BI tools for further analysis.

Shahid Shah, CEO, Netspective Communications

11:15B COMPARATIVE EFFECTIVENESS RESEARCH (CER) AND DATA INTEROPERABILITY

Comparative Effectiveness Research (CER), which is being rechristened "Patient-Centered Outcomes Research" (PCOR) is all about using clinical outcomes research comparing different interventions and strategies to

prevent, diagnose, treat and monitor health conditions. What's known is that CER / PCOR is impossible without clinical data interoperability; what's unclear is how to create simple, practical, solutions to data interoperability without creating or buying mountains of systems. Shahid Shah, The Healthcare IT Guy, will uncover an open source architecture that can be implemented in almost any clinical setting to increase and improve the amount of clinical data available to feed CER and PCOR initiatives. **Shahid Shah, CEO, Netspective Communications**

12:00B   PREDICTIVE MODELS FOR HEALTH PLANS
This session will focus on the value of predictive models for health plans. An overview of the various types of predictive models will be presented, illustrating the wide range of features that are available so that the user can select the appropriate model for the right application. A discussion as to how these models are constructed will be presented to illustrate how an understanding of taking into account all aspects of patient care can increase the utility of these models. Specific examples will show how care management staff can use this information to target the appropriate patients for programs. Additionally, there will be a discussion of how these models can be augmented by consumer data to further assist health plans in the selection of patients.
Steven L. Wickstrom, Vice President, Research and Methods, Ingenix

1:00   *Conference Concludes; Luncheon for Attendees of the Optional Post-Conference Workshop*

Please see the next page for a description of the optional post-conference workshop.
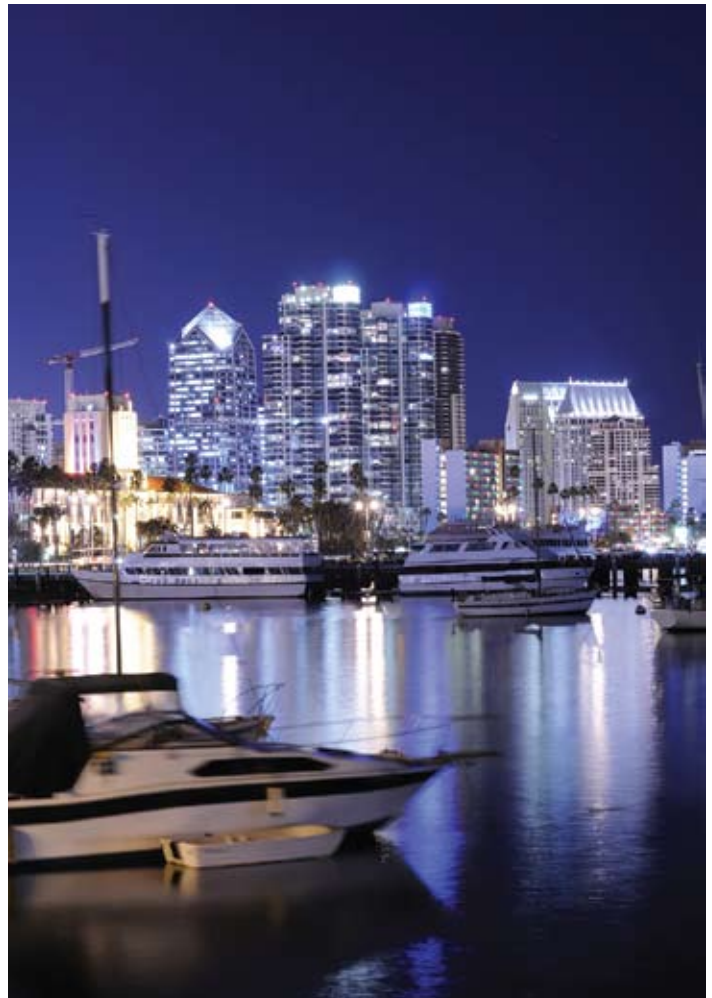
Optional Post-Conference Workshop
Meaningful Use vs meaningful use: Small Letters Mean Big Rewards
Workshop Hours: 2:00-6:00 pm

The Meaningful Use (MU) incentives offered by the federal government provide a way for healthcare provider organizations to fund adoption of electronic health records (EHRs), collaborative systems and even promote analytical capabilities.

But this should only be the starting point. The incentives may only make up a portion of the investment involved in implementing these technologies. Plus, these incentives for compliance will become penalties for non-compliance in the next few years. How does an organization justify early adoption with what could amount to a negative ROI?

The answer lies in transforming the formal MU initiatives into more strategic, more far-reaching meaningful uses for the same types of technologies and analytical information. This is where business intelligence and analytics come in, and where many forward-looking organizations have found significant value.

In this workshop, participants will gain insight into these capabilities that permeate the entire enterprise and offer even greater value than the formal MU programs. Topics discussed will include:

- Recap of MU programs, the rewards and the processes developed to gather data to submit, as well as the upcoming conversion of incentives into penalties
- Business applications that are meaningful uses of data that use this same data
- Combining this data with other types of data to multiply its value
- Case studies of organizations that are already doing this, and how they garnered the incentives and the larger benefits
- Around-the-table discussions of examples from participants' organizations, or from organizations they have heard of, who have grown beyond tactical MU compliance
- A framework for connecting business needs at participants' organization (drivers) to business actions the organization is doing, and how these become ways to sponsor meaningful use of information
- Next steps in terms of how participants can bring this concept of "bigger rewards with smaller letters" back and effect substantial changes in their organizations

Workshop Chairperson:
Scott Wanless, Principal Consultant, Healthcare Business Intelligence Practice, Resource Management Professionals
Workshop Instructors:
Chuck Oleson, EdD, Vice President and Chief Information Officer, Butler Health System
Jennifer L. Close, MS, Vice President of Operations, Office of Medical Affairs, Dean Clinic
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