00:00

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Montage:
"Data is going to do for the doctors' minds what x-ray has done for their vision."
"We put information out, and the reaction has been, 'Well, that data is wrong.' And it wasn't that it was wrong, it was just that it was finally looked in a different way than they had always been always been looking at it.'"
"A lot of physicians, like a lot of car drivers think that we're better than average. But, when you can actually look at your numbers, we can really see where we stack up against them."

Ken Seeley: Hi, there, and welcome to BI Radio. I'm Ken Seeley. On the show today, a focus on healthcare, how better information and better decisions are driving a transition from reactive and disconnective treatments to a preventative and patient-centered approach. Kelsey Howarth learns how reliable information helps administrators and physicians at the Martin's Point Health Care network make tough decisions and drive better patient care. But first up, information and transformation in the healthcare industry. Susan Noack, the worldwide industry executive for healthcare at IBM Business Analytics, in conversation with Dr. Paul Grundy, IBM Global Director of Healthcare Transformation.

01:25

Kelsey Howarth: Hi. I'm Kelsey Howarth. Today's topic is healthcare and how we may be able to stem the global crisis by replacing poorly coordinated acute focused episodic care with more coordinated, proactive, preventative and patient-centered approaches, and the role that information plays in this transformation. In this segment, you're going to listen in as Susan Noack, the worldwide industry executive for healthcare for IBM Business Analytics interviews Dr. Paul Grundy. Dr. Grundy is the IBM Global Director of Healthcare Transformation. An industry-thought leader, Dr. Grundy develops and executes strategies that support healthcare industry transformation initiatives. Dr. Grundy also serves as the Chairman of the Patient-Centered Primary Care Collaborative.

02:20

Susan Noack: Hello, I'm Sue Noack, the worldwide industry executive for healthcare for Business Analytics at IBM, and I'm here today with Dr. Paul Grundy, who is the Director of Healthcare Transformation.

Dr. Paul Grundy: Thank you. It's a great pleasure to be with you.

Susan Noack: Paul, could you give us a little bit of introduction of your role at IBM?

Dr. Paul Grundy: What I'm trying to do is drive transformation of healthcare to a much more robust model of care where we, as a buyer of care, can get care that's integrated, coordinated, accessible, and comprehensive. So, how do we realign, how do we socially change the system, align the economics of the system to drive the kinds of transformation that has occurred in other industries in healthcare? How do you realign payment in a way that you get outcomes, that you, instead of being able to buy a good amputation for your diabetic, you buy the kind of care that prevents the diabetes from occurring, delivered that way versus continuing to pay only for the amount of time you spend at the window?

Susan Noack: So, from an industry perspective, is this a global issue?

Dr. Paul Grundy: Yes, this is very much a global issue, really resulting in us needing a much more robust primary care system—we call it the "Patient-Centered Medical Home"—that allows for the coordination of care.

Susan Noack: Can you speak a little bit to the role that having the information available and how we utilize that information may play in tomorrow's healthcare system?

Dr. Paul Grundy: Data, and the ability to analyze data, is going to do for the doctors' mind what x-ray has done for their vision over the past 20 to 30 years. So, it's going to be about taking information and making it actionable at the point of care. So, just a story to illustrate, I'm sitting in a doctor's office. This one happens to be in Denmark, and a patient comes in and the patient wants sleeping meds. And an alert comes back to the doctor, and the alert says, "Doctor, this is a known asthmatic." So, it isn't like a mystical thing, you know, that you have data flowing. I mean, it's just making the information available at the point of care. And then, when you have enough information so you can see that the last 10,000 people who had those kind of blips on their EKG, have had that kind of reaction to the medicine, you know, X, all of a sudden, you have predictive information. All of a sudden, you have the ability to say with 89 percent certainty that this is the kind of pattern that we can see will lead to this, right. And so, it gives the doctor some warning. It's going to be a really exciting journey. I'm just thrilled by it, as a physician.

Susan Noack: Could you speak a little bit in terms of what you see are some of the major issues that, really, analytics can play a role to help us solve?

Dr. Paul Grundy: I can see it happening already in some places where we're further out than in others. For example, what about taking the massive amount of information that a physician would have to have to make clear, concise decisions about a disease as complex as diabetes. You know, rather than having 28 pages of forms and reports that he has to search through and miss most of, and that he has to juggle in his mind, I mean, let's take all that information, let's trigger a way that it really becomes useable at the point of care.

Susan Noack: Do you have any recommendations for some of the hospitals and health systems and/or physician groups of what they could be doing today to help prepare for that new way of using information?

Dr. Paul Grundy: I think probably, fundamentally, the most important thing that they need to do is to look at how the world's going to change with data and information flow, with help information technology, how do you really have to restructure yourself to capture that and utilize it more effectively? So, the entire nation of Denmark structured themselves so that the agent of action, so where the data flows to, where it becomes actionable information is in the primary care office. I mean, that's the level that you want it to be acted on, right, so you keep the patients out of the hospital. So, it's the dialogue between the patient and the primary care physician, who is in charge of comprehensive care, can take action and prevent and recognize patterns, disease, so that you end up actually preventing the diabetes versus using the hospital for the amputation of the diabetic. That shift is what's driven, you know, 155 hospitals down to 25.

Susan Noack: I know that Denmark has one of the more progressive models in terms of sharing information across their different suppliers and providers. How do you see that evolving in other geos in order to show that information more effectively? Is that where the medical home concept really plays that role?

Dr. Paul Grundy: Fundamentally, we're really at the kind of razor's edge of how we decide to make information useable or meaningful, right. So, if you want to really restructure healthcare towards a more integrated, coordinated model, i.e., the Patient-Centered Medical Home model, which all the primary care

docs agree that that's what they should do, then you also need to align the payment for the HIT to follow, and that's exactly what is happening in the United States. In Canada, I think they're even further along than that. They've really begun to structure how healthcare flows, just like they did in Denmark, so that it can be captured so that you're likely to capture and prevent illness rather than treat it and do rescue care. So, I mean, you're beginning to see these technology solutions being acquired by, you know, companies like IBM to really begin to allow data to flow, data to be analyzed, data to become actionable information at the point of care in the same way that we've seen that happen in other industries like banking and transportation over the past, you know, 20 or 30 years.

Susan Noack: I think you've painted a very interesting and exciting future for us, and we thank you.

Dr. Paul Grundy: Thank you very much. It was a great pleasure.

09:20

Kelsey Howarth: For more information on IBM Cognos solutions for healthcare, please visit ibm.com/cognos/healthcare.

09:30

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10:00

Station ID: From business intelligence to business analytics, and all points in between, this is BI Radio.

10:10

Kelsey Howarth: Hi. I'm Kelsey Howarth. What does better analytical information mean to doctors? Today, we speak with Dr. David Hallbert, a physician with Evergreen Woods, a primary care practice in the Martin's Point Health Care network, located in Bangor, Maine. Over the years, the physicians at Evergreen have been national recognized for the use of technology to deliver high-quality care, with the Institute of Medicine calling them "one of the most innovative practices in the U.S." Here, Dr. Hallbert and I discuss how they're using IBM Cognos solutions to get better insight into their overall practice, provide more proactive and preventative care, and automatically remind patients when certain tests, physicals, or checkups are needed.

11:05

Kelsey Howarth: Thank you for joining us, Dr. Hallbert. Could you please describe some of your roles and responsibilities at Martin's Point?

Dr. David Hallbert: Yes, I've been a physician in private practice, in internist doing mainly primary care, and joined Martin's Point about three years ago. At the time, I was working in a practice that had a pretty high reputation for doing a lot of innovative things with computers and medicine. And I've been on electronic medical records for over 10 years, and have done a lot of work helping hospitals in other places get started in that area. So, in coming in here, part of my job was to, of course, see patients. And part of the job, too, was to help the leadership, you know, see what kind of directions we could in.

Kelsey Howarth: As a clinician, how did you first perceive the data as it was presented to you? Can you describe the process for gaining trust in this new access to data and to the quality of information?

Dr. David Hallbert: Like many physicians, I've had experience with data being presented to me before from hospitals, insurance companies, and generally, I found it, you know, less than helpful. There was no way for me to verify any of the data. It was pretty easy for me to find errors, pick things apart, and so the broad generalizations that were often presented to me, I just couldn't accept. And so, an awful lot of, you know, a portion of things, so, you know, simply went into the trashcan as I just, you know, sort of focused on taking care of patients. When I joined Martin's Point, you know, we were pretty determined to not just see patients one by one, but also to look at population information. We initially focused on diabetes, and then went on to cardiovascular disease and congestive heart failure, and then there was a number of pet projects I had, and just process and outcome type data that I was interested in seeing if I could glean from my population of patients as well.

Kelsey Howarth: So, how has this business intelligence, this new access to data, changed the way you practice medicine?

Dr. David Hallbert: Well, I still see a lot of patients on a one-to-one basis, but at least on, once a month, when the new reports are generated, I put time aside to sit down and go through it carefully, and I drill down, actually, to the patient-by-patient level. I look at all my diabetics, I see what types of tests have been done, which ones haven't had any tests for a long time, which ones haven't been seen for a long time. We look at the patients whose hemoglobin A1c, the test that shows that they're not in good control, who are the people who are the furthest out of compliance. And then, we quickly generate letters and/or phone calls to the patients and see that they get called and have the appropriate tests before they are brought in. So, an awful lot of physicians simply see patients as the patients decide to come in, but we really do actively manage the population, and that's quite a bit different than what I've been able to do in the past.

Kelsey Howarth: Has that had the most significant impact or value to the workflow of your practice, or are there some other factors that play?

Dr. David Hallbert: Well, it's given me a great deal of personal satisfaction. A lot of physicians, you know, like a lot of car drivers think that we're better than average. But, when you can actually look at your numbers, and we look at the numbers as well as some of the other practices nearby, down in Portland and Brunswick, and we compare ourselves to them. We compare ourselves to the other physicians, practitioners in the offices, and we can really see where we stack up against them. And a lot of times, we're finding out that there just is a different way that one is taking care of patients than another is taking care of patients and we can, you know, pretty easily make some quick changes to improve our numbers. We also share these numbers with the staff because an awful lot of the calling around of patients and getting patients to come in has to do with how aggressive staff members want to be in following up on information that's presented to them, and they're all engaged in trying to make the practice better.

Kelsey Howarth: And what are some of your next projects or initiatives to leverage your registries and data sources?

Dr. David Hallbert: Well, our office is probably more aggressive than many of the others in using this database, and I've been asked to come down and work with some of the other practices and show them how I go through the reports and show them what data we get. So, it's trying to spread this across other parts of the organization. We have—we're doubling in size this year, and the new practices that are being brought have not seen anything like this before, and so it will be a challenge to show them the tools, and hope we can get the same kind of buy-in.

Kelsey Howarth: Do you have any advice to other clinicians as to where they should start in terms of leveraging business intelligence and analytics to support their own practices?

Dr. David Hallbert: Well, I think that showing them the kind of reports that are possible and, at least, finding a report that interests them to begin with. Many physicians are interested in different things, for one reason or another. Taking an interest they have and showing them some information they have, showing them how they can, you know, quickly see that the same process can help them trust information about other things. And, of course, it always is important, as I say, to be able to drill down, really down to the finest granularity to check the veracity of the information, and that allows you to kind of go back up and look at the big picture with a lot more confidence.

Kelsey Howarth: I'm just curious, do you share this data with your patients? I would think, as a patient, I would be incredibly impressed at the level of detail that you've been able to collect. Do they get to see that?

Dr. David Hallbert: We're in the process of getting our website, you know, far more sophisticated, and I do see a place where there would be a section on our website where we would love to present this kind of data so that the patient can and refer the patient to that, to there, if they're interested in, to access, see how we stack up against other providers in the area.

18:20

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19:00

Station ID: Ideas, insights, and opinions on business analytics. You're listening to BI Radio.

19:10

Kelsey Howarth: Hi. I'm Kelsey Howarth. Today, you're going to listen in as I speak to Eric Place, Manager of Business Intelligence Reporting, and Jeff Guevin, Manager of BI Administration at Martin's Point Health Care. Based in Portland, Maine, Martin's Point Health Care is a not-for-profit healthcare organization that provides primary care services to patients in Maine and New Hampshire. They also offer health plans and wellness services to members throughout New England. Here, we discuss their journey to a healthcare analytics system that helps them answer tough business questions with just a few clicks of the mouse.

19:55

Kelsey Howarth: Could you please describe your roles and responsibilities at Martin's Point?

Jeff Guevin: Sure. This is Jeff, and I'm the Manage of Business Intelligence Administration. And, basically, in my role, I'm responsible for the software and partial responsibility for the hardware for the BI environment as well as in the installation and configuration, upgrade, performance tuning. I also deal with

the vendor and licensing, responsible for meta data modeling, all of the training that we do for the staff I'm responsible for, and then also the research and development.

Eric Place: And my name's Eric Place. I'm the Manager of Business Intelligence Reporting and Analysis. And we work very closely with Jeff's department, especially on the research and analysis. My people are responsible for delivering reports and dashboards and scorecards and analysis to our various customers using the Cognos products, and we work pretty closely with Jeff's team to do that as well.

Kelsey Howarth: Could you tell us about some of the central issues or pains your organization faced before IBM Cognos software?

Jeff Guevin: Sure. Well, we've been customers now for almost seven years, and, actually, Eric and I started the same day in the Informatics department, which we currently are in. And, really, at that time, there was no real reporting environment. Most of the things were done in Excel. Timeliness of requests and turnaround times were a lot longer, so people would request information and there would be iterations going back and forth between the requestor and us to get the final product right, and so time was big factor. So, people weren't getting their information in a timely manner, which is, really, the big pain as well as no real concrete environment, you know. Just exporting data over to Excel was sort of the reporting environment.

Eric Place: One of the great things about implementing the Cognos cube was that it really forced us to look at the requirements for what we were going to put into them because that data was going to be going out to all of our customers across the company, so coming up with that one version, the truth that we hear so much about, the Cognos part forced us to do that and go through that exercise, which also meant better data going out to our customers.

Kelsey Howarth: So, I know that your Cognos implementation has been a seven-year journey. Can you speak to some of the key outcomes in terms of new efficiencies gained, cost savings, or just better information?

Eric Place: Sure. I think that better information, a better term for that would be a better understanding of information. One of the things that we realized with people's data is, the data is the data, whether it sits in the source system, whether it's in Cognos, you know, the numbers having to fill the number 7. But once you put it into a BI environment and once you put it especially into a cube, that people who have been working with that data for years look at it in a completely different way because, for starters, they're looking at all of the data at once and they have to filter down and call it out on their own, and it gives them a higher level view, a different perspective on their own data. So, many times, it's not even that you're serving up better data, it's that you're serving up a way for them to have better understanding of their own data. And many times, we've put information out in a cube or in a report and the reaction has been, "Well, that data is wrong." And it wasn't that it was wrong, it was just that it was finally looked in a different way than they had always been always been looking at it. So, just getting a different perspective sort of helps educate our customers to their own data as, also, as much as just getting the data in a much more timely fashion whether they're using cubes or analysis—or not, there's just much more efficiency in shrinking the amount of time frame for decision-making. Something that used to take two weeks to get now takes two minutes to get, so people can make their decisions faster and more timely. I think that one of the biggest factors for success, whether it's within our Informatics department, how we use the product, or whether it's our customers and how they get the data that they need, that one of the main things is that you never stop learning and growing and changing in how we use the information and we use the product. And the moment you think you're done learning, changing, and growing, you know, you're wrong because there's always another way to do it, there's always a way to adapt it to fulfill the changing needs.

Kelsey Howarth: What are some of your future plans?

Jeff Guevin: Well, one of our, big thing on the horizon in the near future, maybe third or fourth quarter of this year, is we're putting together a training certification program. And what that entails is that we do all of our Cognos training internal. So, new staff comes onboard, they need to be trained on the tools, we evaluate what they're going to be doing, the business need, and what tools they should have. And then, we go ahead and we do the training. But we've really never done any sort of follow-up. So, there's going to be a portion of this training certification program that looks at, okay, are you able to use the tools in a way that they should be used? Also, along those lines, is that we're going to be putting together a program where we'll go through the data warehouse structure with the folks who need to know that, so maybe some analysts that come onboard. So, there'll be a customized program for them. So, you have a new manager who comes on, the manager has to be able to communicate with their analysts, so they might not necessarily need to know how to code SQL, but they need to understand it. So, we 're going to be putting together this training certification program, and it's kicking off in the next couple of weeks. We're pretty excited about it. So, that's one of the future plans. Another one is, as far as data visualization, we were fortunate enough to have Stephen Few onsite for three days, who is one of the experts in data visualization, and really go through with us and help us validate what we're doing as far as visual presentation of data. So, incorporating that in, and then, another big one, which is we're actually kicking off next week, is we are now a TM1 customer, and so we're going to be implementing and integrating financial data into this BI environment. So, those are, really, the three big things that I see on my plate right now, I know. Eric?

Eric Place: I would say that, on a smaller scale, for some of the things in development is looking at using bursting reports and using OLAP as source for dashboards. We find that when using OLAP cubes as a source for dashboards, it really saves us a lot of work in building the drilldown structures because they're already there in the OLAP source. So, when we build the dashboard up for that, it saves us a lot of time because we have to add new metrics. So, that's one of the more techy things we're going to be doing in the future as well as the bursting reports to get information out to physicians on a physician basis, meaning that if we want, you know, our physicians to be able to look at a dashboard but it's going to show only their data and they have to drill down to it, one of the technical ways we've found to overcome that is to use a bursting report based on their sign-on. And so, that's two things that the BI team here has helped us with research and development on, so two things we're hoping to use, utilize in the near future.

Kelsey Howarth: Was there any sort of eureka moment where you saw information that you simply never knew before, any stories that really stick out in your mind?

Jeff Guevin: Well, when I think of eureka moments, over the past couple of years, Martin's Point has gone through some changes in leadership. So, whenever we get somebody brand new in to Martin's Point, we go through and we usually have a time where we meet with them, explaining what our department does, show them what we have, and they're always blown away, if you will, of the capabilities and the data, and everything that we can provide in the department. So, I think every time we get with somebody, it's all been a eureka moment.

27:30

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28:10

Ken Seeley: Well, that's a wrap. I'd like to thank our guests today. From IBM, Susan Noack and Dr. Paul Grundy, and from Martin's Point Health Care, Dr. David Hallbert, Eric Place, and Jeff Guevin. Thanks, as well, to our segment producer, Kelsey Howarth, and finally, to our head producer, composer, and audio engineer, Derek Schraner. You can visit us at radiocognos.com, or follow us on Twitter at twitter.com/ibmcognos. I thank you for listening. I'm Ken Seeley. And we'll see you in about six weeks.

29:05

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30:00