

Activating Your Healthcare Data Supply Chain

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HIMSS **21**

Our Speakers



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Conflict of Interest

Dave Dirks, MBA

Has no real or apparent conflicts of interest to report.

Conflict of Interest

Nick Stepro

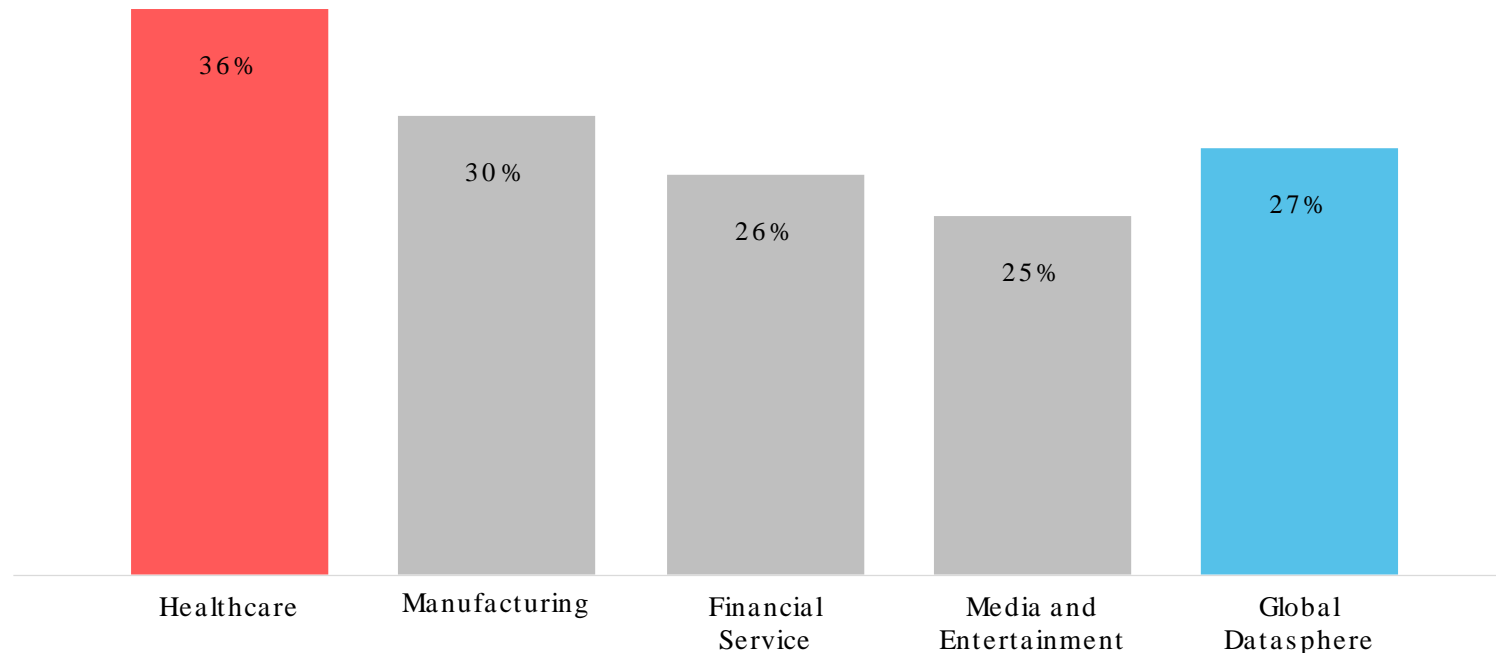
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Learning Objectives

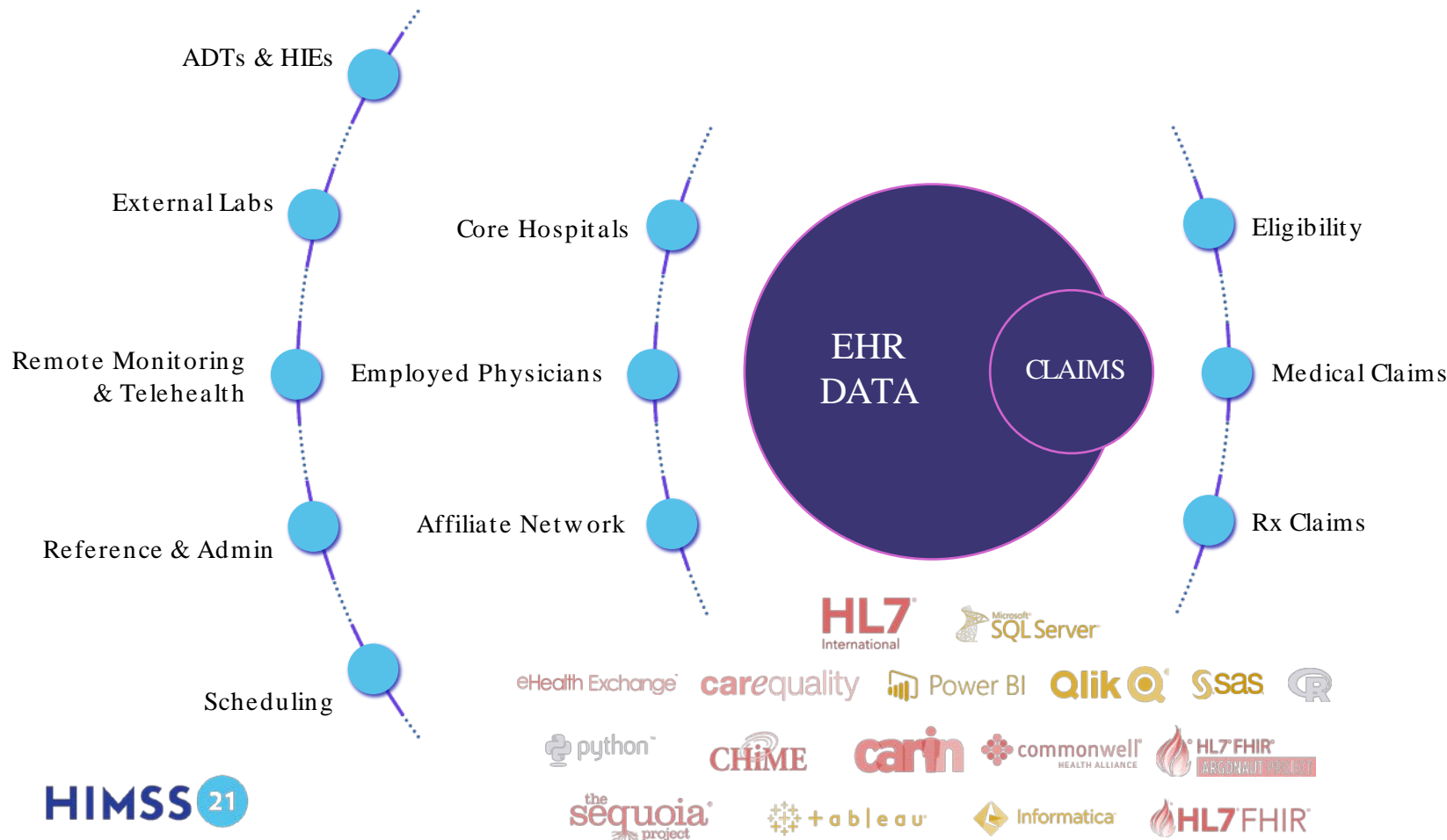
- Relate traditional supply chain optimization concepts to healthcare information management
- Explain what is required for data to be trusted and fit for use in a healthcare context
- Explain common issues that can arise from a poorly managed data supply chain
- Optimize healthcare data supply chain by identifying and prioritizing issues based on problem severity and downstream impacts
- Explain how consistently delivering trusted, comprehensive data can create competitive advantages for your organization

Healthcare data is growing exponentially, more than any other industry

2018-2025 DATA – COMPOUND ANNUAL GROWTH RATE (CAGR)



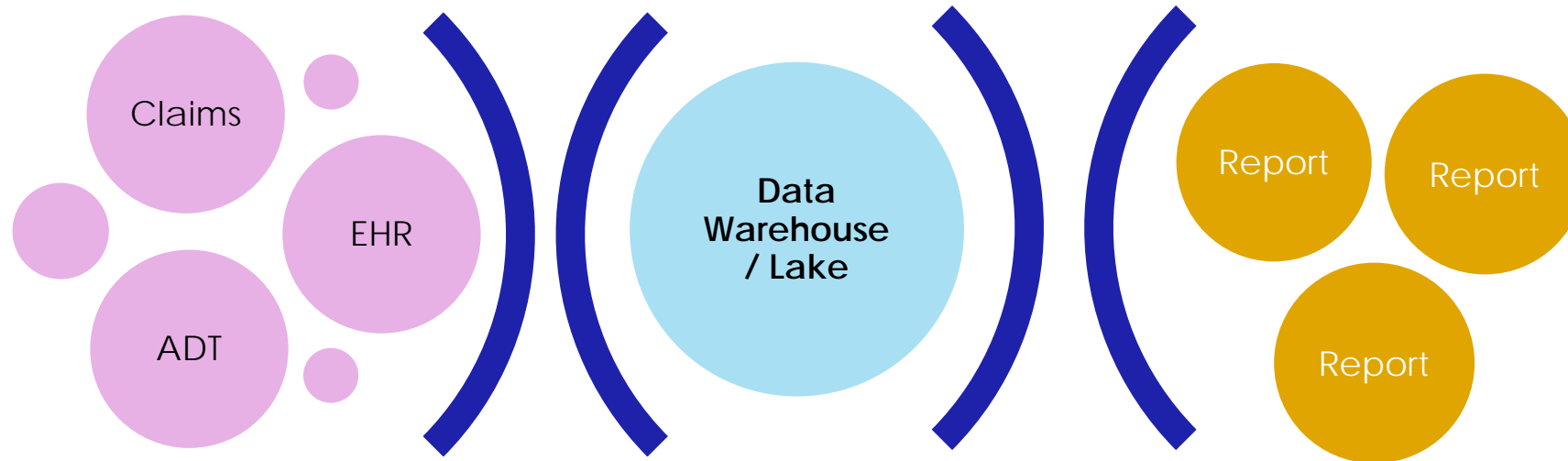
The data ecosystem is under pressure to serve business customers in near real-time



**Anytime,
anywhere
access to
insights
and
information**



Rationalizing data is expensive and slow, and the time to value is too long



Lack of trust complicates how we make data actionable

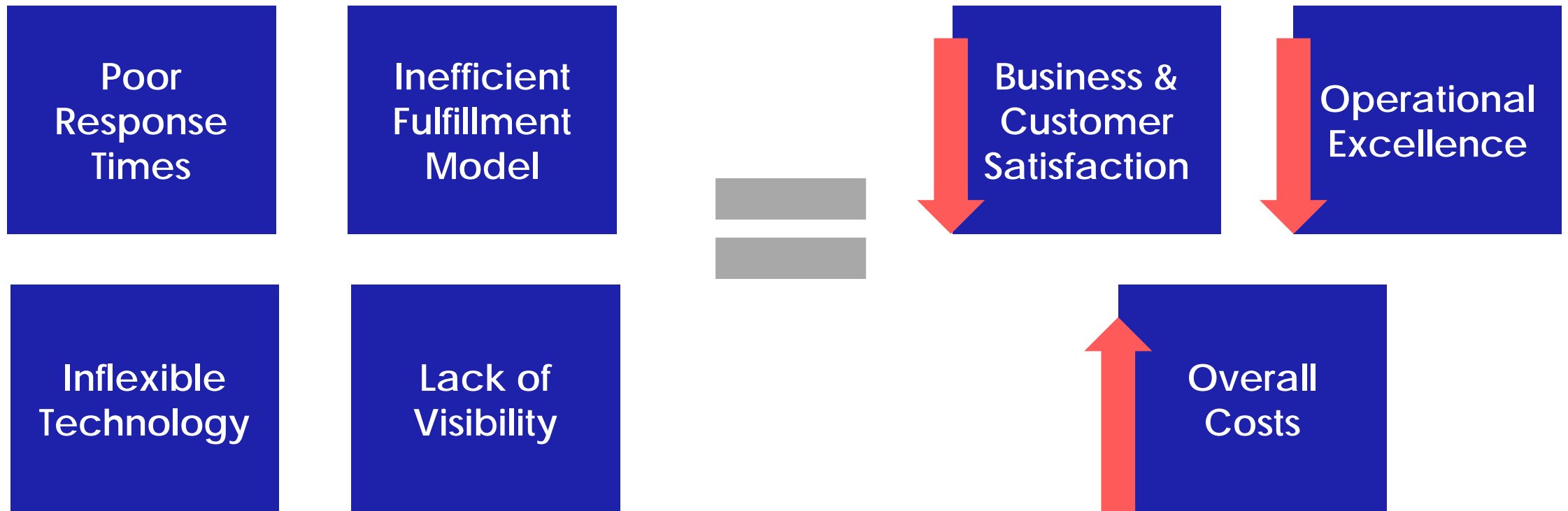


**of CIOs have strong
trust in their data**

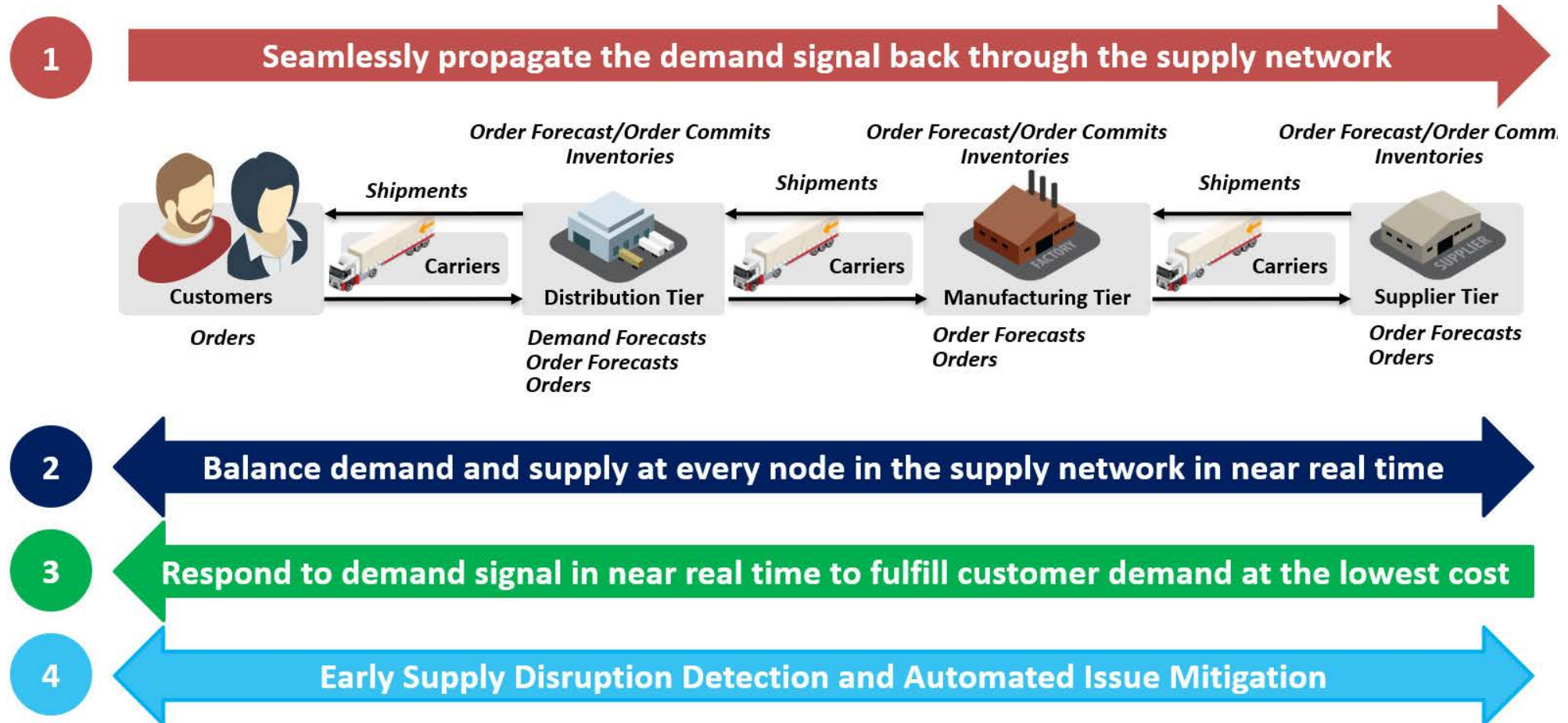


**of clinical users have
self-service tools**

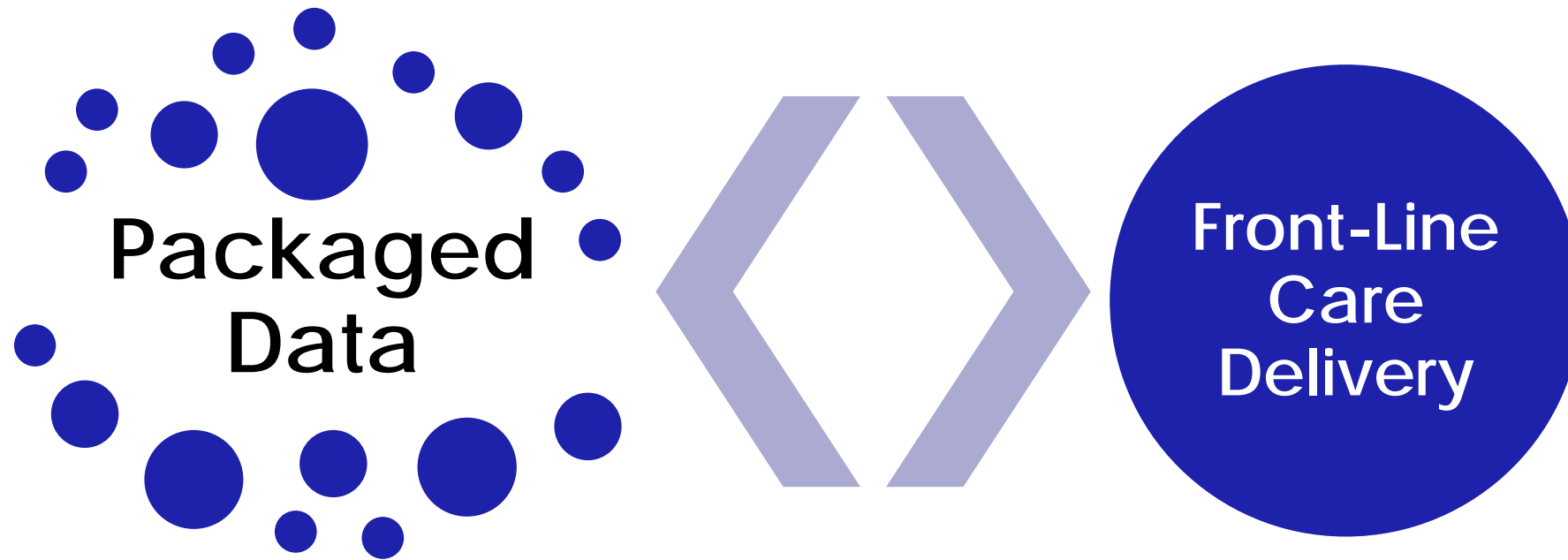
The inability to package healthcare data for easy consumption is a classic supply chain problem



The most innovative supply chains are demand -driven



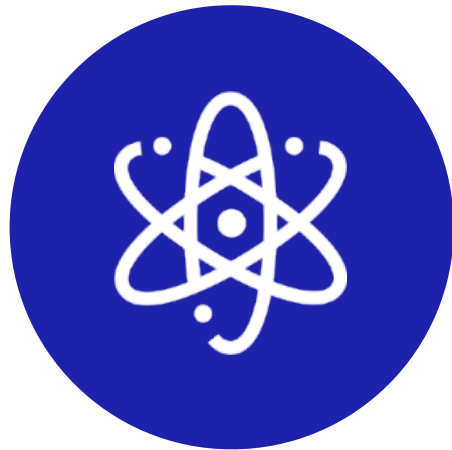
The disconnect between the data supply chain and actual care delivery is tremendous



Is the data aggregated, curated, and enriched?

Does this data inform the next appropriate action?

The healthcare data supply chain must connect demand to the supply in a responsible way



Transform real-time insights into strategic opportunities

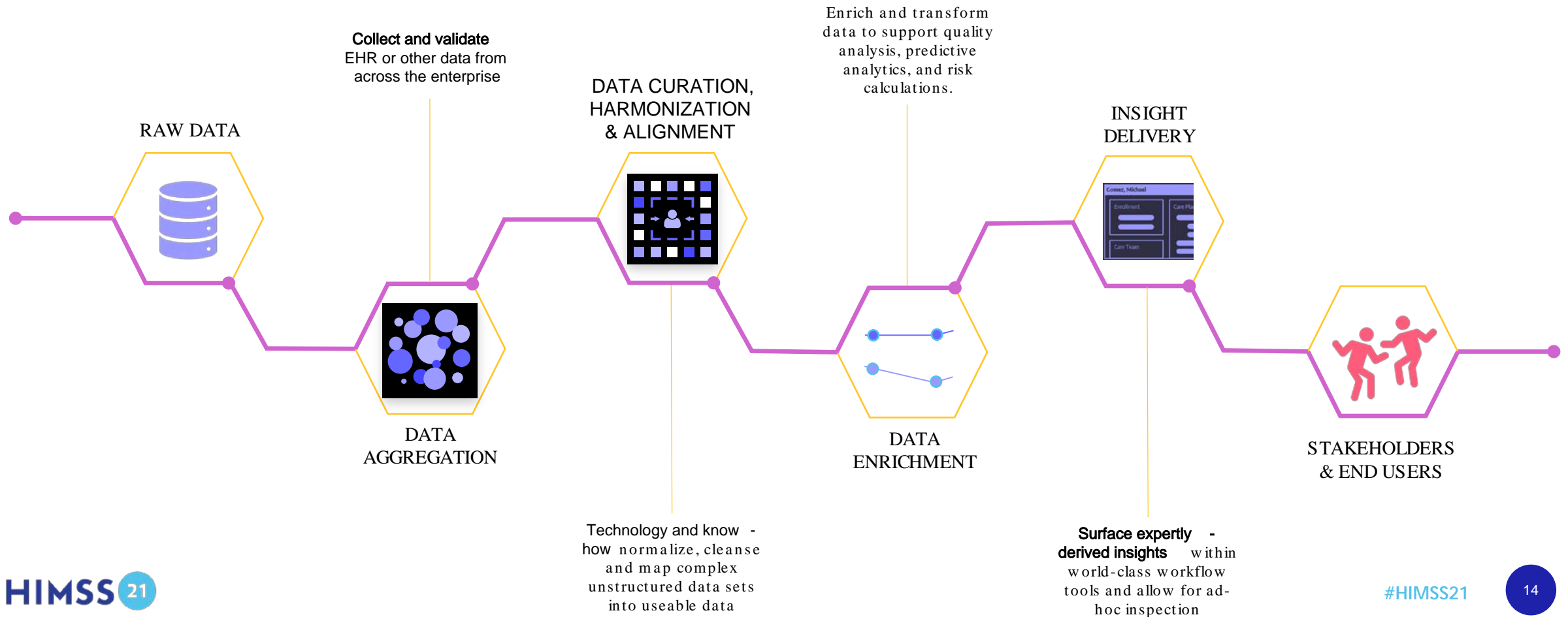


Power point-of-care decisions



Identify the impact of operational and financial decisions

And power real-time inquiry and introspection, replacing the need for static data assets



Population health is data -powered logistics...

PATIENT IDENTIFICATION

Administrators configure stratification rules to automatically suggest programs for given patients.

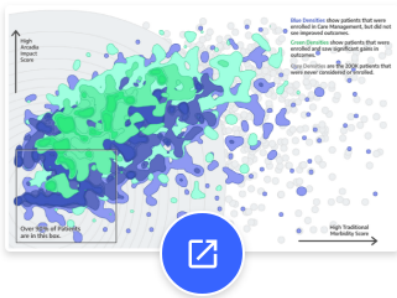
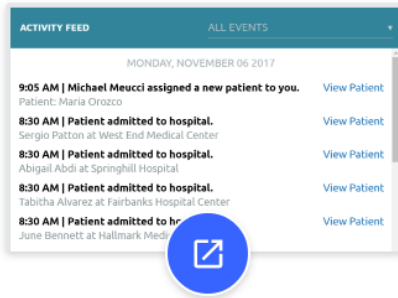


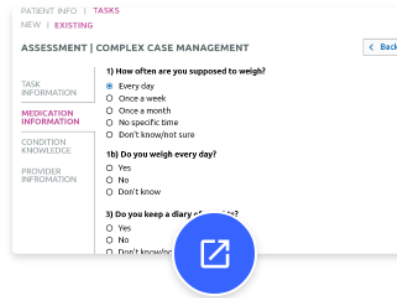
CHART REVIEW & OUTREACH

Care manager gets a notification, and a patient is added to the queue. Reviews chart for impactability, sends init. comm.



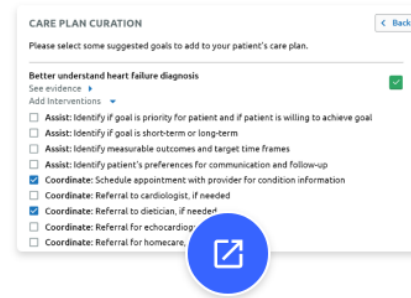
INITIAL INTAKE VISIT

A comprehensive care needs screening and intake questionnaire is completed with the patient (may take several calls)



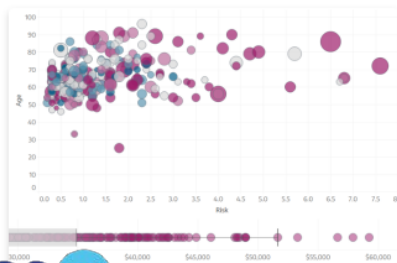
CURATE SUGGESTED CARE PLAN

Based on the questions answered during the initial intake, a series of Care Plan goals/interventions are suggested.



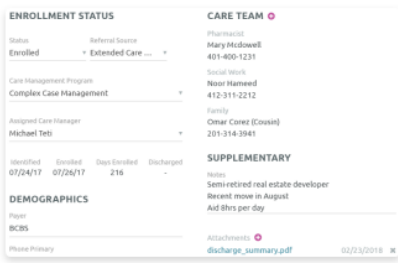
ADMIN REPORTING

Administrators track panel sizes, enrollment and completion rates, and time tracking for CCM billing.



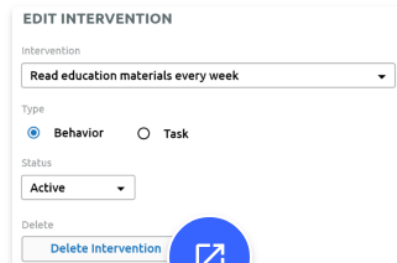
DISENROLL PATIENTS

Track duration of enrollment, and after a given time or completion of care plan, perform disenrollment visit.



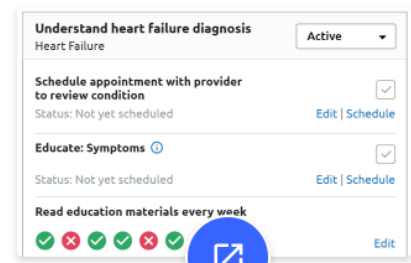
EXECUTE ON CARE PLAN

Get notifications as other care team members complete tasks. Perform recurring care plan reviews w/ patients.



ASSIGN OUT TASKS

Using the care plan, assign out tasks and schedule follow-up visits. Access educational materials and guidelines.



Backed by a set of synchronous, real-time processes work to cleanse and enrich data

ON FAST DATA.

Some data can't wait, some data needs processing time. Data is split into real-time data for care workflows, and enriched data for predictive models and analytics packages.

ON SECURITY.

Organizations are complex. Value-based care and clinical integration requires firewalls and patient / data filtering, for patient types or system restrictions.

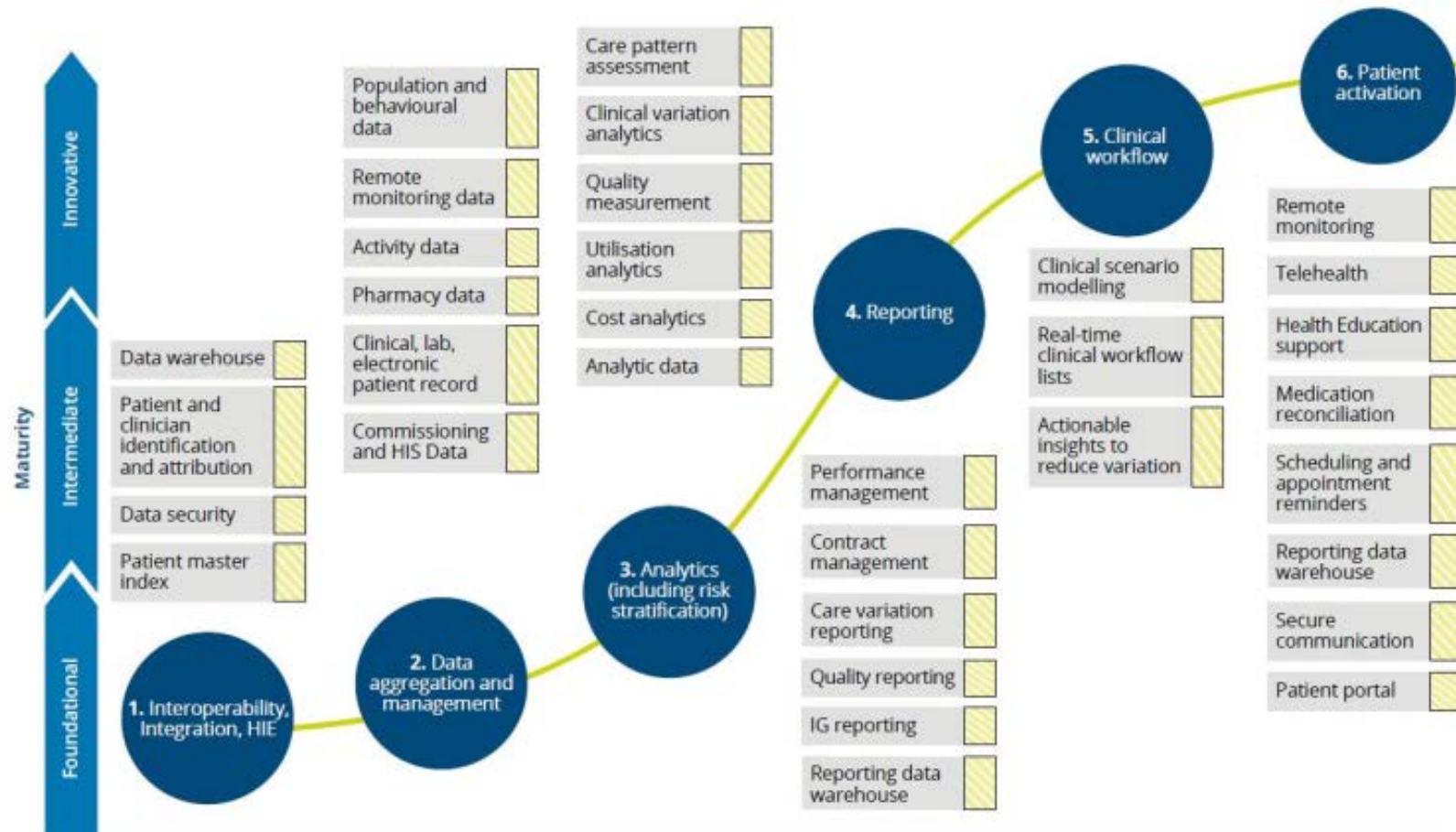
ON PROVENANCE.

Knowing where your data is sourced from saves time, but it's also necessary, whether its for an audit, supplemental data submission or patient engagement.

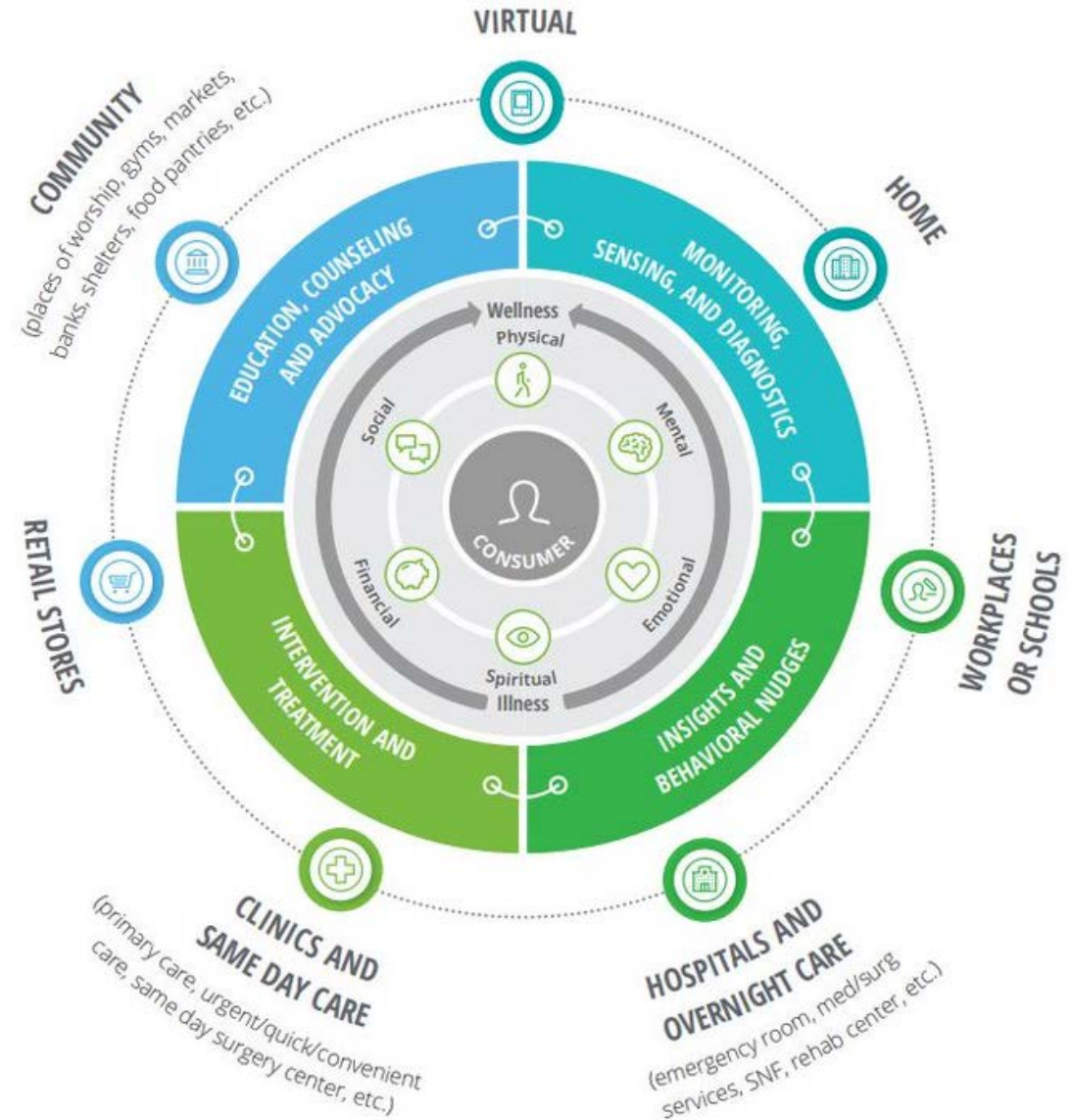
ON EXTENSIBILITY.

In a value-based world, the patient is the hub. You need a 360° patient view, that can be accessed from inside and outside the exam room without looking in a dozen places.

We've built massive connectivity systems to support transitions of care



The new healthcare data supply chain supports and informs your care delivery model, spans the course of a patient's life, and highlight necessary interventions





Dave Dirks

*interim Chief Executive Officer and
Chief Operating Officer, Castell*

Dave Dirks is the interim Chief Executive Officer and Chief Operating Officer of Castell. In this role, he sets the strategic direction for the company's operations, including managing Castell's financial success and leading the clinical operations and population health services teams. He also serves as Vice President of Intermountain Healthcare's Enterprise Initiative Office which is responsible for leading the development and execution of Intermountain's key strategic initiatives. Previous to these roles, Dave was the Assistant Vice President for Population Health and Decision Support Analytics at Intermountain Healthcare and was responsible for working with hospitals, physicians, insurance companies, and community resources to develop and implement transformational analytics products and strategies to improve health outcomes while reducing costs and making healthcare affordable and sustainable.

Questions?



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Thank You