

Hewlett Packard Enterprise

Big Data Conference 2016

#SeizeTheData



Please give me your feedback

Session ID: B9862 Speaker: Eli Groesbeck, Dan Woicke

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Improve clinical efficiency, patient experience, and population health with real world analytics



Eli Groesbeck Director, Population Health

Dan Woicke Director, Enterprise System Management



Cerner's Operational Analytics



Dan Woicke Director, Enterprise System Management



Our mission

Contribute to the systemic improvement of health care delivery and the health of communities.



Cerner today



clients named Health Care's

2015 Most Wired



client hospitals named US News and World Report Most Connected

545



CUMULATIVE R&D INVESTMENT



414 ACUTE CLIENTS 43 184 AMBULATORY CLIENTS 303

Data, Data and More Data

We continue to bring on more and more data sets weekly

Operating System Millennium End User Device SAN RAW (CPU/Memory/Disk across (Citrix/App Tier/ Network Latency and Events Windows/Linus/HP-UX/AIX) Database/Websphere) **Network Switches** RTMS – Package Service 1.2B rows per day Installs Events Requests

Data Sizing

Total Vertica Row Count



ESM Cloud Based Architecture



Performance Abnormality Flags

PAFs are markers in time which represent end user performance degradation as compared to the same hour of the week over a 30 day observation period.

PAF Analysis



PAF Analysis

MILL DB

Wait Events on Instance 1



PAF Analysis

SSREQ Expired Messages by Node



SSREQ Top Expired Messages by Queue



Oracle Enterprise Manager Incidents and Warnings



Simultaneous User Per Citrix Server



Citrix RTT



Millennium Dashboard



Database Capacity Planning



Operating System Statistics



CPU Utilization and Memory

OS Distributions	de	Full Operatin	Total Physic	Cpu Count	System Uptime i	
AIX 6.1 CHA	ARNC1.CERNERASP.COM	AIX 6.1	185.75	176	102.533865741	
LINUX Red Hat E CHA	ARNC10.CERNERASP.COM	AIX 6.1	62	16	124.373206019	
LINUX Red Hat E	ARNC3.CERNERASP.COM	AIX 6.1	185.75	176	102.268912037	
LINUX Red Hat E	ARNC4.CERNERASP.COM	AIX 6.1	185.75	176	102.359791667	
WINDOWS SERV CHA	ARNC6.CERNERASP.COM	AIX 6.1	185.7499389	176	102.369386574	
CHA	ARNC7.CERNERASP.COM	AIX 6.1	185.75	176	102.093136574	
СНА	ARNC9.CERNERASP.COM	AIX 6.1	62.25	16	127.063726852	
CHA	ARNCCRWL01.CERNERASP.COM	LINUX Red H	5.823963165	2	1232.075643519	
CHA	ARNCCTX01.TASP_MOCH3.CERNERASP.C	WINDOWS S	3.998622894	2	1.963483796	
СНА	ARNCCTX10.TASP_MOCH3.CERNERASP.C	WINDOWS S	15.989147186	24	7.792581019	
СНА	ARNCCTX22.TASP_MOCH3.CERNERASP.C	WINDOWS S	3.999065399	2	1.396608796	
СНА	ARNCCTX24.TASP_MOCH3.CERNERASP.C	WINDOWS S	3.999065399	2	6.345856481	

Deep Analysis of One Physician's Day



Where Do Physicians Spend Their Time in the EMR?



Need a title or context around this

N Or

Ye Pa

	Who Needs Help?		How to Help?		Did It Help?		
/anda Nelso	Training ROI 4.2 hours/week	October 2 Time/pa 14.5 min	2013 tient	Orders Order Sets Meds Rec Document Review	Wanda 2.2 min 4.6 min 1.3 min 5.1 min 5.2 min	$\rightarrow \rightarrow \rightarrow \uparrow \uparrow$	Peer Avg 2.8 min 4.2 min 1.1 min 4.5 min 4.5 min
thopaedics ars using EMR: tients/day: 20 .	1.2 years 3 natients	Workflor Order Order	w Efficiency rs r Sets	Wanda 18 s 99 s	Target 23 s 82 s	→	Peer Avg 25 s 101 s
Outbanandias Alia	20%	Meds Docu	Rec ment	129 s 560 s	105 s 350 s	→ ↑	127 s 420 s

Analytics and EDW



Eli Groesbeck

Director, Population Health



Identifying opportunities and measuring outcomes

Efficiently utilizing data already available...



...and connecting to aggregated, normalized data from disparate sources for further analysis.

Industry Differentiators



Centralized person-centric data aggregation and normalization

across multiple, disparate sources within a single platform



Streamlined process improvement

based on interactive visuals, out-of-the-box content and evidenced-based workflow



Integration within the appropriate workflow to deliver the right information, to the right person, at the right time



Industry leading technologies

to customize and develop analytic capabilities

HealtheIntent Platform



177+ HealtheIntent unique LIVE connected data sources





Client Development

HealtheIntent – Proven Scale



Concepts Curated

Enterprise data warehouse tools



Data interaction and discovery visuals



Utilizes industry-leading visualization and business intelligence tools:

SAP® BusinessObjects:

Delivers key performance indicators with pre-defined interactions (drill paths, charts and graphs, etc.)

Tableau: Provides quick prototyping and interactive data exploration

Intelligence

Sepsis is Preventable



Rory Staunton died of Sepsis in April 2012

March 28 Rory Staunton, an 11-year-old cut his arm during basketball practice in school

March 29, evening Rory went to the emergency room and was discharged two hours later, after being diagnosed with "acute febrile gastritis" (the flu).

March 29, morning Rory woke up vomiting and complaining of pain in his leg. By morning he had a fever of 104. **April 1** Rory Staunton died in intensive care, of severe septic shock brought on by the infection.

We can save lives, so other families won't have to experience loss.

Sepsis Workflow





Sepsis Client Achievements



Novi, Michigan

- 1,980 lives saved since 2010
- Over \$27.3 Million in cost savings
- Sepsis mortality rate decrease by 4.2%
- Sepsis LOS reduced from 9.8 days to 8.3 days



- 156 lives saved in FY2014
- Sepsis, any diagnosis, mortality rate decrease by 1.42%
- Nearly 1 patient saved every 2 days



- Sepsis mortality rate dropped 20%
- Sepsis LOS reduced from 6.3 days to 4.8 days



• Sepsis mortality rate dropped 17%

Latest innovations

Readmission Prevention



- 20% more accurate than industry (Yale, LACE, etc.)
- 3.5 FTE productivity savings across system
- Automated continuous calculation of risk score in EHR
- 20% reduction in readmission rates (for high risk patients)

Transition of Care of Model

Discharge Locations	Actual (Historic)	Model recommends higher level	Model recommends lower level	Model
Home	67.1%			66.4%
Home Health	13.2%			15.5%
SNF	14.7%	11%	19%	14.2%
Rehab	2.4%			1.6%
LTAC	2.6%			2.3%

- Model suggest 30% of the population could be sent to a more optimal venue and achieve better outcomes
- Above venue shift accounts for ~\$200 million in savings from total cost of care
- "Exploratory analysis estimated that by better management of post-acute episodes and sending more beneficiaries to home health, Medicare could save \$34 billion to \$100 billion over 10 years."

1] (Steven Landers, JAMA 2013;310(14):1443-1444)

Questions?

Appendix

Cost and Utilization

Claims Analytics

- PMPM / cost analysis
- Risk stratification (MARA)
- Utilization analysis
- In Network/out of Network analysis
- Member demographics analysis
- Generic drug dispense analysis
- Readmissions claims analytics
- Quality Performance Analytics
- Value-based Payer Reporting
- Dimensions / Data Drill-in
 - All Population, Payer/Plan, Region, Practice, Provider, CI-APCP, CI-APP & Member





Example Metrics

- ✓ Attributed population
- ✓ Member Months
- ✓ Risk-adjusted PMPM Total
- ✓ Risk-adjusted PMPM Medical
- ✓ Risk-adjusted PMPM Rx
- ✓ Risk-adjusted PMPM Inpatient
- ✓ Risk-adjusted PMPM Outpatient
- ✓ Risk scores concurrent & prospective
- ✓ PMPM (Real)
- ✓ Generic Drug Utilization
- High-cost Imaging/1000
- Admits/1000
- ✓ ED/1000
- ✓ Inpatient Days/1000
- ED Unique Members/1000
- ✓ # of Unique Members with Admit
- ✓ # of Unique Members with ED Visit
- ✓ OP Visit/1000
- 30-day readmits (no exclusions)
- ✓ ED/IP/OP Counts
- CT Scans/MRI Counts
- Registries 230 standard measures

Unattributed Persons Map



Summary

Plan Summar	у
Plan Name	

Attributed Patients	170,211
Unattributed Patients	49,992
Total Patients	220,203

Total Patients	Attributed Patients	Unattributed Patients	
6,503	6,484	19	
70,327	69,763	564	
3,185	1,324	1,861	
21,652	13,028	8,624	
6,734	4,759	1,975	
7,495	6,871	624	
79,924	43,681	36,243	
20.242	20.004	100	*

Unattributed Patients

0 420

Network Utilization – Geographic Analysis



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Thank you