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Mini Summit IV

Who is your champion of Clinical Outcomes?
Navigating enterprise-wide analytics and the
digital safety net

- Oracle
- Perficient
- March 24, 2015



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Safe Harbor Statement

The following is intended to outline our general product direction. It is intended for information purposes only, and may not be incorporated into any contract. It is not a commitment to deliver any material, code, or functionality, and should not be relied upon in making purchasing decisions. The development, release, and timing of any features or functionality described for Oracle's products remains at the sole discretion of Oracle.

Program Agenda

- 1 Introductions & Organization Overview
- 2 Industry Drivers for Enterprise-Wide Analytics
- 3 Being the Champion of Clinical Outcomes
- 4 Questions & Wrap Up



Introductions

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Introductions

For over 9 years, Oracle and Perficient have partnered to deliver a variety of high-quality and cost-effective solutions to help healthcare organizations adapt to the ever-changing healthcare market.

Oracle

Health Sciences Global Business Unit

Lesli Adams, MPA

Director, Healthcare Strategy

Lesli is a clinical measurement advocate with over 18 years of healthcare analytics and business intelligence experience covering for-profit, state, academic and federal healthcare including ambulatory clinic management, comparative effectiveness evaluation, evidence-based medicine, population health and clinical data warehousing. Prior to joining Oracle, Lesli championed activities with Tenet, MD Anderson, The University of Virginia Medical Center, the US Navy and was the Practice Director for Oracle Healthcare Analytics at Perficient.

Perficient

National Healthcare Practice

Terie McClintock, MBA

Oracle Channel Executive

Terie is responsible for providing healthcare subject matter expertise to the Perficient healthcare and Perficient Oracle national teams while also cultivating and managing the Oracle partner ecosystem. Terie has more than 25 years of IT experience. Prior to joining Perficient, she worked for MD Anderson Cancer Center and IBM.

Oracle & Perficient



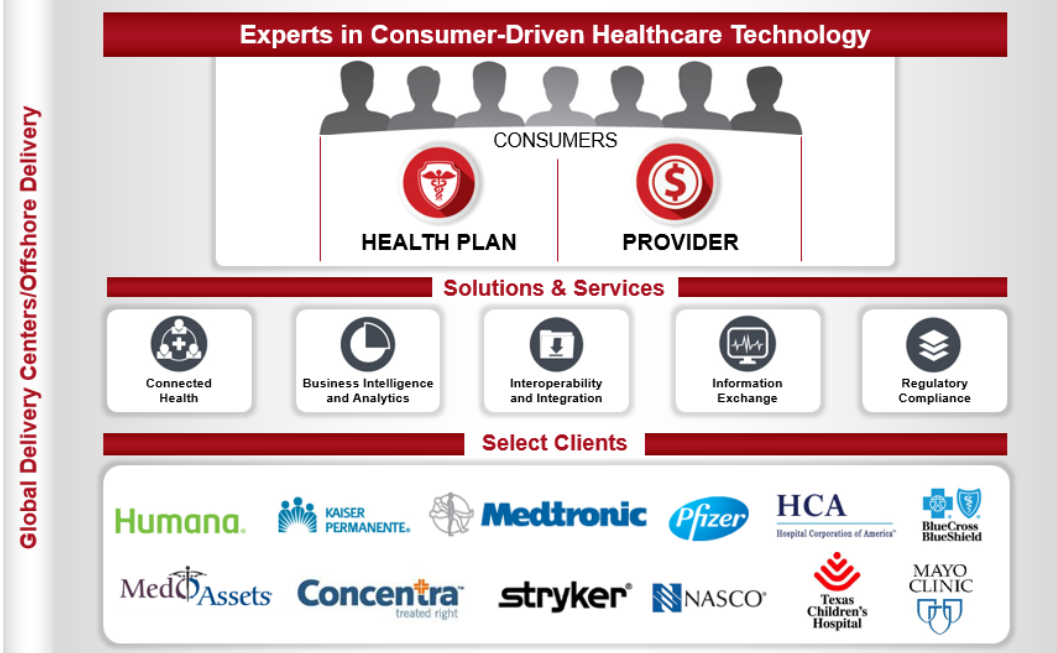
\$5B

R&D Investment



Industry & External
Validation & Recognition

National Healthcare Industry Practice

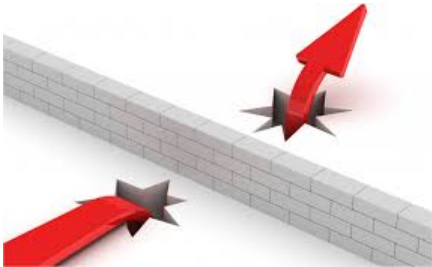


- NASDAQ: PRFT
- Healthcare is largest industry practice
- Over 2,000 employees
- 27 offices in NA
- \$400 MM+ annualized revenue
- 200+ Oracle consultants



Poll – Attendees Preference for Change

Disruptive



Evolutionary



Imposed



Deliberate



Industry Drivers

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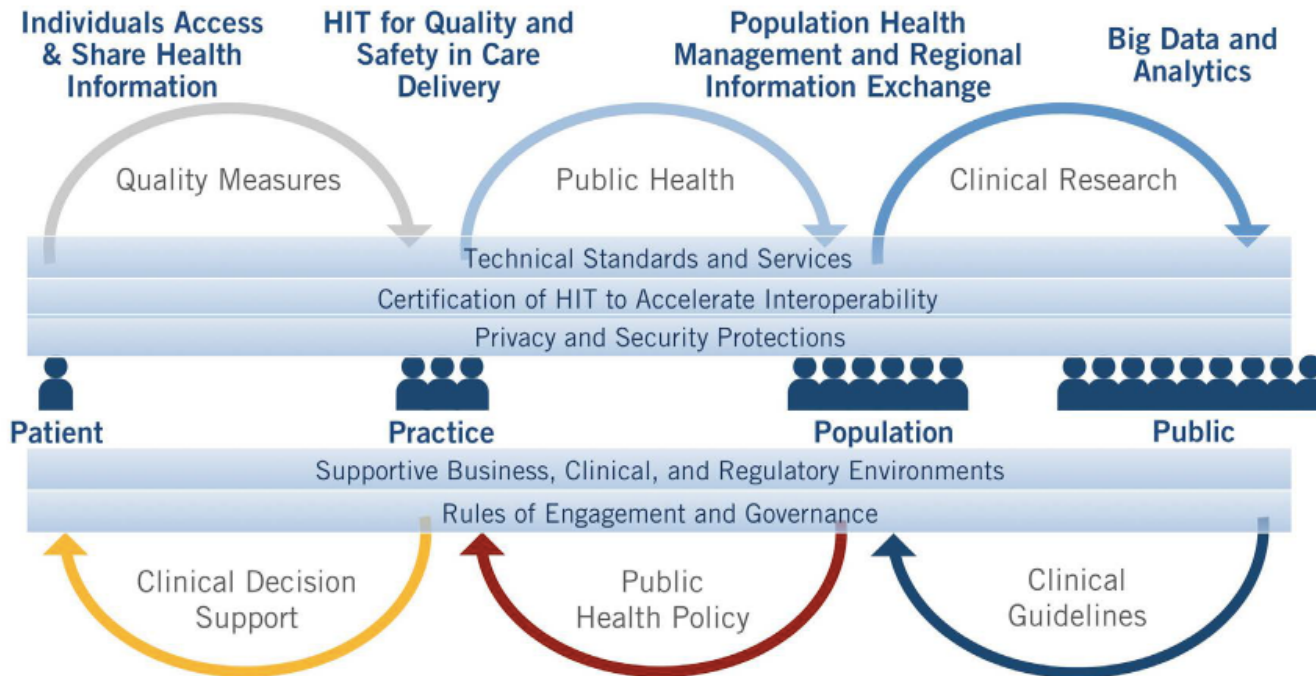
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ONC – 10 Year Vision

To Achieve an Interoperable HIT Infrastructure



<http://healthit.gov/sites/default/files/ONC10yearInteroperabilityConceptPaper.pdf>

The Leading Hospitals (WHO, USNWR)

1. How do we improve outcomes without raising costs?
2. Do we control the equation of revenues and service delivery?
3. Are we able to recruit, train and retain the right people?
4. Do we understand the cost of delivering care?
5. Do we have the right technology to meet our challenges?

Industry Drivers – Value Based Purchasing

- HHS recently announced that by 65% of CMS payments will be tied to a KPI (Quality Metric) the end of 2016 and 90% by the end of 2018
- Incentives for investments “transactional” systems are ending soon (MU3) and giving way to incentives for “analytic” systems

HHS Sets Ambitious Goals for Medicare Quality/Value-Based Purchasing, Alternative Payment Models

Today HHS Secretary Sylvia M. Burwell announced ambitious plans to move from “volume to value in Medicare payments” by accelerating the share of Medicare fee-for-service (FFS) payments that are tied to quality and value and reimbursed through alternative payment models. The first goal in the initiative is for 30% of Medicare provider payments to be in alternative payment models – such as accountable care organizations, medical homes, bundled payments -- by 2016 (up from about 20% today). The goal would rise to 50% by 2018.

Under the second component of the plan, HHS seeks to tie 85% of Medicare FFS payments to quality by 2016, rising to 90% in 2018. In addition to the various alternative payment models, such quality programs include the Hospital Value Based Purchasing Program, the Hospital Readmissions Reduction Programs, and the Physician Value-Based Modifier.

To extend these value initiatives beyond Medicare and reach a “critical mass of payers,” HHS is announcing the establishment of the [Health Care Payment Learning and Action Network](#) to coordinate the efforts of the private, public and non-profit sectors, including private payers, large employers, providers, consumers, and state and federal partners. The goal of the Learning and Action Network is to facilitate joint implementation and expansion of new models of payment and care delivery; collaborate to generate evidence and share approaches; develop common approaches to core issues such as beneficiary attribution, financial models, benchmarking, and risk adjustment; and create implementation guides for payers and purchasers. The Network will hold its first meeting in March 2015.

For additional details, see Secretary Burwell’s “Perspectives” article in the [New England Journal of Medicine](#).



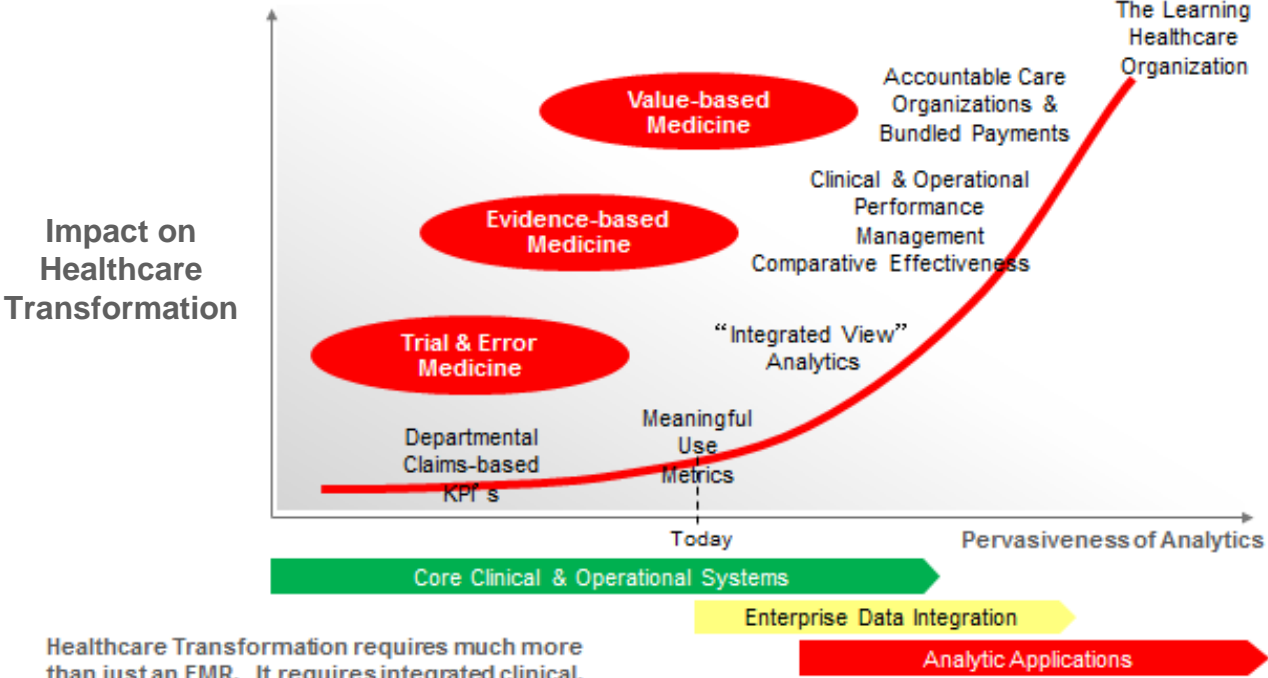
The NEW ENGLAND
JOURNAL of MEDICINE

Industry Drivers – Utilization Management

- Movement from FFS to Full Risk requires providers to better manage utilization
- Appropriateness, Effectiveness, and Cost require measurement at a much finer granularity than ever before
- An imposed change is forcing the industry to seek best practices learned from thoughtful, evolutionary investments
- Interoperability challenges remain, but incentives are increasing to meet the needs



Learning Organization

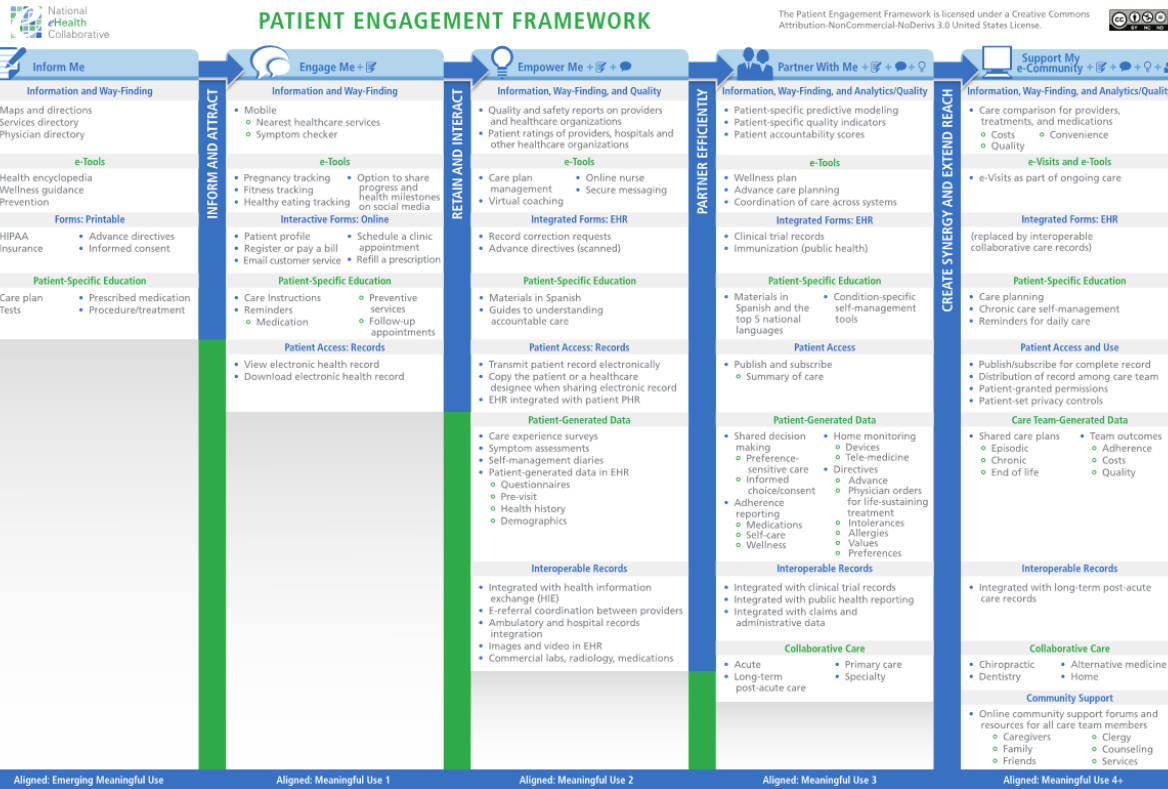


Healthcare Transformation requires much more than just an EMR. It requires integrated clinical, financial, administrative, and research data from across the Provider Enterprise and analytics.

Check the Bucket? Or Transform Outcomes?



Patient Engagement Framework



Poll – Question 1

HIMSS/NeHC patient engagement framework encourages the integration of enterprise-wide analytics to support patient care coordination. From this presentation, how much of the framework is based on analytics?

- (a) 25%
- (b) 50%
- (c) 75%
- (d) 100%

Poll – Answer 1

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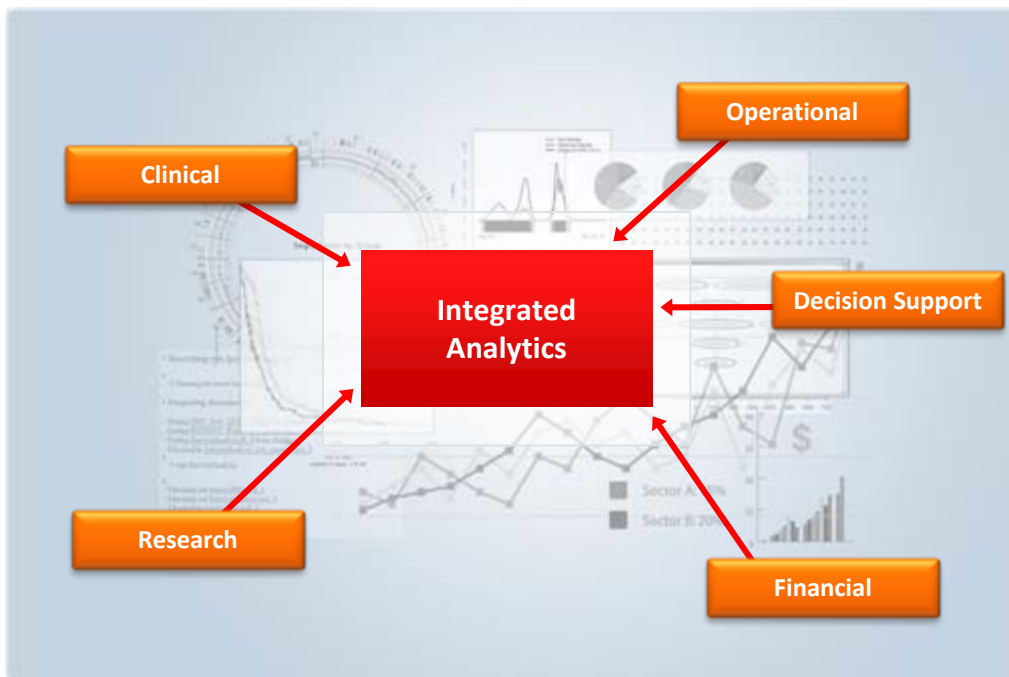
(a) 25%

(b) 50%

(c) 75%

(d) 100%

Multiple Data Sources Make Producing Usable Analytics Extremely Challenging



Clinical - Population Health

“Are our chronically ill patients managed for all their co-morbidities?”

Decision Support - ACO

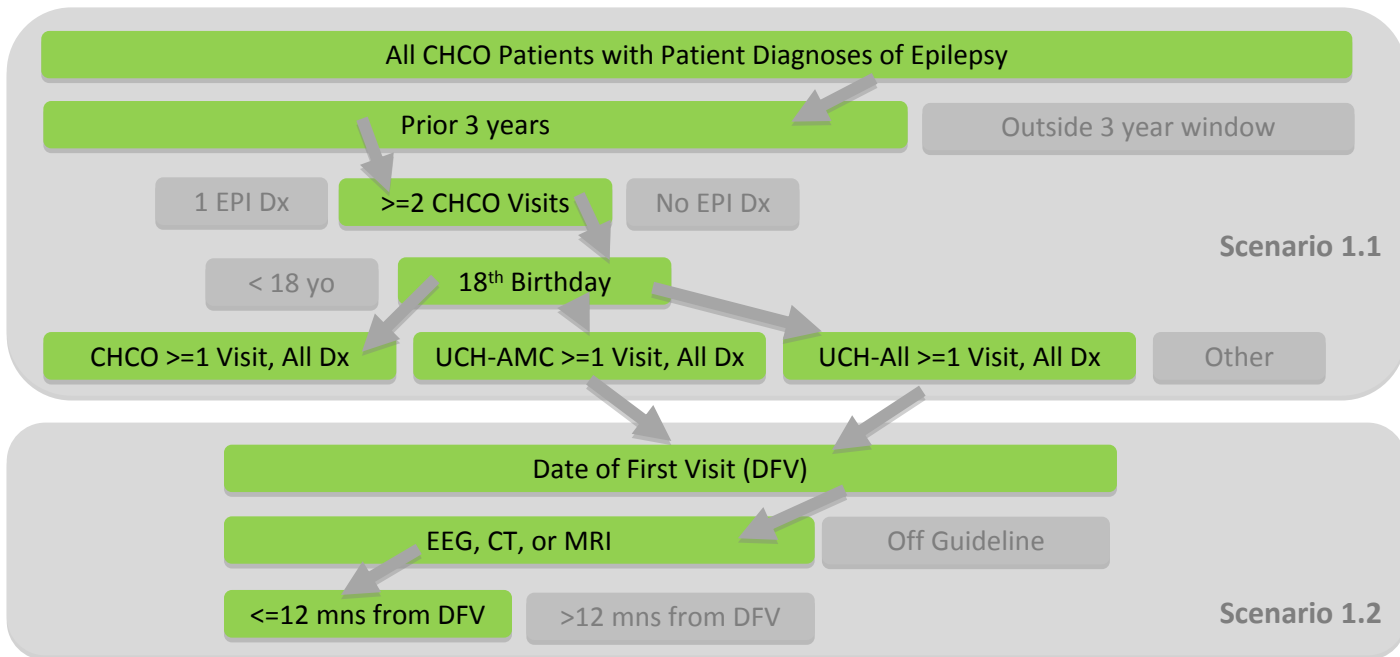
“Are we able to competitively bid and negotiate payor contracts for emerging reimbursement models?”

Research – Emerging Science

“How do we find our pediatric patients with inherited genetic variation to treat their NBL?”

Case Study – Known Unknowns

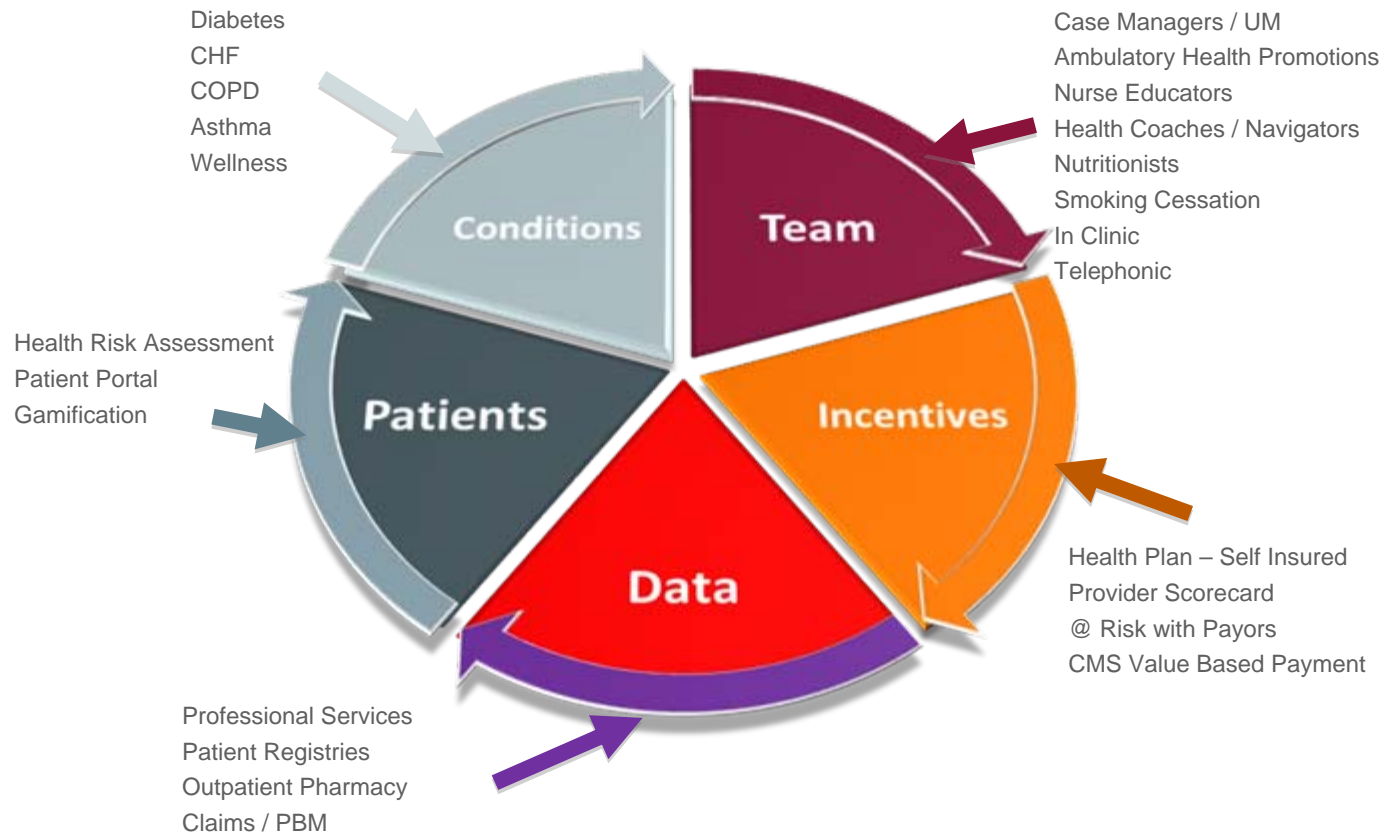
Transition from Pediatric to Adult Epilepsy Care



In Scope

Not in Scope

Care Coordination



Poll – Question 2

Which of the following is not a part of the federal analytic landscape from the presentation?

- (a) Meaningful Use
- (b) Medical School curriculum
- (c) Accountable Care
- (d) Population Health

Poll – Answer 2

Which of the following is not a part of the federal analytic landscape from the presentation?

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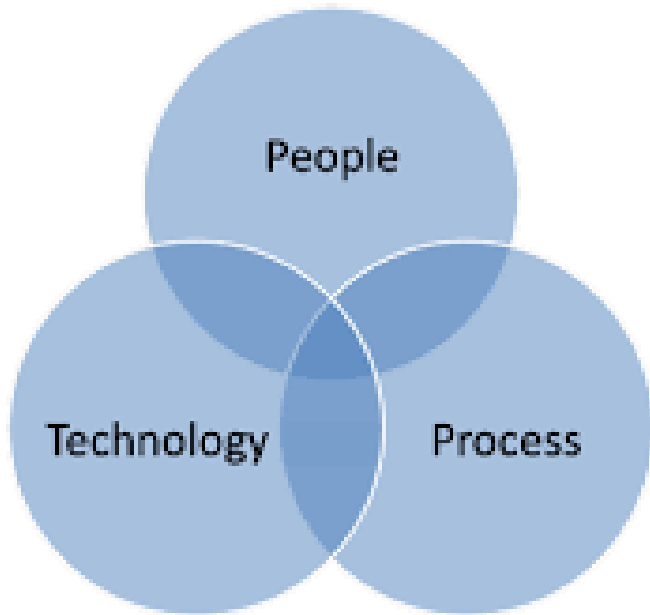


How to Do It

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How to do it? People, Process, Technology



Process Management



IT Portfolio Governance



Data Governance



Project Steering



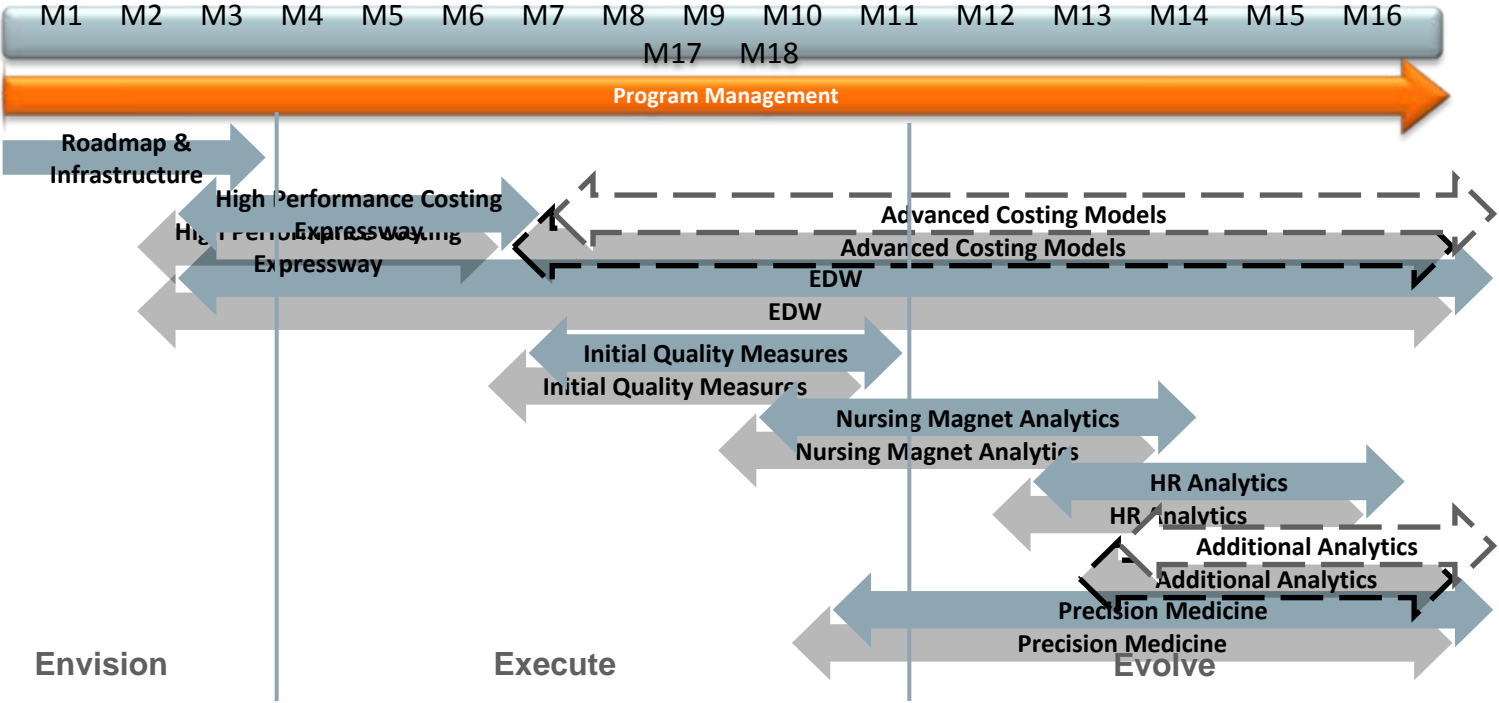
IT Infrastructure

Process Management

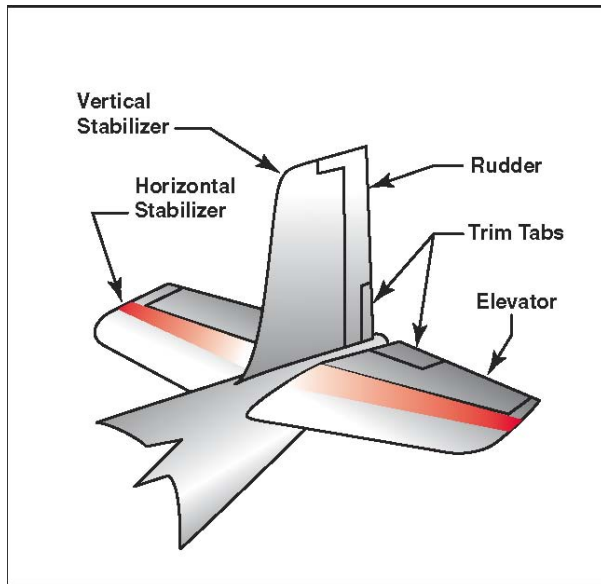


- Operationally Focused
 - Operational Efficiency
 - Systems Management
 - Performance Improvement
 - Data Governance
- Project Focused
 - IT Portfolio Management
 - Project Steering

IT Portfolio Governance (example)

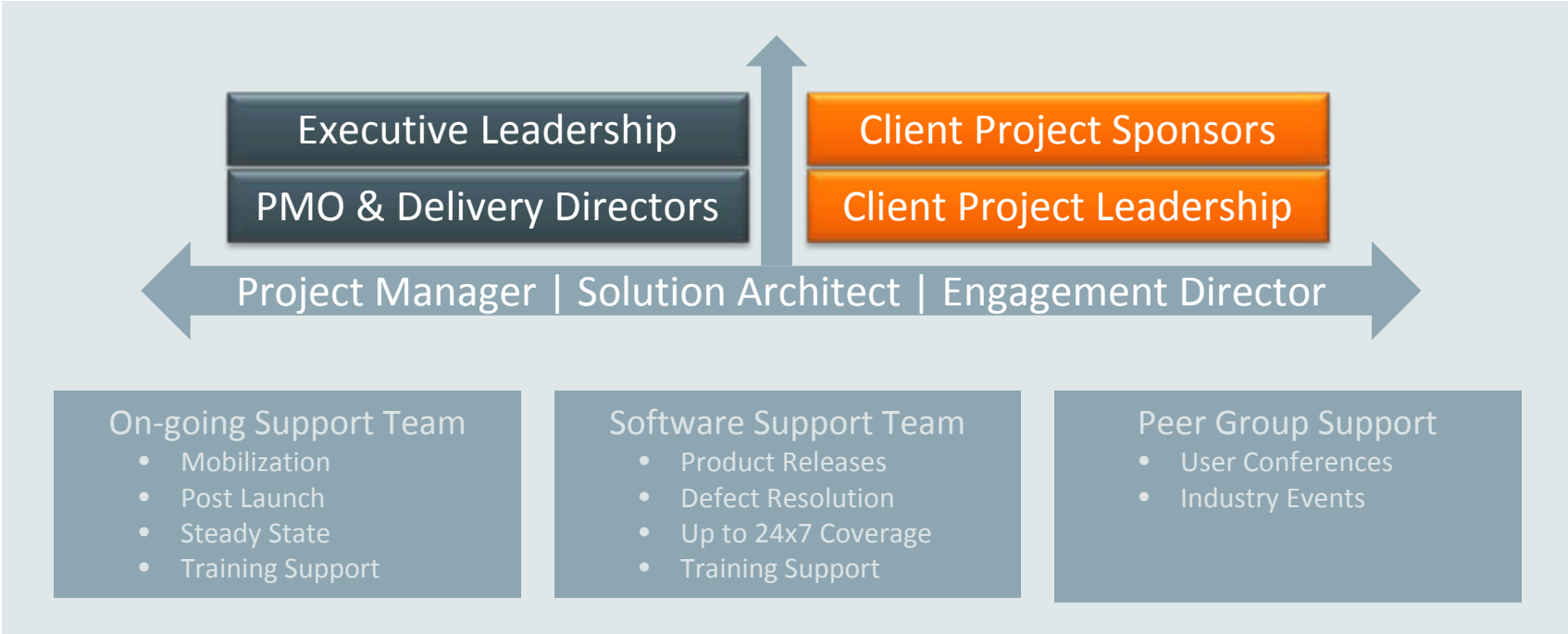


Data Governance



- Source of Truth
 - Clinical
 - Clinical Research
 - Translational
 - Finance / Administration
- Terminology
 - Standard Code Sets
 - Authoring Codes
 - Best Practices / Master Data Management

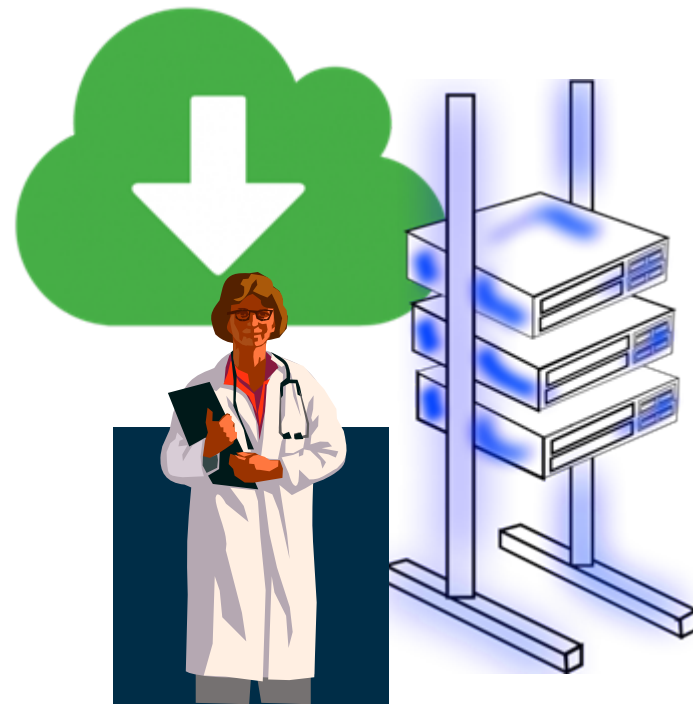
Project Steering



IT Infrastructure




- Security
- Servers
- Database
- Software
- Standards

People and Process!!



Donabedian Model

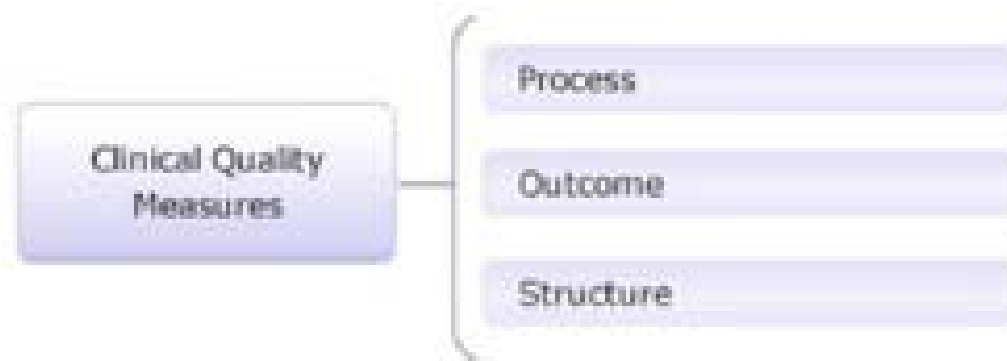


-  Structure
-  Process
-  Outcome

NQMC & Donabedian

12

NQMC Domain Framework: Donabedian View



Poll – Question 3

From the presentation, which role is the recommended choice champion of enterprise-wide analytics?

- (a) Chief Financial Officer
- (b) Chief Information Officer
- (c) VP of Decision Support
- (d) Chief Medical Informatics Officer

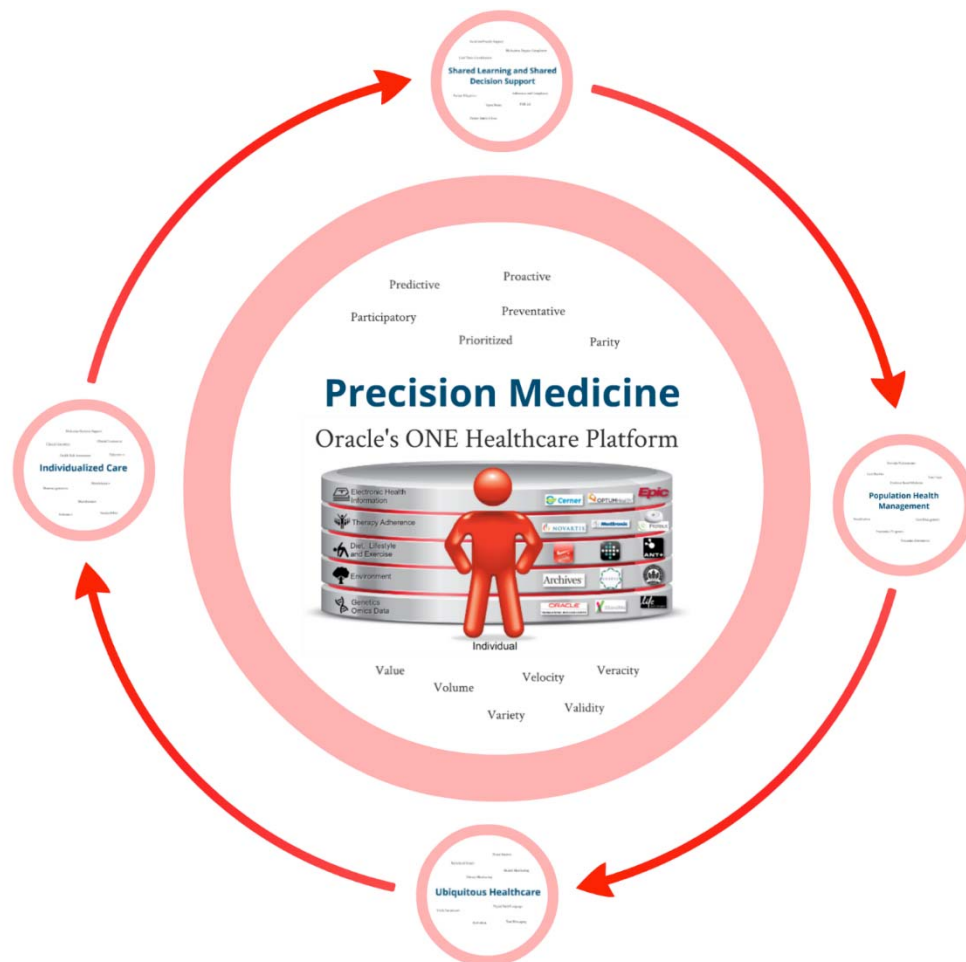
Poll – Answer 3

From the presentation, which role is the recommended choice champion of enterprise-wide analytics?

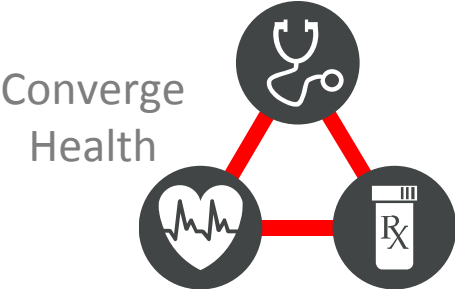
- (a) Chief Financial Officer
- (b) Chief Information Officer
- (c) VP of Decision Support
- (d) Chief Medical Informatics Officer**

Where to Focus:

- First and foremost – any/all investments should be made for the benefit of the individuals receiving your care
- Precision Medicine = Individualized Care + Shared Decisions + Population Management + Ubiquitous Health



Purpose Built Healthcare Decision Support



Purpose-built for Healthcare Value Chain	By World's Leader in Data Warehousing and Analytics
Faster Time-to-Value, Lower Overall Cost-of-Ownership	Productized Solution That's Extensible and Can Be Customized
Comprehensive Solution with Both Oracle and "Healthcare Partner Program" Partner Applications	

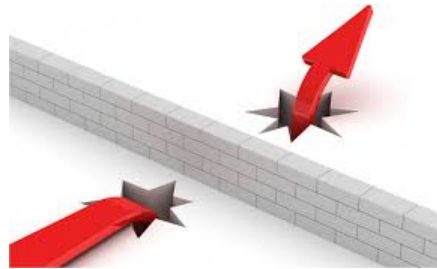
Best-of-Breed, Scalable Technology

Our Customers



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Hardware and Software Engineered to Work Together

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