

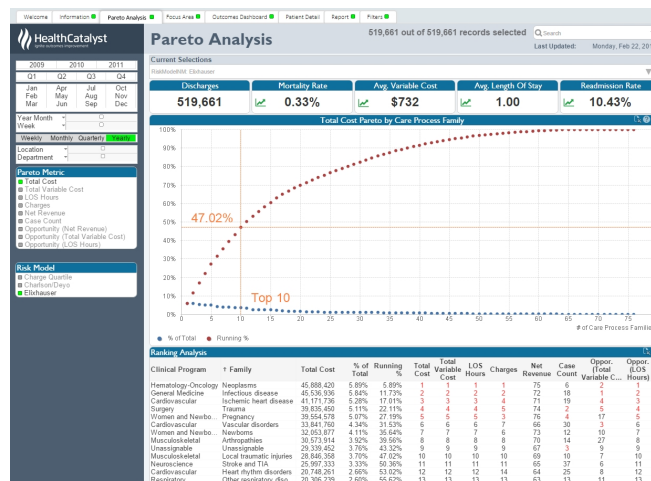
Type
Analytic Accelerator

Status
Analytic Services

Revised
2019-June-04

Technical Description

The **Key Process Analysis (KPA)** Analytics Accelerator uses the “80/20 rule” to show the relative size of your clinical care processes and performs variation analysis to reveal meaningful differences within each process. Leveraging both clinical and financial data, it highlights the best opportunities for quality improvement and cost reduction and guides an organization’s plans for technology and services to support improvement initiatives.



The **Key Process Analysis (KPA)** tool highlights the clinical care processes that make up the majority of the services you provide to patients; organizations are likely to find their best improvement opportunities within this group.

Background

One of the fundamental ideas of quality improvement theory is to identify key work processes, then organize around them. Many healthcare organizations, however, struggle to create meaningful views of their core processes and decide which to prioritize. **Given many opportunities for improvement, where should they start?** The Pareto Principle (or the “80/20 rule”) suggests that 80% of cost, waste, and variation are accounted for by 20% of clinical processes. Teams need to compare populations to prioritize and focus their improvement efforts on groups with the greatest need and cost benefit. However, EHR reports don’t compare cost, utilization, variation, and so on, across populations—and while analysts can develop comparison reports, the work is laborious.

Accelerator Overview

Combines clinical and financial data to highlight the best opportunities for improvement and cost reduction

The **Key Process Analysis (KPA)** applicatio n delivers powerful insight into the relative size of clinical care processes, the variation that exists within them, and the potential impact of improving care delivery. The KPA accelerator is an essential tool for prioritizing improvement initiatives and deepening leaders’ understanding of the drivers of organizational performance.

Benefits and Features

- **Gain a comprehensive, clinically meaningful view of your business** . The KPA analytic accelerator leverages Health Catalyst's Clinical Hierarchy, which organizes your data by the work that clinicians do. The application is able to show your total business (e.g., your cardiology, obstetric, or oncology business) as it spans inpatient and outpatient settings and can highlight variation within care processes at a granularity that makes sense to clinicians.
- **Quickly identify and prioritize improvement opportunities around clinical care processes.** The KPA application highlights variation in cost and clinical outcomes within a care process and allows users to see:
 - Variation in care across providers delivering the care
 - Quantifiable opportunity due to variation of care
 - Total time spent caring for patients
 - Resource consumption through financial metrics
- **Filter and explore the data to better understand opportunities and guide improvement intervention.** KPA lets you:
 - Apply risk adjustment using either APR-DRG severity illness, HHS-HCC or Charlson/Deyo risk index scores
 - Look at variation in different metrics of cost, charges, and length of stay
 - Drill into different sites and provider variation for a selected care process

Intended Users

- Organizational improvement leadership: Chief Medical Officer, Chief Quality Officer, others
- Clinical and operations directors
- Improvement teams

Use Cases

The organization's **improvement leadership team** uses the app to look across their clinical care processes: where are their biggest opportunities to improve? Using the KPA accelerator, the team is able to identify the care processes that are consuming the most resources—and then drill down to analyze variation within those processes. Based on what they see in the application, they decide that heart failure is a promising area for efforts to reduce cost and clinical variation and assemble a cardiology group-led team to begin improvement work aimed at standardizing care around best practices. Within 18 months, the team has implemented best-practice interventions (medication reconciliation, post-discharge follow-up, teach-back patient education) that improve care transition and result in dramatic reduction in heart failure readmissions.

Data Sources

This product may leverage one or more of the following sources:

- Finance/Costing
- Billing
- EMR - Clinical
- Other:

The app evaluates facility account and visit-level data by assigning each record to a clinical hierarchy based on a primary ICD-10 diagnosis code or APR-DRG code. It uses the APR-DRG schema to provide four levels of severity for each APR-DRG (the APRDRG grouper is different from the MSDRG grouper used by Medicare).

Key Measures

The following measures are available at both a **total volume** level (based count of cases) as well as on a **per-case** basis:

- Charges
- Cost (total and variable direct)
- Net revenue
- Length of stay
- Mortality
- Readmission

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