# Governance of Clinical Intelligence: Lessons from Mercy and the Mayo Clinic Health System

Mercy and the Mayo Clinic Health System (MCHS) both use Humedica's MinedShare® for the clinical insights required to manage population health and take on risk-based contracts. Organizational challenges have accompanied this new level of knowledge. Both Mercy and MCHS gave careful thought to the people, policies, processes and decision-rights that would govern their clinical intelligence.

## Different organizations and priorities, but common governance challenges

Mercy is moving towards a new care model emphasizing patient-centric, team-based care. One component of this is improving physician panel knowledge and accountability. As such, their initial focus for MinedShare has been physician scorecards, giving individual physicians insight into their patient panels, gaps in care, and coding improvement opportunities.

MCHS is expanding value-based contracting, and has used MinedShare to evaluate population health interventions, drive accountability for patient populations, and prepare for payer negotiations. Early efforts have focused on ensuring patients have providers accurately attributed to them, and identifying and working with high-risk patients.

While they have focused their MinedShare use on different clinical priorities, both organizations dealt with similar governance challenges. Which clinical metrics to prioritize? Who decides? Who sees what information when? How can varying reactions to performance- related insights best be managed? How best to prepare providers to act on the new insights?

## Infrastructure: The right people in the right roles

The successful rollout of a clinical intelligence solution starts with leaders who set the stage, inspire participation, and manage change. Mercy's SVP of Clinical Support championed MinedShare's deployment both at the organizational level – through the population health governance committee he created – and also locally. He actively 'sold' the power of clinical analytics to physician leaders in regional meetings. Similarly, MCHS's Medical Director for Quality Outcomes took a lead role in gaining buy-in from clinicians, as well as dispelling criticism related to the new clinical insights.

Both Mercy and MCHS formed centralized oversight bodies to create a strong partnership between administrative and clinical leadership. Together they prioritize key clinical and quality questions. To help surface these priorities, MCHS held regional workshops with clinicians. These workshops helped clarify analytical needs for population management, but also solidified buy-in from physician leaders.

Once clinical priorities were clear, strong on-the-ground managers got buy-in from diverse parties and actioned the initiatives. This included putting the right people in the right roles. Strong analytic resources, for example, were critical for translating the clinical priorities into the right set of reports. An example from Mercy's physician scorecard initiative is shown below, highlighting COPD patient panels and their risk levels for each provider.

### Mayo Clinic Health System:

- 1000+ provider system; largest primary care network in Midwest
- Serves 500K+ patients in 75 communities across MN, WI, IA

### Mercy:

- 1700 providers, 32 hospitals and over 200 outpatient facilities
- Serves 3M+ patients in 100 communities across AK, KS, MS, OK

### Challenges:

- Transitioning to care models that emphasize value-based care
- Using MinedShare for clinical intelligence to enable the transition
- Faced organizational challenges related to governing clinical intelligence: Who, what, when, how?

### Approach:

- Governance infrastructure that combines executive leadership, clinical and administrative partnership, clear clinical and/ or quality priorities, and strong analytic resources
- A phased roll-out that starts small, emphasizes data as insight rather than judgment, and gets the 'push' vs. 'pull' balance right

### Results:

- MCHS logons more than doubled in first 6 months
- Mercy expanding report recipients from 30 to nearly 800
- MCHS improved correct patient attribution rate by 40% in 6 months and developed care coordination approach for high-risk patients
- Mercy honed physician score- cards for full roll-out; early clinical results include improved rate of HTN patients under control by 4% in 6 months

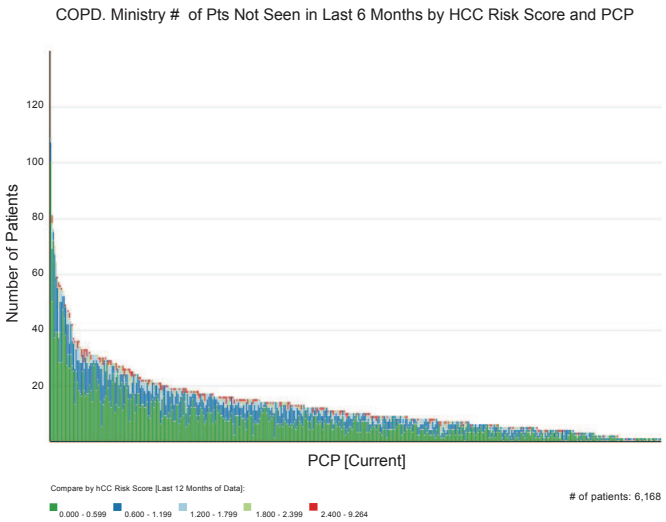


Figure 1: Mercy report highlighting level of COPD patient risk by provider

"Increasingly, clinicians from across our organization have not only bought into the clinical insights from MinedShare, but they are demanding more. This is due to both the quality of the solution as well as a well-phased, focused roll-out."

— Alan Krumholz, MD
Medical Director for Quality Outcomes
Mayo Clinic Health System

## Adoption: Getting timing and training right

In less than 6 months, Mercy has honed its physician scorecards, doubled the number of report 'writers', and moved from 30 to 800 physicians receiving the reports. While it is early, there are some promising clinical results as well. Scorecards look at the rate of hypertension patients that are well controlled, amongst other metrics. This rate has increased by 4%.

MCHS has also seen strong adoption of MinedShare. An early priority was correct patient attribution to providers, and in 6 months this improved by 40%. They have also used predictive models to identify high-risk patients and develop an outreach and care coordination approach to help them. Ultimately, the governance structure that both Mercy and MCHS put in place has set the stage for their organizations to drive adoption at scale - both of MinedShare and their related population health initiatives.

"We are in the midst of a major shift towards value-based care that requires a new level of clinical insight. Mercy's upfront focus on governance over the requisite data and analytics has been critical to steering this transformation."

— Marc Gunter
SVP of Clinical Analytics
Mercy

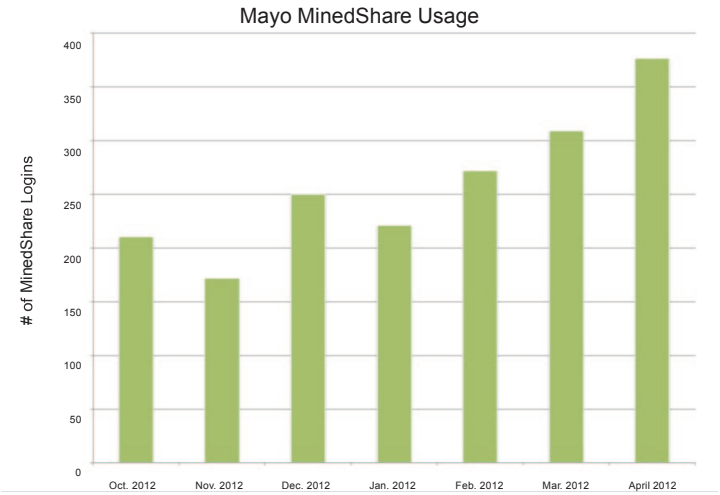


Figure 2: Number of MCHS logins to MinedShare in first 6 months

## Successful deployment of clinical analytics: Early results

Both Mercy and MCHS started small with an upfront 'push' in order to elicit long-term 'pull'. They acknowledged that clinical intelligence inherently highlights physician performance, and with this can come pushback. To manage this tension, training sessions emphasized data as insight, not judgment. Physicians were encouraged to scrutinize the data and ask questions. This helped validate the results, but also gained supporters

### About Mercy

Mercy is the sixth largest Catholic health care system in the U.S. and serves more than 3 million people annually. Mercy includes 31 hospitals, more than 200 outpatient facilities, 38,000 coworkers and 1,600 integrated physicians in Arkansas, Kansas, Missouri and Oklahoma. Mercy also has outreach ministries in Louisiana, Mississippi and Texas. For more about Mercy, visit www.mercy.net.

### About Mayo Clinic Health System

Mayo Clinic Health System is a group of clinics, hospitals and health care facilities that provide primary and specialty care close to home for more than 500,000 people each year in more than 75 communities across Iowa, Minnesota and Wisconsin. Its locations range from large regional medical centers with hospitals to rural primary care clinics. Primary care clinics throughout southern Minnesota and Wisconsin are participating in the projects described in this case study.

### About Optum

Optum is an information and technology-enabled health services company serving the broad health care marketplace, including care providers, health plans, life sciences companies and consumers and employs more than 30,000 people worldwide. For more information about Optum and its products and services, please visit **www.optum.com**.

### About Humedica

Humedica, an Optum company, is the foremost clinical intelligence company that provides private cloud-based business solutions to the health care industry. Humedica's sophisticated analytics platform transforms disparate clinical data into actionable, real-world insights. Powered by the largest and most comprehensive clinical database, Humedica solutions move beyond claims data to offer a more complete, longitudinal view of the patient population. Through its award-winning solutions, Humedica, which is headquartered in Boston, empowers its partners and customers to make confident, value-based decisions about patient care in a rapidly changing healthcare market.

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