



Unlocking the Value of Predictive Consumer Data in Healthcare

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For years, internal and external forces, including a global pandemic, forced healthcare organizations into semipermanent reactive modes that have hindered their ability to implement their more ambitious, long-term strategies.

Today, healthcare is snapping back with innovations in how they work, deliver care, and interact with consumers. As pandemic response ebbs, leaders are positioned to springboard out of planning and into real-world applications for using data across the healthcare enterprise.

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Predictive consumer data has the potential to guide everything from business strategy to how providers engage with consumers to improve the overall health and well-being of patients — and ultimately communities.

What is Consumer Data?

There's a lot of chatter in business today about using data to drive decisions. As with any conversation, agreeing on terminology from the start helps avoid miscommunication.

Typically, consumer data includes the following:

- Claims/clinical data or patient encounters with claims
- Public data health indicators (U.S. census, Centers for Disease Control and Prevention, U.S. Department of Agriculture, etc.)
- Market data
- · Geospatial data on households

Shifting From Long-Term to More Real-Time Use of Data

Using data to understand the healthcare market has typically been an exercise applied annually or in three-to-five-year planning cycles. The pandemic showed us that if we aren't in real-time contact with the market, we are falling behind.

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Population health departments, for example, will use one set of data while business development gets their data from another asset. Few organizations are fully leveraging the same data assets and connecting data sources across the enterprise.

Many healthcare organizations are readily using data to understand and stratify the clinical risk of individuals or populations based on their health status. However, most are still working to figure out how to measure and react to social risk to deliver more effective, whole-person care.

Understanding the risk of a person or population is different than understanding how a delivery network changes to absorb that risk. For example, organizations are working now to design social determinants of health (SDOH) initiatives that address the impact of nonmedical needs on a population in tandem with providing healthcare. The next level of that work, enabled by data, is the ability to know the exact number of people affected by a disease and then layer in the impact of SDOH factors to actively change the care delivery network to match consumer needs.

Don't Ignore Data Management

As organizations move forward in a datadriven world, the importance of data management cannot be overstated. From strategy to the clinical teams, leaders need access to the same data to make decisions.

Most organizations are still struggling to manage their increasingly complex digital ecosystems. Investing now to build the right cloud-based foundation for enterprise data management is nonnegotiable in healthcare today.

The call to action is for organizations to use data to understand their overall market, their competition or potential for network leakage, and their patients and consumers — clinically, socially, and in terms of their consumer behaviors. In the desired future state, that information comes together in a way that affects not just a three-to-five-year strategic plan, but the real-world, daily clinical delivery.

The Potential of Predictive Consumer Data

PATIENT-CENTERED, WHOLE-PERSON CARE

Leading organizations are aggregating electronic health records (EHR), biometric, claims, and other data to predict the likelihood of disease, not just in populations, but in individuals. This information combined with social data and consumer preferences revolutionizes how providers engage with patients and their ability to tailor care to address their unique needs.

Outcomes:

Improved patient experience, consumer loyalty, and clinical outcomes: Consumer Assessment of Healthcare Providers and Systems (CAHPS) improvements

ENHANCED QUALITY AND SAFETY

The COVID-19 pandemic, including workforce exhaustion and shortages, is driving notable drops in quality and safety scores across the industry. As organizations rebound from this, data will help assess clinical variation and identify the patients most at risk when there is a lack of safety. Safety is an organizational assessment as much as it is an individual patient assessment. Having safety data democratized across the organization is the foundation of building a culture of safety.

Outcomes:

Decreased unwarranted variation lowers mortality rates and readmissions and improves patient safety

NETWORK ADEQUACY AND RESOURCE ALLOCATION	Data helps organizations manage their operations and coordination between acute and ambulatory settings to fully understand their patient utilization and capacity. Network analytics are used to determine the next sites of care and apply it to workflow and deployment.	Outcomes: Cost savings through efficiency, more seamless patient experiences, consumer loyalty, and data to drive new care models
ENGAGING PATIENTS ACROSS THE CONTINUUM	Leading intelligence platforms are providing organizations with longitudinal records of care that help provide an understanding of where patients are going for primary care, urgent or emergency care, specialty clinics, and other services.	Outcomes: Care optimization, patient retention, and improved clinical outcomes
ADVANCE HEALTH EQUITY AGENDAS	By using data to understand the nonhealthcare, unmet needs of consumers, providers can do more to influence the health of people and communities. Data is being used to determine the relative risk of patients across SDOH domains and to prioritize health outcomes disparities to be addressed by programs for asthma, anxiety, or diabetes.	Outcomes: Mission fulfillment, healthier communities, and effective public- private relationships



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