BAD DATA, BAD ANALYTICS, BAD DECISIONS

New survey of healthcare executives finds underlying data issues still plague analytics and decision-making

SAGE GROWTH PARTNERS

Executive summary

Healthcare organizations (HCOs) across the U.S. are making investments in analytics a top priority. But if the underlying data are bad, how can the insights be good?

A new survey of 100 healthcare executives — conducted by healthcare consultancy Sage Growth Partners and commissioned by InterSystems, a global leader in innovative data systems — found that leaders continue to face numerous challenges in collecting, normalizing, analyzing, and using data to make timely clinical and business decisions. Despite widespread adoption of electronic data, most executives say that they still lack data they can trust to drive good analytics and meet their strategic priorities. And over half of survey respondents say that these issues negatively impact their ability to make decisions, identify gaps in care, optimize the revenue cycle, and meet quality metrics.
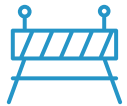
Key Survey Findings

85% of organizations view analytics priorities as fundamental to achieving their broader strategic objectives.

But only 20% of organizations fully trust their data (64% say it is somewhat credible).

51% report that data integration and interoperability are the most significant barrier to achieving their strategic priorities related to data analytics.

More than 1/2 say poor data quality has serious consequences, leading to ineffective or slow decision making (53%) and the inability to identify gaps in care (50%).
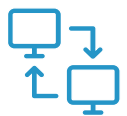
80% say creating and sharing high-quality data across their organizations is a top strategic priority for analytics in the next 12 months; that climbs to 84% when the timeframe is 36 months.

85% say real-time and harmonized data is vital for key stakeholders to make informed operational decisions.

Leaders view good data and analytics as fundamental to achieving their strategic priorities.

85%

of executives say analytics is fundamental to achieving broader strategic objectives / a top strategic priority.

Outside of the data analytics team itself, the top users of analytics for making decisions are members of the C-Suite (68%), followed by department heads (60%), academics/ researchers (58%), and administrators (55%).
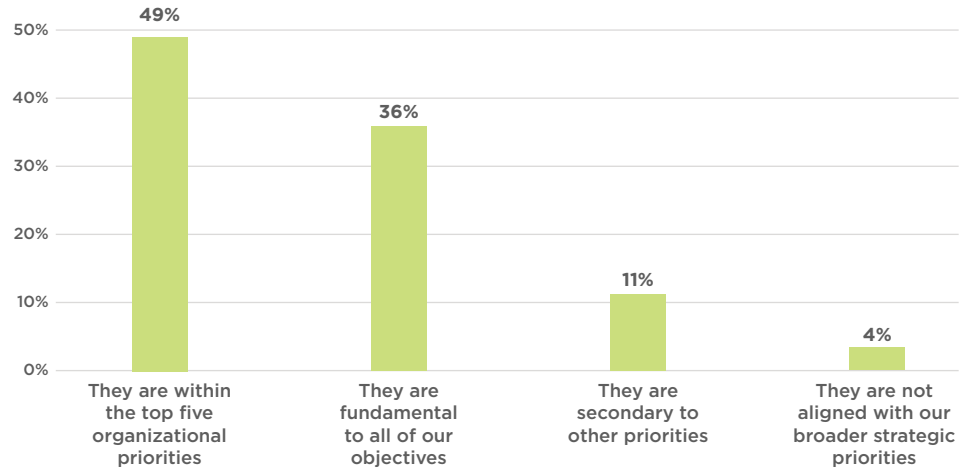
85%

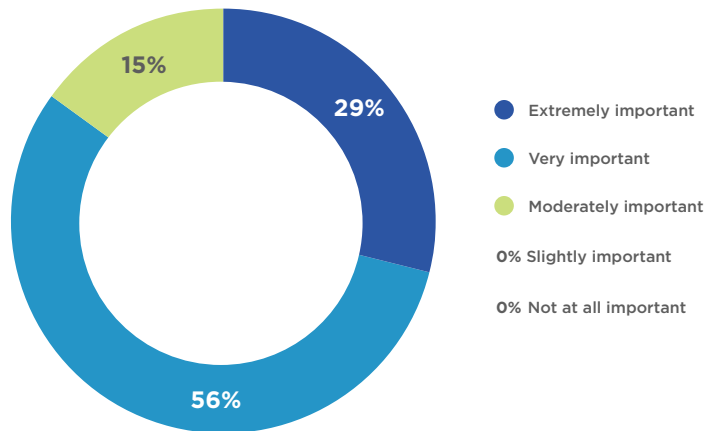say real-time and harmonized data is vital for key stakeholders to make informed operational decisions.

"Even our CEO talks about expecting healthcare leaders in this era to be very comfortable with data and analytics tools. He's setting this as a new expectation for leaders."

—CIO of a large Midwestern academic medical center

Where do overall analytics priorities fit within the broader strategic priorities of your hospital or health system? (n=100)

Category	Percentage
They are within the top five organizational priorities	49%
They are fundamental to all of our objectives	36%
They are secondary to other priorities	11%
They are not aligned with our broader strategic priorities	4%

From the perspective of a key stakeholder within your organization, how important is having real-time, harmonized data for making informed operational decisions? (n=100)

- Extremely important — 29%
- Very important — 56%
- Moderately important — 15%
- 0% Slightly important
- 0% Not at all important

But analytics capabilities are far from fully mature in most HCOs, and many HCOs still rely on basic tools.

Only 8%

say their capabilities are very mature while 63% are still using tools like Excel.

Only 49%

have a data model structure in place. And 45% of those with a data model are unable to ingest unstructured data into the model; they must either rely on their internal data team or a third-party vendor to ingest it.
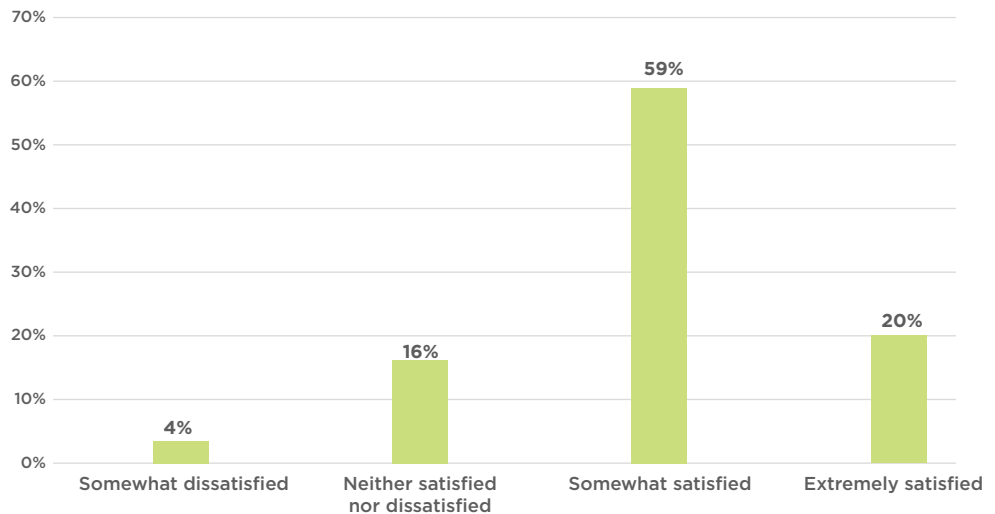
Only 20%

are extremely satisfied with how their data model supports decisions.

How would you assess your organization's level of analytics? (n=100)

Category	Percentage
Slightly Immature	7%
Neutral	43%
Slightly Mature	42%
Very Mature	8%
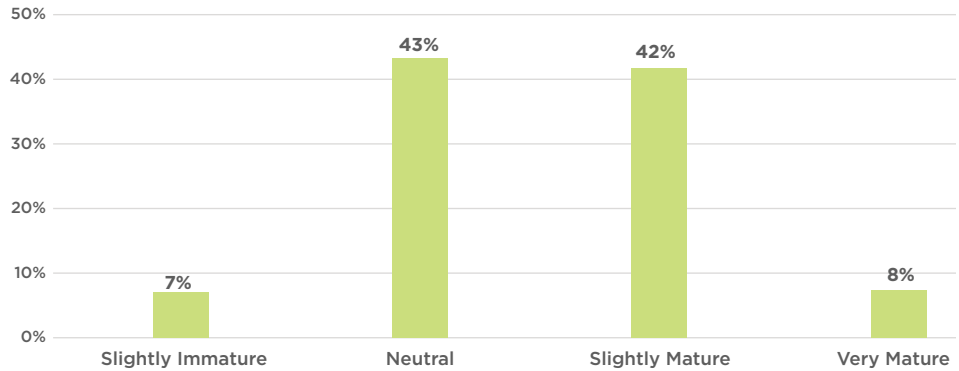
How satisfied are you with your ability to support financial and operational decisions using your data model for analytics? (n=49)

Category	Percentage
Somewhat dissatisfied	4%
Neither satisfied nor dissatisfied	16%
Somewhat satisfied	59%
Extremely satisfied	20%

Most executives view sharing quality data across the organization as a high priority. This prevents many HCOs from achieving their strategic data analytics goals.

51%

of respondents say data integration and interoperability is the biggest barrier to achieving strategic data analytics goals in the coming year.
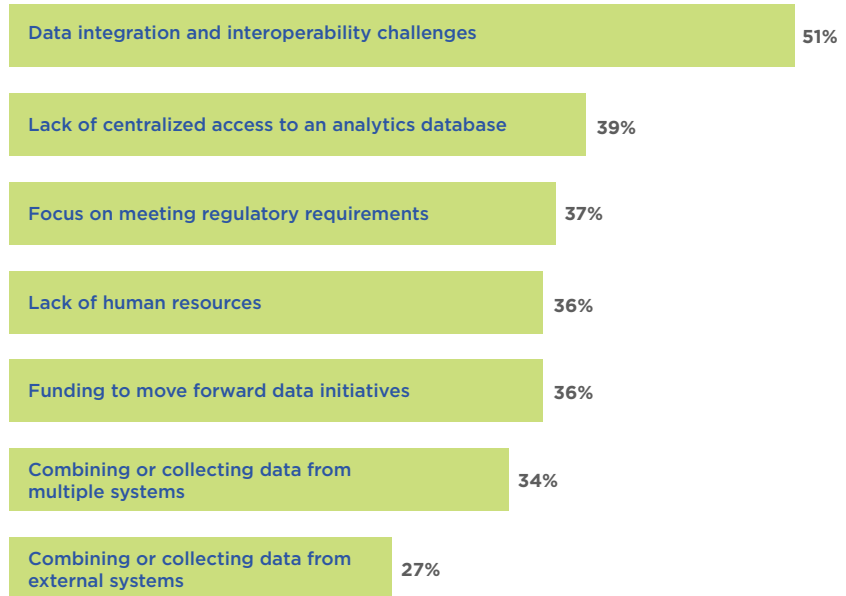
Creating and sharing high-quality data across the organization is respondents' top short-term (80%) and long-term (84%) strategic priority, but only 20% fully trust their data.
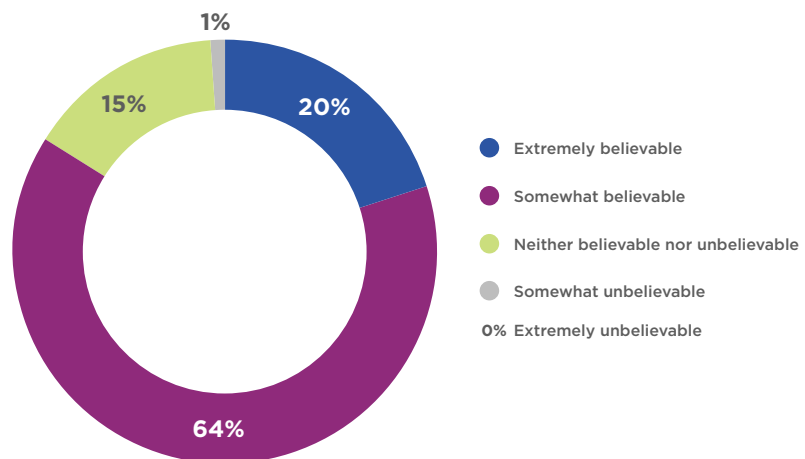
Only 21%

aggregate all of their data into a warehouse.

Of all the data that HCOs are missing, SDOH data is considered to have the highest value, but only 17% say they aggregate it.

What are the biggest barriers to accomplishing your strategic priorities related to data analytics over the next 12 months? (n=100)

Barrier	%
Data integration and interoperability challenges	51%
Lack of centralized access to an analytics database	39%
Focus on meeting regulatory requirements	37%
Lack of human resources	36%
Funding to move forward data initiatives	36%
Combining or collecting data from multiple systems	34%
Combining or collecting data from external systems	27%

How would you rate the level of trust your organization has in the data? (n=100)

- 20% Extremely believable
- 64% Somewhat believable
- 15% Neither believable nor unbelievable
- 1% Somewhat unbelievable
- 0% Extremely unbelievable

Data and analytics issues are hurting decision making and performance, with significant financial consequences.

53%

say poor data quality reduces their ability to make decisions. It also impacts their ability to identify gaps in care, meet quality metrics and optimize the revenue cycle.

"As the saying goes, what's measured is what's done. And the measurement has to be valid. The first thing someone does is tear the data apart. You need audit-proof, defensible data or it will be ignored."

—CIO of a major Southeastern payvider

49%

say poor or slow decision making has significant financial ramifications.

About half of respondents say data and data management challenges impact their data and analytics teams by creating long delays, difficulty scaling and democratizing data, and time-consuming processes to analyze data.

Please rate the economic/financial impact of poor data quality to your organization* (n=100)

Poor or slow decision making	**49%**
Inability to make timely decisions	**43%**
Inability to identify gaps in care	**38%**
Revenue cycle bottlenecks resulting in avoidable rejections and rework	**34%**
Difficulty meeting quality measures	**33%**
Lost time by data scientists and analysts	**33%**
Revenue cycle bottlenecks resulting in missed charges or avoidable denials	**29%**

*Showing percent of respondents that ranked poor data quality as having "significant to some" economic impact to their organization for the listed challenges.

Solving the problem: A single data asset

This survey reveals that, despite the push to digitize healthcare data, hospitals and health systems continue to struggle under the weight of inaccurate, untimely, missing, and/or duplicate data. Half of the respondents lack the interoperability needed to achieve their strategic analytics priorities — which in turn hurts their clinical and business decisions.

"We need to be brilliant at having timely, accessible data we can trust, so we can support every other aspect of our business."

—CIO of a major Southeastern payvider

Clearly, healthcare executives continue to need better solutions that can integrate a broad array of data in a timely, digestible, and accessible format. Making reliable data visible across the organization for different users to get what they need from a single source of truth is essential to achieving the goals HCOs have set for themselves. Without that, it's much harder to close care gaps, optimize clinical and business performance, and track, report and improve value.

"I want our directors to know data is there and know how to use it. I started a 'data enablement team' to enhance leaders' understanding of how to use data."

—CIO of a major Southeastern payvider

What do executives want in a solution to help them address these issues? In our survey, respondents are receptive to a 'smart healthcare data fabric' that can enable them to collect dispersed data domains into a single data asset for reporting, analytics, and machine learning, using a healthcare data model and data harmonization. The C-Suite is a top user of this data, and they and other users value the ability to quickly access this data for their unique needs. Having a smart healthcare data fabric that includes a robust data model and data harmonization is an appealing way to solve these persistent challenges.
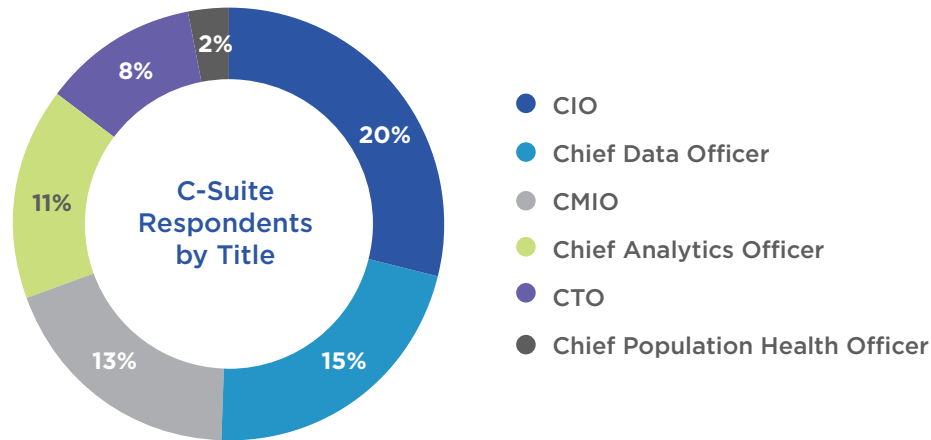
"I especially like the concept of a 'data fabric,' implying it 'knits' together many disparate data sources together."

—CIO of a large Midwestern academic medical center

About the Survey

In the summer of 2021, Sage Growth Partners surveyed 100 leaders of acute hospitals and health systems with at least 250 beds. The survey was commissioned by InterSystems, a creative data technology solutions company based in Cambridge, MA.

Of the total 100 respondents, 69% are members of the C-suite, while 31% are VPs or directors. The breakdown among the C-Suite titles is shown in the pie chart below.

C-Suite Respondents by Title

- 20%
- 15%
- 13%
- 11%
- 8%
- 2%

- ● CIO
- ● Chief Data Officer
- ● CMIO
- ● Chief Analytics Officer
- ● CTO
- ● Chief Population Health Officer

About Sage Growth Partners

Sage Growth Partners accelerates commercial success for B2B, B2B2C, and B2C healthcare organizations through a singular focus on growth. The company helps its clients thrive amid the complexities of a rapidly changing marketplace with deep domain expertise and an integrated application of research, strategy, and marketing. Founded in 2005, Sage Growth Partners is located in Baltimore, MD, and serves clients such as Pyx Health, the National Minority Health Association, Philips Healthcare, U.S. Renal Care, Quest Diagnostics, Livongo, Olive, and iN2L.

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