



WHAT DO SMORGASBORDS AND BUSINESS INTELLIGENCE HAVE IN COMMON? ACCESS, DISCOVERY & CHOICE

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Most children love going to smorgasbords. Laid out before them is a mouth-watering array of appetizers to entrees, desserts to drinks, and everything in between. Tempting new food combinations beckon and experimentation rules. Food can be sampled and discarded with parental approval – because waste doesn't add to the cost of the meal.

Back in the grown-up world, caregivers, clinical analysts and operations leaders with a hearty appetite for information find themselves constrained by the gatekeepers of data. No smorgasbord for them. No turning them loose on the buffet of juicy electronic health records, ripe clinical registries and sweet data repositories.

As a former leader in a large integrated delivery system, I witnessed the daily frustration of physicians, nurses and others as they implemented the EHR. Physicians were annoyed with the volume of clinical data “deposits” they made into the EHR without getting the commensurate “withdrawals” in the form of meaningful outcomes information. With resources focused on operational reporting and a growing backlog, we simply did not have the ability to obtain critical aggregated information for clinical and operational improvement in a timely manner.

We decided it was important to offer the smorgasbord experience our clinicians, analysts and operations leaders craved. In response to the wide need to understand triple aim performance, we embarked on the development of a data warehouse and evaluated business intelligence tools that could meet our needs.



Content in the warehouse was defined and prioritized by the clinical communities and embodied clinical, cost and patient experience attributes. The business intelligence tools needed to be user-friendly, possess significant data discovery capabilities via drill downs and slicing/dicing, and have excellent visualization options to make the data pop.

Taking the most efficient path meant it all needed to be done with minimal up-front development training for BI development staff. Most questions being asked of the data needed to be asked and answered without having to involve a developer.

The architecture of the data warehouse and the functionality of the BI tool we selected met our needs in spades. End-user adoption of the data discovery tool was astounding as its capabilities allowed the end users to follow a natural progression to understand performance at a macro level with the ability to drill down to patient-level granularity when necessary. This functionality enabled a self-service capability and facilitated end-user choice in how they viewed the information.

Since most BI applications were viewable by anyone who had access to the system, the demand for more interactive BI applications exploded, leading to a wide understanding of their capabilities. In addition, this data transparency brought an understanding of comparative performance and some healthy competition. For example, patient satisfaction scores by unit and physician were available for all to see, supporting our culture of transparency, knowledge sharing and improvement.

As BI professionals, it's time that we stop telling clinicians, analysts and operations leaders what data they need and start providing a smorgasbord for data discovery. They know the questions to ask better than we do. This ability to provide access to meaningful information to those closest to the patient promotes a culture of empowerment, improvement and informed decision making. In the end, these organizational attributes contribute greatly to the care provided to our patients, families and communities in which we live.