

Predictive Modeling NEWS

Crystal Balls: Better Use of Data, Rise of ‘Chief Risk Officer’

What will 2018 look like, predictive analytics-wise? Key companies in the space have their predictions, and they all emphasize more focus on analytics.

❖ SCIO Sees ‘Retrenchment, Digging Deeper’

“The focus for healthcare in 2018 will be on fulfilling the promise of current technology advancements rather than breaking new ground.”

That’s according to SCIO Health Analytics, which offers “next-generation analytics that help healthcare payers, providers and life sciences organizations improve outcomes, lower costs and drive value.” The firm adds that “organizations in those markets will look to reap strong returns on technology investments they have already made,” noting that “technologies such as artificial intelligence and blockchain are interesting, but they require more development before they can be applied operationally in a meaningful way.”

In the meantime, an SCIO statement adds, “there is still much work to be done to realize the full value of the technologies that organizations have already implemented. We expect 2018 to be a year of retrenchment and digging deeper in areas such as advanced data analytics that will set healthcare organizations on a stronger path going forward.” SCIO offers predictions in several areas.

[1] More and better use of more data. Rather than looking just at what happened, healthcare organizations “will want to understand how they can influence behaviors of patients, providers and others more effectively,” SCIO says, adding that “two aspects that will be critical to this focus on prescriptive analytics are natural language processing and machine learning.”

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Managing High-Risk Patient Populations with Machine Learning

by Carly Eckert MD MPH

The United States healthcare industry continues its consistent shift towards value-based care, a type of care and reimbursement system that values quality of care delivered over the quantity of services provided. Payers of healthcare, including the federal government, have begun instituting incentives and penalties related to value-based care to spur innovation around improving many related healthcare processes. One of the areas under scrutiny is 30-day readmissions, defined as a patient being readmitted to a hospital within 30 days of discharge from a prior inpatient stay.

Currently, penalties are imposed on health systems for 30-day readmissions, as advocates suggest that they can signal poor quality of care and are potentially avoidable with improved care quality and coordination. Many patients with chronic conditions such as diabetes, chronic obstructive pulmonary disease and congestive heart failure are at increased risk of readmission -- and although a key step in reducing readmissions involves identifying and delivering better care to these high-risk cohorts, managing these conditions is anything but straightforward.

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