



Triple Aim IQ



Are you able to collect the data you need to curate, calculate and consume the insights where and when you need them?

Advancing analytics for health care providers

More than ever, your organization should utilize data and insights to demonstrate the cost effectiveness and quality of the care you're delivering—and there's plenty of it out there.

But with the multiple, disparate systems you may currently have, are you able to access the data you need, analyze it thoroughly, and generate actionable insights quickly?

Deloitte has developed a comprehensive software solution to help your organization accelerate your three most pressing priorities:

- Improving the patient care experience
- Measuring and managing population health
- Reducing per capita costs

We call it Triple Aim IQ because it integrates information from across your organization leveraging our C⁴ framework, in a rapidly deployable, easily configured platform, providing the insights and analytics that are most useful to you in a flexible, usable, scalable, supportable way.

Top opportunities for creating impact

You can advance your organization's analytic capabilities and improve decision-making about your patients' quality of care and its cost effectiveness.

Understand patients' total care experience

- Care pattern variation
- Patient satisfaction and referrals
- Complication points in care
- Service rationalization



Provide the most appropriate care to specific populations

- Patient cohort insights
- Service line analytics
- Payor/contract analysis
- Network efficiency



Control costs across the continuum of care

- Cost accounting and finance opportunities
- Rate, volume and mix analytics
- Supply chain and implant metrics
- Care modality optimization



Potential benefits

- Transform the growing volume of data from multiple sources into insights you can use for improved decision-making.
- Improve the speed and quality with which data are accessed, analyzed and reported.

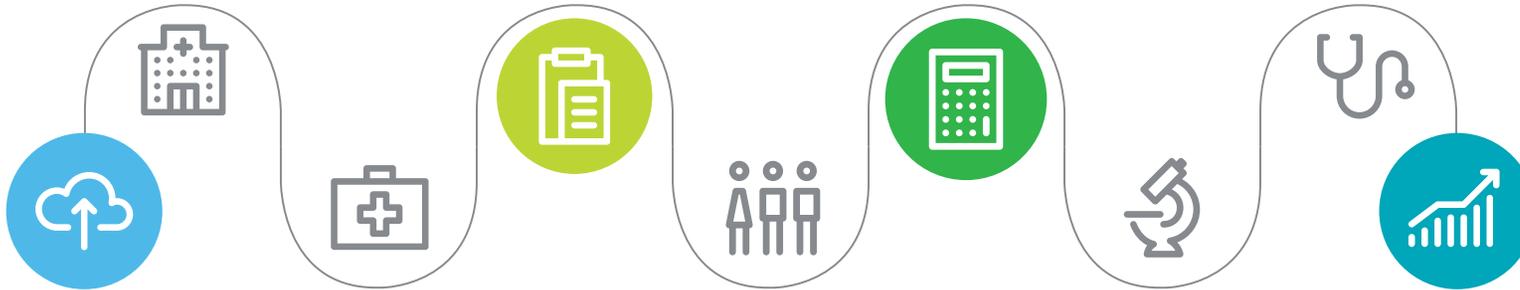
- Learn how segments of your business compare to others in the region and throughout the country.
- Create transparency and enable multiple users from clinical, operations and finance, to access the same data and insights via single log-on.

- Harness IT resources due to its scalability and supportable nature.
- Combine data and metrics in ways that associate cost and quality.
- Receive value-added reports like service line profitability by hospital, most/least profitable payors, variance reduction

opportunities, volume shifts, and patient mix.

- Choose the most critical components to you to start with for quick results.

Triple Aim IQ C⁴ framework



Triple Aim IQ combines Deloitte's leading practices, implementation, and integration experience with flexible and scalable software to consolidate data from financial, clinical, and other sources into the customized solution for your specific needs. Here's how the system takes real world data, validates a hypothesis, and generates insights that can help reshape health care.



Collection

Client raw data import

The system picks up both structured and unstructured data from a variety of sources including: Enterprise Resource Planning (ERP)/financial data, Electronic Medical Record (EMR)/clinical data, raw data storage (Data Lake), and other miscellaneous files.



Curation

Consolidation and data mapping

All data is held in a central location and includes the medical diagnosis and procedure codes that are key drivers of DRG (Diagnosis-related Group) analysis. Persistent staging is updated incrementally on a daily basis.



Calculation

Aggregation

Charge details are sent through a cost engine that are then paired with volume data. By merging cost and volume data, a robust foundation for profitability analysis and patient-centered care is created to drive analysis.



Consumption

Interactive and predictive generation

Analytic reporting dashboards include net revenue, volume, reimbursement, trended profitability, profitability cost analysis, and more. See a variety of in-depth views by service line, sub-service line, discharge month/year, attending provider, specialty, financial class, payor, region, and facility.

Triple Aim IQ in action

What is the margin for a procedure, like total joint replacements?

What are the true costs of episodes of care for a population?

Are there efficiencies in scheduling that can be achieved across care modalities?

Is the incidence of complication higher in one care setting versus another?

Do I have the information to prepare for MACRA and bundled payments that will help create long-term views of patient populations?

What procedures are unprofitable because of indirect allocations in acute settings?

What is the best way to rationalize services across my facilities?

Which attending physicians are getting better outcomes and why?

Let's talk

If you'd like to discuss how to get started, we should talk.

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