



HealthDataViz

See How You're Doing



The Donaghue Foundation is a private trust that funds medical and health research.

Donaghue develops its grant programs and works with other organizations to help ensure that research findings are able to make meaningful contributions to health and health care policy and practice.



Greater Value Portfolio Research Spotlight

OPIOD ABUSE AND PHYSICIAN PRACTICE PATTERNS

Co-Principal Investigators: Aron Navonthe, MD, PhD, and Nilesh S. Patel, MD, MBA, University of Pennsylvania



Contribution to Improve Value

This project examines an approach to changing prescribing practice for medication with potential harm.

About This Project

A three-year grant totaling \$93,100 was awarded to Aron Navonthe, MD, PhD and Nilesh S. Patel, MD, MBA of the University of Pennsylvania to conduct a pragmatic, randomized, controlled trial that will evaluate the effect of two behavioral economic approaches on changing physician opioid prescribing.

91 x 365 At present, drug overdose is the leading cause of injury-related death in the United States, with 91 Americans dying from opioid-related overdoses each day.



The Problem

Physician behavior and prescription patterns have played a particularly important role in the genesis and acceleration of the opioid epidemic in the United States. Over the last two decades, the number of opioid prescriptions has quadrupled, and drug overdose deaths due to prescription opioids have more than tripled.

Of particular interest is the pill burden, that is, the number of days a prescription covers. The higher the pill burden in an individual opioid prescription, the more likely it is that a patient will continue to use opioids at one and three years. For example, a 5-day prescription leads to a 3-6% chance of continued use, while a 30-day prescription leads to a 20-35% chance of continued use. Physicians who use high-intensity opioid prescribes are more likely to have patients who use opioids for longer durations.



Project Approach

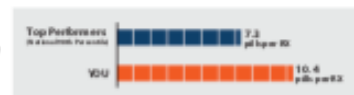
The trial will be conducted at 50 sites throughout Sutter Health System, focusing on new opioid prescriptions for higher volume, lower acuity conditions (e.g., acute joint sprains or back spasms) in emergency or urgent care settings.

• Status Quo Bias

The researchers will evaluate the impact of setting default opioid prescription options in the electronic health record. This evaluation addresses status quo bias—the tendency to follow the path of least resistance, in particular selecting the default option in an EHR.

• Relative Social Ranking

The researchers will evaluate the impact of providing social comparison feedback on opioid prescribing behavior to physicians. This approach leverages the relative social ranking principle—the tendency for individuals to change behavior based on social norms and status.



• Evaluation of Approach

The researchers will evaluate the individual and combined effect of these approaches and their impact on reducing acute pain.

You Prescribe MORE Pills Per Prescription Than Top Performers

• Translating Research to Practice

The researchers propose to scale successful interventions across the entire network of the participating health care system and to broadly disseminate findings in an effort to transform prescribing patterns for opioids nationwide.



The Health Research Alliance is a collaborative member organization of almost 80 nonprofit, nongovernmental funders.

HRA'S mission is to maximize the impact of our funding of biomedical research to improve human health.





HealthDataViz
See How You're Doing



Katherine S. Rowell, M.S., M.H.A.
Co-Founder & Principal

www.healthdataviz.com

kathy@healthdataviz.com

Now, tell us a bit about the work you do!

Quick Poll #1

HOUSEKEEPING

Lines are muted

Please type questions for Q& A at end of webinar in the box on the right hand side of your screen.

We will one more short poll and a quick survey at the end of this session (thank you for your participation—*we greatly appreciate it!*)

Downloads are available about the best practices of data visualization, and about today's sponsors.

Want to continue the conversation? Please drop us a note—we'd love to connect.

And, what you hope to learn
during our time together.

Quick Poll #2

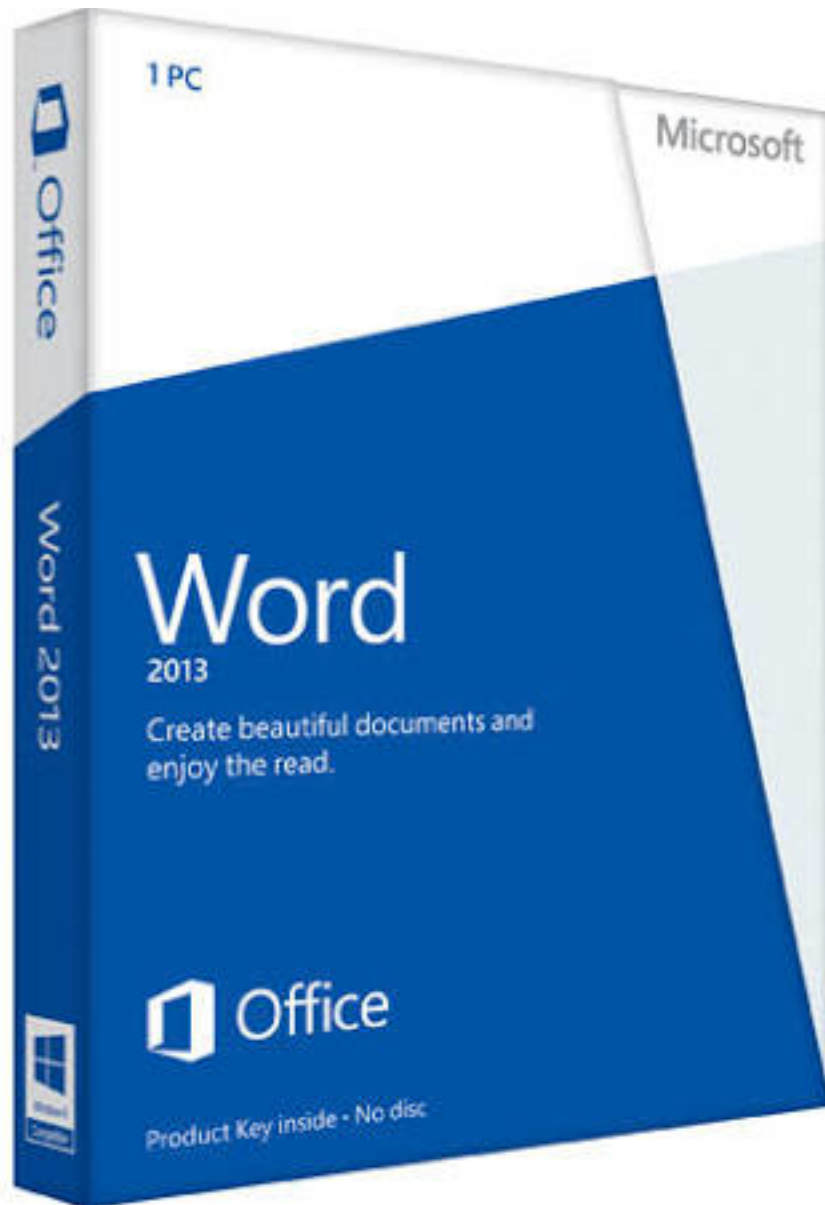


**Health, Healthcare
&
Statistics**

**Visual Intelligence
&
Data Visualization**

Technology

Technology



1 PC

Microsoft

Office

Word 2013

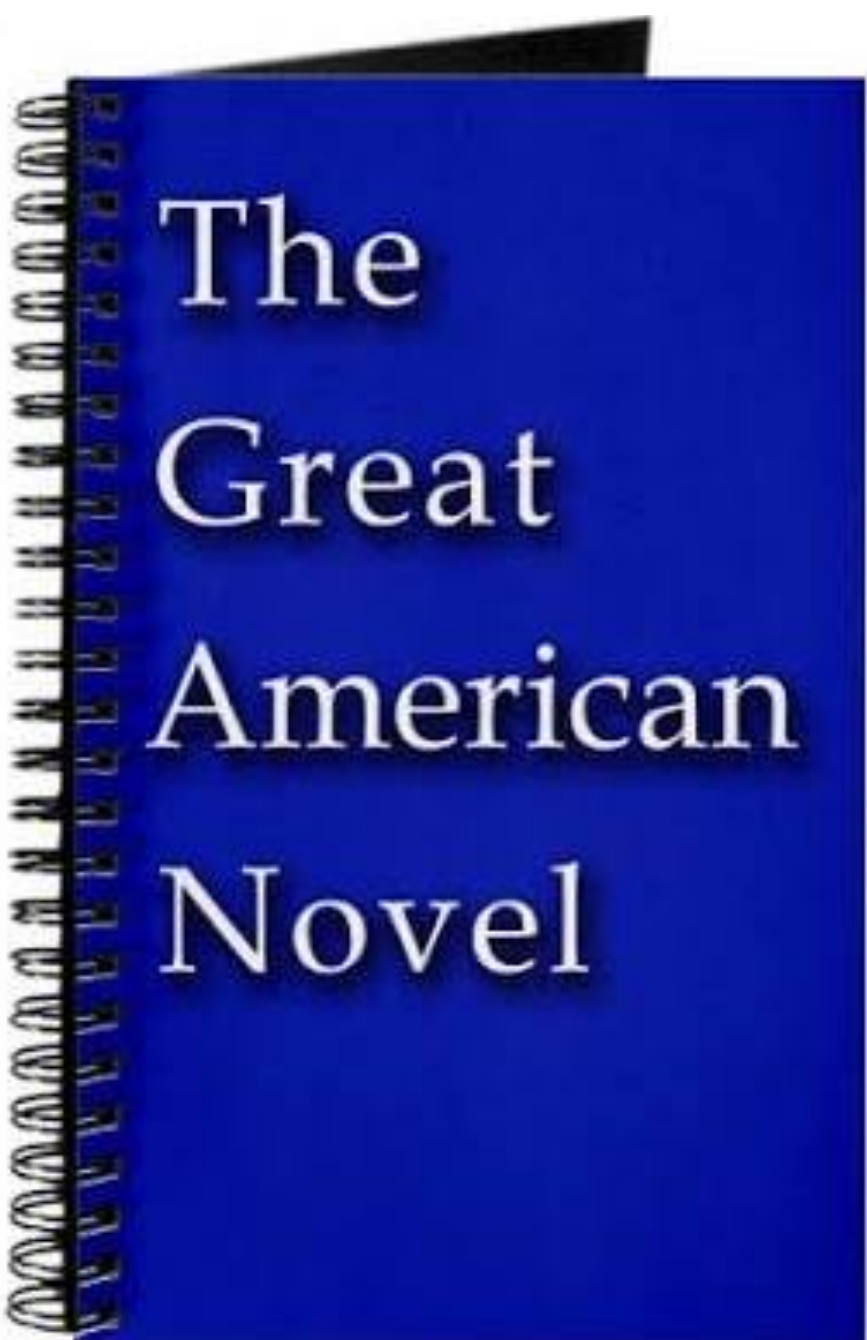
Word

2013

Create beautiful documents and
enjoy the read.

Office

Product Key inside - No disc



The
Great
American
Novel

THE FUNDAMENTALS

VISUAL INTELLIGENCE
& HUMAN COGNITION

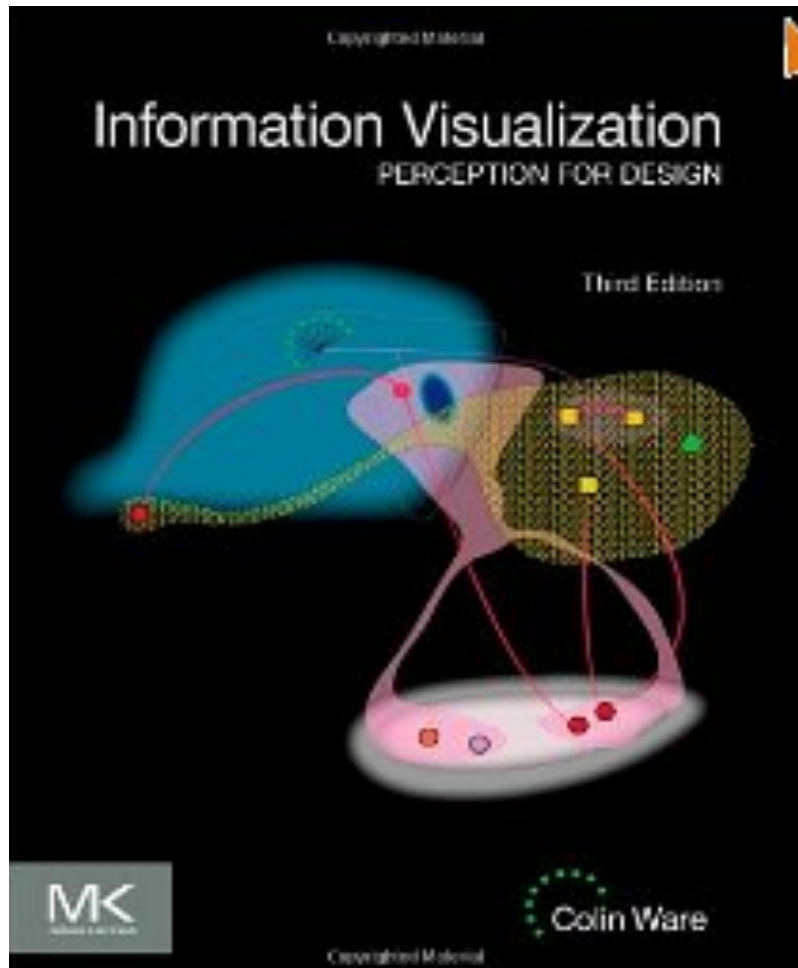
RESEARCH

&

EVIDENCE

INFORMS

BEST PRACTICES



Colin Ware

70% of the way we take in all data and information is through our **eyes**.



I See, I Understand

Count the Fives

987349702756479021947286240924060370804702890727
803208029007305901270238008374082078720272008083
247802602703793715709701379706674620970941027806
927979709123097230919592750927309272197873497260

See the Fives

9873497027**5**6479021947286240924060370804702890727
80320802900730**5**901270238008374082078720272008083
24780260270379371**5**709701379706674620970941027806
927979709123097230919**5**927**5**0927309272197873497260

Section 42 Row 37 Seat 21

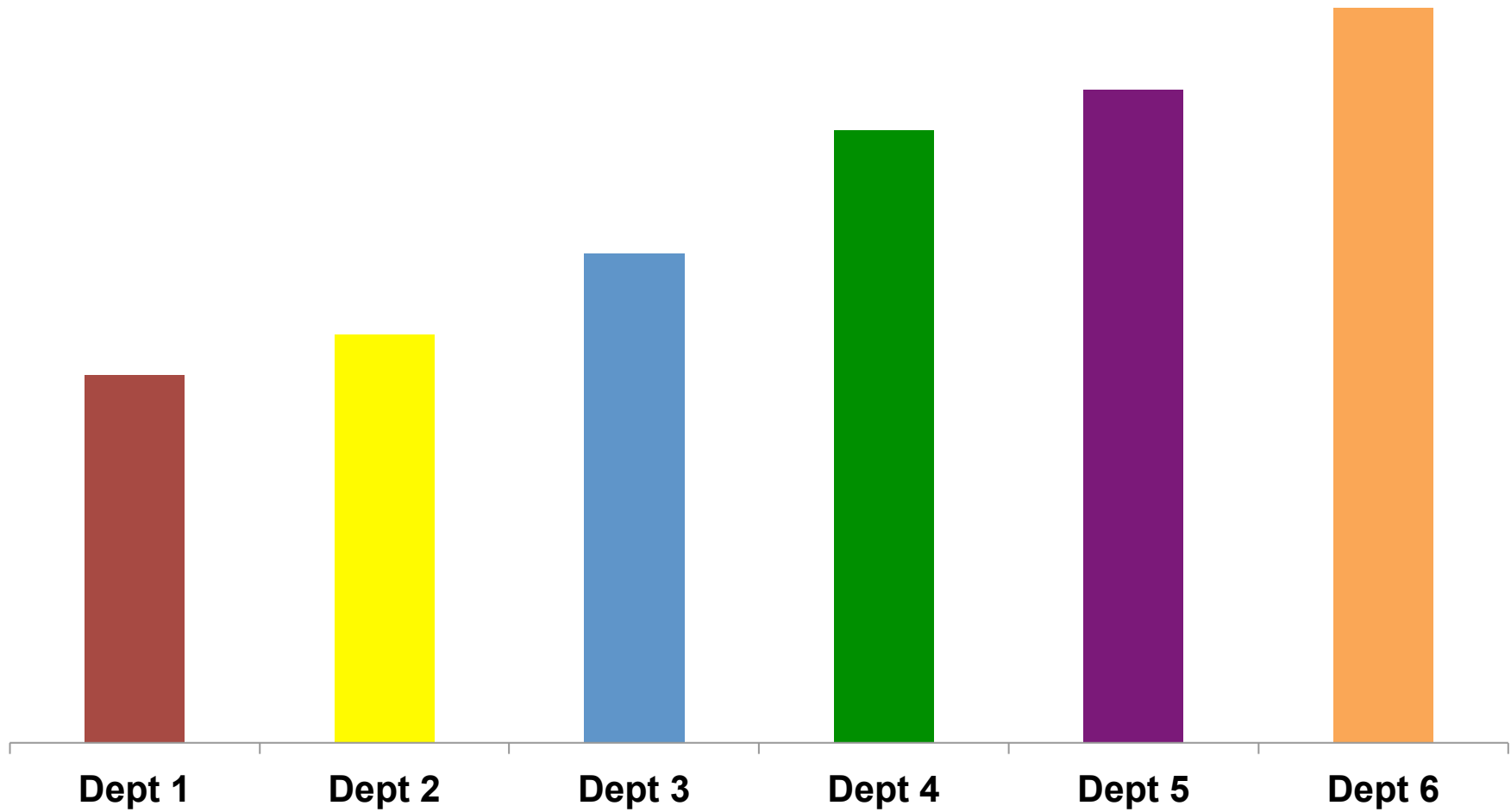


Ted Williams...
Longest home run ever hit into the Fenway bleachers

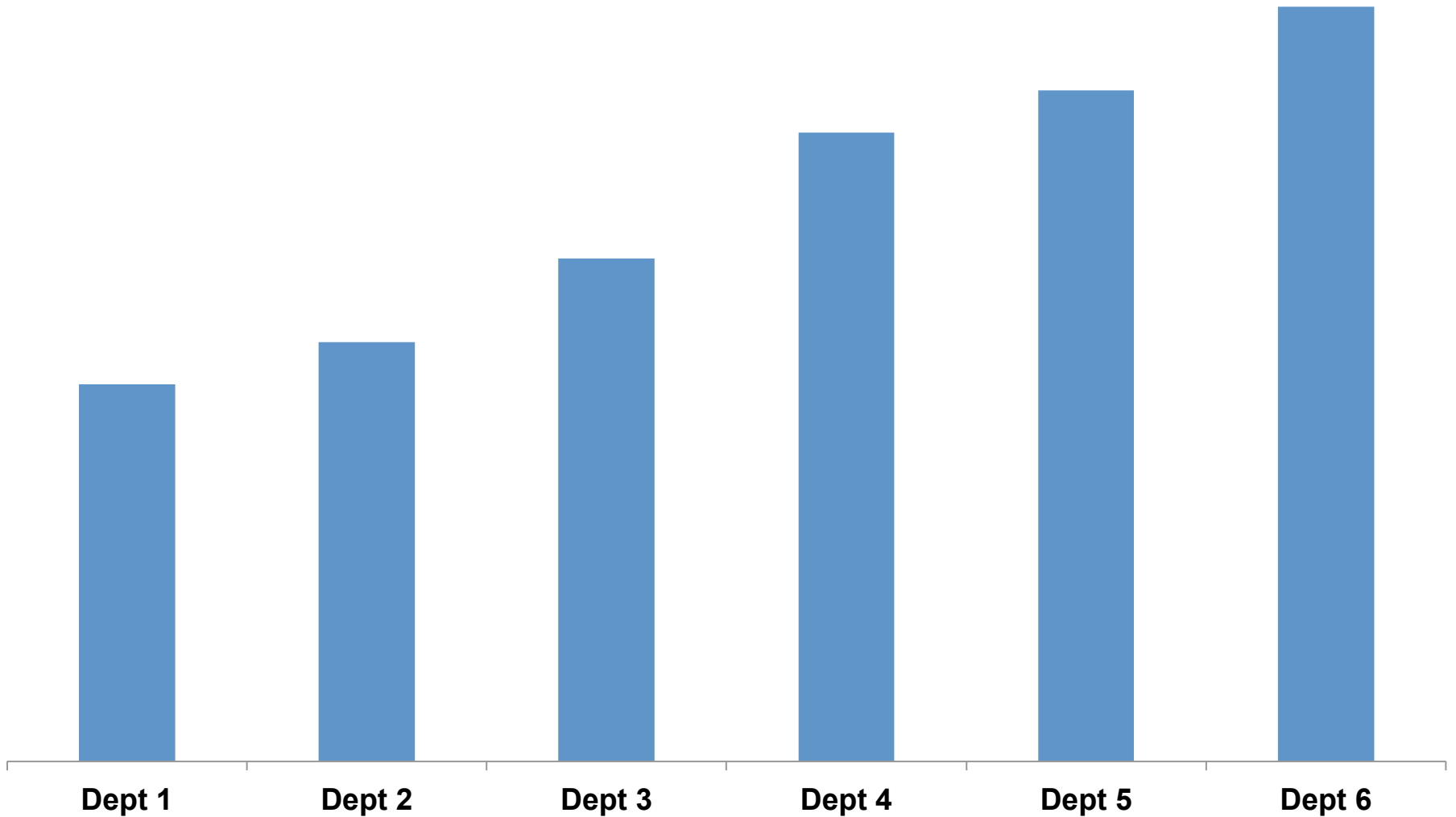




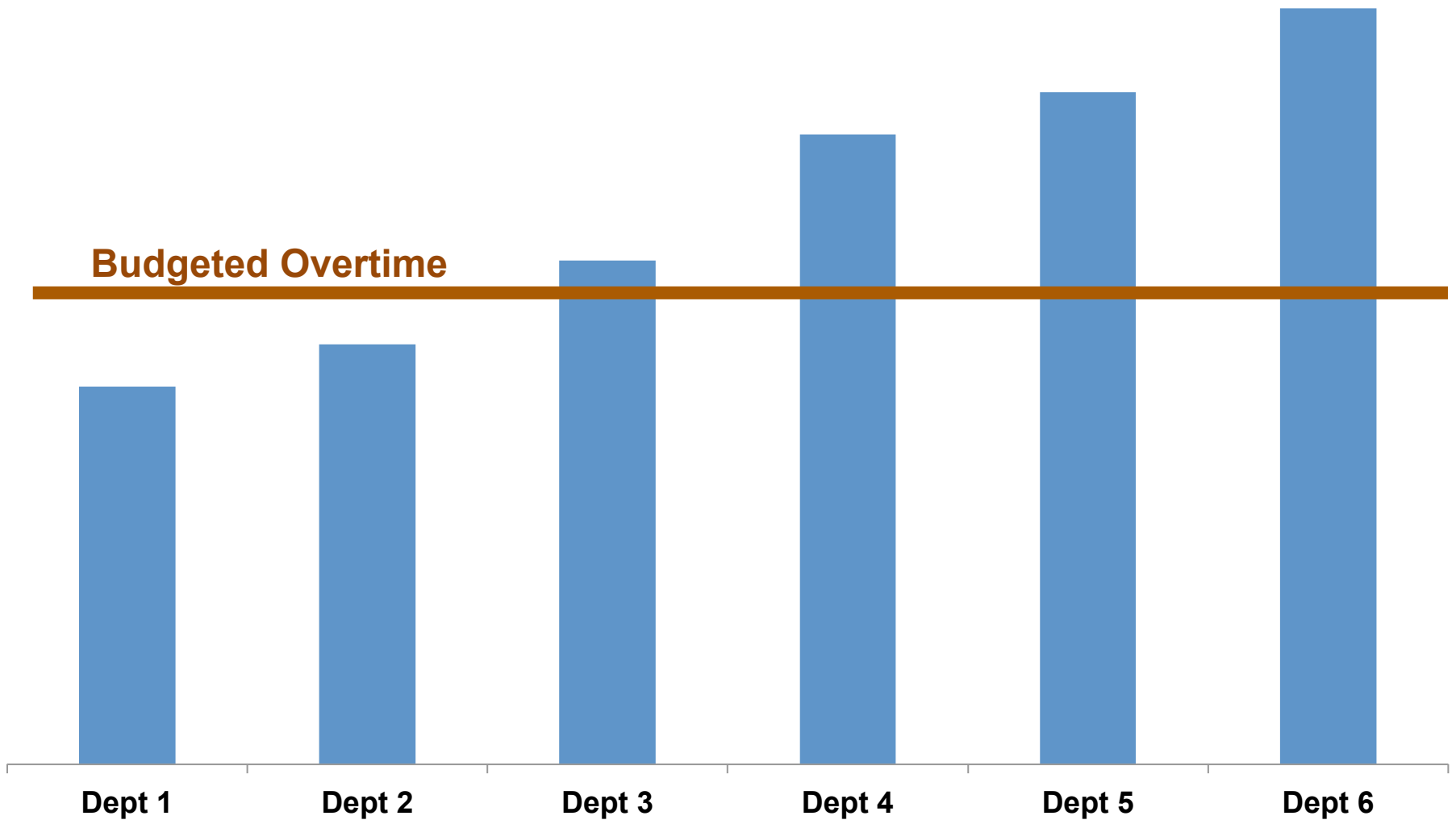
Overtime by Department

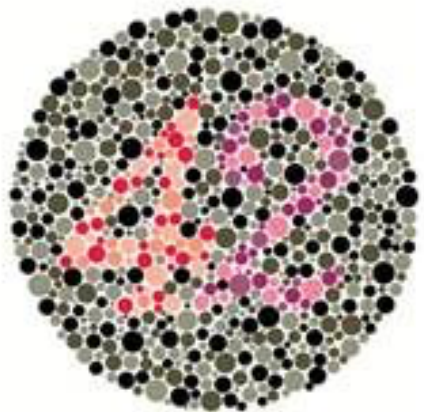
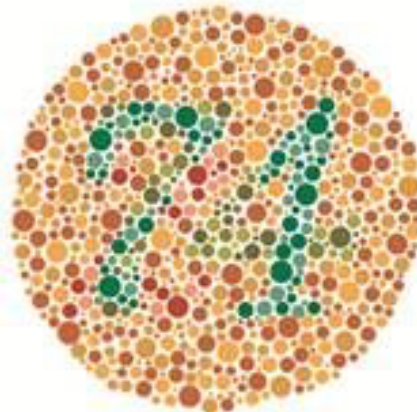
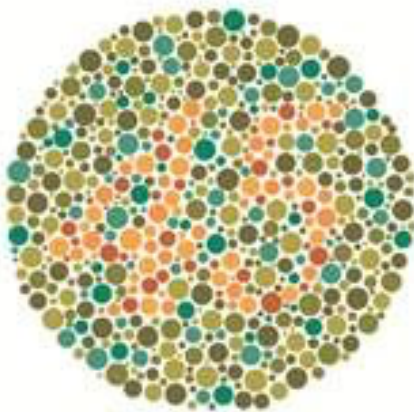
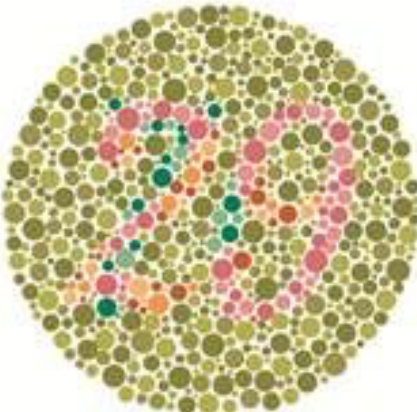
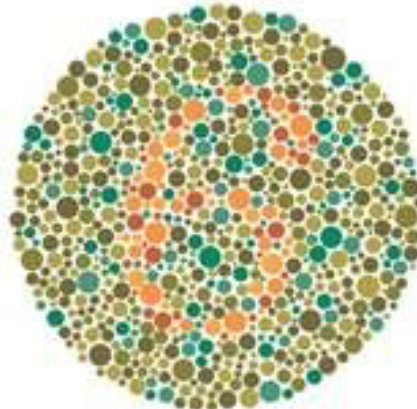
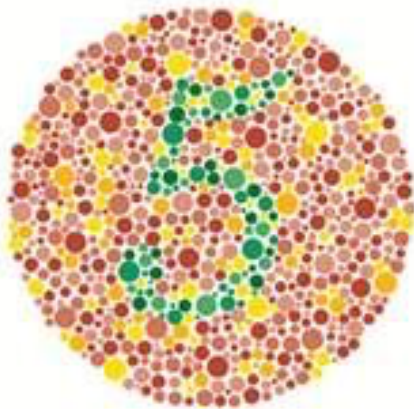
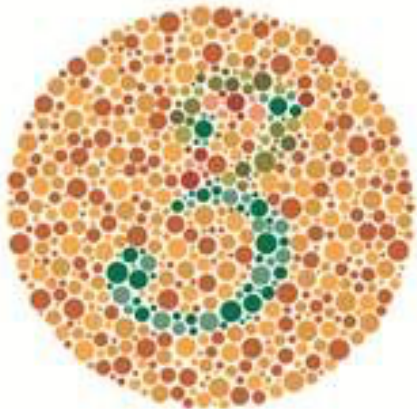


Overtime by Department



Overtime by Department









DRAFT Excellence Every Day Dashboard

Priority Area	Accountability	CY10			
		Q1	Q2	Q3	Q4
Falls					
Patient Falls with Injury		0.46	0.45	0.41	
Serious Reportable Events		1	0	1	6
Medical Records					
MD Notes Composite		72%	66%	65%	67%
H&P Compliance		100%	96%	94%	95%
H&P Updated per Policy		41%	21%	80%	45%
Medication Management-Inpatient					
Medications Secured Properly		88%	83%	78%	
Expired Meds (Doses)		435	277		
Patients' Own Meds-Labeling		38%	86%	60%	
Recording/Reporting Fridge Temp		40%	70%	53%	
Patient Education on AntiCoag		80%			
Med Rec-Admission		89%	92%	89%	87%
Med Rec-Discharge		98%	98%	98%	97%
Medication Management-Outpatient					
Sites-MESAC Approval of Samples		100%	100%	100%	
Sites-Correct Use of SIMS for Approved Samples		86%	86%	86%	
Pain Management					
Pain Assessment/Reassessment		NA	97%	98%	98%
Severe Pain Management		NA	84%	95%	97%
Patient Identifiers					
Mislabeled Specimens		1058	1110	1177	1143
Blood Transfusion RN Verification		Data TBD			
Safety Reporting Proxy		0	0	0	0
Patient Rights					
Grievance Responded (per Hospital policy)		NA	79%	82%	76%
Restraints					
Restraint Prevalence		NA	NA	6.1%	3.2%
MD/NP/PA Daily Assessment		NA	NA	NA	33%
Ordered per Policy		NA	90%	89%	89%
Utilization Matches Order		NA	88%	80%	37%
RN Assessment & Interventions		NA	92%	82%	85%
Skin Integrity					
Pressure Ulcer Prevalence		NA	NA	2.9%	2.1%
CNS Consults (>Stage 2)		NA	95%	87%	
Wound Measured Weekly		NA	86%	80%	
Serious Reportable Events		3	2	1	4
Universal Protocol					
UP Compliance (Procedural Areas)		96%	99%	94%	92%
UP Compliance (Ambulatory Areas)		71%	91%	64%	86%
Wrong Site Procedures-SRE		0	2	0	1
Other NP SGs					
Critical Value Callbacks		NA	NA	98%	98%
Worry Box					
Interventions without Orders		Data TBD			
Infection Control		Data TBD			
Internal Handoffs		Data TBD			

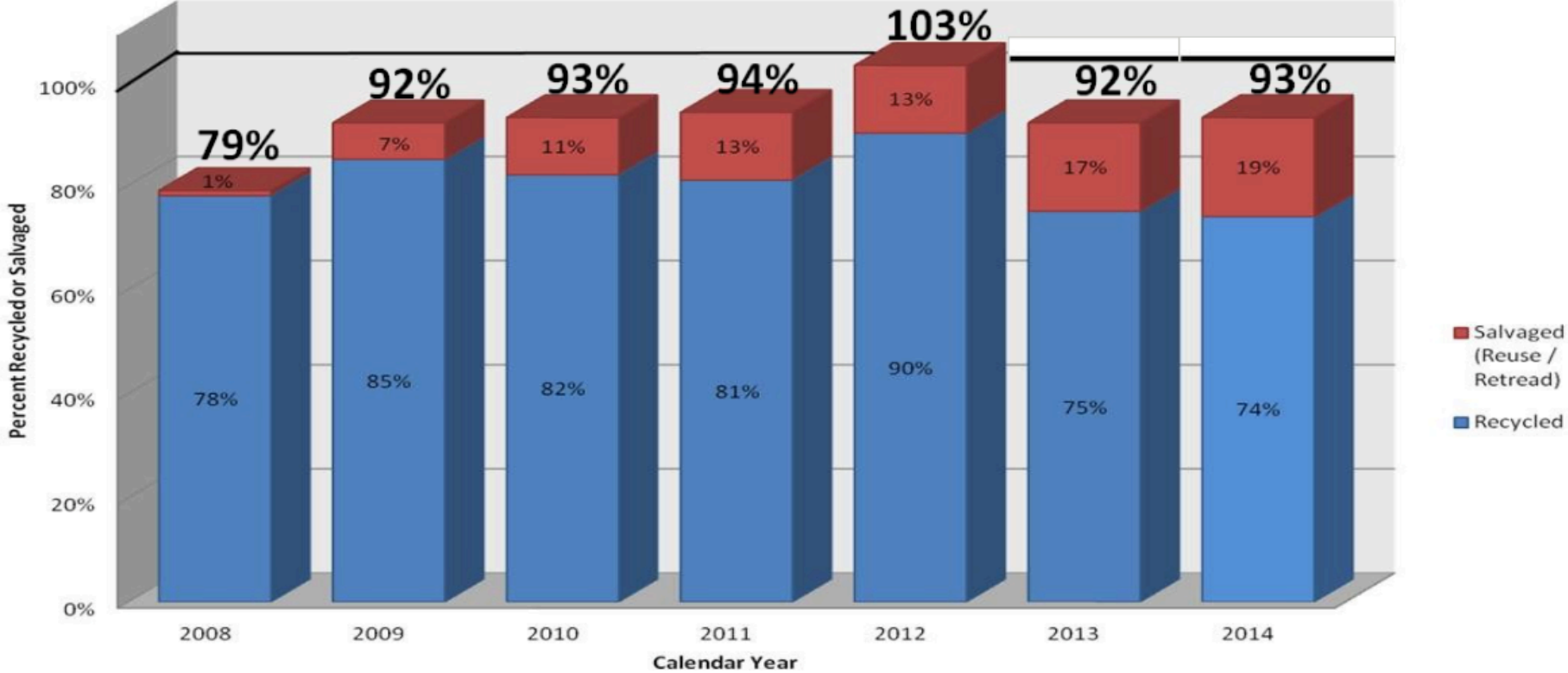
Priority Area	CY10			
	Q1	Q2	Q3	Q4
Falls				
Patient Falls with Injury	0.46	0.45	0.41	
Serious Reportable Events	1	0	1	6
Medical Records				
MD Notes Composite	72%	66%	65%	67%
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H&P Updated per Policy	41%	21%	80%	45%
Medication Management-Inpatient				
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Patients' Own Meds-Labeling	38%	86%	60%	86%
Recording/Reporting Fridge Temp	40%	70%	53%	83%
Patient Education on AntiCoag	80%	80%	80%	80%
Med Rec-Admission	89%	92%	89%	87%
Med Rec-Discharge	98%	98%	98%	97%
Medication Management-Outpatient				
Sites-MESAC Approval of Samples	100%	100%	100%	
Sites-Correct Use of SIMS for Approved Samples	86%	86%	86%	
Pain Management				
Pain Assessment/Reassessment	NA	97%	98%	98%
Severe Pain Management	NA	84%	95%	97%
Patient Identifiers				
Mislabeled Specimens	1058	1110	1177	1143
Blood Transfusion RN Verification	Data TBD			
Safety Reporting Proxy	0	0	0	0
Patient Rights				
Grievance Responded (per MGH policy)	NA	79%	82%	76%
Restraints				
Restraint Prevalence	NA	NA	6.1%	3.2%
MD/NP/PA Daily Assessment	NA	NA	NA	33%
Ordered per Policy	NA	90%	89%	89%
Utilization Matches Order	NA	88%	80%	37%
RN Assessment & Interventions	NA	92%	82%	85%
Skin Integrity				
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Critical Value Callbacks	NA	NA	98%	98%
MGH's Worry Box				
Interventions without Orders	Data TBD			
Infection Control	Data TBD			
Internal Handoffs	Data TBD			

3-D

or

Not 3-D

TOTAL WASTE TIRES GENERATED



Note: Includes Colorado generated waste tires plus waste tires recieved from neighboring states.



Gestalt (Pattern) Principles

Proximity

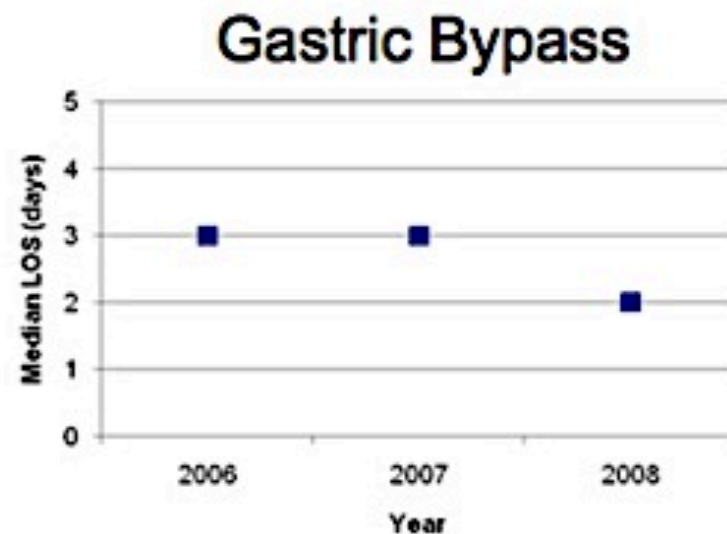
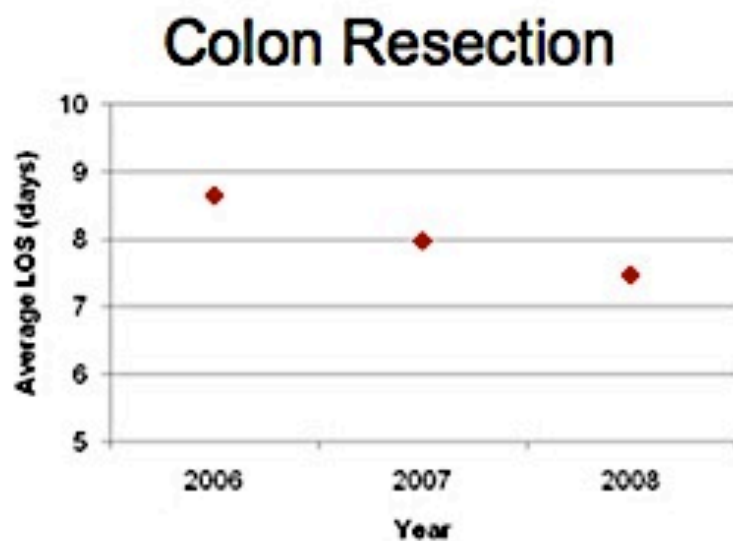
Similarity

Enclosure

Closure

Continuity

Connection



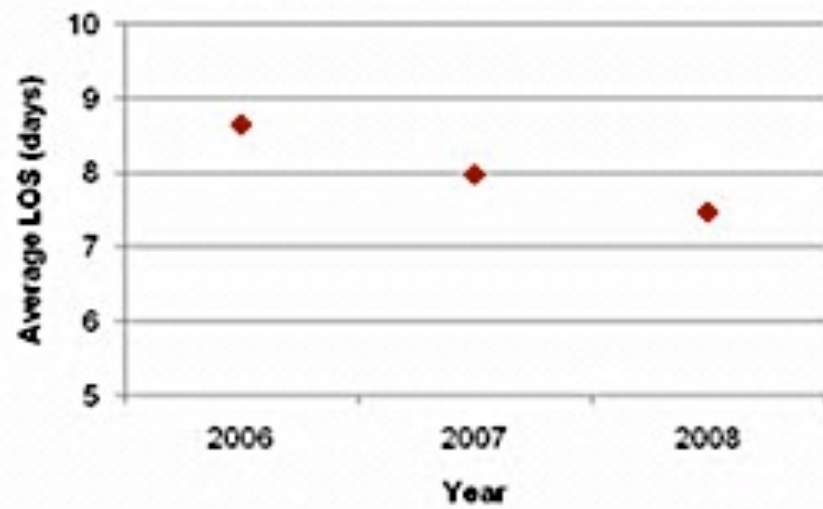
Decreased reoperative complications results in a better patient experience as well as a better use of hospital resources, as shown in the decreased length of stay for both colon resections and gastric bypass.

Image 4 of 6

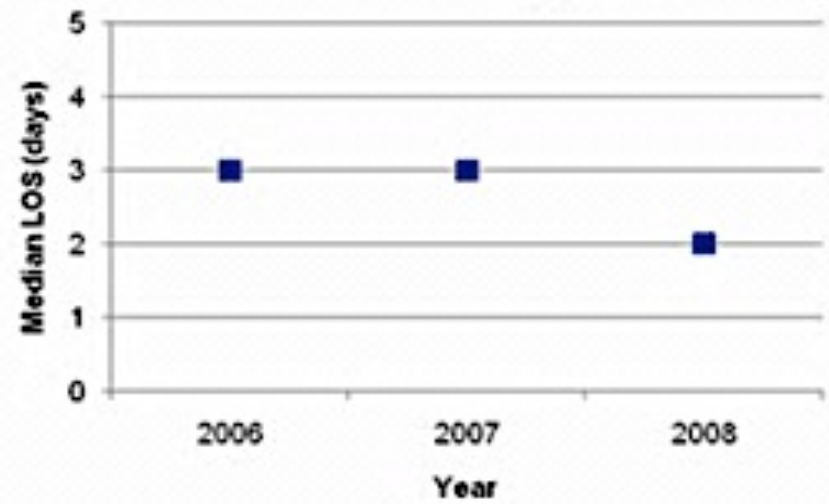
CLOSE X



Colon Resection



Gastric Bypass



F-Shaped Pattern For Reading Online Content

Summary: Eye tracking visualizations show that users often read online pages in an F-shaped pattern: two horizontal stripes followed by a vertical stripe.



www.useit.com

by [JAKOB NIELSEN](#) on April 17, 2006

Topics: [Eyetracking](#)

Tables

Use a TABLE to:

Look up individual values

Compare individual values

Display precise values

**Communicate more than one unit of
measure**

**NCQA National Process Measures
 Example State Compliance Rates vs. National Compliance Rates @ 90th Percentile
 By Region**

Region	Measure	Example State Rate	National Rate @ 90th Percentile	Variance
East	Appropriate Testing for Children with Pharyngitis	83%	90%	-7%
	Well Child Visits: Adolescents Ages 12 to 21	68%	74%	-6%
	Antidepressant Medication Mgmt: Acute Phase	64%	68%	-4%
	Antidepressant Medication Mgmt: Continuation Phase	48%	52%	-4%
	Followup Children Prescribed ADHD Medication: Initiation Phase	41%	45%	-4%
	Comprehensive Diabetes Care: Medical Neuropathy	86%	89%	-3%
West	Cholesterol Screening of Patients with Cardiovascular LDL	88%	92%	-4%
	Comprehensive Diabetes Care: LD Screening	87%	91%	-4%
	Cervical Cancer Screening	83%	87%	-4%
	Monitoring Patients on ACE or ARB	81%	84%	-3%
	Monitoring Patients on Diuretics	81%	84%	-3%
South	Chlamydia Screening Women: Ages 21 to 24	59%	62%	-3%
	Followup Children Prescribed ADHD Medication: Initiation Phase	40%	45%	-5%
Metro	Chlamydia Screening Women: Ages 21 to 24	58%	62%	-4%
	Monitoring Patients on Anticonvulsants	66%	69%	-3%
North	Chlamydia Screening Women: Ages 21 to 24	58%	62%	-4%
	Well-Child Visits: Adolescents Ages 12 to 21	66%	69%	-3%





At-a-Glance

Use a GRAPH to:

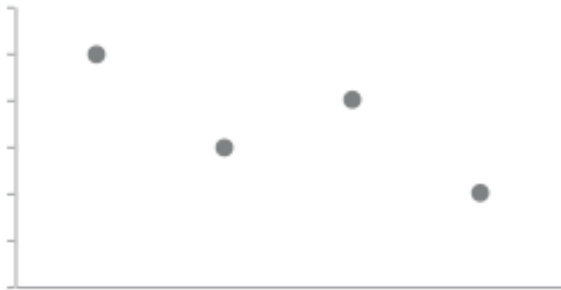
Show Patterns

Show Trends

Show Exceptions

Reveal relationships between multiple values

Points



Vertical Bars



Vertical Boxes



Lines



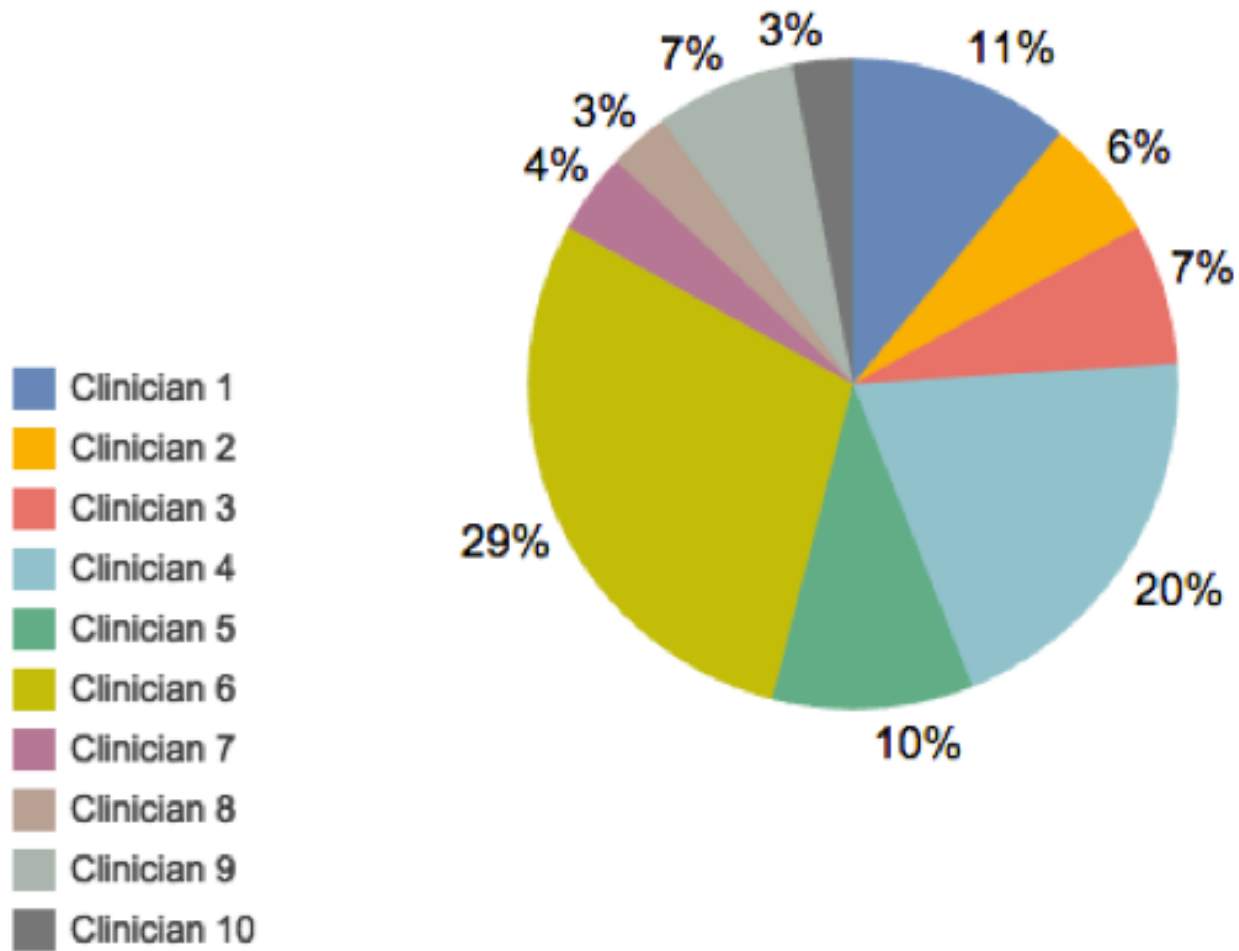
Horizontal Bars



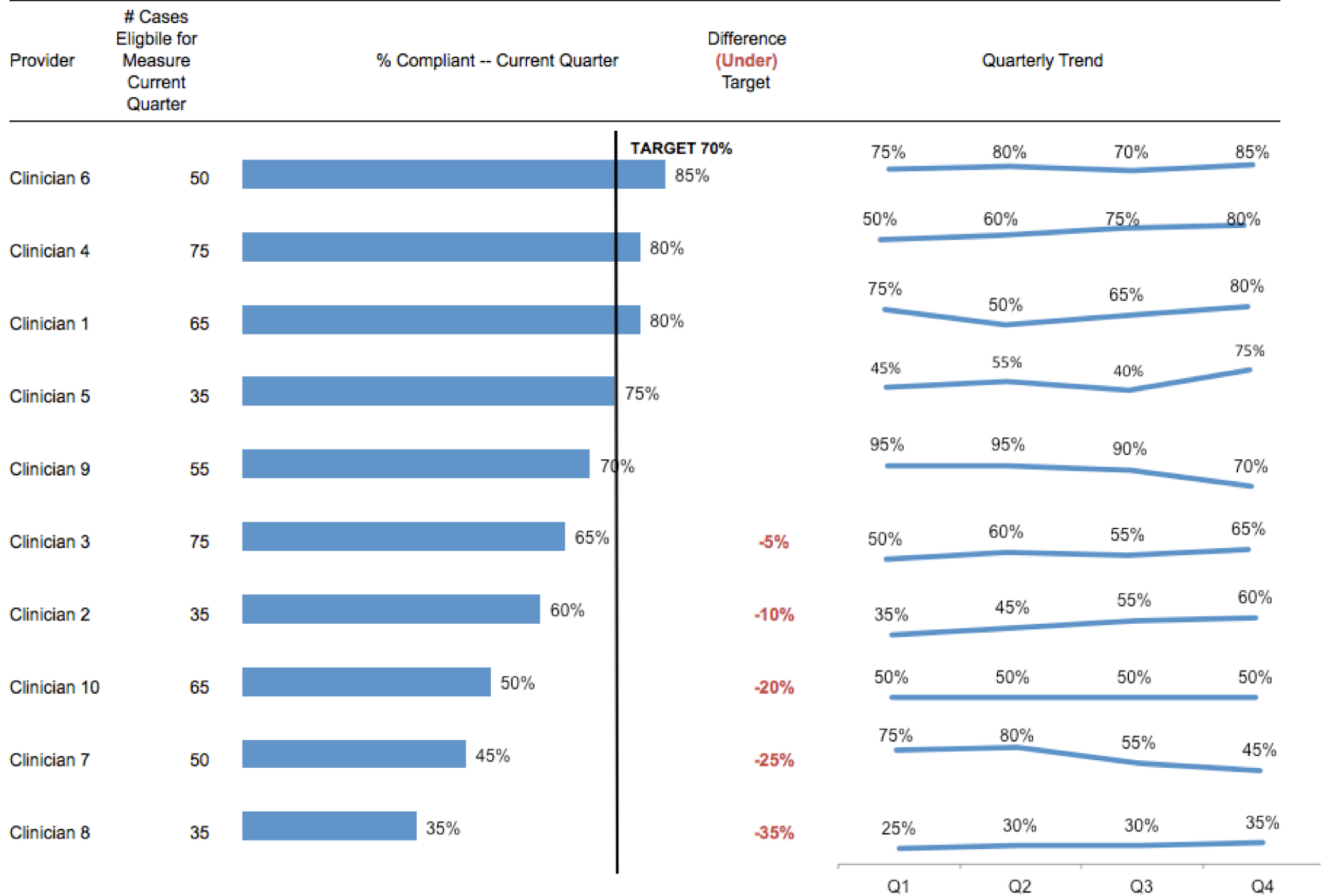
Horizontal Boxes



Measure Compliance



Measure Compliance





AMERICANS WHO HAVE TRIED MARIJUANA

CBS NEWS POLL

51%
TODAY



43%
LAST YEAR

34%
1997

Source: MOE +/- 4%

HIGH SUPPORT FOR LEGALIZING MARIJUANA
MORE THAN HALF OF AMERICANS SAY THEY'VE TRIED POT



LIVE
CBSN

The Cholesterol Hunter.



Here's how he does it.

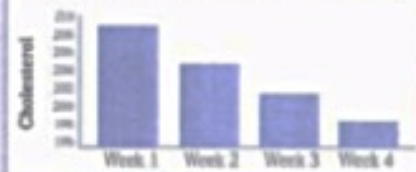
Quaker Oatmeal isn't just a cholesterol-free food...It's a unique whole grain food that goes in and actually soaks up excess cholesterol and removes it from your body. So basically, you sit and enjoy a tasty bowl of oatmeal while it does its thing. Not a bad deal, right?

It's hardworking.

Quaker Oatmeal contains soluble fiber that actively finds the excess cholesterol, which can clog arteries and lead to heart disease, and binds with it. Your bloodstream can't

absorb the cholesterol, so it's removed from your body. This means you could see a drop in your overall number.

Representative Cholesterol Point Drop



Need more proof?

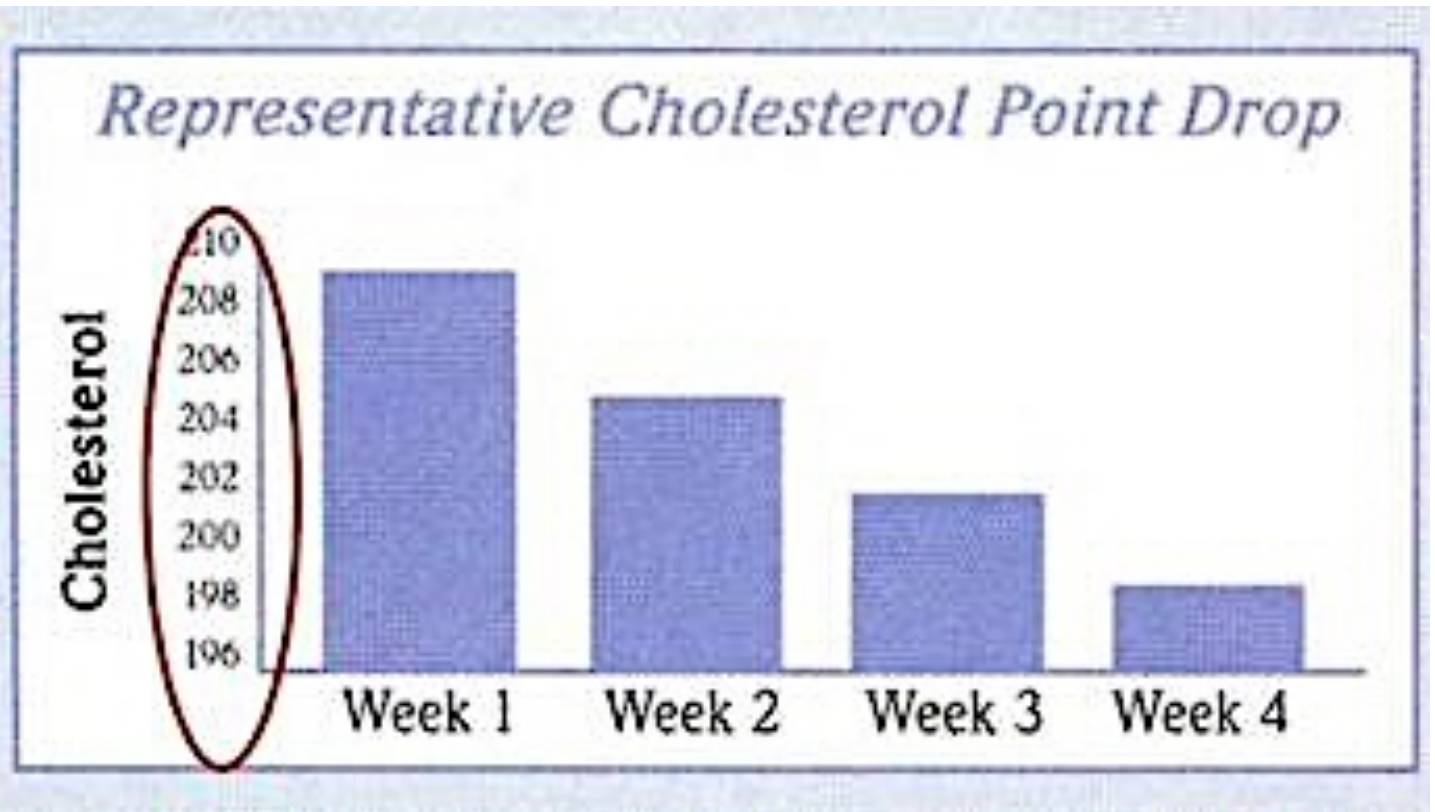
Visit www.quakeroatmeal.com or call 1-800-770-4091.



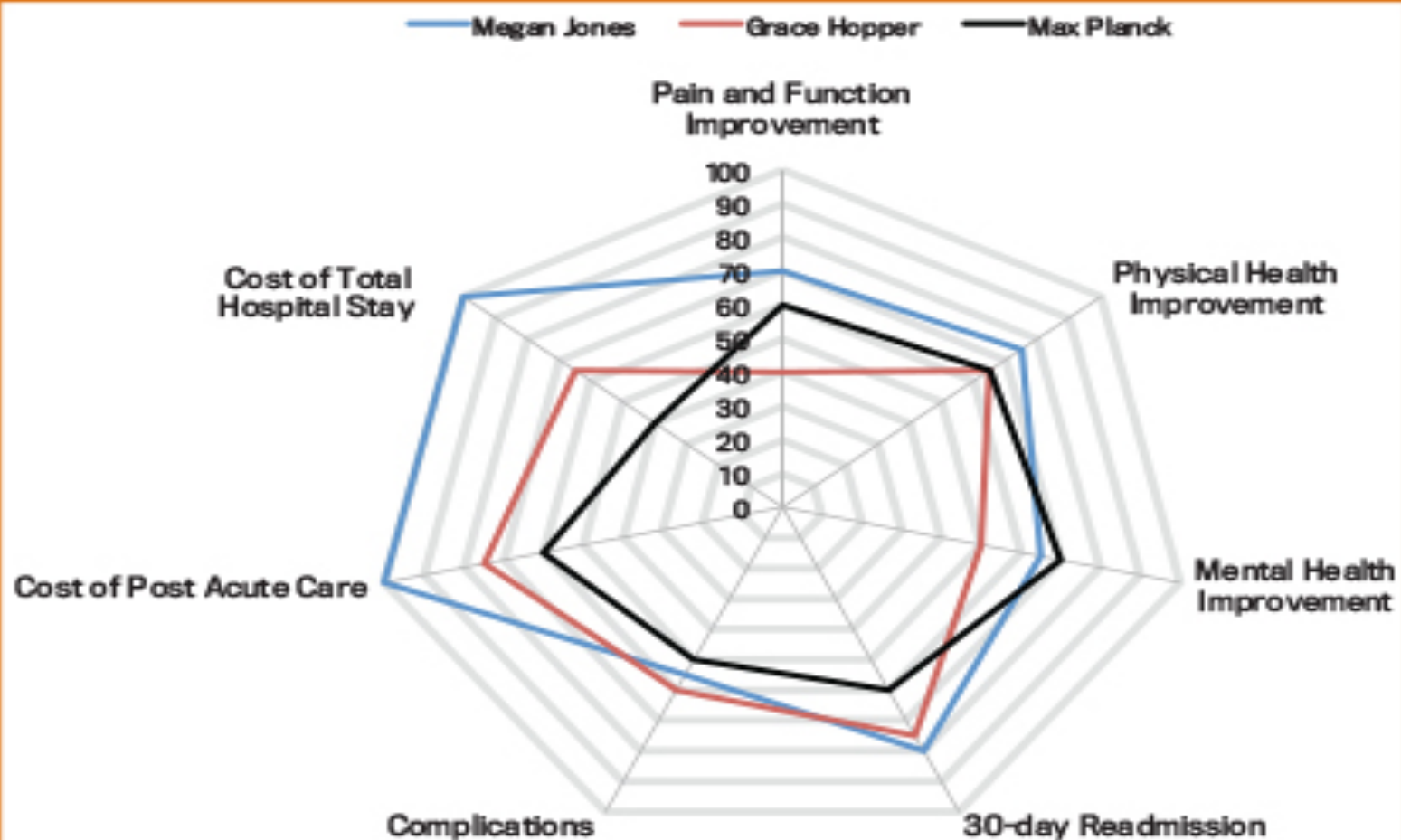
Something to smile about.

3g of soluble fiber daily from oatmeal in a low saturated fat, low cholesterol diet may reduce heart disease risk. Quaker Old Fashioned provides 2g per serving and Quaker Instant Apple & Cinnamon Flare provides 1g per serving.

2/14/06



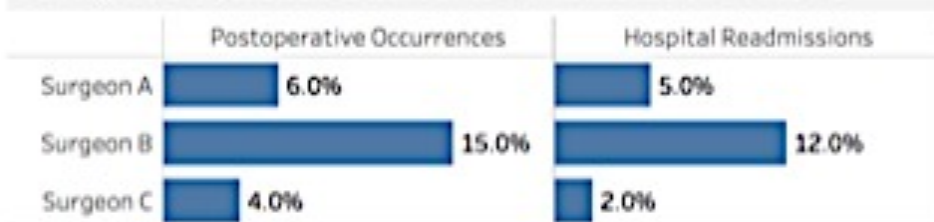
PANEL C



Notes: A score of 100 represents ideal performance on the measure.
For costs (Total Hospital Stay and Post Acute Care), a score of 100 equals the lowest cost.
Patient-reported outcomes scores (Pain and Function Improvement, Physical Health Improvement, and Mental Health Improvement) are measured using KOOS, Jr. PROMIS-10, or other measurement tools.

Surgeon Comparison for Total Hip/Knee Replacement

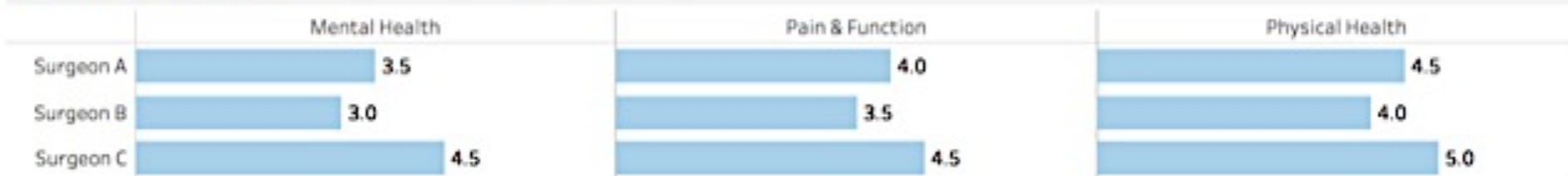
30-Day Postoperative Occurrences & Readmissions Rates



Costs



Improvement Scores (0=no improvement; 5=most improvement)



State Diabetes Rates



State Diabetes Rates

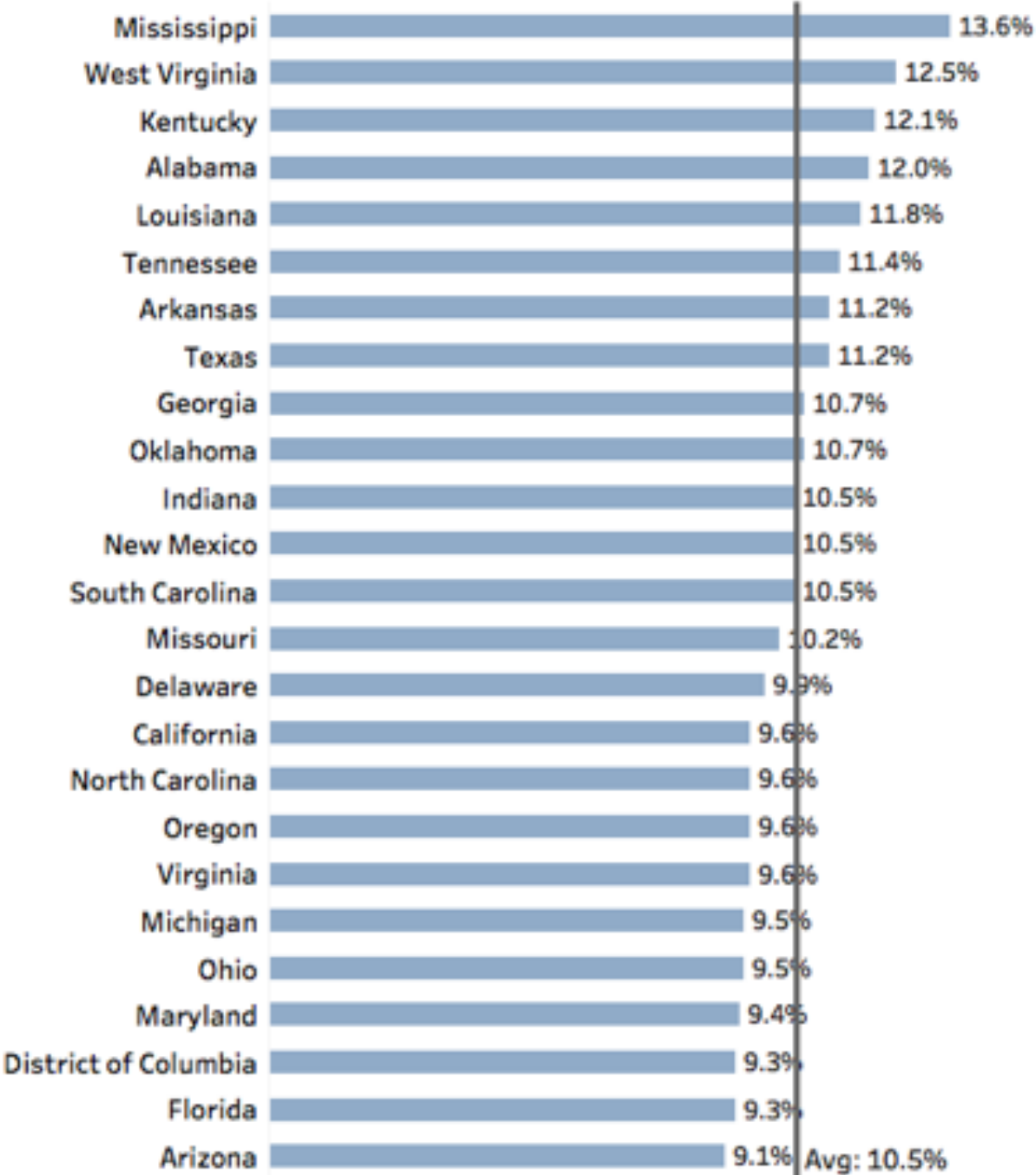
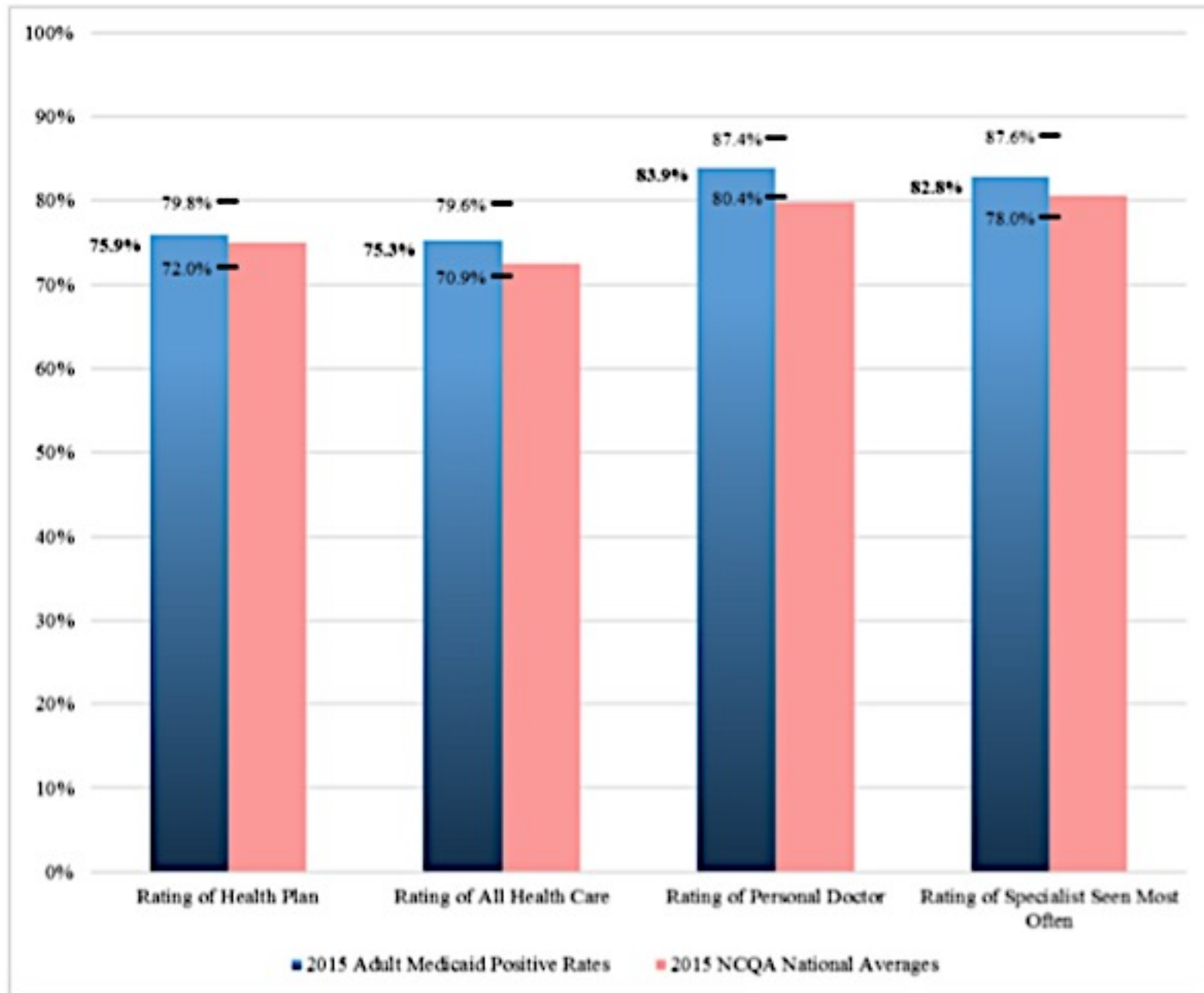


Figure 4-2—NHHF Adult Medicaid CAHPS Results: Global Ratings

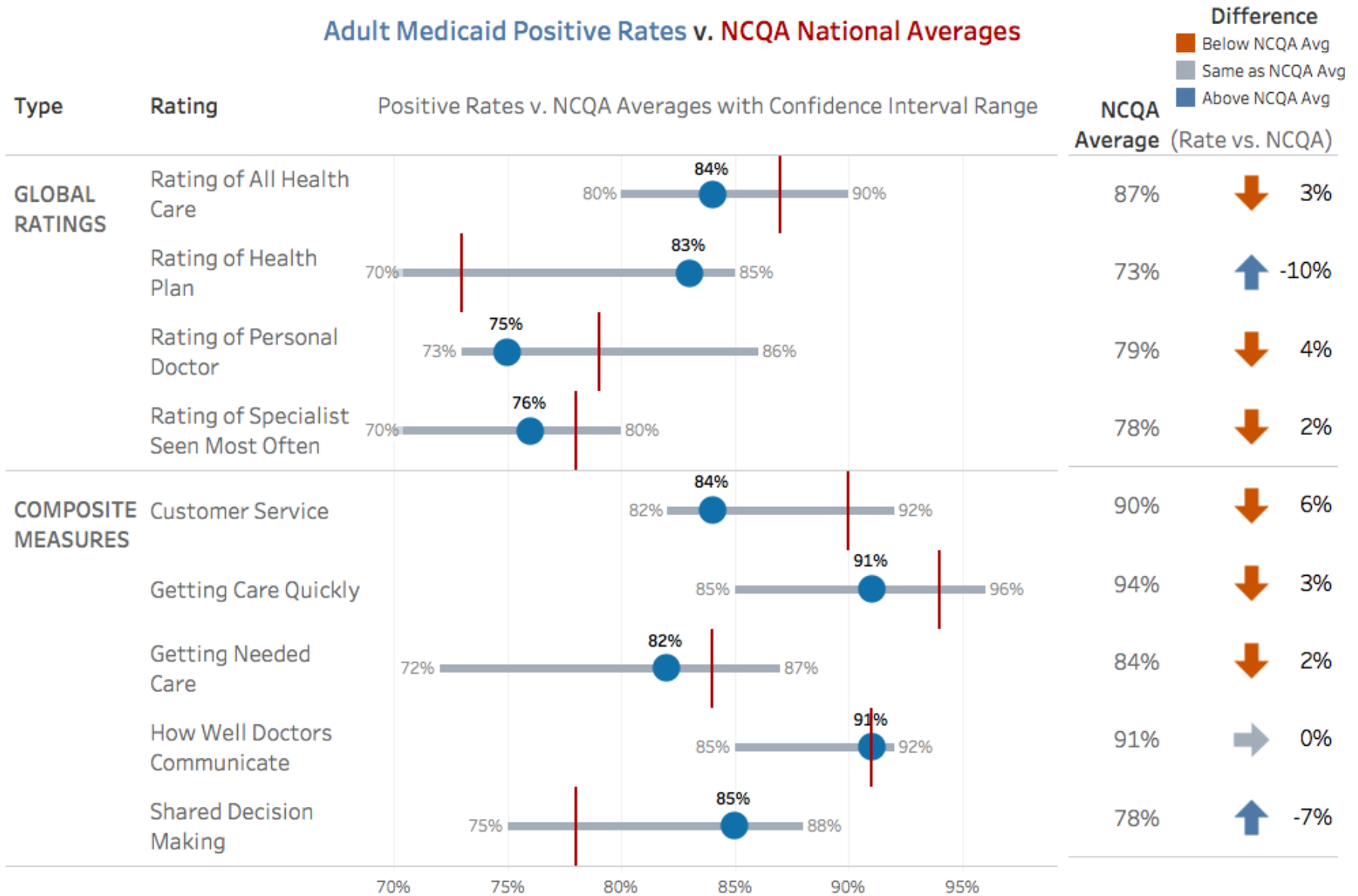


EXAMPLE (Not Actual Data) Example State Adult Medicaid CAHPS Results

2,500 State Medicaid Members Surveyed 23% Response Rate

27% NCQA Survey Response Rate

Adult Medicaid Positive Rates v. NCQA National Averages



EXAMPLE (Not Actual Data) Example State Adult Medicaid CAHPS Results

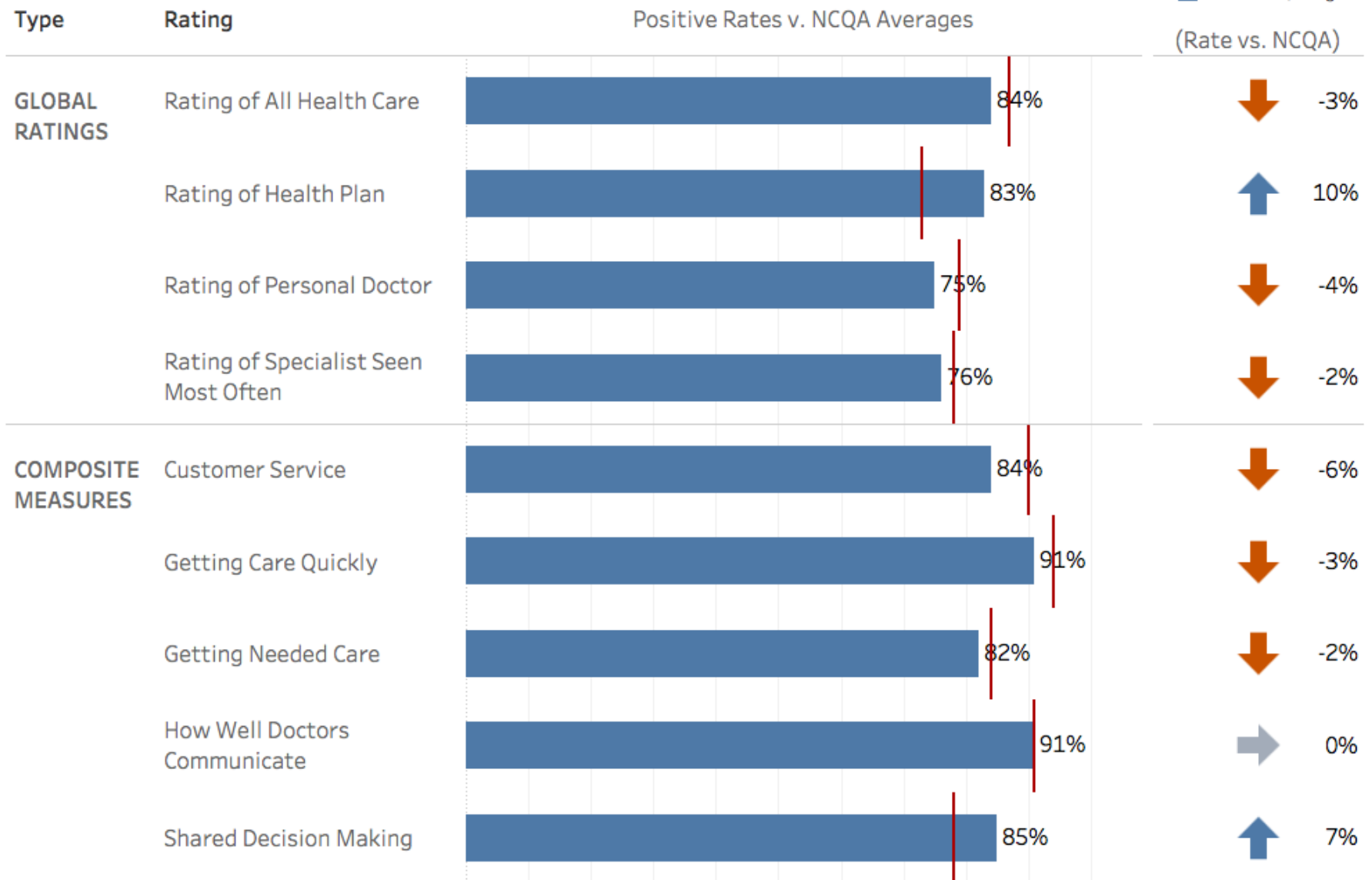
2,500 State Medicaid Members Surveyed 23% Response Rate

27% NCQA Survey Response Rate

Adult Medicaid Positive Rates v. NCQA National Averages

Difference

- Below NCQA Avg
- Same as NCQA Avg
- Above NCQA Avg

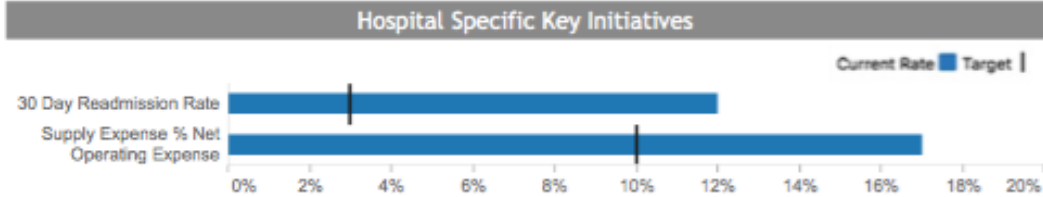
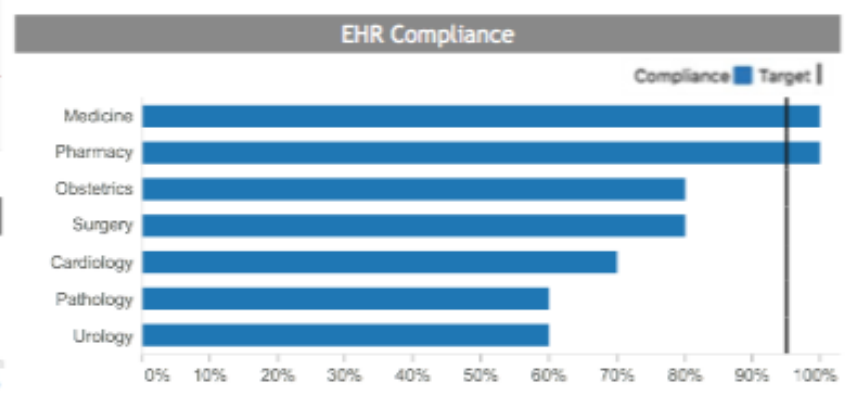
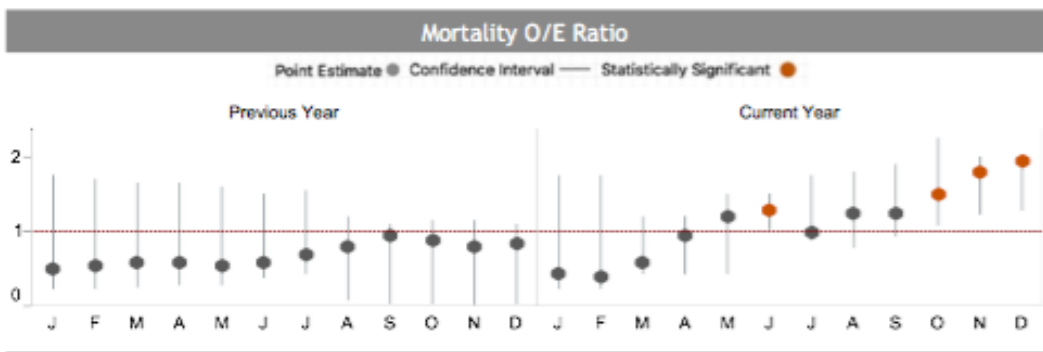
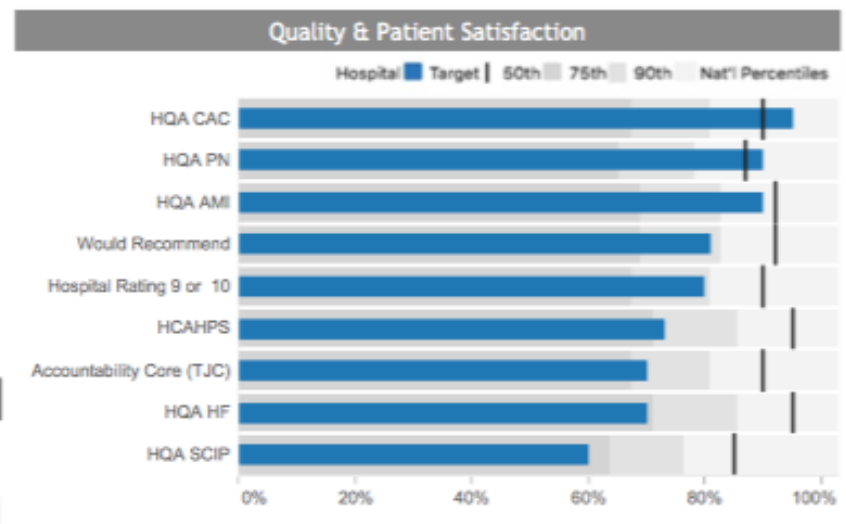
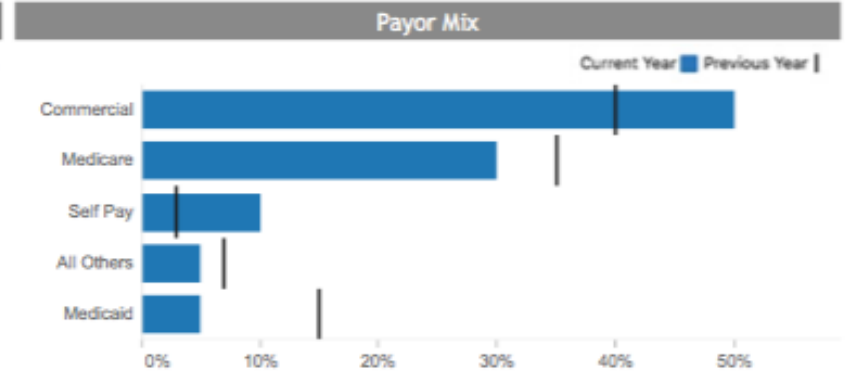
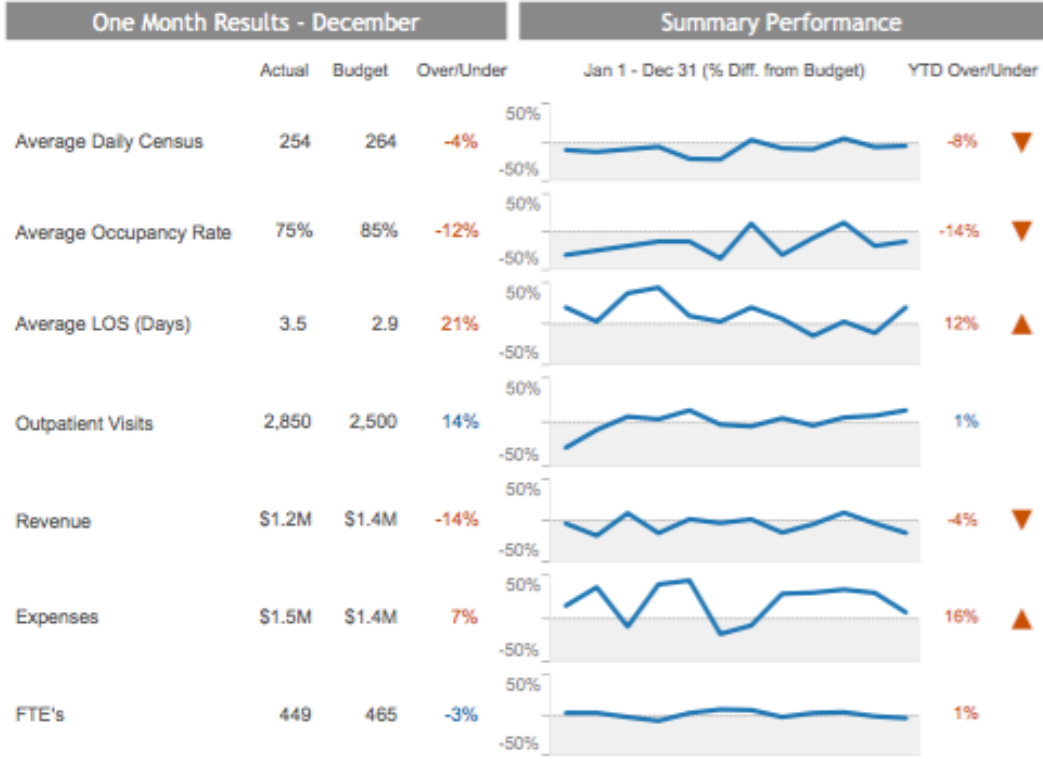


REQUIREMENTS GATHERING

SCOPE
ROLE
DECISIONS

Hospital CEO

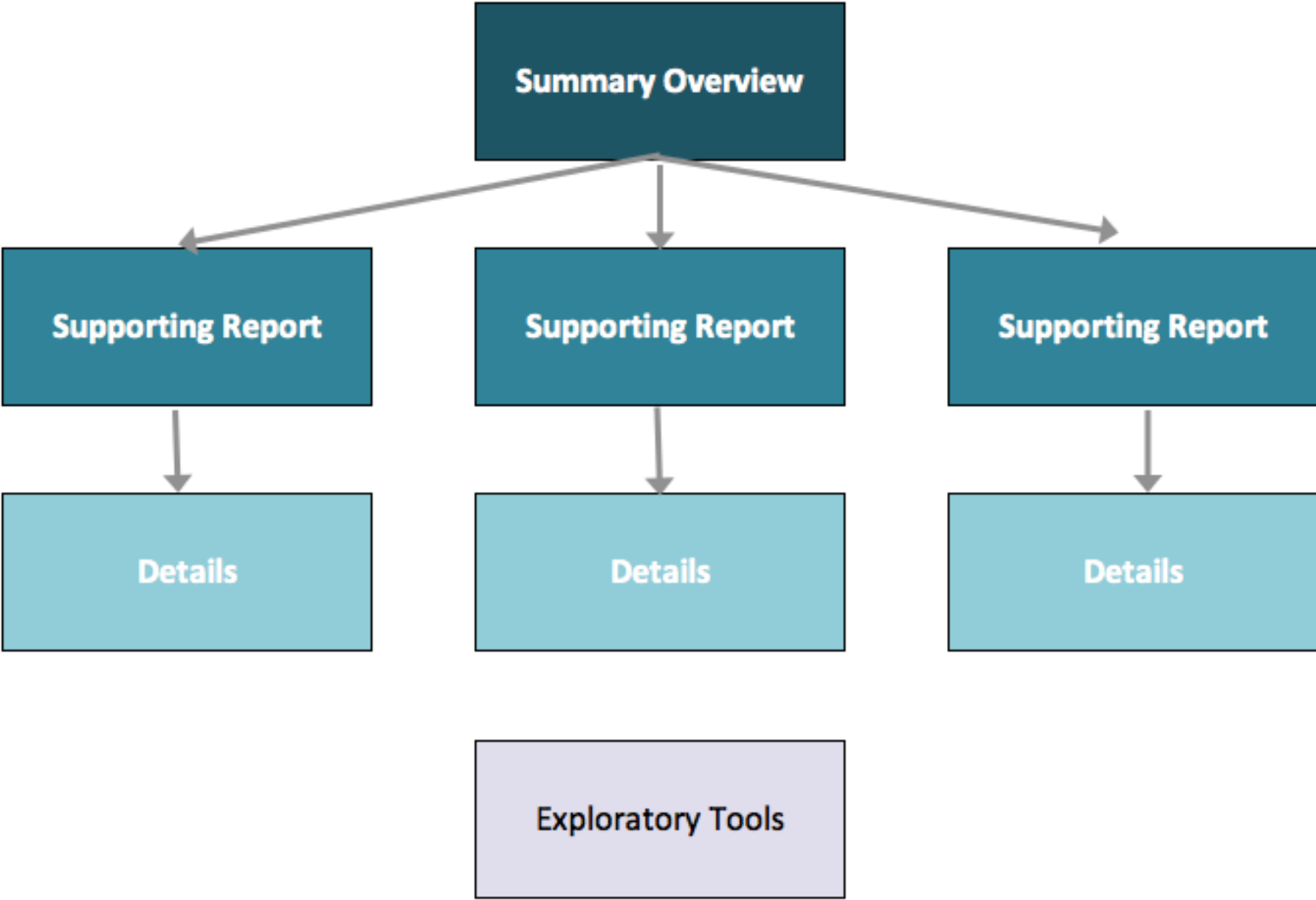
YTD Performance: January 1 to December 31



MENTAL MODELS



GUIDED ANALYTICS



PROSTATE CANCER REGISTRY

Prostate Cancer Registry Patient List



Select Filters **49 Pts Showing**

Filter by: Diagnosis Date Follow-up Date

Dx or Follow-up Date: 1/12/2005 to 5/3/2010 and Null values

Diagnostic Pan.: All Procedure: All Chemo Agent: All Hormonal Agent: All Last Cancer Stat.: All Vital Status: All

SEER Staging				cStage				pStage			
Distant Metastasis / Systemic Disease	Localized	Regional By Direct Extension	Regional By Extension And Nodes	2A	2B	3	4	2B	3	4	N/A
12	13	12	12	10	16	6	17	3	7	9	4

MRN	SEER Summary Stage	cStage	pStage	Type of First Recurrence	Last Cancer Status	Gleason Score (Biopsy)	Gleason Score (prostatectomy)	Vital Status
100035	Localized	2A	UNK	No Recurrence	No Evidence of this cancer	8	No Resection	Alive
100036	Regional By Extension And Nodes	2A	4	No Recurrence	No Evidence of this cancer	7	7	Alive
100230	Localized	2A	UNK	No Recurrence	No Evidence of this cancer	7	No Resection	Alive
100404	Regional By Direct Extension	2B	UNK	No Recurrence	No Evidence of this cancer	8	No Resection	Alive
100593	Regional By Direct Extension	2B	3	Recurrence, Site Unknown	Evidence of this cancer	9	UNK	Alive
100639	Regional By Extension And Nodes	2B	4	Null	Evidence of this cancer	8	7	Alive
100690	Distant Metastasis / Systemic Disease	4	4	Null	Evidence of this cancer	No Biopsy	No Resection	Dead
100917	Regional By Direct Extension	3	UNK	No Recurrence	No Evidence of this cancer	9	No Resection	Alive
101050	Regional By Extension And Nodes	2B	4	No Recurrence	No Evidence of this cancer	8	7	Alive
101124	Distant Metastasis / Systemic Disease	4	UNK	Null	Evidence of this cancer	7	No Resection	Dead
101191	Regional By Extension And Nodes	4	UNK	Null	Evidence of this cancer	9	No Resection	Alive
101271	Regional By Extension And Nodes	2B	4	No Recurrence	No Evidence of this cancer	8	7	Alive
101293	Distant Metastasis / Systemic Disease	4	UNK	Null	Evidence of this cancer	10	No Resection	Alive
101364	Distant Metastasis / Systemic Disease	4	UNK	Null	Evidence of this cancer	No Biopsy	No Resection	Alive
101494	Localized	2A	UNK	No Recurrence	No Evidence of this cancer	7	No Resection	Alive
101901	Regional By Extension And Nodes	3	N/A	Null	Evidence of this cancer	9	No Resection	Alive
101976	Distant Metastasis / Systemic Disease	4	UNK	Null	Evidence of this cancer	9	No Resection	Alive
102155	Localized	2B	2B	No Recurrence	No Evidence of this cancer	8	8	Alive
102430	Regional By Direct Extension	2B	3	No Recurrence	No Evidence of this cancer	9	7	Alive
102444	Distant Metastasis / Systemic Disease	4	N/A	Null	Evidence of this cancer	No Biopsy	No Resection	Alive
102866	Distant Metastasis / Systemic Disease	4	UNK	Null	Evidence of this cancer	9	No Resection	Alive
102971	Distant Metastasis / Systemic Disease	4	UNK	Null	Evidence of this cancer	9	No Resection	Alive
103034	Distant Metastasis / Systemic Disease	4	UNK	Null	Evidence of this cancer	8	No Resection	Alive
103056	Localized	2B	UNK	No Recurrence	No Evidence of this cancer	9	No Resection	Alive

Prostate Cancer Patient History Report



MRN	Vital Status	Date Of Diagnosis	SEER Summary Stage	Histology	Age at Diagnosis
100639	Alive	11/4/2009	Regional By Extension And Nod..	Adenocarcinoma, NOS	66

Tumor Staging

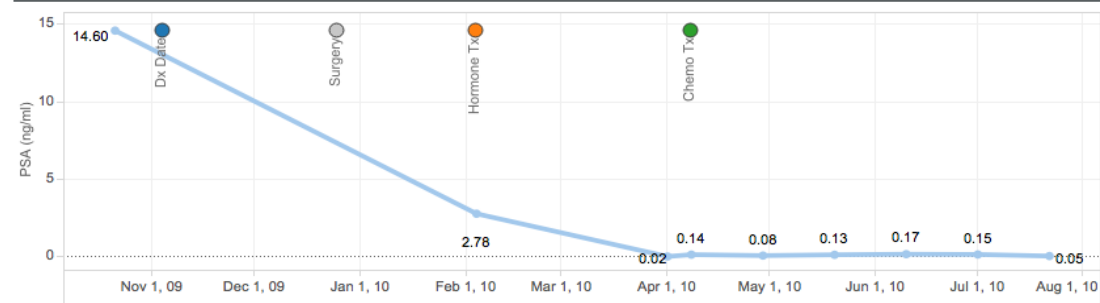
	cStage	T Classification	N Classification	M Classification	Gleason Score
Clinical	2B	2B	0	0	8
Pathological	4	3B	1	Null	7

Treatment History

Chemotherapy Tx: 1					Hormonal Tx: 1	
Systemic/Surgery Sequence	Chemotherapy	Chemo Agent	"Chemo Tx"	Date	Date Of Hormones	Agent
Systemic therapy after surge..	Single Agent	Docetaxel	Chemo Tx	04/08/10	2/4/2010	Casodex

Radiation Tx: 1				Surgical Procedures: 1	
Target	Regional XRT Modality	Boost Modality	Date Radiation Starts	Procedure	Date
Prostate - 41	IMRT	No Boost Treatment	1/15/2010 1/22/2010	Radical prostatectomy, NOS; total ..	12/25/2009

Treatment Sequence Timeline: Hover For Details



Other Lab Values: Click for Normal Value Details

Lab Date Filter: 11/6/2009 to 7/24/2010

Metabolic Panel	Value	Normal Range
ANION GAP	25.0	8-12
BUN, PLASMA (LAB)	8.7	7-20
CALCIUM, PLASMA (LAB)	108	8.5-10.5
CHLORIDE, PLASMA (LAB)	1.13	98-108
CREATININE PLASMA (LAB)	120.0	0.6-1.3
EGFR AFRICAN-AMERICAN	167.0	0-15
EGFR NON AFRICAN-AMERICAN	4.6	0-15
GLUCOSE, PLASMA (LAB)	4.6	70-100
POTASSIUM CMNT		
POTASSIUM, PLASMA (LAB)		

**THERE IS NO SUCH THING AS
INFORMATION OVERLOAD.**

THERE IS ONLY BAD DESIGN.

EDWARD TUFTE

INFOGRAPHICS

Community Health Profiles Home Help

NYC Data / Community Health Profiles

New York City Dynamic Community Health Profiles

About

The New York City Dynamic Community Health Profiles capture the health of 59 community districts across the city. The most comprehensive reports of neighborhood health ever produced, they look beyond traditional health measures to define a broader picture of neighborhood health including conditions such as housing quality, air pollution, and types of food accessible. Dynamic Community Health Profiles provide valuable information on significant health issues and can serve as a critical resource for improving health, community by community, and marks a step towards participatory public health.

Choose your community using the drop down menu below, then click on a section to view.

Share This View - Copy Link | Print Report

Choose your community:

Brooklyn: South Crown Heights and Lefferts Gardens

WHO WE ARE



SOCIAL & ECONOMIC CONDITIONS



HOUSING & NEIGHBORHOOD



MATERNAL & CHILD HEALTH



HEALTHY LIVING



HEALTH CARE



HEALTH OUTCOMES



NOTES





HEALTH OUTCOMES

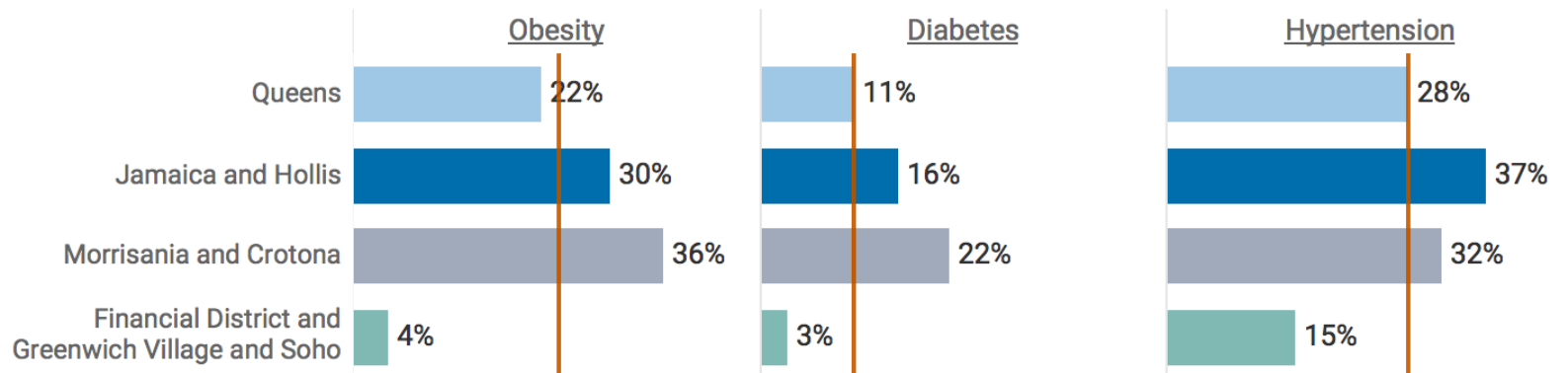
NYC | **Queens** | **Jamaica and Hollis** | **Other Selected Community** (Bronx: Morrisania and Crotona) | **Most Favorable Rate**

Obesity, diabetes and hypertension

Obesity can lead to diabetes, high blood pressure, and other health conditions. Hypertension, also known as high blood pressure, is a leading risk factor for heart disease and stroke. More than 700,000 adult New Yorkers have been told they have diabetes and an additional 164,000 are estimated to have diabetes but not be aware. **In Jamaica and Hollis:**

- ▶ **30%** of adults are obese, which is higher than NYC as a whole (the TCNY 2020 goal is to reduce the obesity rate to less than 23% citywide++)
- ▶ **16%** of adults have been diagnosed with diabetes
- **37%** of adults have been told they have hypertension

Obesity, Diabetes and Hypertension (percent of adults)



Source: NYC DOHMH, Community Health Survey, 2015-2016

Housing and Neighborhood Conditions

[Air Conditioners & Air Quality](#) **Housing Quality** [Bike Networks and Pedestrian Injury](#) [Food Environment](#)

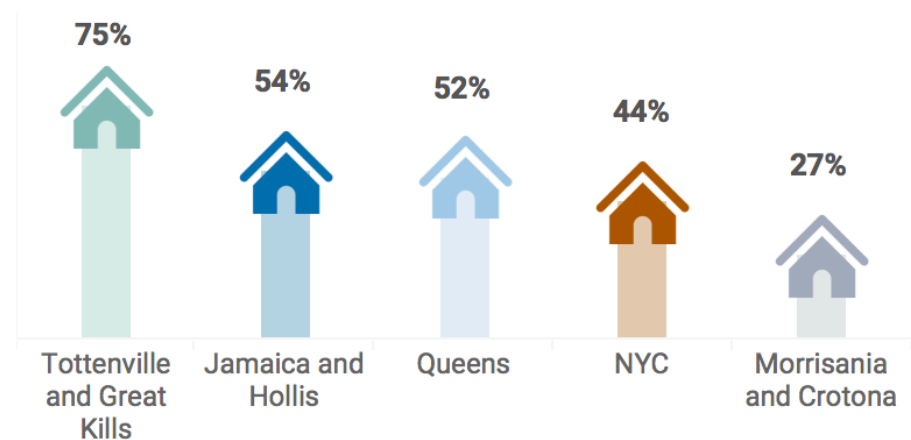
New York City | [Queens](#) | **Jamaica and Hollis** | [Other Selected Community \(Bronx: Morrisania and Crotona\)](#) | **Most Favorable Rate**

The environment we live in makes it easier or more difficult to lead healthy lives.

Every resident has the right to live in housing that is safe and pest-free. Poorly maintained housing is associated with poor health outcomes, including worsened asthma and other respiratory illnesses.

In **Jamaica and Hollis**, **54%** of renter-occupied homes are adequately maintained – free from heating breakdowns, cracks, holes, peeling paint and other defects...

Homes With No Maintenance Defects
(percent of renter-occupied homes)



Source: NYC Housing and Vacancy Survey, 2014

A final word about our team.

Founded in 2013
By and For Health & Healthcare Professionals

VISUAL INTELLIGENCE EXPERTS

DEEP HEALTH & HEALTHCARE EXPERIENCE & EXPERTISE

RECOGNIZED TABLEAU CERTIFIED EXPERTS

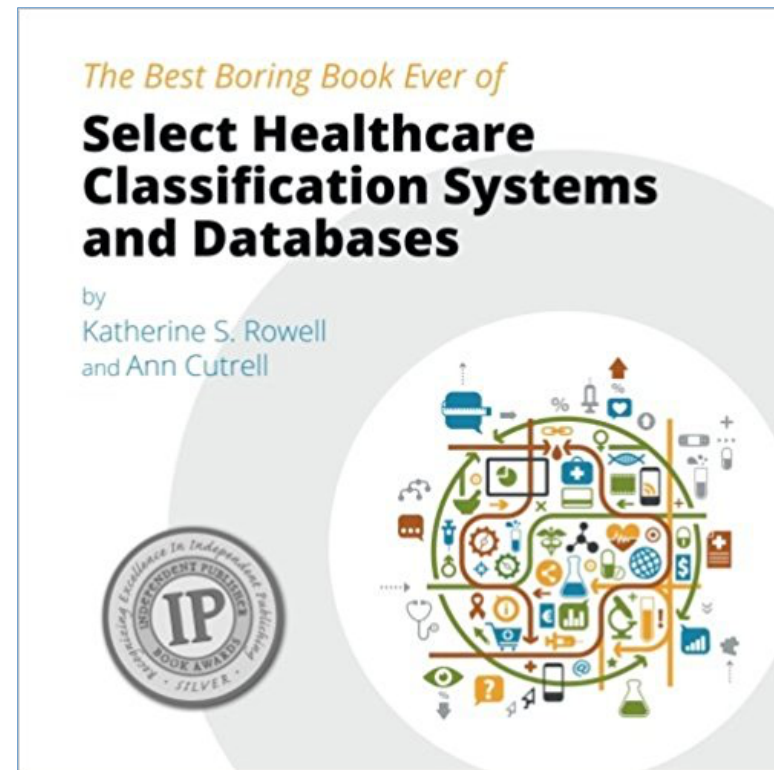
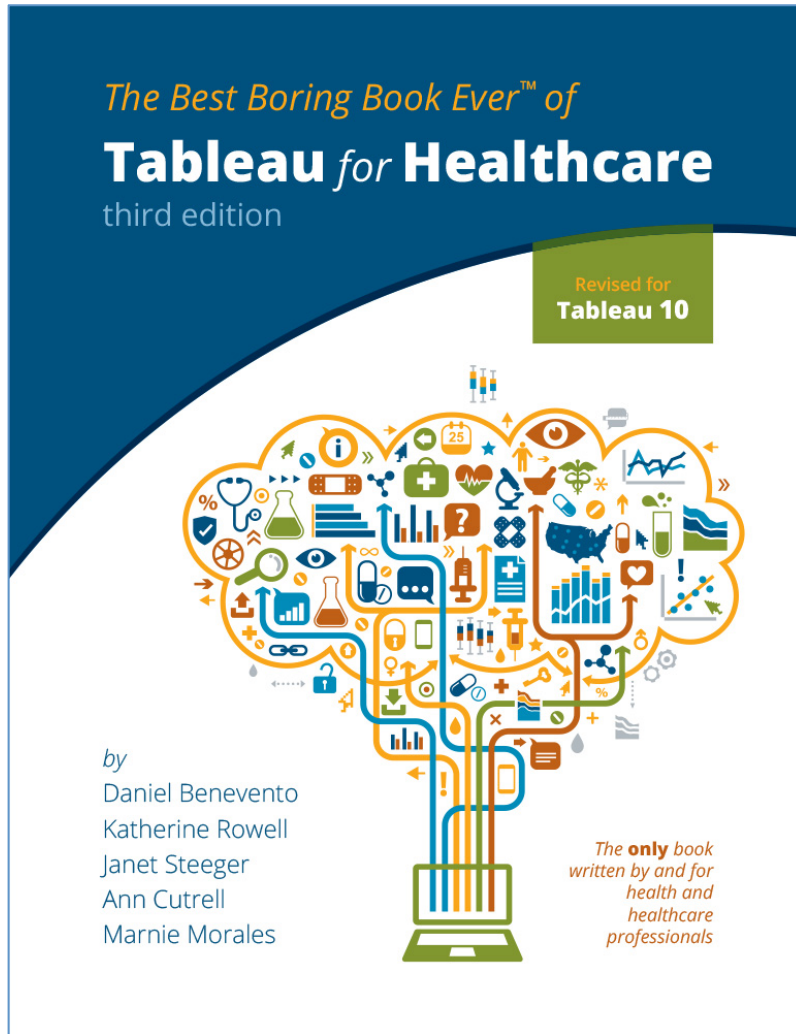
USER EXPERIENCE (UE) & USER INTERFACE (UI) PROFICIENCY

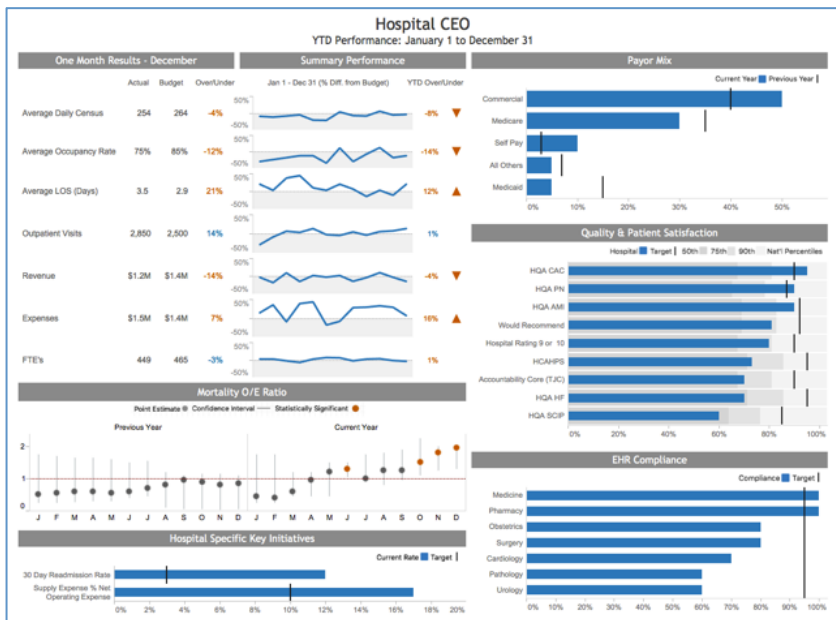
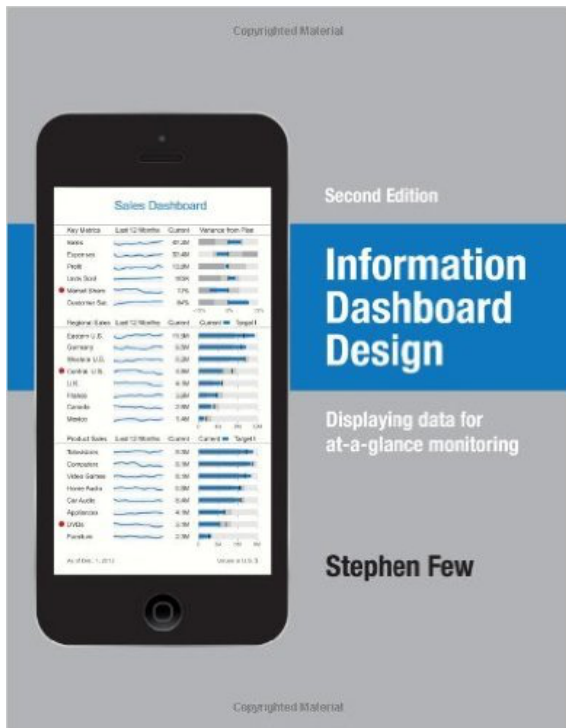
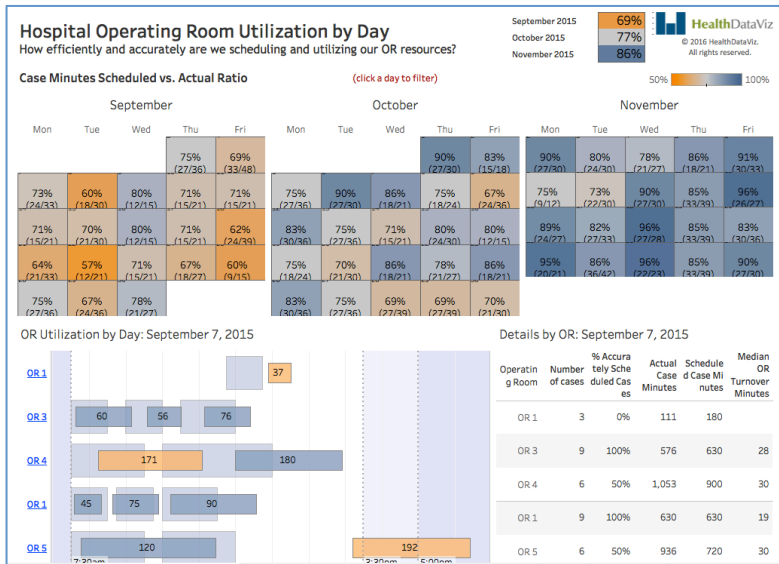
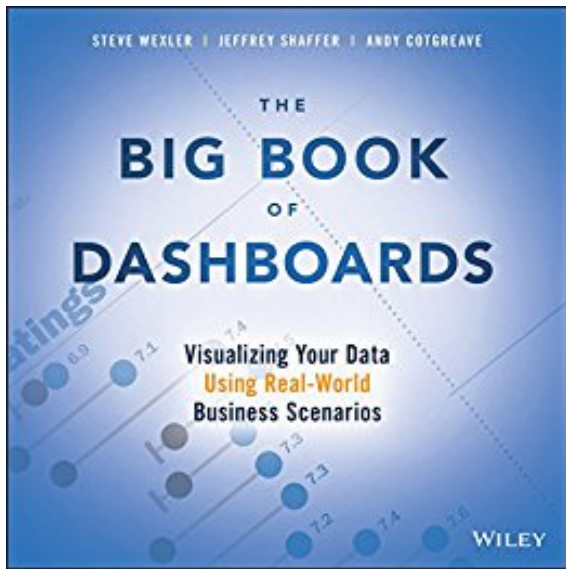


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See How You're Doing

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OUR BOOKS





Questions?

One last thing!

Help us out by answering a quick survey when the Webinar ends –
THANKS!.



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See How You're Doing