Reference Data Management: Extracting the Greatest Value from Big Data Assets for Bottom Line Impact

T.J. VanderHeiden, November 15, 2018
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T.J. VanderHeiden joined the Wolters Kluwer team in 2015. He is responsible for growth and revenue performance for Health Language within the Payer, Provider, Vendor, and Federal Government Markets. Health Language is the leader in Terminology Management and an operating unit within the robust Wolters Kluwer Health portfolio. As a member of the Health Language Executive Leadership Team, T.J. offices out of the Clinical Terminology Headquarters in Denver, CO. T.J. brings a wealth of senior executive experience within Healthcare Information Technology as well as a strong track record of driving financial growth, customer focus, and building high-performing teams. Prior to joining Health Language, T.J. held the position of Senior Director of Sales for Truven Health Analytics and served in a number of capacities during 15-year tenure. T.J. resides in Parker, CO with his family of 4 children. T.J. received his Bachelor’s of Science in Business Finance from Colorado State University and has completed the “Accelerating Sales Performance” Executive Education Course at the Kellogg School of Management.
The Data Challenge
The Data Challenge

- Different standards
- Mismatch of versions
- Duplicate licensing fees

HEALTH PROVIDERS

- Problem Lists
- Drugs Data
- Lab Results
- Billing Codes
- CCDs

DRUG CODES
(RxNorm, Medi-Span)
The Big Data Goal

CLAIMS DATA
CPT®, ICD-10, MS-DRG, HCPCS

CLINICAL DATA
SNOMED CT®, LOINC®, RxNorm, DSM-5, UCUM

OTHER DATA
Patient-generated data
Historical data (ICD-9)
Proprietary data (Medi-Span)
Local data
Where the Big Data Approach Falls Short

**Expensive to Manage:** Lack of a single data supplier causes management headaches and increased costs.

**Quality Issues:** Poor versioning control and lack of updates to standards impacts reimbursement and the bottom line.

**Data Inaccuracy:** Poor data impacts the effectiveness of care and disease management programs, and affects patient outcomes.
Is FHIR the Answer?

FHIR is access only. It’s not quality improvement.

FHIR does not solve the Garbage in = Garbage out problem.
Master Data Management (MDM) Framework

**ENTERPRISE DATA WAREHOUSE**

**VISION**
Clear, single unifying MDM vision with business benefit justification

**STRATEGY**
Lifecycle and architecture for master data supported by implementation roadmap

**GOVERNANCE**
People, processes, and technology required for proper handling of data

**ORGANIZATION**
Matrix of stakeholders with leadership from the business and IT side

**PROCESS**
Defined processes for authoring, validating, enriching, publishing, and consuming master data with clear ownership

**TECHNOLOGY**
MDM capabilities including modeling, quality management, loading, integration, synchronization, scalability, and availability

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Reference Data Management

DATA
Single source data from one supplier: claims and clinical standards, geographic standards, claims processing, and transaction standards.

SOFTWARE
Seamlessly integrate into your existing EDW. Model, group, and search reference data to provide governance. Support distribution of data to downstream systems.

SERVICES
Technical and clinical expertise to customize for your environment.
RDM Use Case Highlights: Payers

Centralize and Manage for a Single Source of Truth

- Enterprise Code Set Management
- Med Policy Management
- Claims Processing
- Patient Inquiries to Call Centers
RDM Use Case Highlights: Providers

- Terminology Management
- Model Proprietary Content to Industry Standards
- Cohort Identification

Centralize and Manage for a Single Source of Truth
Reference Data – Cornerstone of MDM Strategy

CONTENT UPDATES
Single source reference data such as standard and proprietary terminologies

ENTERPRISE DATA WAREHOUSE

Electronic Medical Records
Population Health Management
Patient or Caregiver Management
Financial Management
Reporting and Analytics
Knowledge Management
Administrative/Other

Reference Data Management

Data Warehouse

Other Clinical Data Repositories
Five Steps to Reference Data

1. **DATA GOVERNANCE**
   - Govern how terminologies are utilized throughout

2. **ACQUISITION AND PROMOTION**
   - Validate and promote standard and custom content

3. **CONTENT AUTHORING**
   - Consistent creation of content by multiple authors

4. **LIST/VALUE SET MANAGEMENT**
   - Enterprise-wise business rules and concept management

5. **INTEGRATION AND DISTRIBUTION**
   - “Pushing” content throughout your organization
Value of Reference Data Management

**SINGLE SOURCE OF TRUTH**
Ensure access to historical and current content.

**SIMPLIFY DATA GOVERNANCE**
Enhance the quality, availability, and integrity of your data, and improve your workflow.

**OPTIMIZE ANALYTICS**
Ensure accuracy for risk assessment, care management, value-based programs, and regulatory reporting.

**REDUCE OPERATIONAL OVERHEAD**
Eliminate duplicate efforts for acquisition, authoring, and maintenance of reference data.
Questions?

REFERENCES

Breaking Down the Data Silos, *Harvard Business Review*

*A Health IT Framework for Accountable Care*, *Certification Commission for Health Information Technology*, June 2013

Thank you

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