



Healthcare Data and Analytics



Healthcare data and analytics play a critical role in helping healthcare providers, organizations, and government agencies navigate through the complex transformation to integrated, patient-centered care delivery and payment systems that reward quality over quantity. These new systems—for example, bundled payments, pay for performance, and capitation models—highlight the need for advanced data and analytics to monitor and evaluate the impacts of new methods and strategies on patient health outcomes and healthcare quality and, more generally, to support informed decision making in developing and improving new healthcare initiatives. Healthcare providers need to adapt to the new systems, rules, and laws to manage revenue and lower costs effectively while improving quality of care.



KPMG and healthcare data and analytics

KPMG LLP (KPMG) professionals help businesses and government agencies by providing a wide range of healthcare data and analytic services, including:



Healthcare claims data (e.g., Medicare, Medicaid, and commercial claims) management and analysis



Episode or bundle analysis that tracks patients through multiple care settings (e.g., inpatient, outpatient, doctor's office, and post-acute care)



Development and calculation of patient health outcomes, quality of care, and cost of care measures



Statistical and econometric modeling and analysis



Visualization tools and dashboards to monitor health outcome and financial measures



Benchmarking of providers or geographic areas (e.g., based on costs and quality)



Cost-benefit analyses to quantify net impact of programs



Survey design, sampling, administration, and data analysis.

Highlighted experience

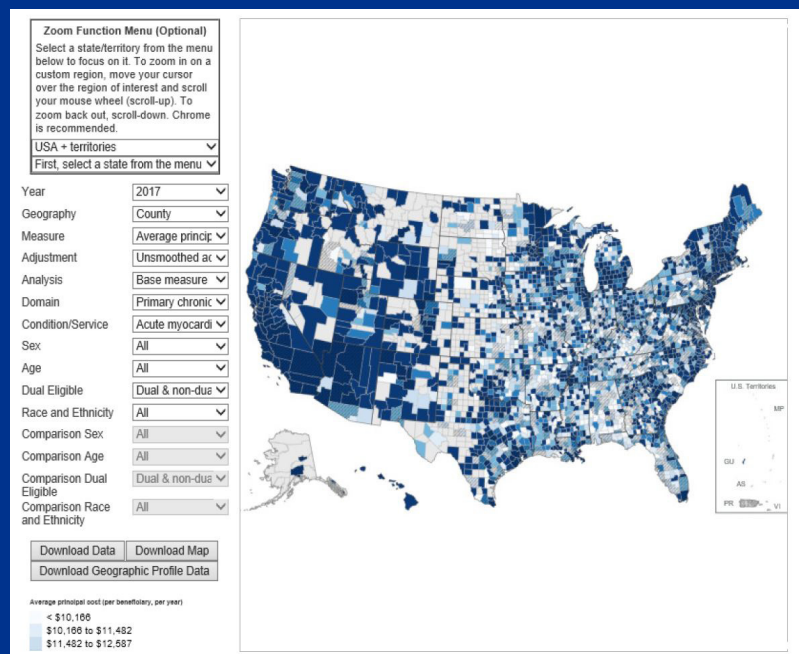


Client Story 1

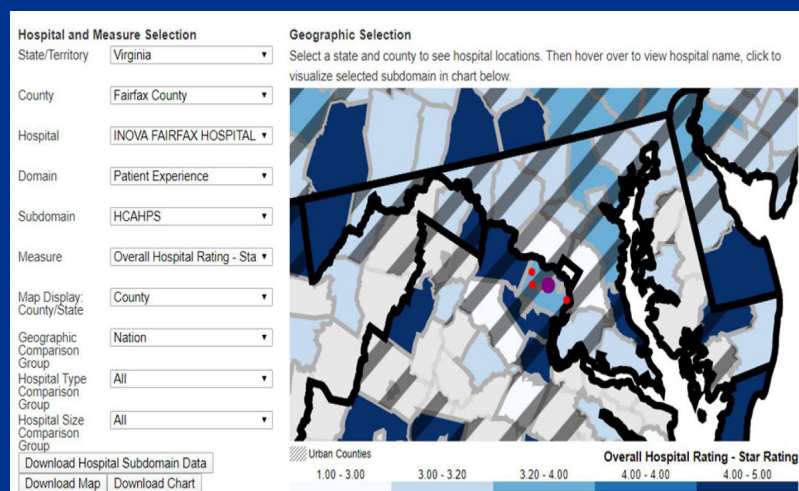
The Centers for Medicare & Medicaid Services (CMS) Office of Minority Health (OMH) contracted with the NORC at the University of Chicago and KPMG (as NORC's subcontractor) to assess racial and ethnic disparities in healthcare among Medicare beneficiaries. KPMG developed multiple measures of health outcomes, quality of care, and cost of care (e.g., disease prevalence, hospitalization/ED visits, mortality, and readmission rates), for Medicare beneficiaries with one or more of the 60 chronic conditions, using multiple years of 100 percent Medicare claims across all care settings.

KPMG developed a web-based, interactive visualization tool to compare and benchmark health outcome, quality, and cost measures by chronic condition, state/county, gender, age, dual eligibility, and race and ethnic group. To provide contexts for healthcare disparities, this dashboard also includes selected socioeconomic indicators for each state and county from US Census data, such as median household income, percent of residents below federal poverty level, unemployment rate, health insurance coverage, race/ethnicity distribution, and English proficiency.

KPMG also created a separate dashboard to visualize the quality of care for inpatient hospitals in the US, stratified by state, county, and type and size of the hospitals. The quality of care measures include measures for effective care, patient safety, readmissions, value of care, Medicare spending, and patient experience. Users can also compare the performance of one hospital with that of similar hospitals in the same geographic location.



Source: CMS Mapping Medicare Disparities Website



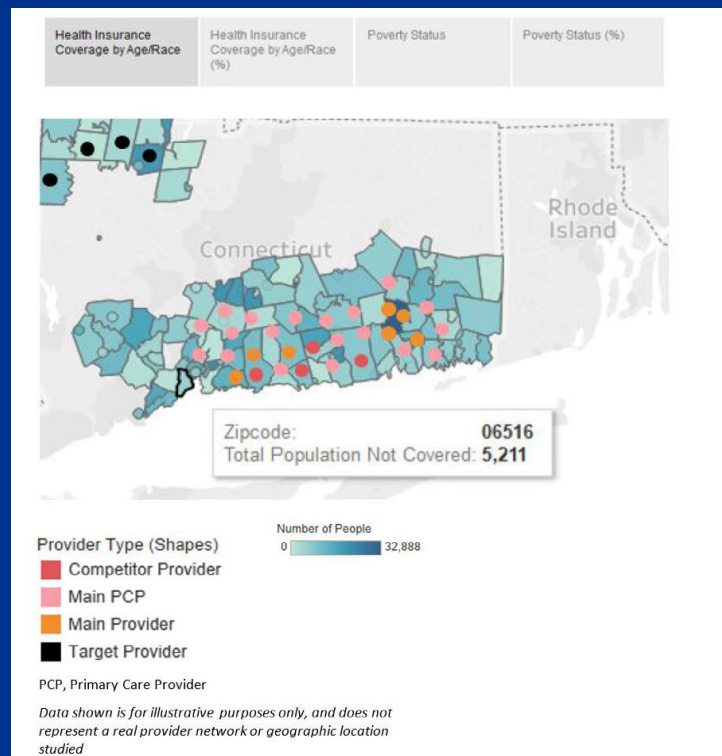


Client Story 2

A major Medicaid managed care health plan contracted KPMG to identify specific regions within the plan's service area to target for network expansion, with the ultimate goal of increasing the plan's membership.

KPMG analyzed US Census economic and demographic data at the zip code and census tract level to identify areas with the greatest need for a Medicaid health plan (e.g., areas with a high poverty rate) and/or a tailored outreach approach). We made the analysis accessible to the plan leadership through an interactive Tableau visualization tool, which provides a visual presentation of provider network for both the plan and its competitors.

By combining the local economic/ demographic data and provider networks in a single visual display, this tool made identifying areas of need and network gaps self-evident, which allows plan leadership to steer expansion initiatives toward targeted areas to reach their goals.



Source: KPMG's sample graphic (no real data used)





KPMG is one of the largest providers of professional services to healthcare and life sciences organizations.

Specifically, we serve:



90 percent of the top ten payers



Approximately half of the top 200 healthcare systems



Multiple federal healthcare agencies



20 state governments for Health Benefit Exchange, Integrated Eligibility, and Medicaid transformation



All of the top 25 global life sciences companies.

Team of professionals dedicated to healthcare and analytics



Data scientists, economists, statisticians, actuaries, software engineers, implementation specialists, designers, physicians, nurses, coders, etc.



Healthcare data analysts with extensive experience in analysis of Medicare, Medicaid, and commercial claims data



100-plus data and analytics team in India and rapidly growing

Contact us

With years of practical experience in healthcare delivery and payment systems, KPMG offers evidence-based analyses and perspective necessary to make informed decisions in today's complex business environment. For more information about our healthcare data and analytics services, contact your KPMG adviser or one of the following KPMG professionals:

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