



## Key to predictive analytics in population health: planning and flexibility

Curation and quality are essential, because if the data isn't right it can wreak more harm than good, says HIMSS16 speaker.

By: Greg Goth | January 29, 2016



While the development of accurate predictive analytics has the potential to head off debilitating and costly conditions among patients, one veteran of the burgeoning field says it's important not to rush

in without the proper planning.

"The first thing to understand is you need to have the right technical infrastructure components in place and it has to address what you are looking to do with it," said David M. Seo, MD, associate vice president of IT for clinical applications and chief medical informatics officer for the University of Miami Health System.

"But there is a lot people don't think about - like data curation and quality," he said. "Is the data you have good enough to even do predictive analytics? Because if it isn't, that prediction may actually harm you more than it helps. You may go off on a wrong tangent."

Seo and Chitra Raghu, senior program manager and innovations officer for Lockheed Martin Health and Life Sciences, will be presenting the U of M system's experience in preparing its predictive analytics platform in

"Predictive Analytics Drives Population Health Management" at HIMSS16 on Tuesday.

Beyond the quality of the data itself, Seo said other factors, including the presence or absence of skilled data scientists;

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## Ask The Expert

By Victoria Weinart

### What is a Mucus Fistula?

A mucus fistula is the creation of a second stoma at the time of ostomy creation, such as in a double barrel ostomy, or a second stoma when a single loop ostomy is created. While it is a non-working stoma, as in it does not pass feces, its purpose is to discharge mucous or gasses from the non-functioning portion of the colon and rectum. Why is this necessary? How should this be coded? Let's explore this further.

### What is an ostomy?

Ostomies are created for patient's that have intestinal resections of a portion of the bowel for various diseases (i.e., malignancy, diverticulitis, obstruction, etc.) or that simply need time to "rest" and heal. Creation of this alternate passage for feces to be eliminated at various levels of the intestinal track through the abdominal wall is sometimes temporary. After the body has recovered, a temporary ostomy is closed, the intestinal track is re-anastomosed, and normal flow is re-established. However, if the nature of the disease requires resection of all or a portion of the lower intestines, especially the rectum and anus, the ostomy will be permanent.

Remaining intestines beyond the point of the ostomy will continue to produce mucus. (For patients that have the remaining intestines resected with permanent anal closure, this is not relevant.) Mucus production is a normal, beneficial function of the intestines and may be up to a liter per day. The body needs to eliminate this excess mucus. Therefore, surgeons will create a second stoma (also known as a mucus fistula); without it, patient's may pass the mucus and gas from the anus.

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# Set the Record Straight

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Creation of a colostomy is coded with the root operation Bypass. Tracking the flow of contents of the tubular part, one would use Body Part (character 4) as the site of where the contents are flowing “from” and the Qualifier (character 7) as the site of where the contents are flowing “to.” Mucus fistulas are a separate, alternate passage created in the same way. However, as these are distinct procedures, they should be captured with a second distinct bypass code—the code may be a repeat code of the ostomy depending on the placement of the fistula track.

References: <http://www.cancer.org/treatment/treatmentsandsideeffects/physicalseffects/ostomies/colostomyguide/colostomy-types-of-colostomies>

[http://www.eurekalert.org/pub\\_releases/2013-09/idm-imh092613.php](http://www.eurekalert.org/pub_releases/2013-09/idm-imh092613.php)

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a thorough understanding of how to localize predictive models from other health systems; and how to best integrate existing investments in electronic health records with analytics technology, must be carefully considered before pulling the trigger on new platforms.

“There are so many technologies,” said Raghu. “You have to find what is the right one that will help hospitals achieve what they are trying to achieve, at the lowest cost.”

Seo added even health networks with a dozen or more hospitals are not likely to already have the necessary skill sets in house. And even a platform that offers great analytics capabilities, for instance, may not be popular with either clinicians or financial executives if the caregivers need to toggle back and forth between an EHR and an analytics platform.

“If I’m looking at a patient in front of me right now, I don’t have time to go somewhere else, and when I’ve gone somewhere else I’ve already lost the advantage of this massive investment in my EHR,” Seo said. “So it has to be part of your system’s ecosystem.”

Reference: <http://www.healthcareitnews.com/news/key-predictive-analytics-population-health-planning-and-flexibility>

## News & Events

### Oxford HIM PTO Benefit

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# Set the Record Straight



## Employee of the Month

Allison B., Account Executive



Growing up in Florida, I always knew that my passion was to help people. I received my B.A. in Early Childhood Education at Florida State College of Jacksonville. From there I pursued a career in teaching, but realized that my heart was in helping those outside of the educational system.

When I joined Oxford HIM in December 2015, I knew I'd found my home. The relationships I have built with my coworkers and clients (many who I call friends) are what keep me going daily. Each day is different, which to me is what makes it exciting! Furthermore, I feel fulfilled and enriched by my job. Pairing clients with the best talent in the industry is the best feeling in the world!

Growing up 5 minutes away from the beach, one would assume I spend my free time surfing and playing in the water; however, you will only find me in the water if it's crystal clear. If no clear water is in sight, I'll be in a beach chair in the sand.

## HIMSS 2016

Oxford will be at HIMSS 2016 in Las Vegas, Nevada February 29 – March 4. Find us at **Booth #6547**. We hope to see you there!



Annual Conference & Exhibition

FEBRUARY 29 – MARCH 4, 2016  
LAS VEGAS

## Consultant Spotlight

Stefanie P., HIM Consultant



I started coding in July 2000. Six months ago I left my long-term position to come to Oxford. I had begun to feel stuck and was no longer enjoying the coding work, but moving to Oxford helped me rediscover the joy that came with coding work. In these past six months I have completely enjoyed my job and all the people that I have come into contact with. I am very excited to see where my career will take me within Oxford.

I have experience coding Outpatient and Inpatient accounts. Since coming to Oxford I have coded for a facility in Texas and now I'm doing ER coding in a hospital in Brooklyn, New York.

In my spare time I like to watch my six children in their various activities. I have five girls and one boy, all between the ages of 8 to 16, so there are many activities to be watched! I also enjoy reading, scrapbooking and traveling. I'm very much looking forward to my ski trip in March and a cruise in January 2017.



Set the  
Record Straight

OXFORD

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## Oxford HIM is rated #1 by KLAS!



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in Outsourced Coding.\*

\* 2015/2016 Best in KLAS: Software & Services

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rating here:

<http://ow.ly/YwMZh>

## Who Knows?

The decompression sickness known as The Bends is caused by bubbles of which gas  
in the blood ?

Send your answers to:

[Lauren.Pease@oxfordcorp.com](mailto:Lauren.Pease@oxfordcorp.com)

All correct answers will be put into a raffle  
for a chance to win a \$25 gift card.

## Last Edition's 'Who Knows' Winner

And the winner is ... Marietta M.  
Answer: Stapes in the Inner Ear