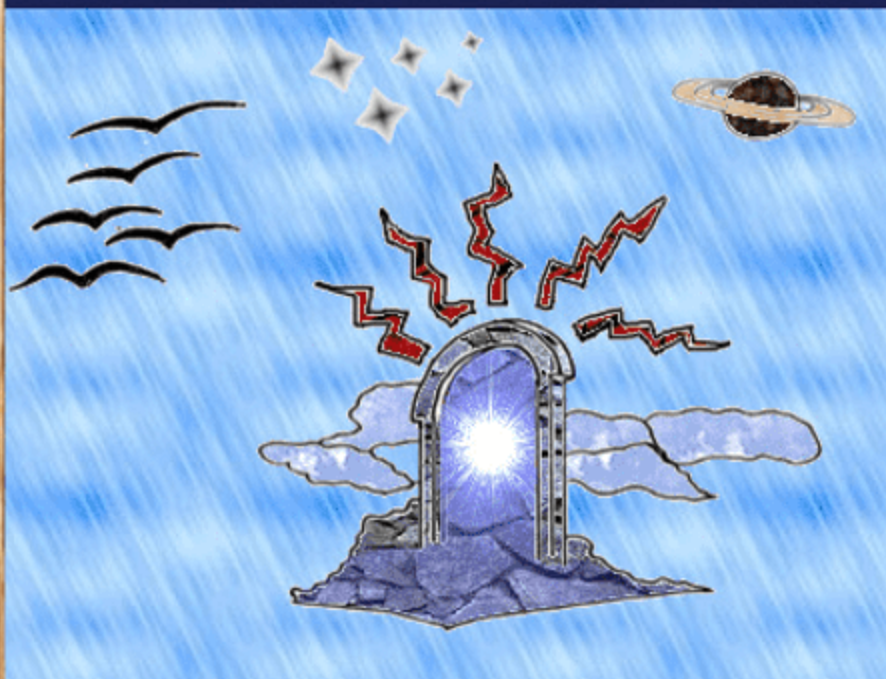


Unconventional Wisdom Series

What's Cooking in the Data World



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If you are like me, you probably have heard enough of Big Data. It's either big claims about data we already had all along or all great things we would be able to do one day with the new data sources that are yet to be connected to our existing data sources. In the meantime, away from the hubbub of the hype, real developments are unfolding. Here are some prominent ones:

1. The industry now offers PLD claims data (NCPDP, CMS-1500, and UB-04) combined with registry information. The bridge is the encrypted patient id. This means that you can run analyses that are also predicated on actual test results (not ICD-9 ersatz) along with the names of the physicians (great for targeting). That's certainly an industry first.
2. Some EMR's offer portals that allow the marketer to run surveys in real time. The surveyed audience cannot be chosen any better. The audience is not only physicians but also patients of physicians. Questionnaires for patients carry the letterhead of the physician, boosting response rates to a whopping 60%-70% when response the traditional route lingers in the single low digit.
3. EMR data and Claims data do not have to be separate. We know of 3 instances where the offering is EMR data merged with Claims data. For big primary care markets, this is a godsend as it offers a quasi-360 view of the patients. In smaller markets, the requirement that the patient in the EMR have a specific insurance (that's where the claims are coming from) whittles the patient population to too small a number.
4. Just because EMR data cannot be merged with Claims data, as is often the case, does not mean there cannot be symbiosis. Indeed, EMR is a great way to assess and discover rules that are then applied to Claims data (for identifying line of therapy for instance). An assessment of false positives and false negatives that the EMR allows provides valuable insights into how the rules should be deployed. A great way to tame the GIGO monster indeed!

5. Adjudication data is no longer limited to claims reimbursed under Pharmacy Benefit. Those pertaining to Medical Benefit (IV, Buy and Bill) are also available today.
6. Several companies in the SP space are contemplating, are in the process of, or have completed a radical shift in their data sourcing strategy. Instead of going to Syndicated data sources, they are acquiring data directly from SP providers and integrating the various data streams, either in house or with the help of a data aggregator.
7. There is discussion around a patient token (a universal encryption of the patient id). While we would still be unable to identify the patient (good thing), we would be able to connect patients from various data sources. Of course, that would be a huge blessing for consumers of PLD data but as you can imagine fraught with obstacles. For one, HIPAA, as the token raises the odds of identifying a patient. For another, the token may be good or bad news depending on which data vendor you are. Some interesting game-theoretic dynamics at play!

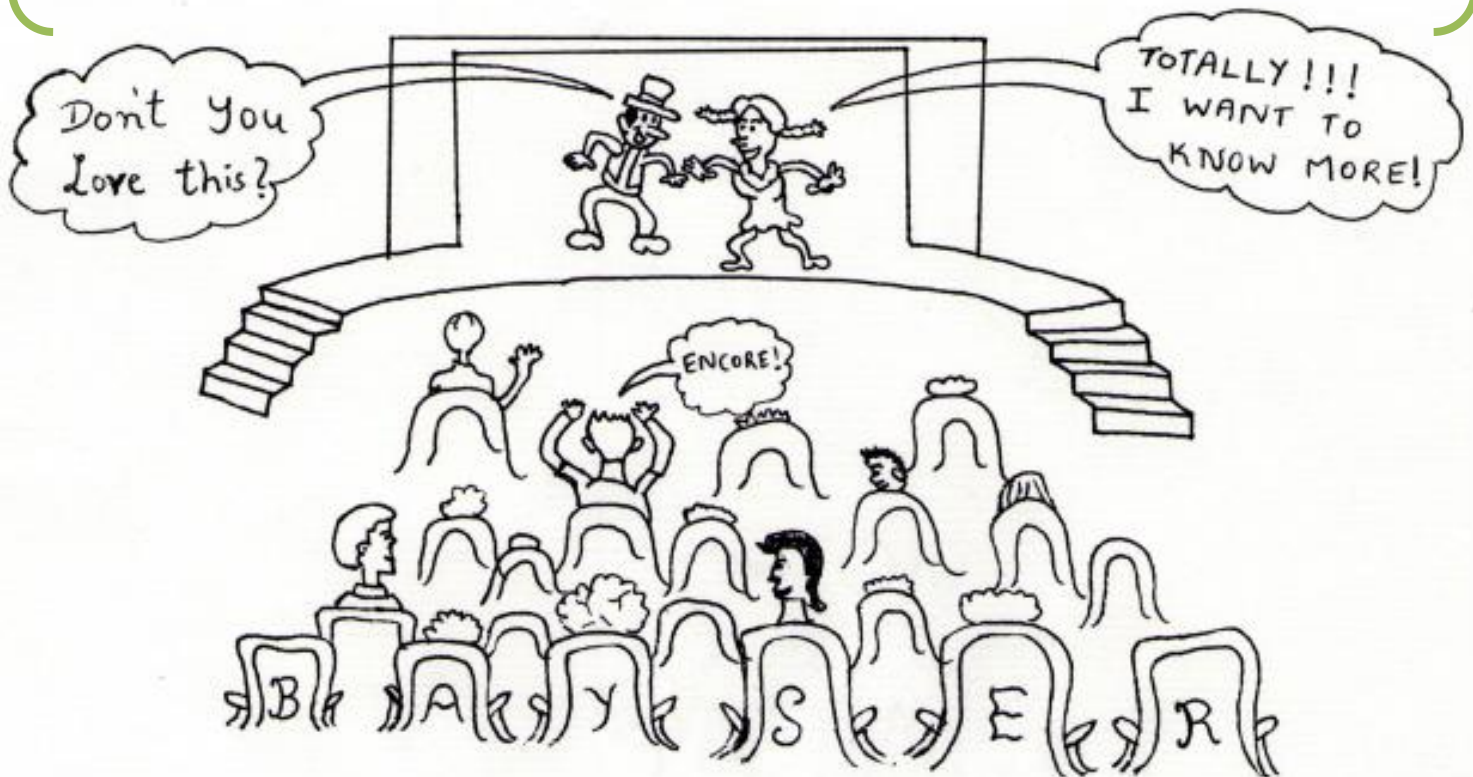


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Jean-Patrick Tsang is the Founder and President of Bayser, a Chicago-based consulting firm dedicated to pharmaceuticals sales and marketing. JP has worked on 250+ projects to date including ROI optimization, data strategy, and study design to mention just these. JP publishes and gives talks on a regular basis and runs one-day classes on various subjects related to data and analysis.

In a previous life, JP deployed Artificial Intelligence to automate the design of payloads for satellites and was the adviser of two PhD Students. JP holds a Ph.D. in Artificial Intelligence from Grenoble University and an MBA from INSEAD in France. He was also the Recipient of the PMSA Lifetime Achievement Award in 2015. He can be reached at (847) 920-1000 or bayer@bayer.com.



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