



Shawn Voxe

Director of Data Services
PlayMaker Health

In this Voices interview, Hospice News sits down with Director of Data Services at PlayMaker Health Shawn Voxe to learn how providers can leverage data to improve health outcomes and patient experiences. He discusses the relationship of patient data and market data in the hospice industry, and explores the common pitfalls providers face in making data-driven decisions for their patients.

Editor's note: This interview has been edited for length and clarity.

PlayMaker Health is a post-acute growth platform serving hundreds of home-based care organizations. To learn how we can help your business, visit playmakerhealth.com.

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Q: Hospice News:
Shawn, you came to PlayMaker in May. What career experiences do you most draw from in your new role?

Shawn Voxe: The most applicable prior experience is my time with Healthcare Bluebook, which focused on commercial cost and quality transparency. Our clients at the time were self-insured employers and I got really into the claims. That is where I started to understand how patients are steered through different providers, where the excessive costs are and what we can do to improve that journey.

It helped me understand that although this is post-acute, a lot of the same problems exist universally. If we can shine a light on them, we will generate a lot of value and improve patient outcomes. If you can just see some of these things, you can address them pretty quickly.

Q: Hospice News:
You are Director of Data Services. Tell us about that role. What do you do and what is your mission?

Voxe: My role at a 30,000-foot level is to help our clients in the post-acute space reach data parity with what you would typically expect from institutions or organizations of their size. I've frequently heard that health care is not a place you go for innovation, especially as it relates to data.

A lot of our clients and other entities in this space operate on old data, and maybe in an antiquated way of thinking about how data can help them in their business. My primary goal is to bridge that data parity gap and help our clients stop being so reactive to the information they get. A lot of the data that people operate with can be three months old at best. Sometimes it is even six months or a year old. With this data, organizations are making decisions in the dark, especially when considering one-off events like COVID.

At the end of the day, my mission is to stop clients from taking a reactive approach to data and help them become proactive about the data they have and what that means to them in their market. Hopefully, it will allow them to stand on a pedestal and shout out their value proposition across whatever space they're operating in, in the post-acute care venue.



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Q: Hospice News:

We've seen a data explosion in hospice and in post-acute overall. Explain the data evolution in hospice. Where has it been and where is it going?

Voxe: Historically, hospice organizations spend a lot of time understanding the patients. Understanding what it means to provide effective care from the number of visits to specific types of patients. How often do you interact with dementia patients? What is the type of care? They are getting good at understanding the clinical applications of their data and how it looks on an individual patient basis. Moving forward, there's still going to be growth, expertise development, tools and data assets in that space, and there's a lot more work to do.

With the way the market's shifting, CMS is administering some of these share-saving programs. You're going to see hospice administrators say, "I know how I'm performing, but what does that mean in comparison to my nearest competitor? Where do I sit on the state or the country level as far as measuring my patient outcomes? Where do I fit in in my own regional referral network?"



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It's less of an insular, inward-looking view of a hospice and its metrics. You're going to have to take those metrics that you've aggregated for your facility or for your organization and start mapping out what it looks like compared to your observable universe with regards to post-acute care.

Q: Hospice News:

How does PlayMaker define and pursue a holistic view of patient data?

Voxe: Admission to a post-acute facility doesn't constitute enough information to make any decisions about what that patient has been doing and what they will be doing in the future. We need to understand every interaction they've had with health care professionals so they don't operate in a silo.

Every interaction you have with a provider has some influence on the decisions that you're going to lay down, assuming you have some influence on the way you're going to manage certain treatment programs. They have a lot of influence on the type of facility you'll want to pursue or even the type of facility you'll end up in.



Having a quick understanding of the market, the expected outcomes for types of patient and where those patients go in the area is a huge advantage for a provider.”

When we think at PlayMaker, “What is a holistic view of patient data?” we are trying to understand what they are doing on an outpatient basis. When they have to have inpatient services, what types of facilities are they going to? What types of doctors are interacting with them? What type of procedures are being done? And finally, from those inpatient procedures or outpatient procedures, where are they likely to end up after that?

To answer those questions, you need to understand every step the patient is making.

Q: Hospice News:
Tell us about PlayMaker's new hospice analytics product. What are its most vital capabilities for hospice agencies?



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Voxe: Right now, we have what we call utilization metrics and operational metrics, which gives you a magnitude of key metrics that are normally evaluated by hospice providers. We provide all of that information and allow you to see how you're doing and how your competitors are doing.

More importantly, you develop a strong understanding of how the providers you work with are doing. When you start breaking that down into specific metrics, you can see all of the moving parts. I am excited about metrics around things like length of stay. When you start filtering things like length of stay by diagnosis group, you can learn a lot more about specific patient groups and make decisions that improve health outcomes.

As a hospice agency, the right data provides a quick understanding of where you sit. You see where other institutions are sending their referral sources and determine where that gap is compared to where it needs to be. You can make really concrete communications to those types of referral sources and leverage other filters like location of care to dig even deeper.

When you can get that information on a diagnosis group for yourself, your peers and all the potential physicians that you would want to interact with, I think you will become more strategic about how to communicate with these people.

Q: Hospice News:
What do you see as the most important clinical application of data?

Voxe: When you start thinking about how physicians consume data to make better decisions for their patients, providers don't understand the entire universe of options available to them.

Their interactions with post-acute entities might be something like, "Look, I have this type of patient, I need help with them, so I'm going to give you this one patient, and then we'll evaluate how that relationship builds from there." If you do well with that type of patient, more of those patients may come into that acute care facility and get referred to your facility when they're discharged.

That's how a lot of these entities try to manage those relationships, but many providers don't know what other opportunities are out there in order to build better referral networks. They don't really know what happens when they get approached by certain marketers, liaisons and sales reps.

Having a quick understanding of the market, the expected outcomes for types of patient and where those patients go in the area is a huge advantage for a provider. It's not just the admission data and the discharge data, but understanding any readmission information as well.

If you don't know what you don't know, you can't make better decisions or recommendations for your patients. At the end of the day, you end up improving the efficiencies in post-acute care. I measure efficiency with patient outcomes.

Q: Hospice News:
What do you see as the connection between patient data and market data?

Voxe: Patient data ends up becoming market data. The big delineation here is that patient data is part of your census. Market data is usually three-to-six months old, sometimes older. That's the main discrepancy between patient and market data. My goal is to help agencies figure out the relationship between patient and market data.

If you have current patient information coming into your data warehouses about how the market is doing today, you can make a lot of really good inferences and projections that would be advantageous for agencies operating the same market. Even if you know that holistic aggregating market data might not be ready or done for six months, for instance.

Q: Hospice News:

Entering this year, no one knew fully what to expect in health care. What has been the biggest surprise to you in the hospice industry, and what impact do you think that will have on the industry for the remainder of the year?

Voxe: 2020 was strange for every industry, and hospice specifically had a lot of challenges in how it manages and cares for patients.

What surprised me the most was how much flexibility and adaptability the organizations showed in order to still meet their patients' needs. I thought that was really insightful, and a lot of organizations had to rethink how they interact with their workforce, their marketers and liaisons, and their providers and patients.

Moving forward, we're going to find out that these decisions and structural changes were actually just efficiency improvements. At the end of the day, we just improved patient outcomes because we made these decisions out of necessity.



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