Session 3: Emerging Data Strategies for Supporting Shared Decision-making Between Providers and Patients

Presenters:

Subject Matter Experts

- **Abhinav Shashank** – Co-Founder and Chief Executive Officer, Innovaccer
- **David C. Kendrick, MD, MPH, FACP** – Chief Executive Officer, MyHealth Access Network, Inc., and Chair, Department of Medical Informatics, University of Oklahoma
- **Charles DeShazer, MD** – Physician Executive, Healthcare Innovator, and Former Chief Quality Officer, The Cigna Group
- **Thomas H. Lee, MD, MSc** – Chief Medical Officer, Press Ganey Associates, Inc.

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Abhinav Shashank

Co-Founder and Chief Executive Officer,
Innovaccer

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Integrating Data-Driven Tools Into Physician Workflow

Abhinav Shashank, CEO & Cofounder, Innovaccer

Why Innovaccer?

- Built Innovaccer to solve healthcare's greatest structural challenge: disconnected data.
- Led the creation of the Data Activation Platform (DAP) used by over 1,600 hospitals and clinics, now launched Gravity by Innovaccer™, the intelligence platform for healthcare.
- Passionate about building a healthcare system that is data-rich, workflow-integrated, and deeply human.

The Core Belief – Data Alone Isn’t Enough

Shared decision-making isn’t just about access to data, it’s about access to the right information at the right moment in the clinical workflow.

Healthcare generates **30%** of the world’s data but little of it is actionable at the point of care.

For providers and patients to truly collaborate, data must be curated, contextualized, and consumable.

This is what Gravity by Innovaccer and our data activation approach enables.

What We've Learned

OVERLAY APPROACH

Instead of replacing EHRs or CRMs, we overlay copilots and agents on top of them.

Aggregate data across systems of record (EHR, claims, labs, CRM, HR, financial, SDoH).

Harmonize data into longitudinal patient records.

KEY PRINCIPLES

Tools must be embedded in clinician workflows (no extra portals).

Must provide contextual nudges (not more alerts).

Must be flexible to work across any tech stack, any care or setting.

Strategies That Work

Full Data Context

Every decision must be rooted in a complete patient picture, clinical, social, behavioral.

Zero Workflow Disruption

Insights appear natively in tools already used, like Epic, Oracle Health (Cerner), or even Outlook.

System-Agnostic Architecture

The platform connects to multiple systems of record, creating an overlay rather than adding another silo.

Integrated Feedback Loops

Use AI to learn from clinician choices to improve suggestions over time.

Enable Policy Propagation

Embed evidence-based guidelines and regulatory priorities into point-of-care decisioning.

Myths vs Facts

MYTH	FACT
More data = better decisions.	Only curated context supports good decisions.
Clinicians don’t want tech.	They want tech that saves time and supports care.
Integration takes years.	With overlays and standards, it takes weeks, not years.
Shared decision-making isn’t measurable.	It drives measurable outcomes in engagement, adherence, and cost.

Real-World Outcomes

Organization	Outcome
ORLANDO HEALTH	**86%** engagement rate → **~3,000** screenings → **$907K** revenue boost
Adventist HealthCare	**15.8%** fewer readmissions → **$674K** cost avoidance + **$1.8M** MSSP savings
Central Maine Medical Center WHERE YOU ARE THE CENTER	**23%** drop in 30-day readmissions → **$3M** value generation across value-based contracts
PSW a population health company	**12%** fewer ED visits (UTI-related) → **16.7%** SNF use ↓ → **8.1%** shorter LOS
Banner Health	**$4M** saved via vendor rationalization → **70%** lower IT spend
Texas Health Plan (Senior Care)	**14%** HCC gap closure improvement → **1,673** RAF pts gained → **10,497** codes recaptured

What We Need from Policymakers

Drive True Interoperability

Advance CMS Aligned Networks, and other data sharing networks. Make it easier for platforms to aggregate data across systems.

Incentivize Contextual Tools

Move from rewarding "data capture" to rewarding actionable insights delivered in real time. Data shouldn't be a moat for anyone.

Support Overlays, Not Just Overhauls

Encourage the use of platforms that sit atop existing infrastructure, reduce tech fatigue, limit unwanted system of record lock-in for physicians and providers.

Key Takeaways

To truly empower patients, we must first empower physicians, clinicians, and providers, with the right data, at the right time, in the right place.

Shared decision-making needs activated data. Curated, contextual, and in the workflow.

Integration is possible and scalable. Our customers are doing it today.

We need regulatory tailwinds to accelerate adoption and ensure equitable access.


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Chair, Department of Medical Informatics,
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Charles DeShazer, MD

Physician Executive, Healthcare Innovator, and
Former Chief Quality Officer, The Cigna Group

Data Innovations to Promote Shared Decision-making Between Providers and Patients

A framework for transforming provider-patient interactions through data-driven approaches that empower patients and enhance clinical decision-making.

Dr. Charles DeShazer

Physician-Executive | AI Strategist | Founder, Nuvanta Consulting Group

Summary: Board-certified internist and nationally recognized C-suite leader with experience across payers (Cigna, Highmark), providers (BayCare, Kaiser Permanente), and tech (Google Health). Now leading Nuvanta Consulting Group, focused on AI-driven healthcare transformation.

Key Highlights:

- Led quality, equity, and AI integration at Cigna as Chief Quality Officer
- Directed global clinical product strategy at Google Health
- Drove enterprise transformation, value-based care and utilization reform at Highmark
- Co-founded Nuvanta to accelerate innovation and impact in healthcare
- 12+ years clinical practice anchoring tech in care delivery

Why Shared Decision-Making Needs Reinvention

Complexity Challenge

Modern healthcare decisions require sophisticated integration of clinical evidence, personal values, and social context, demanding high-trust, high-tech approaches

Data Fragmentation

Providers rarely have access to real-time, holistic patient data during critical care moments, leading to incomplete decision-making

Traditional Patient Role

The traditional healthcare model positions patients as passive recipients rather than active participants in their care journey

Evidence-Based Medicine Limitations

Cookie-cutter care pathways often fail to incorporate individual values, cultural context, and social determinants of health

Principles of Technology That Supports Shared Decision-Making (SDM)

Patient-Centeredness

Aligns with individual goals, values, and preferences—puts the patient at the center.

Transparency & Explainability

Makes recommendations clear and understandable to patients and providers.

Accessibility & Inclusivity

Designed for all literacy levels, languages, and cultural backgrounds.

Clinician-Augmentation

Supports—not replaces—provider judgment and the therapeutic relationship.

Personalization via Data

Uses individual health data to tailor decisions and predict outcomes.

Interactivity & Dialogue

Encourages ongoing two-way communication before, during, and after visits.

Timeliness

Delivers support exactly when needed—at the point of care or between visits.

Ethical & Bias-Aware

Proactively designed to reduce disparities and address algorithmic bias.

Workflow Integration

Embedded into clinical processes without disrupting care delivery.

Continuous Learning

Adapts with new evidence, feedback, and real-world outcomes.

Emerging Best Practices

Human + Tech Partnerships

- **Collaborative Care Planning**

  Structured digital templates used during visits to co-create care plans, ensuring alignment between clinical recommendations and patient priorities

- **Value Visualization**

  Interactive tools that make treatment tradeoffs visible (time commitment, out-of-pocket costs, side effect profiles) to facilitate informed choices

- **Conversational Intelligence**

  Training clinicians using AI-analyzed real patient dialogues to enhance empathetic communication and shared understanding

- **Predictive Intervention**

  Using predictive analytics to identify decision points before clinical deterioration, creating opportunities for proactive shared decision-making

Emerging Best Practices: Case Studies in SDM Technology

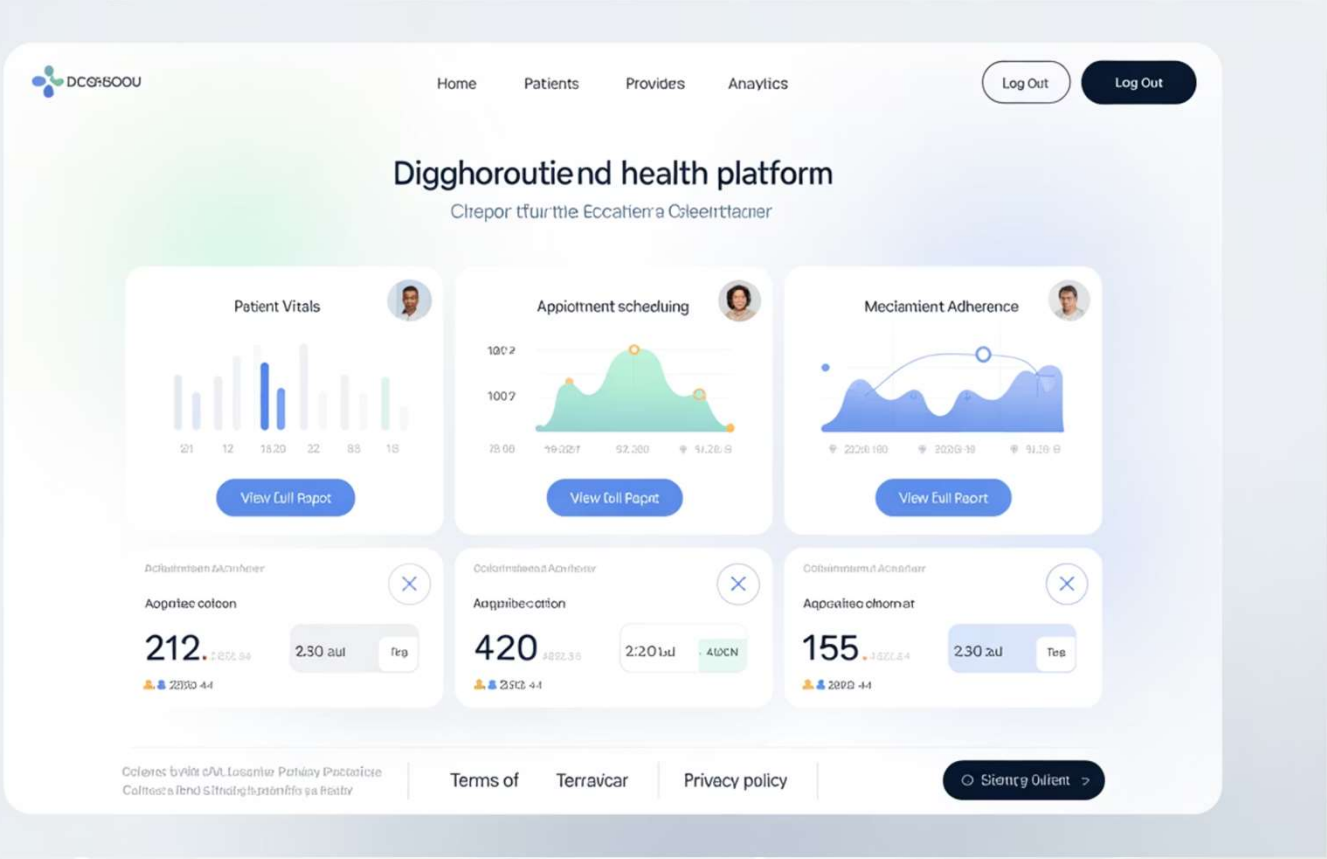
Innovations leveraging AI and data are creating new opportunities for shared decision-making across various healthcare settings.

Tool / Organization	Use Case	How It Supports SDM
Penda Health AI Consult	LLM copilot detects errors during primary care visits	Improves diagnostic accuracy; reinforces guideline-aligned options, saving time for deeper patient dialogue.
Cedars-Sinai K Health AI	Chatbot-driven intake & recommendations in Connect clinics	Frees clinician time from administrative tasks for more value-based discussions with patients.
NHS England C the Signs	AI flags hidden cancer risks in primary care	Prompts earlier, proactive conversations between providers and patients, boosting early detection rates.
CarePre (China)	AI shows “what-if” outcomes for chronic care plans	Makes complex treatment trade-offs visually clear to patients via interactive simulations and scenarios.
Aifred Health	AI for antidepressant selection	Facilitates personalized, shared medication decisions in mental health by providing data-driven insights.

These examples highlight the diverse applications of technology in empowering both providers and patients in the shared decision-making process.

Empowering Shared Decisions

By embracing **data innovations** and **patient-centered technology**, we can redefine shared decision-making, fostering a healthcare ecosystem where providers and patients collaborate for optimal outcomes.



Let's continue to build a future where every health decision is a truly shared one, informed by the best available data and personalized to each individual's needs and values.

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Chief Medical Officer,
Press Ganey Associates, Inc.

PressGaney

Measuring Improvement in Patient Engagement and Outcomes

a PG Forsta company

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Physician, Brigham and Women's Hospital

Faculty, Harvard Medical School and Harvard T.H. Chan School of Public Health

PressGaney

Key Findings From 10.5 Million Surveys During 2024

Experience scores are stable or trending upward.

Teamwork is a top driver of the inpatient experience.

Perceptions of safety are powerful predictors of LTR.

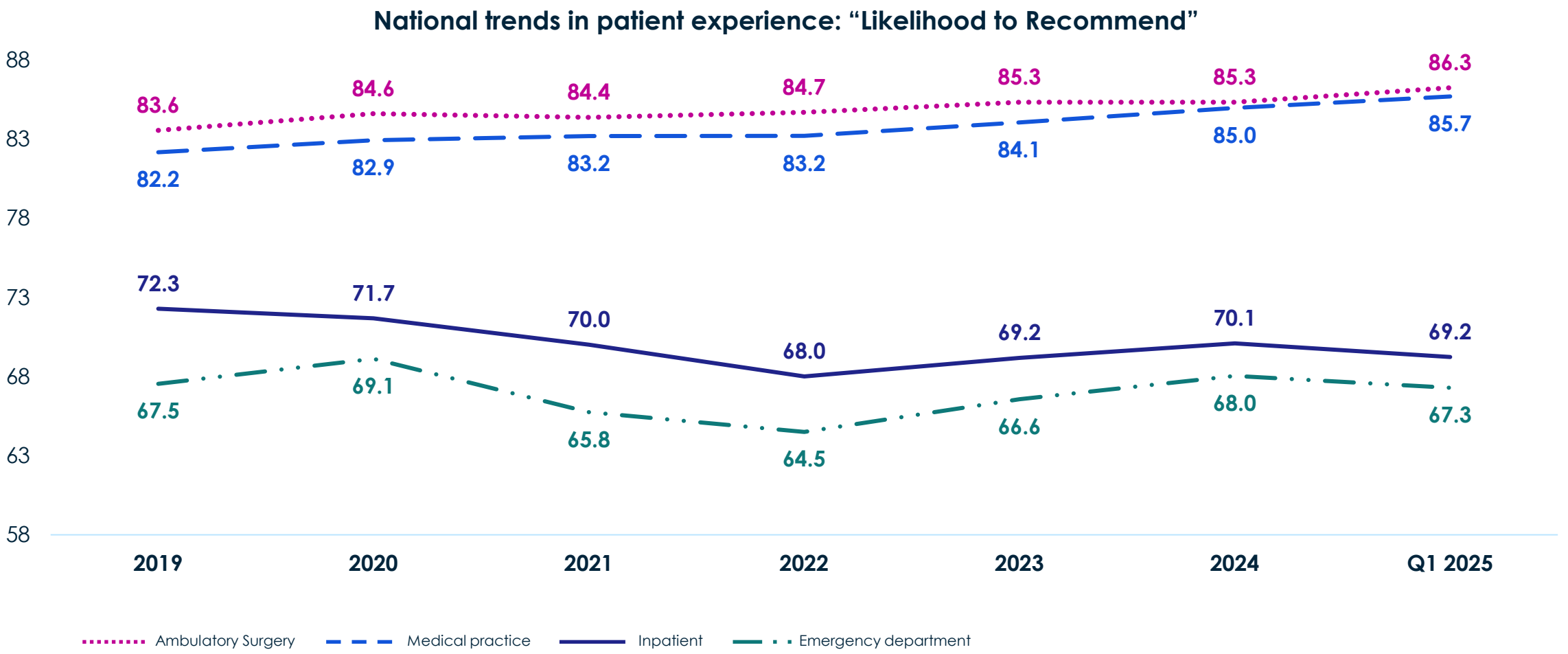
When care is equitable, experience improves.

Segmentation is essential for improvement

Building social capital with patients improves outcomes and efficiency

The big picture:

National patient experience measures continue to improve



Data: Likelihood to recommend as measured by HCAHPS

What earns patients' trust?

In 2023, one factor emerged as the strongest correlate of trust* in every setting in PG data

U.S. analysis of key drivers of Likelihood to Recommend by setting

Emergency

- Staff worked together*
- Cared about you as a person
- Attention to your needs
- Treat with courtesy/respect

Inpatient

- Staff worked together*
- Response to concerns
- Attention to your needs

Med Practice

- Staff worked together*
- Concern for questions/worries
- Explanation of condition/problem
- Include in decisions

Clinic

- Staff worked together*
- Treat with respect/dignity
- Response to concerns
- Trust skill of staff

Amb. Surgery

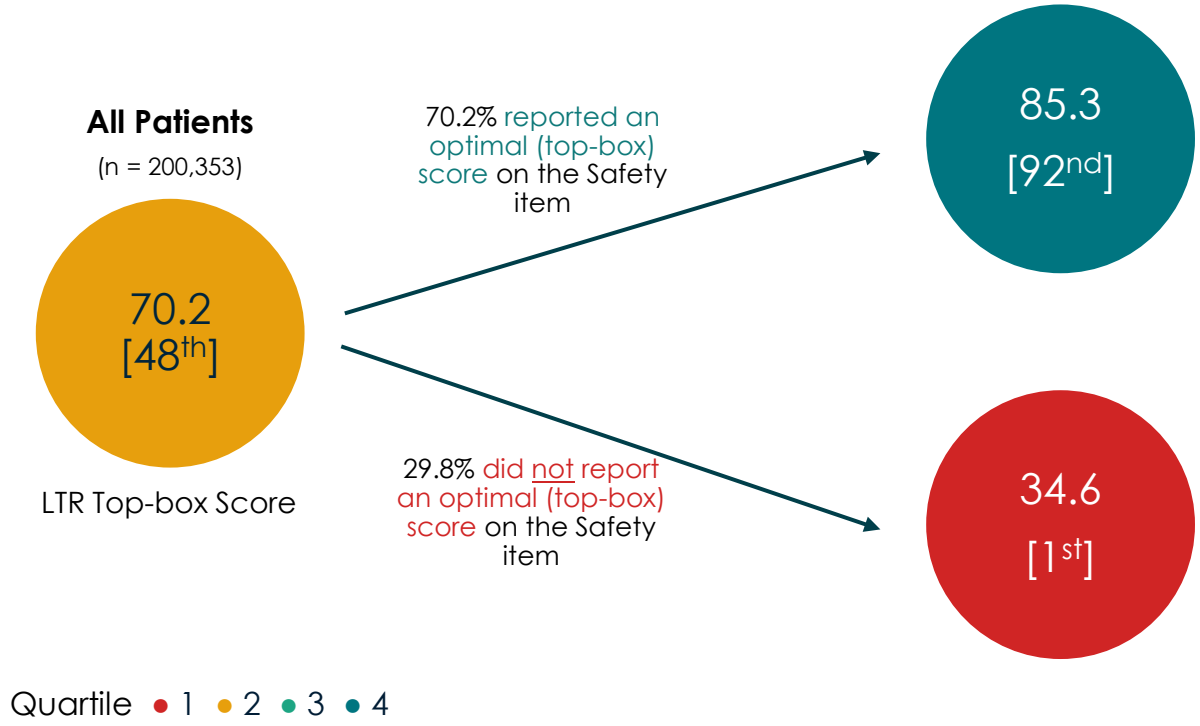
- Staff worked together*
- Response to concerns
- Nurses" concern for comfort
- Provider response to concerns/questions

Urgent Care

- Staff worked together*
- Provider listened
- Explanation of condition/problem
- Include in decisions

Safety is a patient experience imperative

Among inpatients who report feeling "very safe" (70.2%), LTR top-box scores are 85.3. But when that sense of safety falters, LTR plummets to 34.6—a score below the 1st percentile.



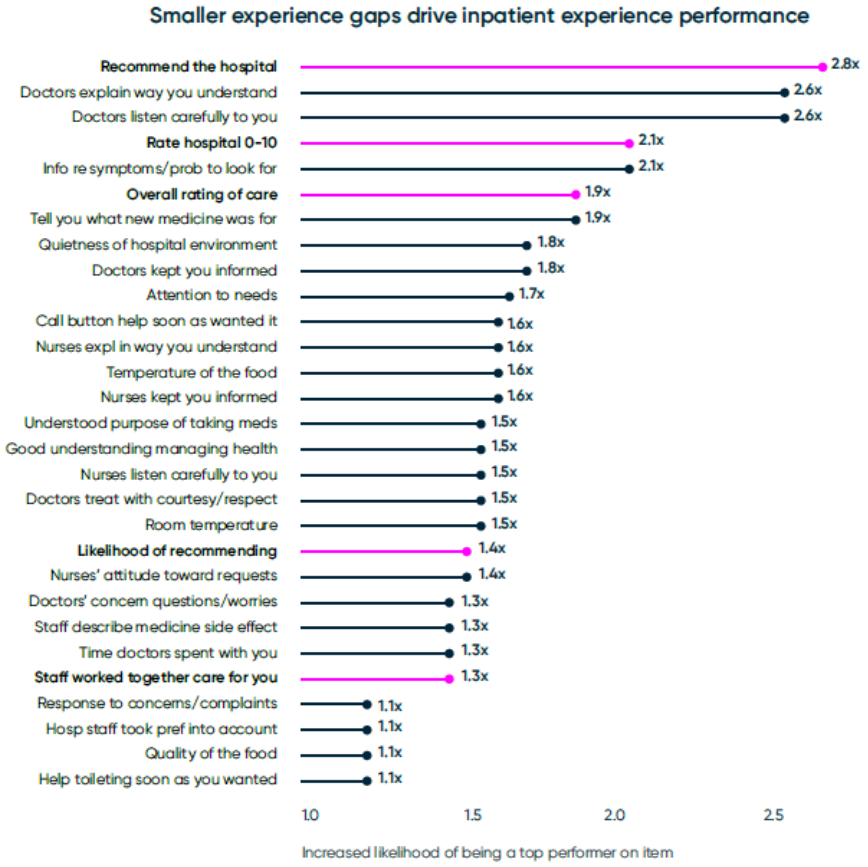
Among inpatients who feel "very safe" **(70.2%)**, top-box LTR scores reach **85.3**.

When that feeling is absent, LTR drops below the **1st percentile** to **34.6**.

Source: Inpatient HCAHPS & Integrated surveys received from 2024 CY.

Equity and Excellence Are Intertwined

Organizations that integrate equity and patient experience strategies achieve higher consistency across all facets of the patient experience, as well as strong loyalty among all patients.



Hospitals with the **smallest gaps in PX scores** across racial and ethnic groups are **2.8x** more likely to rank in the top quartile for LTR.

Segmentation is Critical

Example: HCAHPS by Age Cohort All Measures

Largest Challenges Seen in Discharge Prep, Information and Responsiveness

			All Patients	'18 - 34 Yrs'	'35 - 49 Yrs'	'50 - 64 Yrs'	'65 - 79 Yrs'	'80 + Yrs'
GLOBAL	Rate	*Rate hospital 0-10	71.12	-2.08	-5.38	-1.74	1.44	-0.88
	Recommend	*Recommend the hospital	70.22	3.03	-1.05	-0.57	0.5	-2.14
CLINICAL	Discharge Prep	*Staff talk about help when you left	85.13	-2.11	-2.97	-0.36	1.12	-0.69
		*Info re symptoms/prob to look for	88.49	5.69	3.32	2.1	0.13	-5.88
		*Understood purpose of taking meds	59.9	10.41	7.62	3.76	-0.45	-8.9
		*Good understanding managing health	53.07	12.53	7.81	3.63	-0.67	-9.46
CARING BEHAVIORS	Courtesy	*Nurses treat with courtesy/respect	86.2	0.66	-2.67	-1.36	0.84	-1.33
		*Doctors treat with courtesy/respect	86	0.96	-1.65	-0.63	0.46	-1.54
	Inform	*Nurses expl in way you understand	75.86	5.17	1.9	1.89	0.67	-6.32
		*Doctors expl in way you understand	75.73	6.93	3.11	1.93	0.47	-7.26
		*Tell you what new medicine was for	75.16	7.75	3.47	3.37	0.16	-8.3
		*Staff describe medicine side effect	48.16	10.23	6.01	4.15	-1.21	-8.7
	Personalize	*Nurses listen carefully to you	77.52	2.97	-1.21	0.06	0.85	-3.93
		*Doctors listen carefully to you	78.73	4.57	0.29	0.59	0.31	-4.45
	Responsiveness	*Call button help soon as wanted it	63.11	9.97	3.34	1.05	-0.54	-7.85
		*Help toileting soon as you wanted	65.48	11.93	4.52	0.71	-0.87	-5.6
	Choice	*Hosp staff took pref into account	48.48	10.19	5.98	1.96	-0.9	-6.29
OPERATIONAL	Clean	*Cleanliness of hospital environment	73.54	1.04	-0.36	-0.4	-0.16	-2.05
	Quiet	*Quietness of hospital environment	60.09	12.36	4.05	-0.67	-2.2	-4.36

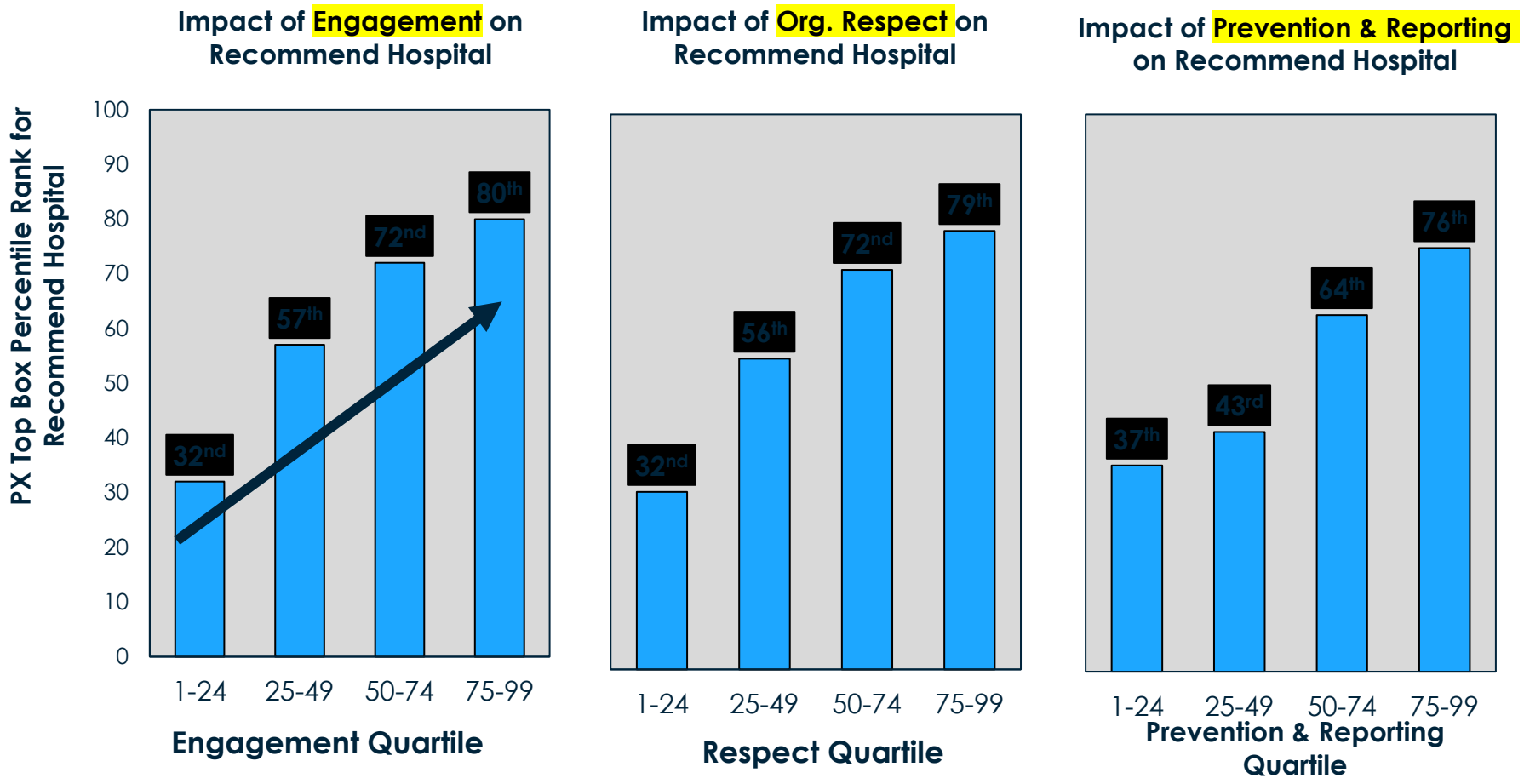
The Currencies of Social Capital at Work

Respect. Trust. Teamwork. High Reliability.

Patients giving top-box responses for **doctors** showing courtesy and respect	Were **24% less likely** to have an ED visit 30 days post discharge Had **12% lower chance** of being readmitted Had **significantly shorter** length of stay (-.41 days).
Patients giving top-box responses for **nurses** showing courtesy and respect	Were **15% less likely** to have an ED visit 30 days post discharge Had **16% lower chance** of being readmitted Had **significantly shorter** length of stay (-.43 days)

Good Things for Patients Go With Good Things for Provider Employees

Top engagement performers are **3x more likely** to be top performers for patient experience



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