Speaker 1: Step number four in patient journey analysis is develop. Journey maps can become complex very quickly, and Lou's going to share a few techniques on reducing the information, and how focusing in on key events can help keep your map more manageable.

Lou: Developing the patient journey map can be a challenging endeavor for the most seasoned of analytic organizations, so it's not surprising that life science companies, providers, and payers struggle with developing the maps in an efficient and useful manner. Part of this difficulty lies in exactly what a patient journey map looks like. In our experience these maps typically take one of two basic forms. The first is what we consider to be a typical patient journey, and what many providers and payers think about when they think of patient journey. It describes the basic pathways with healthcare consumption and includes details on things like place of service, time, services of various types, and perhaps outcomes. The other method, which life science companies tend to leverage more frequently as the buying process, is oriented in more of a market size, market opportunity format. It typically funnels patients from some larger market basket to smaller groups of individuals based on specific criteria, which may include things like comorbidities, medications, specialty, and patient characteristics.

Lou: As you examine the two different types of maps formats you will notice that there is a great number of similarities and overlap between the two. The essential piece here is that the underlying data is the same. It's really how you choose to leverage analytics to highlight that data that is driving the difference. In both cases you can see that the maps get very busy very quickly, as a result it's essential to identify during the planning phase exactly what critical elements need to be included in the map. What steps you can take the reduce the amount of variability which exists in the patient journey. For example, it may be feasible to reduce an in-patient stay into a single event. If the ultimate analytic need revolves around the use of treatments prescribed by physicians in the outpatient setting.

Lou: Another good reduction technique is only looking for key moments of change. That is if a patient stays on a product for months and then changes therapy, include all of the months on that first product as a single event rather than potentially twelve or more individual events. The greatest challenge here in developing the map is there are few, if any, off the shelf methods that really enable the construction of the map. One of the key methods for generating patient journey maps is the Sankey diagram. Another method is the classification tree, however most standardized software today produces these solutions where they spit out the whole map in one shot. Typically it ends up looking like a tangle of wires or spaghetti, some have developed their own visualization methods using D3 or other tools to enable a better experience. These methods enable you to dynamically show parts of the patient journey map and allow you to provide a more customized user experience rather than revealing the whole map at once.

Lou: No matter how you end up building the map remember keep it simple, the less complex the map the easier it will be to develop implementable insights and ultimately educate your stakeholders.