

Care Analytics NEWS

Catching Up With.....



Russell D. Robbins MD, MBA

- AVP Clinical Informatics & Medical Director at Blue Health Intelligence (BHI)
- BA, Biology, Swarthmore College, Swarthmore College
- MD, NYU School of Medicine, NY, NYC
- MBA in Health Sciences, Union College, Schenectady, NY
- Private practice clinical urology
- Created and worked with Episode of Care Groupers for over 25 years
- Health & Benefits Consultant for 15 years
- Clinical Consultant to Fortune 500 companies
- Lectured on Episodes of Care, Healthcare Quality in United States & Europe
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We had the opportunity to catch up with Doctor Russell Robbins, the AVP of Clinical Informatics and Medical Director at Blue Health Intelligence, and interview him on his background and perspectives on the world of healthcare analytics. Here's what he had to say:

Care Analytics News: After a decade or so after Medical School, you obtained your MBA. What prompted you to delve into the business side of healthcare?

Russell Robbins: I was speaking with colleagues who said that opening your own practice was running a business and medical schools never taught accounting. They also stressed that an MBA would open new doors in medical management. There was a program through Union College in Schenectady, New York that was geared to physicians, nurses, and pharmacists looking to enter the business side of healthcare.

Care Analytics News: Much of your career has been dedicated to a clinical perspective on health benefits and employer healthcare issues. What are some of the biggest challenges you've had to deal with in this arena during the past two decades?

Russell Robbins: Inertia is probably the biggest challenge. There are many great ideas on how to improve healthcare delivery and quality, and how to use data to uncover insights and make decisions actionable. However, this conversation has been going on for a long time. And as I review my career, we are still so often challenged to make many of the changes that are needed to truly execute on great ideas.

Regardless, I still firmly believe that using data and analytics, in combination with clinical information, can improve healthcare for everyone. Many of the employers and other stakeholders I have had the pleasure of working over the years share this vision and recognize that engaging individuals in their healthcare decisions improves outcomes for everyone.

Care Analytics News: How has analytics in healthcare changed and progressed since the start of your career?

Russell Robbins: There is better use of machine learning applied to the data in creating healthcare models. In addition, the shift to go beyond claims and use Social Determinants of Health (SDoH) information into build models has fundamentally changed how we look at the patient population. The shift from a pure efficiency model to one that incorporates quality metrics and efficiency scores gives a much better picture of how physicians are practicing medicine and what the real differences are in practice patterns. There is still a lot more that can be done in this space and I am happy to be working with great individuals who share this vision.

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Care Analytics News: What advice would you give to someone entering medical school or even early in their career who wants to pursue clinical analytics - how can they best build their knowledge and experience?

Russell Robbins: When I left private practice and started in the informatics area, there was no training or ways to learn other than on the job. Now, there are many good healthcare informatics programs available. In addition, I tell younger colleagues to have some clinical experience before they enter the business side of medicine.

Having the knowledge of direct patient care has helped me understand the data and what is or isn't done in real-life practice. This knowledge has also been foundational in helping me create many of the software tools my partners can use to deliver better care management programs.

Care Analytics News: What kind of projects are you currently involved with at Blue Health Intelligence?

Russell Robbins: At BHI, I have been lucky to lead an amazing team that is dedicated to commercializing our own proprietary Episode of Care grouper and a quality rules engine, CarePulse. Both tools have been the intelligence inside some really powerful analytics that are used to designate national centers of clinical excellence and track the longitudinal health status of populations. As 2020 ends, I am pleased with the work we have done in partnership with other healthcare stakeholders to implement these analytic tools in several different health plans to improve quality and lower costs.

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Lastly, I have enjoyed helping navigate BHI's journey to become a qualified entity (QE) under CMS. We are one of the few QEs that will have access to national fee- for- service Medicare data, and I am looking forward to incorporating these new data and building out impactful use cases with it, such as strengthening benchmarks and understanding potential standard of care differences among commercially and Medicare-insured individuals.