steinert analytics



HEALTHCARE ANALYTICS PLAYBOOK

5 Data Mistakes That Drain Profits and How to Fix Them

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If your "reporting system" is a massive spreadsheet that only one person understands, you've built yourself a bottleneck and a single point of failure. I'll show you how to replace fragile, manual workflows with scalable, automated reporting, so you can make decisions without waiting for someone to "update the file."

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When you rely entirely on a vendor's reporting system, you're playing by their rules. Lose access, switch systems, or hit their limits - and your insights can vanish overnight. I'll walk you through how to safeguard your raw data and reporting independence so you're never at the mercy of a third party.

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When no one agrees on what a metric means, your teams end up arguing over whose numbers are "right" instead of acting on them. I'll show you how to build and maintain a data dictionary as you go, so every stakeholder is working from the same source of truth.

Lesson 1

5 Data Mistakes That Drain Profits



Hey there!

Welcome to the Healthcare Analytics Playbook: 5 Data Mistakes That Drain Profits (and How to Fix Them).

If you're a healthcare exec, analytics lead, or IT leader who's tired of fixing broken dashboards and wondering why your data systems feel so heavy and/or hard to trust, you're in the right place. This eBook is designed to be one lesson per day. However, you're more than welcome to go at your own pace!

Because this free 5-day series is built for people like you, who want to:

- ☑ Finally, stop duct-taping reports together in Excel
- ☑ Eliminate wasted hours spent debugging brittle pipelines
- ☑ Build trust with leadership by showing real,
- ☑ ROI-focused outcomes
- ☑ Turn your data team from reactive report builders into strategic partners
- ☑ Create a foundation that supports scale
- ☑ And most importantly, stop losing money because your data systems are broken



Sound familiar?

Good.

Because in just 5 days, you'll walk away with a clear playbook to identify the hidden profit leaks in your current analytics setup - and know exactly what to do to fix them.

Here's what we'll cover:

Lesson 0 Introduction

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When no one agrees on what a metric means, your teams end up arguing over whose numbers are "right" instead of acting on them. I'll show you how to build and maintain a data dictionary as you go, so every stakeholder is working from the same source of truth.

Sound good?

If you're ready to turn your analytics into a profit-driving machine without over-engineering the entire system, you're going to love what's ahead.
Lesson #1 drops tomorrow.

And it's all about the **#1 mistake** I see mid-sized healthcare orgs make: trying to do too much, too soon.



Lesson 1 - Mistake #1

Duct-taping your reporting in Excel

Hey there!

Welcome to Lesson 1 of the Healthcare Analytics Playbook: 5 Data Mistakes That Drain Profits (and How to Fix Them).

Today, we're starting with a mistake I see constantly in mid-sized healthcare orgs. And while it might seem harmless, it creates a huge invisible cost in time, trust, and decision quality.
Here it is:

Duct-taping your reporting in Excel.
If your "reporting system" lives in one massive spreadsheet, and only one person knows how it works...



You've built a bottle-neck into your data system!

And this is a massive problem because Excel wasn't designed to run your analytics operations at scale.

Why not?

- ☑ It's nearly impossible to govern
- ☑ It's fragile
- ☑ It's manual

I've seen entire care delivery orgs run their financial ops through spreadsheets with lookup tables, formulas, and reference data maintained by one overworked analyst.

When that analyst takes PTO or leaves?
At first, it's just a few late reports.
Then a dashboard goes down before an executive meeting.

Next, finance and operations start questioning whether the numbers are even accurate.

And then the part nobody says out loud...

Leaders stop trusting the system

So they stop using the reports.

They go back to gut instinct because that's what feels safer than acting on numbers they don't believe.

That's the real cost.

Not just lost hours.

Not just rework.

But an entire decision-making system that quietly gets ignored.

And when decisions are made without data in healthcare?

Costs go up.

Outcomes get worse.

And accountability becomes fuzzy.



So what's the solution?

You don't need a 6-month rebuild or a brand-new BI tool.

But you do need to start laying a foundation that scales:

Automate refresh logic so reporting isn't dependent on someone hitting "update"

Centralize your metric definitions so teams don't rebuild the same logic in 3 tools

Use your next proof of concept to highlight where Excel is breaking your workflows
We do this in every engagement at @Steinert Analytics.

We replace brittle, spreadsheet-based reporting with clean, governed, low-maintenance pipelines that teams can actually trust.

Because in healthcare, decisions can be critical.

And decisions need data that's stable, consistent, and scalable.
But that's it for today...
Tomorrow, we're going to unpack another mistake that's costing healthcare organizations serious money:

👉 Handing over control to your vendors
I'll show you how a few lightweight guardrails can save your team from costly rework (and restore trust without slowing things down).

Let's talk.

Click here to book a quick 15-minute strategy call and I'll show you how we'd approach this inside your org. No fluff, no pressure—just a tactical walkthrough.

BOOK YOUR STRATEGY CALL

Lesson 2 - Mistake #2

Handing over control to your vendors



Hey there,

Welcome to Lesson 2 of the Healthcare Analytics Playbook: 5 Data Mistakes That Drain Profits (and How to Fix Them).

Yesterday, we covered the hidden costs of duct-taping reporting together in Excel.

Today, we're moving on to a more strategic mistake:

Handing over control to your vendors.

This one's especially common in mid-sized healthcare orgs trying to "move fast."

You sign up for a point solution (e.g., an EHR, billing platform, or CRM) with built-in
reports.

It's quick.

It's convenient.

And at first, it works.

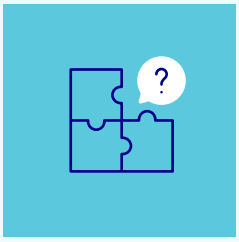
But there's a problem...

You're playing by someone else's rules.
And this means you give up control in ways that hurt your flexibility, accuracy, and speed.

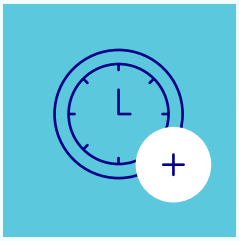
I've seen it firsthand:



Vendors that make it difficult (or expensive) to export raw data



Metric definitions that don't align with your internal logic



Report builders with rigid filters, limited joins, or delayed refreshes



Teams stuck reformatting CSV exports every week just to keep the numbers consistent

And the worst part?

If you lose access, hit a paywall, or migrate systems...

Your reporting vanishes overnight.

So why does this keep happening?

Because at first glance, it feels like the smart thing to do.

> Why reinvent the wheel when the platform already has dashboards?

> We don't have the bandwidth to build this ourselves.

> Let's use what's there and clean it up later.

This logic makes sense in the moment - especially when it's a lean team trying to move fast.

But this short-term convenience creates long-term bottlenecks that drain your profits.

Slowly but surely, you end up with silos.

Each tool owns a slice of your data, but none of them give you the full picture.

Your EHR can't talk to your CRM.

Your CRM can't talk to your billing platform.

And your finance team is exporting data into spreadsheets... again.

Now, your analysts spend more time stitching exports than delivering insights.

And your leadership?

They don't even realize how much is missing because you've been stuck building around the limits of someone else's system.

Fortunately, you don't need to rip everything out...

You just need to design your stack around independence.

This means:

- ☑ Keeping a copy of your raw data (even if it's just nightly extracts)
- ☑ Standardizing metrics outside the vendor's logic
- ☑ Routing data into a central model that can feed BI tools you actually control

This doesn't have to be complex.

In fact, at Steinert Analytics, we often help teams build simple, vendor-agnostic pipelines that preserve ownership and minimize lock-in.

Because you can't afford to rebuild every time a vendor changes features or pricing tiers (even if you have the budget).

The trade-offs are just not worth it in the long run.
And if you're serious about making data a strategic asset, you can't let it live inside a black box.

Wheeew... that's all for today!

We covered a lot in today's lesson.

And tomorrow, I'm going to show you a mistake that often goes under the radar, but results in major cash losses.

Of course, I'm talking about mishandling PHI/PII data

There's going to be a lot to cover.

But it's important you let today's lesson marinate.



Lesson 3 - Mistake #3

Mishandling PHI/PII Data

Hey there,

Welcome to Lesson 3 of the Healthcare Analytics Playbook: 5 Data Mistakes That Drain Profits (and How to Fix Them).



Over the last two days, we talked about the cost of Excel duct tape and giving vendors too much control.
Today, we're diving into a mistake that seems like a compliance issue...

...but quietly limits what your org can do with data (and costs you real money in the process).
Mishandling PHI/PII.
This happens more often than most leaders realize...
Teams build dashboards with patient names hardcoded.
Spreadsheets get passed around with unmasked identifiers.

Sensitive fields are mixed into every table with no tagging or access control.

At first, it feels harmless - especially when it's all happening inside one team or tool.

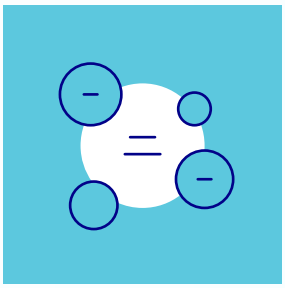
But this mistake creates a hidden anchor that slows everything down...

Because when sensitive data isn't handled properly, you can't share it.

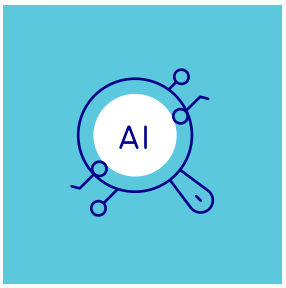
And if you can't share it, you can't scale insights across your org.



You can't build cross-functional dashboards.



You can't enable self-serve analytics.

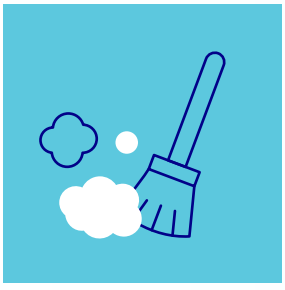


You can't test AI/LLM tools because the risk is too high.

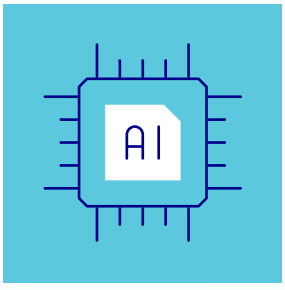
Eventually, your data team becomes the bottleneck.
They're stuck fielding every request manually...

While your highest-paid decision-makers wait days or weeks for reports that could have been automated.

Meanwhile:



Your expensive BI tool collects dust.



Your AI pilots stall.



And your analysts are re-scrubbing the same fields every week.

It's not just frustrating... it's expensive.

Because every time a report is delayed due to unclear privacy rules, you're burning hours of high-salary time.

Every time an insight goes unused because it's locked in a sensitive table, you're leaving revenue on the table.

Every time you pause an AI initiative because your data can't be de-identified safely, you're falling behind competitors.

The costs don't always show up in your budget line items... But they compound over time in the form of slower decisions, missed opportunities, and underutilized investments.

So what's the fix?

You must treat privacy like a design constraint.

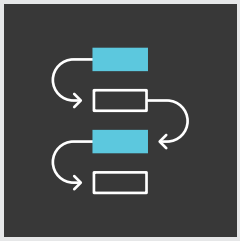
That means:



De-identifying sensitive fields by default



Tagging PHI/PII across your warehouse (even just in a shared data dictionary)



Building automated scrubbing into ingestion pipelines



Creating safe zones where data can be used freely without introducing risk



But that's all for today.

Tomorrow, we're moving into a foundational issue that undercuts nearly every analytics initiative I see...

Ignoring data quality at the source.
As the popular saying goes, "Garbage in, garbage out."
This is one of the main reasons healthcare analytics projects fail.

I'll show you how to identify and fix upstream data quality issues so every report, dashboard, and AI model you build is trusted and actionable.

Lesson 4 - Mistake #4

Ignoring data quality at the source

Hey there,

Welcome to Lesson 4 of the Healthcare Analytics Playbook: 5 Data Mistakes That Drain Profits (and How to Fix Them).

Today, we're diving into a foundational issue that quietly undermines even the most advanced analytics strategies:
Ignoring data quality at the source.
This is a big deal in healthcare.



Because its impact goes far beyond a broken report or misaligned chart...
It leads to bad decisions. And in this industry, bad decisions don't just waste money... they put patient care and compliance at risk.

And what's worst of all about this?

Sometimes it's buried in the fine print:

- ☑ Outdated diagnosis codes
- ☑ Misspelled provider names
- ☑ Missing units on medication dosages
- ☑ Inconsistent patient IDs across systems

Other times, it's structural:

- ☑ Source systems that don't enforce validation rules
- ☑ Manual entry fields with zero constraints
- ☑ Interfaces that silently drop data when they don't match schema

Again... none of these seem like a big deal in isolation.

But over time, they quietly corrode your foundation until nothing can be trusted.

I've seen healthcare orgs lose millions from:

- ☑ Denied claims due to invalid coding
- ☑ Missed care gaps because of incomplete records
- ☑ Under-reported quality metrics tied to reimbursement
- ☑ Long implementation delays when rolling out new tools

Even "small" data quality issues like inconsistent timestamps or empty values can make dashboards unusable - or worse, misleading.

And once stakeholders stop trusting the numbers?

You're back to decision-making by gut instinct.
Just like in Day 1, trust erodes... and so does your ability to act on insights.

But the fix for this is obvious...

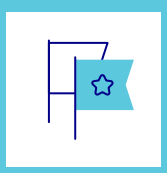
It starts upstream (at the source).
Here's what we recommend at Steinert Analytics:



Audit your key source systems for known error patterns



Validate critical fields on ingestion (e.g., date ranges, value types, required fields)



Tag and flag known issues so users can interpret results with full context



Implement lightweight monitoring that surfaces anomalies before reports go out



Align with operational owners to fix broken processes, not just clean up the data

The goal isn't perfection... It's proactive awareness.

Because if your team knows what's wrong (and where), it becomes possible to build trust and take action.

TL;DR: Clean data doesn't happen by accident.

Let's end there...

Tomorrow, we're wrapping things up with one final mistake.
One I see in almost every healthcare org we work with:

Skipping documentation and data cataloging

It's going to tie everything together and show you how to translate data work into business savings that execs care about.

You won't want to miss it.

Lesson 5 - Mistake #5

Skipping documentation and data cataloging

Welcome to Lesson 5 of the Healthcare Analytics Playbook: 5 Data Mistakes That Drain Profits (and How to Fix Them).

The final day of this email course.

We've covered a lot over the last few lessons:

Lesson 1 We tackled the fragility of spreadsheet-based reporting (and why duct-tape analytics cost you trust and time).

Lesson 2 We broke down how handing over control to your vendors puts your entire data strategy at risk.

Lesson 3 We addressed the hidden price of mishandling PHI/PII (and how it blocks your ability to scale insights safely).

Lesson 4 We zoomed in on source-level data quality and why every analytics initiative depends on fixing upstream errors.

Today, we're wrapping it up with a mistake that seems minor...
...but causes massive downstream confusion:

Skipping documentation and data cataloging.

What does this look like in practice?

You open a dashboard.
It says "Utilization Rate."
But no one knows what's in the numerator.
Or the denominator.
Or how it's filtered.
Or when it was last refreshed.
Now multiply that by every report, every KPI, and every analyst in your org...
You've got people staring at the same chart (and walking away with completely different conclusions).

But why does this happen?

Because everyone's busy.

And documentation feels like extra work.

So teams promise to "circle back" and clean it up later...
But later rarely comes.

Until one day, something breaks (and no one knows how to fix it).



Now, you've got an organization where:

- ☑ Leadership doesn't trust the numbers
- ☑ Teams spend hours arguing over whose version of the truth is "correct"
- ☑ Analysts waste time reverse-engineering old logic
- ☑ New hires take months to ramp up
- ☑ Strategic decisions slow down... or worse, go wrong

And the worst part?

You don't realize how much time and money it's costing you until you clean it up.



So don’t wait until it gets to that stage!

The solution is simple, but it requires intention:

Build documentation into your normal workflow.

That means treating data definitions like product specs—not afterthoughts

Here’s what we recommend to every healthcare client we work with:



Use a shared data dictionary

Create a centralized space where teams can define every key metric, field, and transformation logic. This doesn’t need to be fancy… just consistent and accessible.



Define metrics as you build

The best time to document a metric is while you're building it. Bake this into your analytics process so it never becomes a retroactive chore.



Add metadata directly into your BI tools.

These little signals go a long way in helping users understand what they’re looking at (without calling an analyst every time).



Create standardized templates

Whether it's dashboards, dbt models, or LookML views, reusable templates make documentation easier to maintain and scale.



Make it searchable

If people can’t find the documentation, they won’t use it. Invest in visibility and access.

Because when teams are aligned on definitions and context...

Confusion disappears
Rework vanishes
Trust skyrockets

That wraps up the Healthcare Analytics Playbook!

We've covered the 5 most common (and costly) data mistakes I see in mid-sized healthcare orgs, and more importantly, how to fix them with simple, scalable practices.

Here's a quick recap of what we've covered:

1. **Duct-taping reporting in Excel**
2. **Handing over control to your vendors**
3. **Mishandling PHI/PII data**
4. **Ignoring data quality at the source**
5. **Skipping documentation and data cataloging**

These mistakes might seem small at first...
But together, they create massive friction that slows down decisions, reduces trust, and quietly eats into your margins.
Fixing them doesn't require a 12-month roadmap.
You just need the right priorities and a partner who knows how to keep things lean.

Want help implementing this in your org?

If you've read this far, chances are something here resonated.

So if you want to explore how we'd tackle these problems in your environment...

Let's talk.

Click here to book a quick 15-minute strategy call and I'll show you how we'd approach this inside your org. No fluff, no pressure—just a tactical walkthrough.

BOOK YOUR STRATEGY CALL

No pressure, no pitch... just a tactical walkthrough of what we'd fix first (and how we'd do it without disrupting your ops).
Thank you for sticking with me through this series.

I hope it's sparked some new ideas (and given you a clear path forward).

Here's to building cleaner, smarter, and more profitable data systems in healthcare.

Talk soon,
Christian Steinert
Founder of Steinert Analytics