



RAPID

Reporting Assistance and Process Improvement Discussion

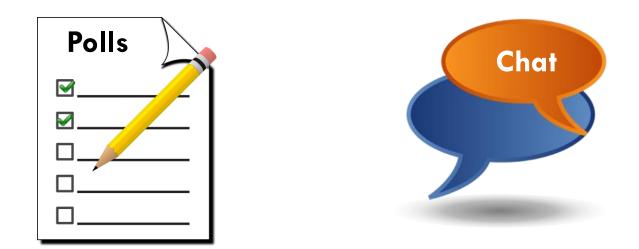
Subject Matter Expert Session 1: Data Governance 7-13-2023

Vision: Healthy Communities, Healthy People



METHODS OF ENGAGEMENT





SUMMER VACATION PLANS?



Chat in

Experience

- Hospital
- 2 health centers and an HCCN
- State and national trainings
- Adjunct statistics instructor

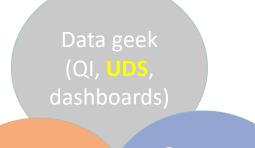


Jerry Lassa, MS

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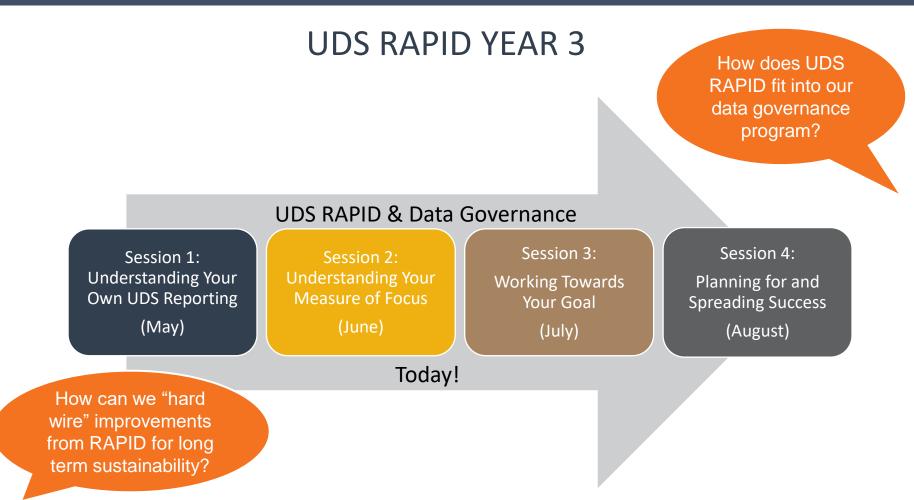


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Areas of focus

Teaching, training, coaching Strategy frameworks, Data Gov., evaluation





Depression Screening

- Stigma and stereotypes hinder ability to reach patients; treating patients affected by trauma due to social factors that may not want help; patients non-compliant with follow-up
- Conducting screening on every visit; Missed opportunities to screen
- EHR workflows and templates don't support efficient documentation of screening
- Lack of protocols for screening; Care team roles in screening, documentation and follow-up; BH referral coordination
- Understanding the quality measure and how to fulfill it

Cervical Cancer Screening

- Patient embarrassment and fear due to societal and cultural attitudes
- Preventative care not a priority for patients, low health literacy
- Access to care due to lack of insurance, transportation, etc.
- No access to cancer screenings that were provided elsewhere (other centers, OBGYN providers); Not all centers connected to HIE
- Providers uncomfortable doing paps, lack knowledge of best practice documenting past hysterectomies
- Care team lacks efficient way to identify gaps in care; workflows to do screening and capture missed opportunities, no recall or outreach process
- Inefficient records retrieval process; Unable to accurately capture the data needed for UDS measure and run adequate reports

Breast Cancer Screening

- Limited patient awareness rooted in socioeconomic disparities; health literacy, financial/insurance, language barriers and gaps
- Difficulty getting patients to keep appointments due to lack of transportation, fear of medical debt, fear of a painful procedure
- Access to testing facilities
- Referral loop closures
- Lack of interoperability with other facility EHRs
- Inability to document in EHR to appropriately to capture the measure

QUALITY IMPROVEMENT VS. DATA GOVERNANCE

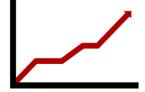
Quality Improvement

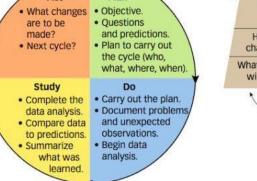
Using data to make positive change

Data Governance

Broadly prioritizing and resourcing opportunities where **data** can make positive change —AND-Ensuring that **data** supports sustained change







Plan

Act



Model for Improvement

What are we trying

- How can we formalize our data governance practices?
- What roles do leaders, managers and staff play in data governance?
- How can we improve the data literacy of staff?
- How can a data governance program help us guide data focus and resource allocation? (e.g., RAPID, UDS+, valuebased measures, EHR or PHM selection, etc.)

FREQUENTLY ASKED QUESTIONS

OBJECTIVES FOR TODAY'S SESSION



Present fundamental concepts of data governance and its importance in building a data driven culture.

Share best practices for aligning people,
 processes and technology to build and grow
 a data driven culture and advance literacy.



Explore how to leverage data governance approaches and tools to help manage and sustain RAPID measure improvements.

HEALTH CENTERS BUILDING A DATA DRIVEN CULTURE



The content presented today has been developed through the Center for Care Innovations "Building a Data Driven Culture" program in partnership with the HITEQ Center and PCAs and HCCNs across the country.

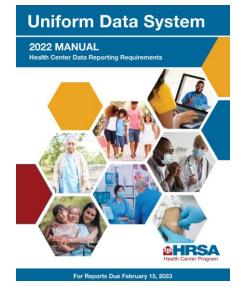


Data is the new organizational currency

- Capital
- Human Resources
- Technology
- Brand
- Facilities
- Data

ORGANIZATIONAL ASSETS

UDS DATA = ORG CURRENCY



Community Health Quality Recognition (CHQR or "Checker")

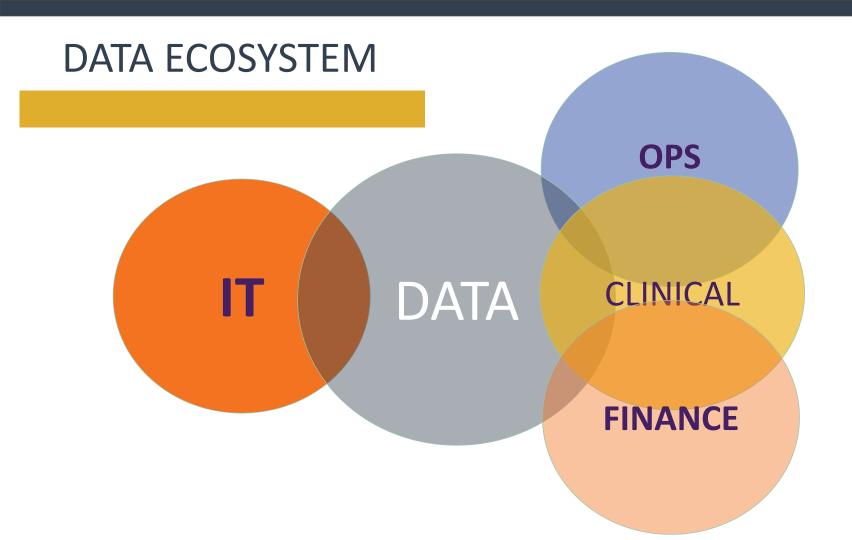


CHQR Badges



Grants, prize challenges, and P4P opps from QI Fund

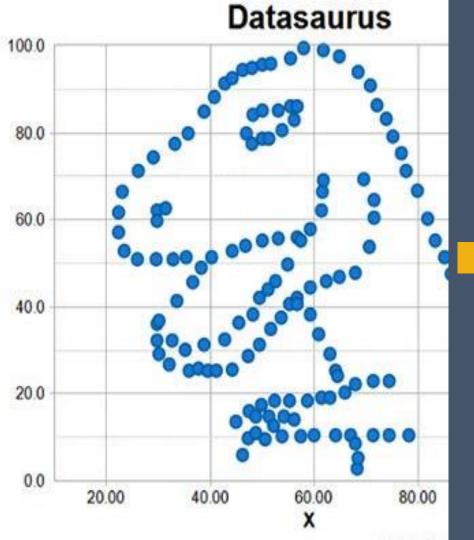
 Example: Optimizing Virtual Care Optimizing Virtual Care (Q8V) Awards \$55M to 29 centers



DATA GOVERNANCE:

The people, processes & technology orchestrated to maximize the value of data to an organization.





DATA LITERACY

- The ability to read, understand, create and communicate data as information.
- Much like literacy as a general concept, data literacy focuses on the competencies involved in working with data.

HELPING STAFF DEVELOP DATA LITERACY

More experience with entering and reviewing data



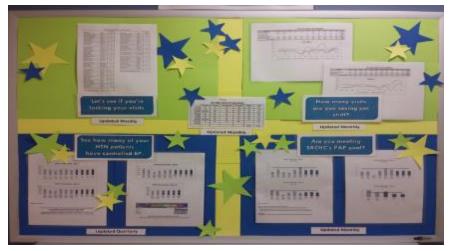
Less experience with aggregating and analyzing data



WHY should I care about using data in my role?

WHAT types of data should I know how to use? HOW can I best communicate with data?

VISUAL DISPLAYS HELP IMPROVE DATA LITERACY



What story is the data telling us? "Improvement Corner"



Visual presentation of data in ways that staff can easily identify what action they need to take.



IF DATA GOVERNANCE IS THE ANSWER, WHAT'S THE QUESTION?

Does your organization have issues with data quality, data literacy and data access?



WORKING SINGLE HANDEDLY?



"These aren't my patients!" 222 Art



Not Accurate

Not Complete Not Timely



TRYING TO FIND YOUR WAY IN THE DARK?





"I'll pause for a moment so you can let this information sink in."

IN WHAT WAYS ARE YOUR HANDS TIED?

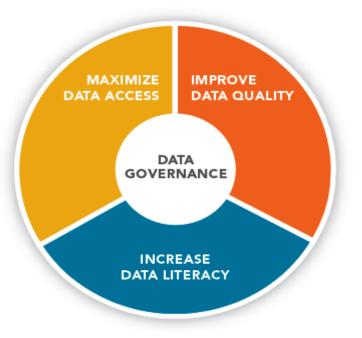




Denied access to what you need

Unable to find the right data

THE "TRIPLE AIM" of DATA GOVERNANCE



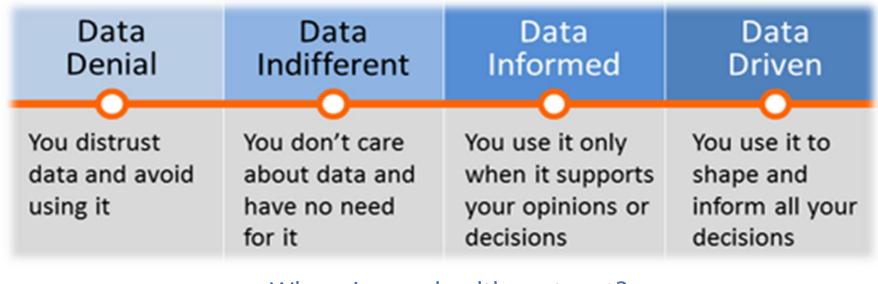
- 1. Improve Data Quality
- 2. Increase Data Literacy
- 3. Maximize Data Access

HOW WELL DOES YOUR CENTER ADDRESS THE TRIPLE AIM OF DATA GOVERNANCE?



- Is your RAPID measure focus aligned with organization strategy and/or priorities?
- Is there clear accountability for RAPID measure data quality throughout the organization?
- Do visual displays of **RAPID** measures trigger action for all stakeholder audience?
- Are RAPID measure data and analysis tools accessible to all data stakeholders?

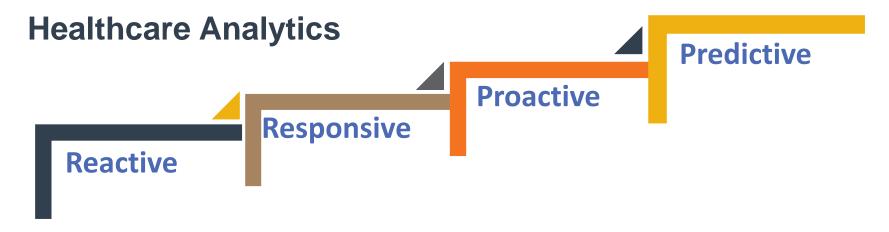
Attitudes and Behaviors Around Data



Where is your health center at? Where would you like to be?

25

How to Build RAPID Analytic Capability?



Building a Data Driven Culture

EXAMPLES OF RAPID DATA-RELATED CHALLENGES

People

- Staff are not aware of how RAPID clinical quality and other measures are calculated
- Staff don't have experience reviewing, discussing, or presenting RAPID measure data

Process

- **RAPID** data/measure quality is not assessed periodically
- RAPID data/measures are not reviewed on a regular basis and are used inconsistently

Technology

- Lots of RAPID data/measures available for some departments and not as much for others
- Care teams require more detail and drill-down on RAPID measures and variances

KEY ORGANIZATIONAL LEVERS



People Processes Technology

Analytic Capability Assessment: Domains & Factors



People

- Senior Leader Sponsorship
- Data Stewardship
- Clinical and Business
 Analysts
- Data Driven Culture



Process

• Data Strategy

• Data Governance

- Performance
 Measurement
- Data Quality
- Analysis of Data
- Acting on Results



Technology

- IT Tools and Support for Analytics
- Integration
- Self Service Analytics



"SUPER FACTORS" TO BUILD A DATA DRIVEN CULTURE

- Data Stewardship / Data Stewards
- Data Governance Forum
- Data Services (Analysts, Self Service Analytics, IT Support)



DATA STEWARD

- A person responsible for the accuracy and completeness of data within a department, domain or project
- The cornerstone of good data management and "democratizing data"

THE DATA STEWARD ROLE

Role or function, not a "title".



Sound business knowledge or expertise in a department, domain or special project.



Coach others on data quality & literacy with good communication, teaching and negotiation skills.



Help to set priorities for data analysis and report requests within their domain.



Work with other stewards as part of data governance team.

IDEAS FOR ACTION

Data Stewardship



 If a data steward has not been identified, who is the logical choice? If a data steward has been identified, what is working and how can these responsibilities be embedded?

 Define the role, skills and competencies of data stewardship and incorporate it into job descriptions.

 Data stewards help prioritize the data and information requests that can overwhelm analysts.

DATA GOVERNANCE:

- How do we get started?
- What are the things you do?
- Who should be involved?
- What does capacity building look like? (decisions, resources)



IT'S ALREADY HAPPENING...

- Privacy and security policies
- HIPAA, authorized use
- CURES Act
- Federal and State reporting
- HIE participation
- Purchasing or replacing data tools (EHR, PHM, Data Viz)

→ RAPID UDS Measures





Where does the data governance function reside in your organization?

QI Committee

□ HIT/EHR Committee

Executive Committee

Data Governance Committee

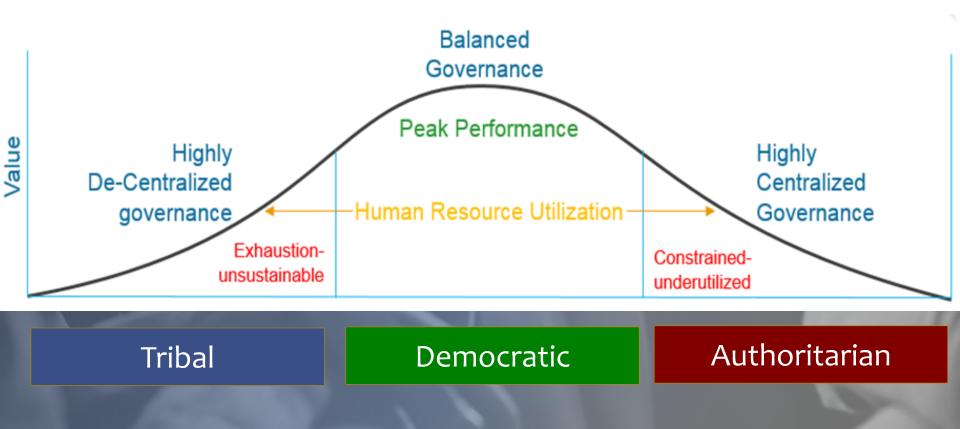
□ No Structure / Don't Know

Other? (chat in)

Data Governance Thought Leader

Dale Sanders Strategic Advisor, Health Catalyst

DATA GOVERNANCE PARALLELS CIVIL GOVERNANCE





DATA GOVERNANCE COMMITTEE

 The "Supreme Court" of data management
 Decision making body and/or
 Working Group

What are some things that a DG Committee does?

- Allocating scarce resources for analytics, setting priorities and communicating those priorities to staff
- Organizing and resourcing data quality improvement projects
- Aligning data strategy with organizational strategy and monitoring progress
- Deciding who can make changes in EHR settings
- Act as the "Supreme Court" for the Data Services department (or function) in an organization

IDEAS FOR ACTION

Data Governance



- Data Governance resides in the QI Committee; monthly meetings
- EHR implementation team reconvened/configured to become DG Committee
- DG issues are a standing agenda item on the Executive Team meetings



DATA SERVICES

- Department or function
- Tactical arm of strategic data governance
- Analysts/analysis skills
- Business intelligence, data visualization (viz) and self service tools

PRIORITIZING DATA SERVICES REQUESTS



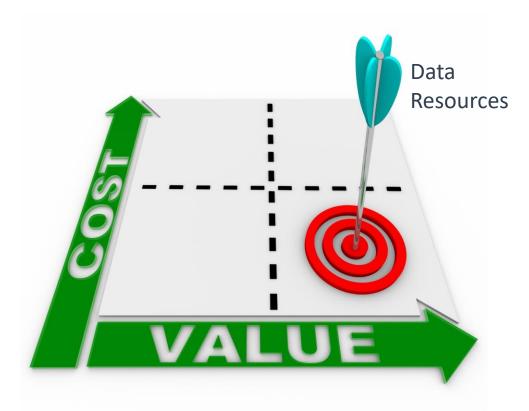
Staff member identifies information/data need. Data Steward prioritizes request considering all departmental needs.

Data Steward and Data Services agree on top 3 requests. Requests are prioritized across domains as part of data governance.

EXAMPLE: DATA INITIATIVE REQUEST TRACKER

Data / Report Request	Program / Dept.	Leadership Sponsor	Steward	Impact/ Cost-Benefit	Timeframe
SDOH screening and linkage rates report	All	Maricela, Site Director	George, MA	\$15K Health plan incentives	Q1
Depression screening (PHQ-2 and 9) reports by REAL/SOGI	Adult team	Sheila, BH Director	Marisol, Case Manager	\$25K Health plan incentives	Q1
Cancer screening outreach campaign and reports	Adult team	Betty, Nursing Director	Myrian, RN Adult team	\$50K quality award	Q2 A simple spreadsheet
High Utilizer Analysis	All	Daisy, CMO	Mai Lynn, Ql	10% reduce cost/patient	format can be used

LEVERAGE DATA RESOURCES FOR BIGGEST IMPACT



DATA GOVERNANCE ROLES & RESPONSIBILITIES

[IT/HIT] I'll assess and support techrelated resources for the data management project.

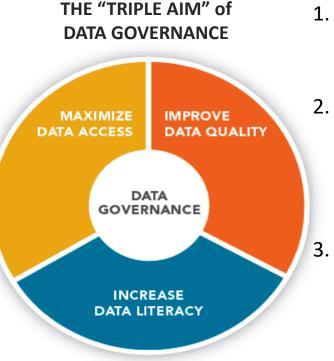
[Finance] I'll identify front and back office opportunities where data management can have the biggest impact

[CEO] I'll help prioritize and sponsor data projects that will help us achieve our strategic goals. [QI/Data Analyst] I'll analyze potential clin/ops/financial impact and help track achievement.

[Clinical/Ops Manager] I'll ensure we implement the project and achieve the intended impact.

EXAMPLE 1: RAPID UDS Measure

DG Opportunities related to RAPID UDS Measure



- . Improve Data Quality
 - Are all eligible patients identified?
 - Accurate and complete DOB, Gender, REAL/SOGI, dx?
 - Increase Data Literacy
 - Do staff understand measure definition (num, den, excl) and where relevant fields are documented in the EHR?
 - Do staff understand measure incentives (quality awards, health plan/VBC-related, etc.)?
- Maximize Data Access
 - Can staff at all levels (care team, site managers, leadership) readily access measure compliance trends?
 - Can staff review results in ways that are meaningful to their role and are actionable?



Longer term

DG "VOICE" WITH RAPID MEASURE FOCUS

[IT/HIT] How can technology better support care workflows and measure analysis?

[Finance] How can we improve capture of measure fields (gender, age, REAL/SOGI)? **[Team]** How should we prioritize RAPID measure focus against other data efforts?

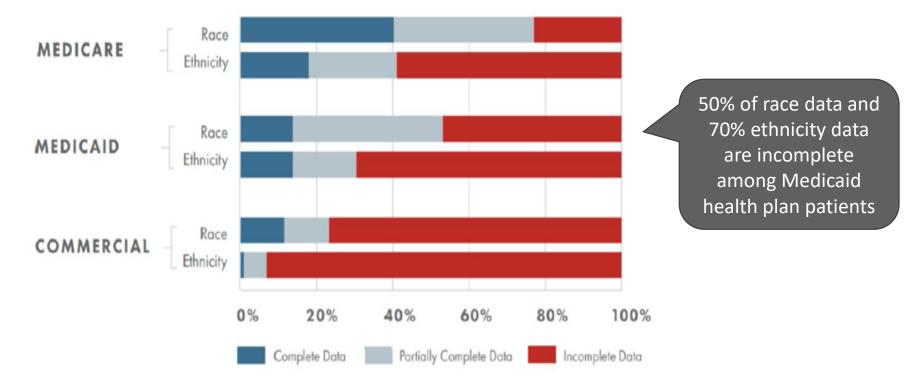
[Team] What resources are needed to support change and sustainability?

[QI/Data] How can we support overall monitoring and improvement?

[CEO] Let's focus on measures that will best serve our patient population. [Clinical/Ops Manager] How can we improve documentation, screening and proactive care?

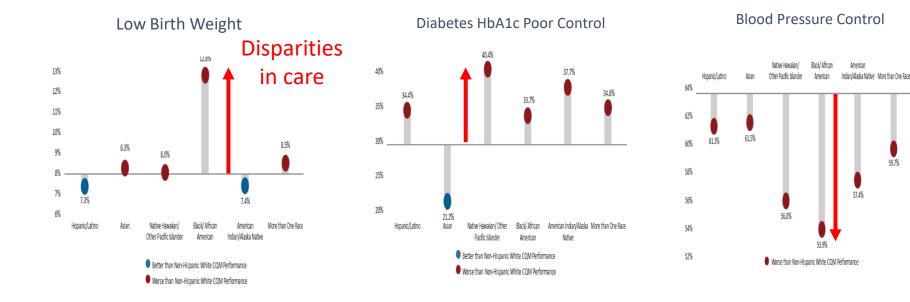
IMPROVE CAPTURE OF RACE AND ETHNICITY

Completeness of race and ethnicity data varies greatly across payer



IMPROVE EQUITY FOCUS

Race/Ethnicity Variances Against Non-Hispanic White



HRSA Health Center Program Update, UDS 2021 Trends, Aug 2022

EXAMPLE 2: OPTIMIZING DATA TOOLS

Data Tool





Physicians spent 125 million hours on charting outside of office hours in 2019



Do our data tools support efficient and effective care?

Traditional IT "Voice"

Consideration	Current tool	New tool Option 1	New tool Option 2	New tool Option 3
Features & functionality	How does tool differentiate from others in supporting our needs?			
Implementation & recurring costs	What will we pay to switch and going forward?			

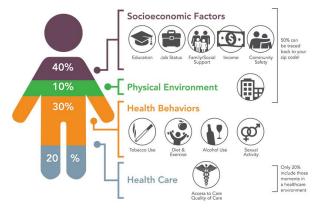
Data Governance "Voice"

Consideration	Current tool	New tool Option 1	New tool Option 2	New tool Option 3
Quality of Care (chronic care, preventive care)	How will data tool enhance our ability to improve outcomes and value?			
Efficiency (prod., virtual services, revenue cycle)	How can our data tools help us improve and sustain our RAPID measure?			

EXAMPLE 3: BALANCING MEASURES

Social Needs

Patient Portal



Source: Institute for Clinical Systems Improvement, Going Beyond Clinical Walls; Solving Complex Problems (October 2014)

- % Patients screened for social needs (food, housing, transportation, financial) (个)
- Of patients screened, % referred to community partner for support ([↑])
- Of referred patients, % completed (closed loop) (1)
- Health outcomes (\uparrow), Disparities in care (\downarrow)



- % of patients enrolled (1)
- Of enrolled, % utilization (med refills, view lab results) (1)
- % of all appts booked online (1)
- Patient satisfaction with appt scheduling ([^])
- Call volume (↓)
- Care team satisfaction and productivity ([^])

Data Stewardship

- Ensure an expert (or passionate staff) within a clinic site and/or department is assigned as a data steward for the RAPID UDS measure of focus
- Define responsibilities with the measure (data quality, data literacy, data use) and include in job descriptions
- Support them with authority and time

Data Governance

TAKEAWAYS

KEY

- Designate a forum where decisions are made, priorities set, and resources allocated to improve the RAPID UDS measure.
- This may be an existing committee or management forum, ideally multidisciplinary
- Or start small (or from where you are at), add value, engage senior leaders, and grow from there

Data Services

- Ensure UDS measure data/report requests are prioritized by the staff or team that analyzes data for the organization
- This may be a QI, IT or data analyst function
- Ensure data and reports are accessible to relevant staff, presented in ways that are meaningful to their role, and are actionable?

Poll



Which capacity building could your center benefit from the most? (or that you are currently tackling)

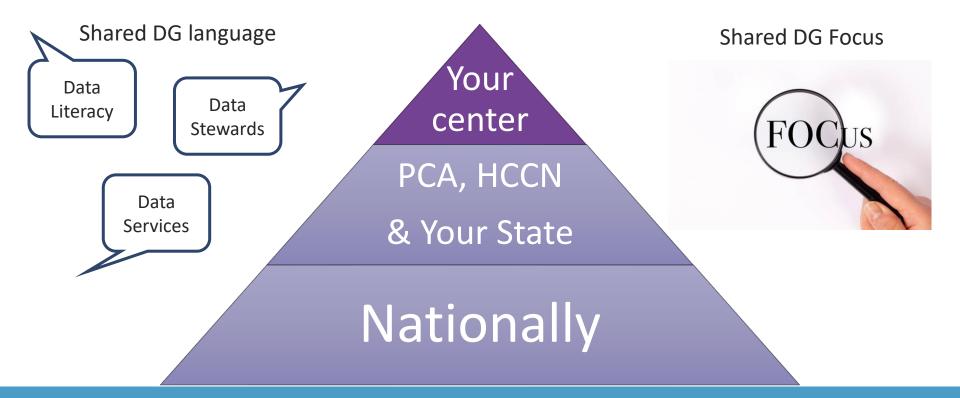
Data Governance

Data Stewardship

Data Services

• Other? (chat in)

BENEFITS OF A COMMON APPROACH TO DG





TOOLS & RESOURCES

- CCI Academy Short Course Videos and Tools
- Data Governance Handbook
- Data Strategy Worksheet for your RAPID UDS measure

https://academy.careinnovations.org/short-courses/



Dashboard Courses Forums Program Clubs Help Account ~

Short Courses to Build Your Mindset, Knowledge and Skills.

Select Course Categories 🗠



Building a Data Driven Culture

Make the most of your organization's data. This course offers practice in concepts, techniques and tools to help you be more strategic and reap value from the technology systems you've invested in.



Equity in Adult Immunization

These are the lessons for the NACHC Equity in Adult Immunization Program.



ABC's of Quality Improvement (QI)

Improve how your team problem solves with Quality Improvement. QI is an evidence-based methodology that provides a step-by-step approach to improving performance through brief videos, interactive activities, and peer sharing.

Course Overview

Course Overview

Overview



Data Governance Handbook

IMPLEMENTING DATA MANAGEMENT PRACTICES IN HEALTH CENTERS

DATA GOVERNANCE HANDBOOK

- Assessments and Worksheets
- Policies and Procedures
- Job Descriptions
- Agendas, Checklists
- Case Studies

AFTER SESSION ACTION WORK Why Use the Data Strategy Worksheet?



Aligns goals with the data needed to measure and achieve it.



Find where the weaknesses and gaps are in your data – and fix them.



Applies a standard set of questions to each data set.



Build responsibility for data and identify data stewards internally and with partners.



"Scrub" key measures to ensure accuracy, reliability, timeliness and security.



Inspires confidence in the data among your end users and partners.



RAPID UDS Measure - Data Strategy Worksheet

This worksheet contains a set of components and questions that can be used to assess and build a data strategy for your RAPID UDS measure improvement effort. INSTRUCTIONS: Identify at least three (3) components that need to be addressed based upon your RAPID problem statement and eCQM implementation checklist assessment and respond to the questions in each. Next, identify ideas for action, both immediate and 3-6 months out, and success criteria.

Organization:	Measure:
Component	Questions to address
Data Requirements	 What core data elements do you need to start with? Which ones will you need in the future? What are the sources of that data?
	IDEAS FOR ACTION – Immediate next steps and accountable staff: IDEAS FOR ACTION – 3-6 months and accountable staff:
	Success Criteria (Approval, Buy-in, Resources, etc.): •

DATA STRATEGY WORKSHEET COMPONENTS

Component	Typical Questions
Data Requirements	What core data elements do you need to start with? Which ones will you need in the future? What are the sources of that data?
Data Governance	Who owns the data element(s)? Who defines meanings and valid values? What is the division of responsibilities between admin, clinical, and IT?
Data Quality	What validity issues are there with the required data? Availability, accuracy, consistency, timeliness? What data fixes are required?
Granularity	What level of detail do you need? Does the data need to be at different levels of detail for different uses?
Integration	How do you get the data? Does it need to be reformatted for consistency? Does it need to feed back to other systems?
Stage and Store	What is your data architecture - specifically where is the data held? Will you have a central repository or data warehouse?
Analysis	What information is required to perform the analysis? What skills are required to understand the data? What actions will result from the analysis? What are the criteria for those actions?
Privacy	Are there any sensitive data elements? What are the HIPAA compliance requirements? Will this data be shared with third-parties and what risks does that create?
Reporting	Do you have a need to report your data to others? Do you need to alter the data to properly graph/report it? Who needs access and how will they get it?
Access	What are the requirements to make the right data available to the right people at the right time?
Versioning and Retention	If data is regularly updated, what data changes do you need to capture? How do you track what version you are using? How long do you keep data? When do you archive it?



Data Strategy Worksheet Example

Improve blood pressure control by 5% from baseline by year 1 and 10% by year 2 to earn quality incentive bonus.



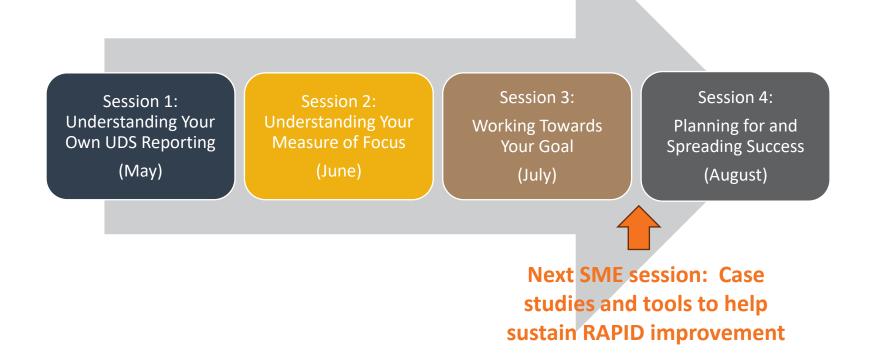
DATA GOVERNANCE

Components	Typical Questions	Response	Plan of Action
Data Governance	Who "owns" the data elements?	Providers own the diagnosis field, lab owns the accuracy of A1c, MAs are responsible for recording accurate BP	 Clinical data steward will shadow in clinic to observe and document actual workflow; compare to ideal/standard workflow and adjust
	Who defines meanings and valid values?	Medical leadership/clinical data steward; Healthy Hearts uses HEDIS measures for inclusion/exclusion, UDS for depression and smoking status	 as necessary Assess need for and conduct refresher training on standardized approach to clinical practice and
	What is the division of responsibilities between admin, IT and clinical?	Medical leadership ensures standard protocol for diagnoses; Data governance/EHR committee reviews and prioritizes all issues with EHR data	 data entry Update training materials as needed.

DATA QUALITY

Components	Typical Questions	Response	Plan of Action
	What validity issues are there with the required data?	DM diagnoses codes not being applied consistently. Number of	 EHR applications team to conduct line by line mapping between EHR and PHM
Data Quality		DM patients different between EHR and PHM.	- Establish standard BP practices and
	Availability, accuracy, completeness, timeliness?	BP readings are often missing or out of range. Unclear if all MAs are recording a resting BP.	data entry workflows.Create upper and lower limit checks on BP entry
	What data fixes are required?	Need to enforce consistency, especially dx and BP.	 Develop reports to flag data entry errors or missing data; run on a daily basis to catch/correct errors rapidly.
			- Redesign new-hire materials to encompass new workflows

UDS RAPID YEAR 3





QUESTIONS

Send to: jerry.lassa@datamatt3rs.com

Assistance Available

UDS Support Center

- Assistance with UDS reporting content questions
- 866-UDS-HELP (866-837-4357)
- <u>udshelp330@bphcdata.net</u>

HRSA Call Center

- Assistance with EHBs account and user access questions
- 877-Go4-HRSA (877-464-4772), Option 3
- <u>http://www.hrsa.gov/about/contact/ehb</u> <u>help.aspx</u>

Health Center Program Support

- Assistance with EHBs electronic reporting or EHB account issues
- 877-464-4772, Option 1
- <u>http://www.hrsa.gov/about/contact/</u> <u>bphc.aspx</u>

UDS Mapper

- Assistance with the online service area mapping tool
- <u>http://www.udsmapper.org/contact-us.cfm</u>