



# RAPID

## Reporting Assistance and Process Improvement Discussion

### Subject Matter Expert Session 1: Data Governance

Vision: Healthy Communities, Healthy People



# SUMMER RECHARGE PLANS?

Chat  
in



New roller coaster at Six Flags with a 15 story drop at 67mph

# Jerry's Background

## **Experience:**

30+ yrs healthcare QI & data

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

# RAPID ROADMAP

**PART 1:**  
Review Action  
Work

**PART 2:**  
Understanding  
Data Quality

**PART 3:**  
Understanding Measure  
Specifications for UDS  
Reporting

**PART 4:**  
Measure FAQs

complete presentation  
session

How does UDS RAPID fit into our data governance program?



**Your last session**

**Your next session**

Session 1, June 2025:  
Understand your Own  
UDS Reporting

Session 2, July 2025:  
**Understanding your  
Measure of Focus**

Session 3, Aug. 2025:  
Working Towards Your  
Goal

Session 4, Sept. 2025:  
Making and Sustaining  
Progress on Your Goal

SME Session:  
Data Governance

SME Session:  
Workflow Mapping

**Today!**

How can we “hard wire” measure improvements from RAPID for long term sustainability?



# LESSONS LEARNED IN RECENT YEARS



**Data driven organizations**

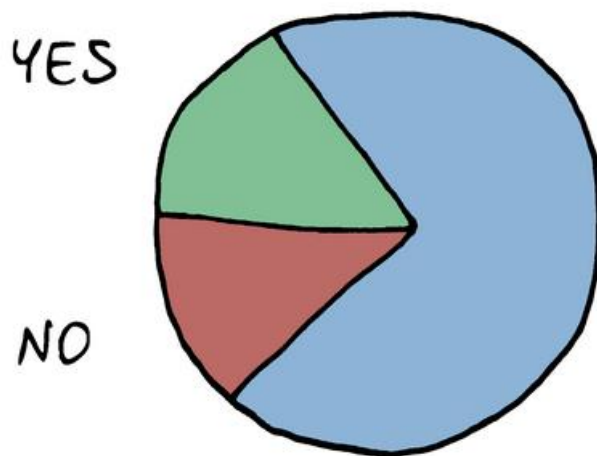


**have better**



**adaptability to change.**

# IS YOUR ORGANIZATION DOING DATA GOVERNANCE?



WHAT IS DATA  
GOVERNANCE?

- 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?
  - Evolving HIT landscape, EHR or PHM selection or optimization, **UDS** and value-based measures, data tools and support



## FREQUENTLY ASKED QUESTIONS

# YOUR ROOT CAUSES RECAP

42% DG Related

## Data Governance Related Root Causes

Root Cause ( DG related)	# Centers (MoF)			TOTAL	
	BCS	CCS	COL	#	%
<b>Workflows(internal)</b> - care gaps, proactive care alerts, and outreach	5	8	3	16	27%
<b>Workflows(external)</b> - to reconcile info from outside partners/sources	2	3	1	6	10%
<b>Leadership - Prioritizing</b>	1		1	2	3%
<b>Data/measure focus</b>					
EHR/PHM- data mappings		1		1	2%
Other (non-DG related)	8	9	17	34	58%
<b>TOTAL</b>	<b>16</b>	<b>21</b>	<b>22</b>	<b>59</b>	<b>100%</b>

“Lack of standardized workflows to ensure consistent tracking and follow-up for overdue preventive screenings”

“Not utilizing the care gaps alerts build in the EHR”

“Lack of standardized patient outreach to promote cancer screening”

“No concrete workflow on reconciling information from outside sources”

“Competing” and “Conflicting priorities”

*Many of these data quality, access and literacy issues can be addressed through effective Data Governance.*

# OBJECTIVES FOR TODAY'S SESSION



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

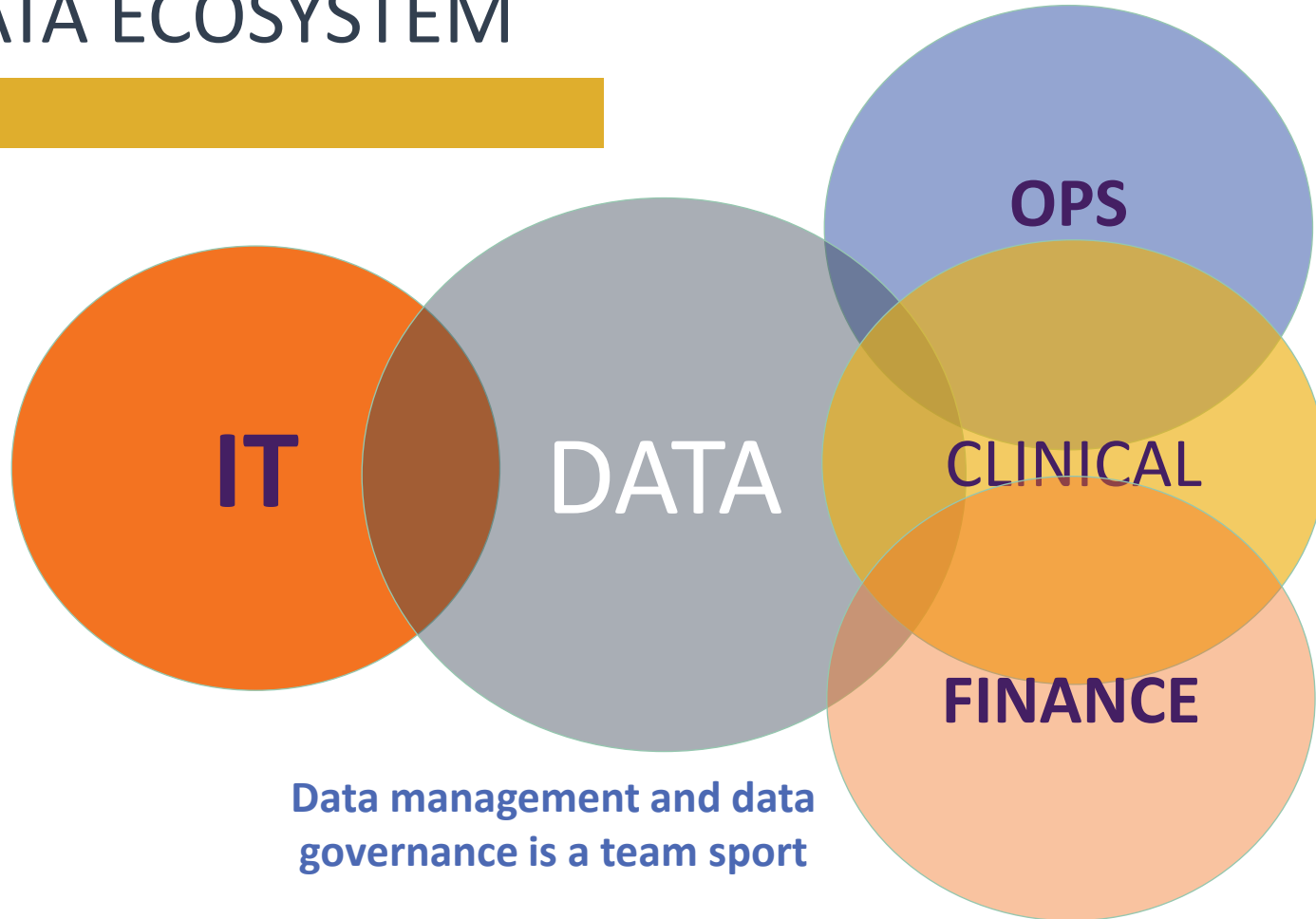


Share best practices for aligning people, processes and technology to build and grow a data driven culture and advance literacy.



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

# DATA ECOSYSTEM



Data management and data  
governance is a team sport

# DATA DRIVEN ORGANIZATION



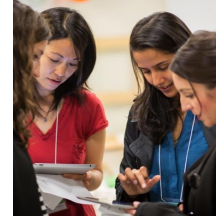
## Data Stewardship

- Experts (or passionate staff) that monitor data quality and help advance data literacy and data use.



## Data Governance

- Forum where data management-related decisions are made, priorities are set, resources are allocated, and impact is monitored.



## Data Services

- Staff or team that analyze and manage data for the organization including making data and reports accessible and presented in an actionable way relevant to staff role.

← **Data Literacy** →



# Data is organizational currency

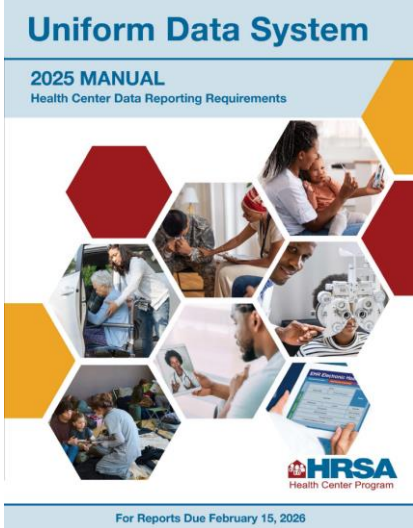
## Organization Assets

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

# UDS DATA = ORG CURRENCY

## Community Health Quality Recognition (CHQR or “Checker”)

Awarded in CY 2025 for the 2024 UDS reporting period,



Meet or exceed national benchmarks for one or more of the clinical quality measures (CQM) groups that promote BH, cancer screening, diabetes health, heart health



HCQL Badge	Decile of AQR Average
Gold	1st tier (top 10%)
Silver	2nd tier (top 11-20%)
Bronze	3rd tier (top 21-30%)

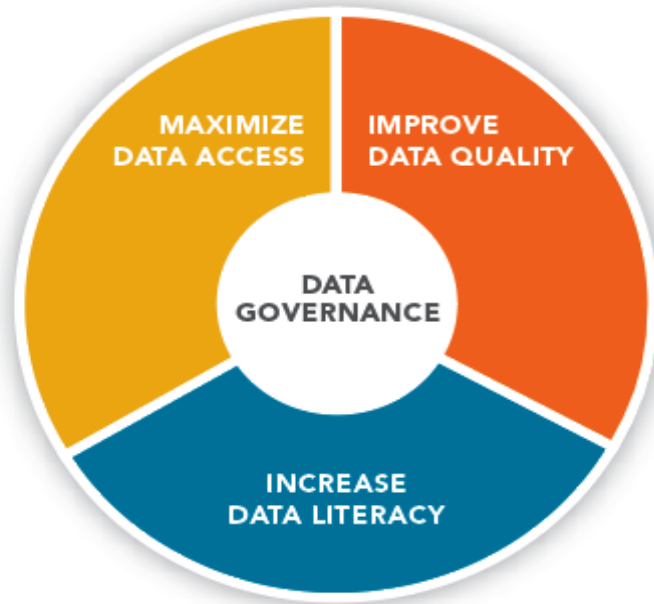
For best overall CQM performance based on Adjusted Quartile Ranking (AQR) from the most recent reporting period

## DATA GOVERNANCE:

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



# THE “TRIPLE AIM” of DATA GOVERNANCE



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

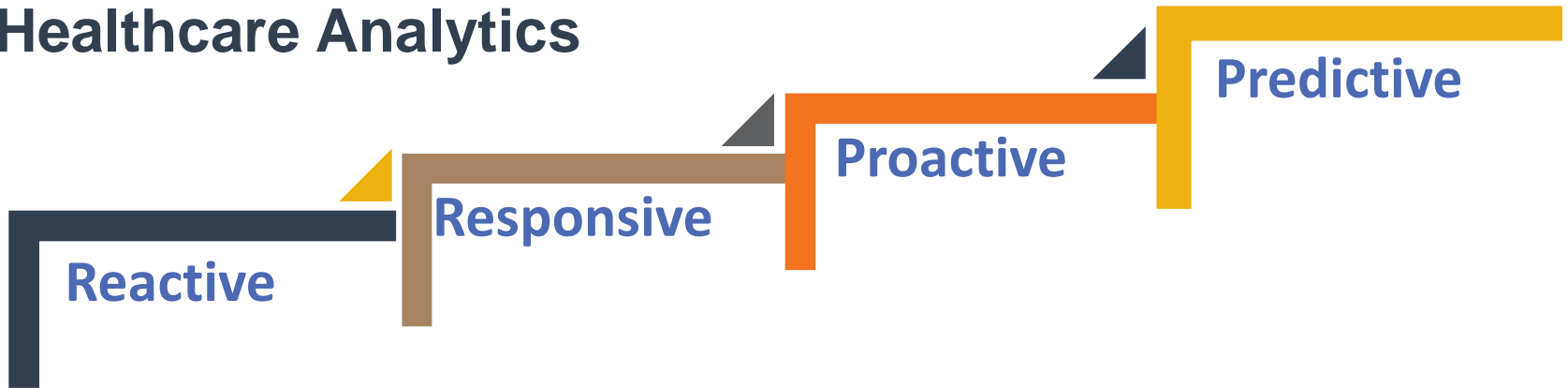
# HOW WELL DOES YOUR CENTER ADDRESS THE TRIPLE AIM OF DATA GOVERNANCE?



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

# HOW TO BUILD ANALYTIC CAPABILITY?

## Healthcare Analytics



**Building a Data Driven Culture**

# KEY ORGANIZATION LEVERS & EXAMPLES OF DATA-RELATED CHALLENGES



## People

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

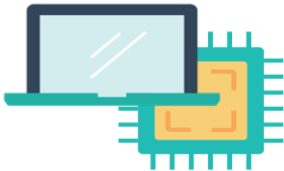


## Process

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

## Technology

- Inefficient data capture (e.g., EHR, PHM workflows – more next session)
- Lots of data/measures available for some departments and not as much for others
- Care teams require more detail and drill-down on measures and variance



# ANALYTIC CAPABILITY ASSESSMENT 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 Governance
- Data Stewardship
- Data Services



# 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.

# Poll



Is someone designated as the Data Steward for your RAPID measure of focus?

- Yes (formal steward designated)
- Yes (informal steward)
- Responsibilities are shared across staff (clinic staff, QI, HIT)
- No, but planning to
- Other?

## DATA STEWARDSHIP OF UDS MEASURES

- Keep up-to-date with measure definition/spec changes
- Monitor data hygiene/quality to assess accuracy, completeness, timeliness
- Participate in RAPID series 😊
- Identify opportunities to improve:
  - People (patient education, staff training, etc.)
  - Process (workflows, P&Ps, JDs)
  - Technology (EHR, patient portal, PHM optimization)

## 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)

→ UDS Measures

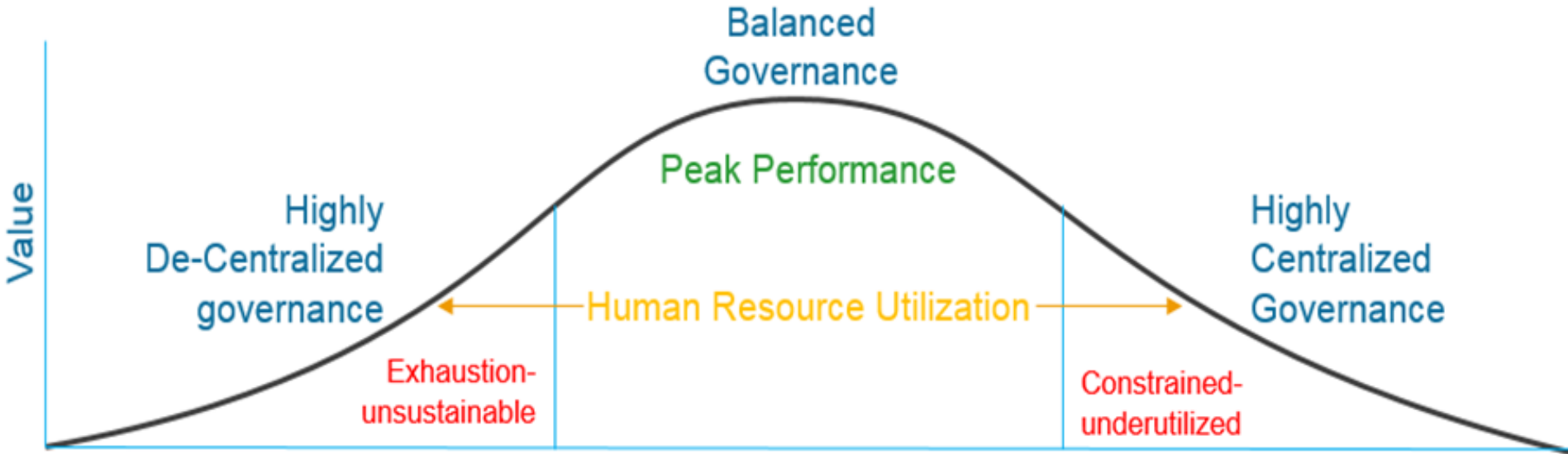


A man with short dark hair and glasses, wearing a blue button-down shirt, is speaking and gesturing with his right hand. He is positioned in front of a large window that looks out onto a green landscape. The background is slightly blurred.

*Data Governance Thought Leader*

Dale Sanders  
Strategic Advisor,  
Health Catalyst

# DATA GOVERNANCE PARALLELS CIVIL GOVERNANCE



Tribal

Democratic

Authoritarian



# 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*
- **Ensuring policies and procedures are in place**
- Aligning data strategy with organizational strategy and monitoring progress
- Organizing and resourcing data quality improvement projects
- 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

# Poll



Has, or will, your data governance function receive updates about RAPID measure efforts and findings?

- Yes, in a formal DG forum
- Yes, in an informal DG forum (QI, HIT or other leadership)
- No, but we'll reconsider 😊
- Other?

# DATA GOVERNANCE OF UDS MEASURE LIFECYCLE

## Data Governance Function Role

- Train data stewards on how to support their measure lifecycle
- Recommend measure documentation to have and maintain
- Define measure lifecycle assessment criteria
- Receive measure lifecycle updates, help prioritize measures of focus, sponsor efforts and allocate resources



## Measure Lifecycle Assessment Criteria

- Measure performance
- Data quality, literacy and use
- Workflow integrity

## Actions

- Prioritize measure focus (including equity focus)
- Advise on ideas for action (people, process, technology)

# DATA GOVERNANCE - MEMBER ROLES



I'll support technology-related resources for data management.

I'll project manage, support assessment and track achievement.

I'll assess financial impact and ensure front and back office support for data management efforts.

I'll facilitate prioritization of data projects that help us achieve our strategic goals.

I'll ensure we implement the project and achieve the intended impact.

# MANAGING THE UDS MEASURE LIFECYCLE

## UDS Data Five-Year Summary

Age and Race/Ethnicity   Patient Characteristics   Services   Clinical Data   Cost Data

Clinical Data	2019	2020	2021	2022	2023
<b>Preventive Health Screening &amp; Services</b>					
Cervical Cancer Screening <sup>1</sup>	53.28%	47.27%	50.44%	50.63%	50.35%
Number of Cervical Cancer Screening Patients <sup>2</sup>	23,636	21,288	23,191	23,275	25,456
Breast Cancer Screening		45.23%	44.59%	47.87%	49.89%
Number of Female Patients Aged 52 through 74 who had a mammogram to screen for breast cancer		10,251			
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents <sup>3</sup>	65.52%	58.18%			
Number of Children Age 3-17 with Weight Assessment and Counseling for Nutrition and Physical Activity <sup>3</sup>	19,466	14,011			
Body Mass Index (BMI) Screening and Follow-Up Plan <sup>4</sup>	72.29%	60.96%			
Number of Adult Medical Patients Age 18 and Older with Body Mass Index (BMI) Screening and Follow-Up <sup>4</sup>	84,861	69,841			
Percent Adults Screened for Tobacco Use and Receiving Cessation Intervention <sup>5</sup>	86.72%	83.52%			
Number of Adult Medical Patients Age 18 and Older Screened for Tobacco Use and Received Cessation Counseling <sup>5</sup>	72,409	68,551			
Colorectal Cancer Screening <sup>6</sup>	46.56%	42.74%			
Number of Patients Screened for Colorectal Cancer <sup>6</sup>	21,191	19,441			

## Sample Health Center Performance Comparison Report

Individual health center performance

Healthy People 2020/ 2030 Goals

Average for comparison groups

Adjusted Quartile

Preventive Health Screenings and Services	Health Center	Healthy People 2020 Goals <sup>4</sup>	Healthy People 2030 Goals <sup>4</sup>	Averages						Health Center Adjusted Quartile <sup>5</sup>	
				CO	National	Rural	Size	Sites <sup>1</sup>	Special population Agricultural Workers <sup>2</sup>		Special population Homeless <sup>3</sup>
Childhood Immunization Status <sup>7</sup>	38.51%	-	-	45.44%	38.06%	36.26%	36.96%	39.36%	37.70%	38.04%	2
Cervical Cancer Screening <sup>8</sup>	57.82%	93.00%	84.30%	57.17%	52.95%	47.30%	51.38%	53.95%	52.90%	53.13%	2
Breast Cancer Screening	28.44%	-	-	47.21%	45.29%	46.94%	46.45%	48.19%	46.16%	46.36%	4
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents <sup>3</sup>	58.63%	-	-	71.17%	68.72%	65.12%	67.81%	70.44%	68.89%	68.79%	3
Body Mass Index (BMI) Screening and Follow-Up Plan <sup>4</sup>	72.06%	-	-	58.78%	61.32%	64.30%	63.48%	64.10%	61.21%	61.49%	2
Tobacco Use: Screening and Cessation Intervention <sup>5</sup>	68.53%	-	-	80.14%	82.34%	81.81%	81.45%	84.32%	82.21%	82.50%	4
Colorectal Cancer Screening <sup>6</sup>	38.26%	70.50%	74.40%	41.07%	41.93%	43.08%	42.63%	43.55%	42.14%	42.17%	2
HIV Screening	20.54%	-	-	37.04%	38.09%	22.05%	34.66%	38.74%	38.45%	37.77%	3
Screening for Depression and Follow-Up Plan <sup>9</sup>	63.94%	-	13.50%	71.82%	67.42%	66.02%	66.28%	70.37%	67.53%	67.52%	3

# DATA GOVERNANCE POLICIES & PROCEDURES



# DATA GOVERNANCE POLICIES & PROCEDURES - EXAMPLE

**Data Governance Policies & Procedures  
for Community Health Centers**

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Data security and privacy

Data sharing and exchange

Data governance vision and culture

Data literacy (platform access, data use)

Data ownership and data quality

Policies and procedures help formalize and sustain culture and practices

+ Artificial Intelligence



# AI IN HEALTH CARE

## What does it mean for Health Centers?

- Barriers to adoption of “Dr. GPT” are liability and regulatory
- Organizations likely to win a Dr. GPT Medical AI race:
  - Amazon Health, Google, OpenAI, maybe Epic
  - NOT your clinic
- Many of your routine visits will go away soon
- What is your niche? Why should patients visit your practice?

## Health Center Use of AI

- Good uses of AI, when properly supported:
  - Aiding provider documentation and decision-support <sup>1</sup>
  - Billing and coding support, patient scheduling, navigating your phone tree
  - Predictive modeling and data analysis <sup>2</sup>
- Can improve patient care, reduce provider burnout, improve patient satisfaction <sup>1</sup>
- “Human in the loop” is best practice
  - Humans and AI collaborate, with humans providing input, feedback, and oversight to AI algorithms

# CHC Data Governance

## 1.0 Purpose

The CHC (“CHC”) recognizes that organization data is an asset, and critically important to effectively supporting CHC’s mission. To that end, organization data must be accessible, accurate, and easily integrated across the CHC information systems to support clinic operations and strategic planning. The purpose of this policy is to establish the principles of data management including ensuring data quality, promotion of data literacy among all staff, and enabling appropriate and sufficient access to data that is role-specific, triggers action, and is improvement oriented. CHC protects its data assets through technical and procedural controls, assuring the proper use of data.

## 2.0 Scope

This policy applies to organization data and all CHC activities and operations in which organization data are maintained and/or accessed. This policy applies regardless of the offices or format in which the data reside.

## 3.0 Authority

The DG committee will review and approve the policy on an annual basis. The authority to implement this policy and related procedures has been assigned to the Privacy & Security Officer (PSO) and will be administered through IS/IT in coordination with CHC officers and the Data Governance Committee.

“The CHC recognizes that organization data is an asset, and critically important to effectively supporting CHC’s mission.”

“The DG committee will review and approve the policy on an annual basis.”

## 5.0 Data Governance Principles

- Data is a strategic asset that has value and risk.
- Data-related decisions should be made at the lowest level possible.
- Not all data will be treated equally; data will be valued and governed/managed based on business impact, stakeholder needs and applicable policy/regulation (e.g., protected health Information (PHI)).
- Data definitions, standards, processes, and policies will be developed and maintained with an organization-wide approach.
- Data stewards define the business terms and definitions, approve data values, data relationships, business rules, data quality standards and monitor data quality and data asset value, while IT maintains the systems that capture and manage data through their lifecycle.
- Individuals who create or acquire data are accountable for the quality of that data and must record it in accordance with its definition.
- Data quality and integrity will be addressed by the individuals that create the data and who are closest to the data, understand its meaning and business implications to the specification of the data stewards, with support from the Data Governance program.

“Data is a strategic asset that has value and risk.”

“Data stewards ... monitor data quality and data asset value”

## Data Quality

### 1.0 Purpose

CHC (“CHC”) data systems and processes that generate clinical and operational measures and reports for internal or external stakeholders should meet the highest levels of data quality as a critical component of data governance within the organization. The purpose of this policy is to ensure that CHC reports have integrity so that management and employees may rely on that data for decision making purposes. All measures generated and reported [in/through PHM] should be periodically and systematically assessed for accuracy, completeness, and timeliness to ensure usability and compliance with public and private funder reporting requirements and federal, state, and local laws.

### 2.0 Scope

This policy applies to all employees, contractors, partners, vendors and any third-party at all locations that support generation of CHC reports for internal or external stakeholders. This policy applies to all data and reports generated [in the PHM] from EHR, PHM, and dashboard/scorecard/data visualization tools. If the data and reports are generated or acquired collaboratively, multiple organizations or individuals may share responsibility.

“..data systems and processes that generate measures ... should have the highest levels of data quality...”

“..applies to all data and reports generated from EHR, PHM, dashboards...”

## 4.0 Definitions

- Role-related
  - Data Governance: A forum or function that oversees organization data management broadly by orchestrating people, processes, and technology to maximize the value of data through data quality, data literacy, and data access. Membership includes representation from all functional areas. May be a decision-making body and/or working group.
  - Data Services: The department or function that manages the organization's data assets. It is the tactical arm of data governance and is typically staffed with data analysts and/or data scientists with professional skills in data analysis, visualization, and business intelligence.
  - Data Stewards: Experts (or passionate staff) within a clinic site and/or department that are assigned to a priority measure and help ensure data quality, data literacy and use of that measure. Data stewardship is a role, not a title.
  - Data Validation team: A cross-functional team that provides subject matter and process expertise from health center departments that capture or transform source data for clinical care and operating purposes. Membership typically includes representation from clinicians (MD or mid-level), care team (RN, MA, CM), IT/HIT, Data services, QI, and Billing/Coding.

Data quality  
roles and  
responsibility  
at all levels



# 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



**Southcentral  
Foundation**  
Anchorage, Alaska



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
Remote Patient Monitoring program (DM and HTN)	Adult care teams	Dr. Maricela, Adult Med Head	George, MA	\$25K MCO incentive	Q1
Access to care and empanelment	All	Frank, Site Director	Marisol, Case Manager	\$25K new patient revenue	Q1
Cancer screening outreach campaign (portal) and reports	Adult team	Betty, Nursing Director	Myrian, RN Adult team	\$15K quality award	
High Utilizer Analysis	All	Daisy, CMO	Mai Lynn, QI	10% reduce cost/patient	

A simple spreadsheet format can be used

# DATA SERVICES TEAM - EXCEL SKILL DEVELOPMENT



1. Extracting data from EHR and other systems to Excel for further analysis
2. Cleaning up extracted data
3. Analyzing data using formulas and pivot tables
4. Combining data sets (e.g., EHR and claims data) sets using a common identifier (e.g., MRN).
5. Creating charts and graphs, dashboards and scorecards

# DATA SERVICES - DATA VIZ TOOL ADOPTION

## Fill in Reporting Gaps

- EHR, PHM, or Excel may not fulfill all reporting needs
- Easy integration of internal and external data



## Equip staff with data (Self Service)

- Provide easier access to data and reports
- Create visual displays that trigger action
- Provide easy drill-down by multiple variables (demographic, dx)



# 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

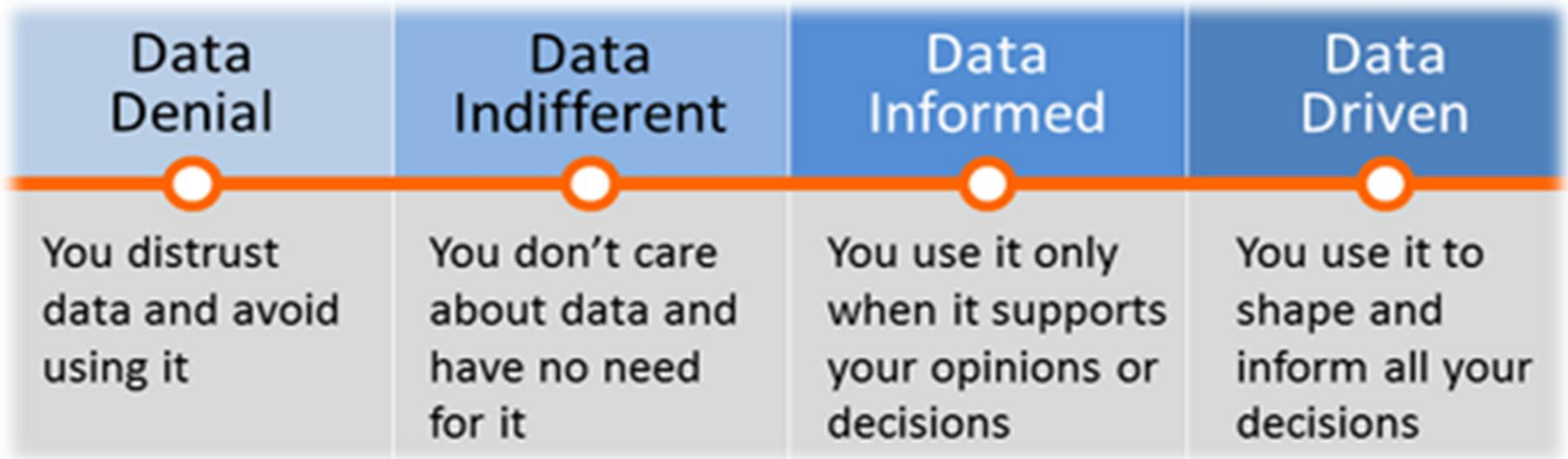


Tell a story with data.  
“Improvement Corner”



Present data in ways that staff can  
easily identify what action they  
need to take.

# CHANGING MINDSETS



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



## TOOLS & RESOURCES

- CCI Academy - Short Course Videos and Tools
- Analytics Capability Assessment
- Data Governance Handbook





# QUESTIONS

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[jerry.lassa@datamatt3rs.com](mailto:jerry.lassa@datamatt3rs.com)

# Assistance Available

## UDS Support Center

- Assistance with UDS reporting content questions
- 866-UDS-HELP (866-837-4357)
- [udshelp330@bphcdata.net](mailto:udshelp330@bphcdata.net)

## HRSA Call Center

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

## Health Center Program Support

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

