

MARGIN, MISSION AND DATA STRATEGY: THE ROLE OF DATA GOVERNANCE



Health Initiatives Consulting



DATA GOVERNANCE & MANAGEMENT SERIES

- **6/24/20** – Now More Than Ever: Data Governance During a Pandemic
- **7/22/20** – Margin, Mission and Data Strategy: The Role of Data Governance

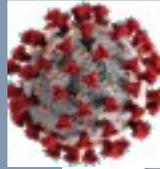


Interactive Live Learning

The image displays a GoToMeeting interface. On the left is a vertical toolbar with icons for chat, video, audio, and screen sharing. The main window shows a 'Meet Now' session with a presentation slide that includes the company logo and the text 'Health Initiatives Consulting Data Up!'. A chat window is open on the right, showing a 'Welcome - Chat with us!' message. Red boxes highlight the top and bottom of the chat window.



LEARNING SERIES OBJECTIVES



Provide refresher on data governance and how to leverage a data-driven organization during a pandemic



Take stock of MPCA data governance journey and introduce tools and resources to consolidate wins and “get to the next level”



Apply best practices in data governance and build a data strategy to improve patient and financial outcomes



FACULTY

SA Kushinka, MBA



Jerry Lassa, MS

6/24 Webinar #1 Attendees

16 attendees from 10 centers

1	Bucksport Regional
2	East Grand
3	Eastport Health Care
4	Greater Portland Health
5	Harrington Family
6	HealthReach Health Center
7	Nasson Health
8	Pines Health
9	Regional Medical at Lubec
10	Sacopee Valley Health

Roles represented:

9 CEO/CFO Administration

3 QI/Data Specialist

1 IT/EMR Staff

3 Other

Chat # 1



Did you attend the webinar or watch the recording?

Today's Topics



**DG Fundamentals
Recap**



MCPA's DG Journey



**Building a Data
Strategy**



Discussion / Q & A



Next Steps

Data is the new
organizational currency

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

ORGANIZATIONAL ASSETS



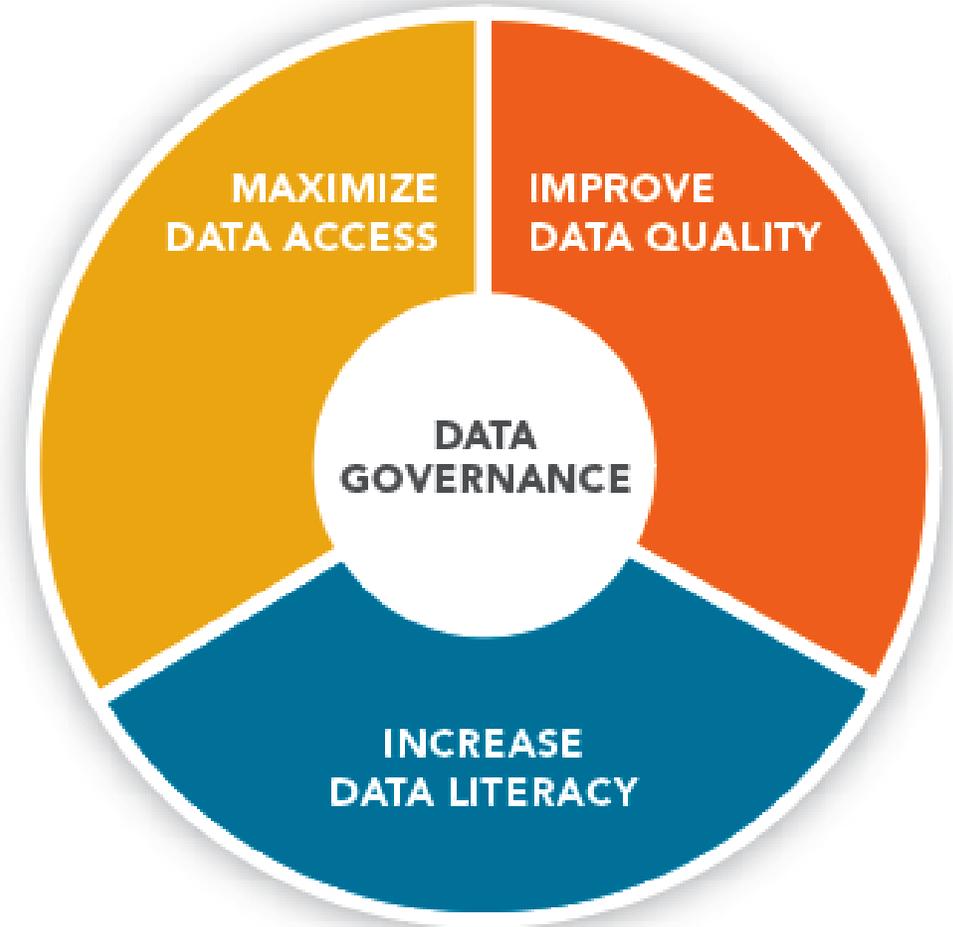
DATA GOVERNANCE:

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



Factors to consider in harnessing data and building analytics capability



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

DATA STEWARDS



Good communication, coordination and negotiation skills.



Work with other stewards as part of data governance team.



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



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



Role or function, not a “title”.



DATA STEWARDS: ESSENTIAL FOR DATA QUALITY

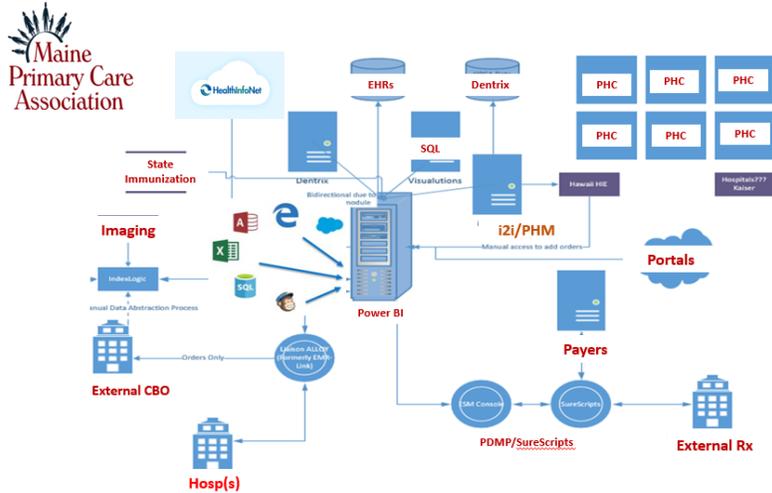
- New data elements to collect and report
- Insure everyone understands data definitions, where to document
- Virtual visits, COVID-19 testing, PPE supplies, etc.
- Ensure current P4P and quality bonuses are maximized

What are some things that a DG Committee does?

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

MPCA DATA & ANALYTICS TOOLS

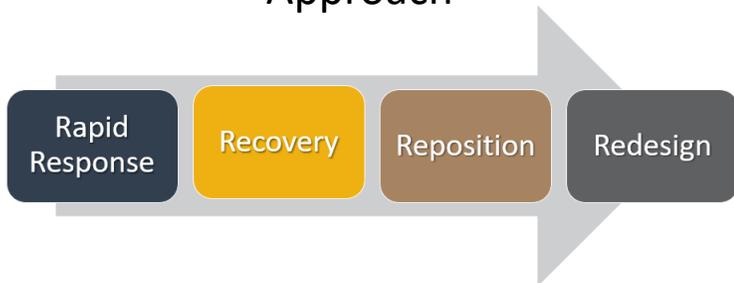
Many Internal & External Data Stakeholders



Power BI Analytics Tool Implementation



COVID-19 Data & Analytic Tool Approach



HCCN Funding Driving HIT & Analytic Tool Investment

HCCN Project Purpose

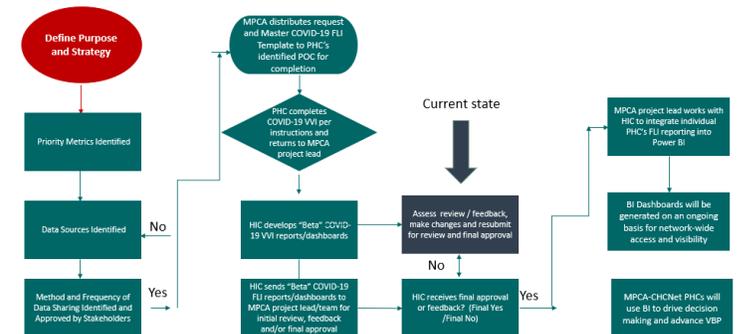
August 2019 – July 2022

HCCNs are groups of health centers working together to use health IT to improve operational and clinical practices. The purpose of the FY19 HCCN funding is to support health centers to leverage health IT to increase their participation in value-based care through:

HCCN Goals

- A Enhancing the patient and provider experiences
- B Advancing Interoperability
- C Using Data to Enhance Value

Process to Determine Data Management Priorities





**What we
learned
from “chat”**

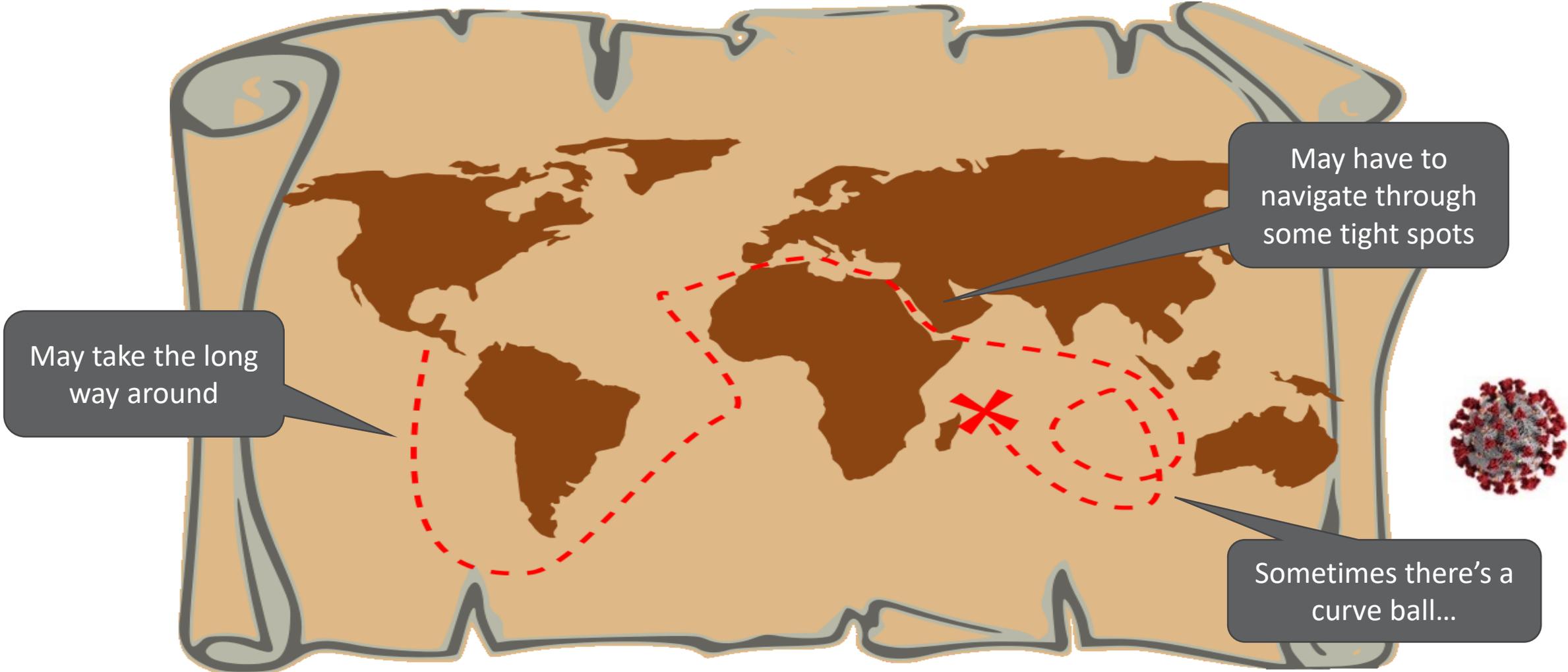
- Data governance occurring in at least some organizational forum
- Many challenges, including lack of resources, specifically around data quality, measure definition/harmonization and data mapping
- Access to data and data tools is a challenge



MPCA DATA GOVERNANCE JOURNEY – WHAT NEXT?

- Take stock
- Identify opportunity areas
- Narrow focus

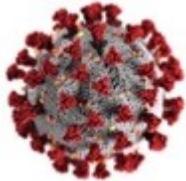
DATA GOVERNANCE JOURNEY



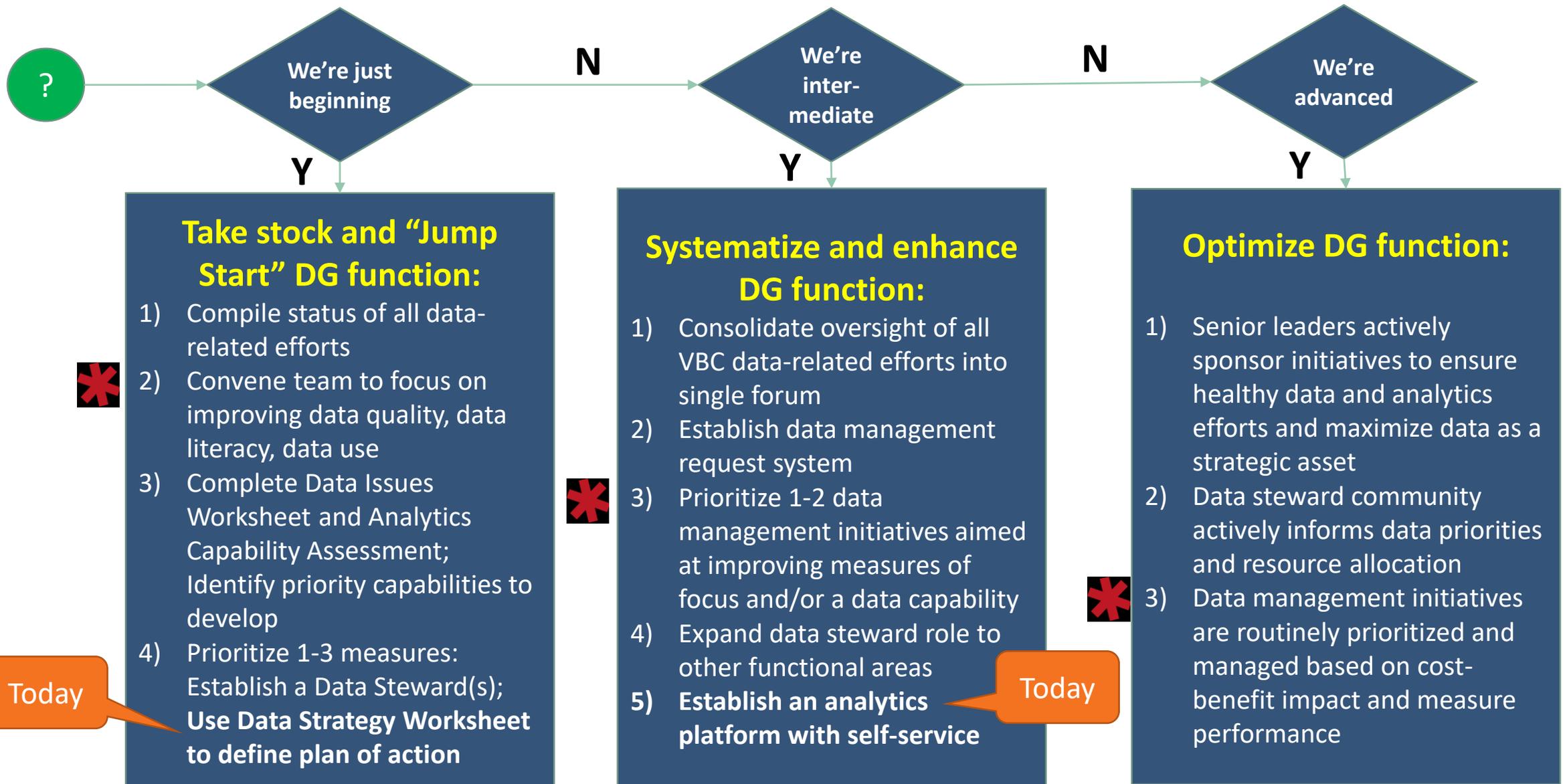
May take the long way around

May have to navigate through some tight spots

Sometimes there's a curve ball...



KNOW WHERE YOU'RE AT



REINFORCE TEAM ROLES & RESPONSIBILITIES

IT: I'll assess and support tech-related resources for the data management project.

QI/Data Analyst: I'll analyze potential clin/ops/financial impact and help track achievement.

Finance: I'll identify payer/ reimburse. 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.

Clinical/Operations Manager: I'll ensure we implement the project and achieve the intended impact.



PRIORITIZE DATA MANAGEMENT EFFORTS TO ACHIEVE ROI

Ensure multi-program Alignment

(HCCN, UDS, ACO, COVID):

1. Financial
2. Patient safety/quality
3. Clinical practice / health outcomes
4. Business growth and access
5. Efficiency/productivity
6. Patient/family/team member experience



Stanford Data Governance
Committee Members rank their
top two for a particular
data management project.

Stanford Children's Health Data Leadership and
Governance Wisdom, Healthcare Innovation 2019

ASSESS COST-BENEFIT



Cost-Benefit Analysis

- DG approaches and tools are low cost yet can have high impact
- Gaining senior leadership sponsorship for DG can be challenging
 - Important to convey potential financial impact of data management projects using Cost-Benefit (ROI) analysis
- Increasingly important for Value Based Care-focus

COST/BENEFIT

2019 HRSA QUALITY IMPROVEMENT AWARDS



**Maine:
\$1.5 million
in 2019**
(Average \$83,333/center)

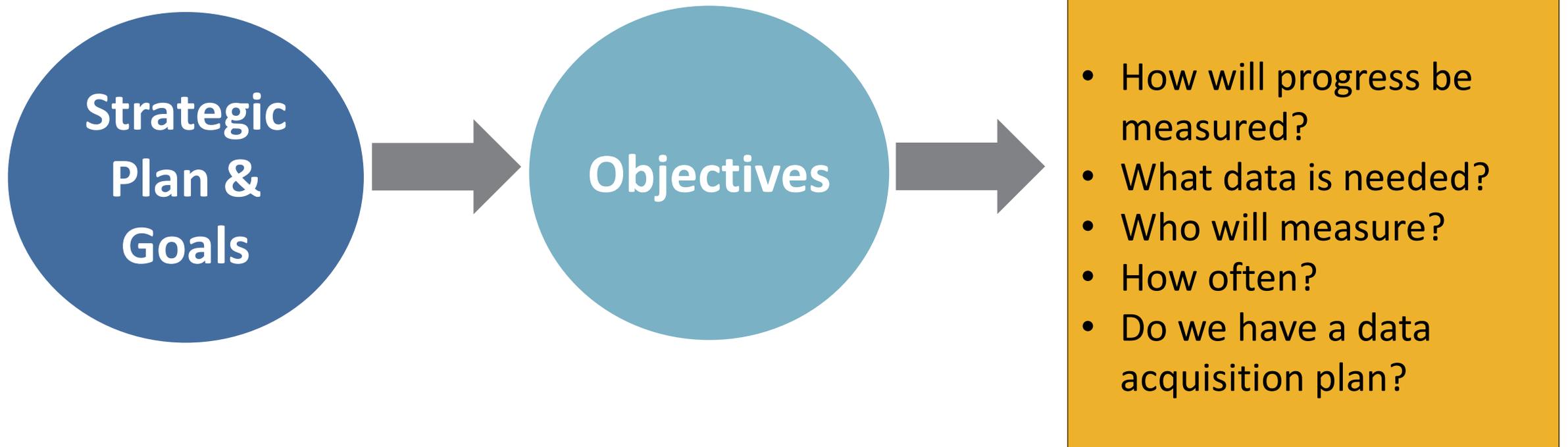
	FY18 Award #	FY19 Award #	FY18 Award \$	FY19 Award \$	FY 18 Award %	FY19 Award %
Total Funding to Maine	18	18	\$1,447,920	\$1,494,737 ↑	100 %	100
Electronic Health Record (EHR) Reporters	17		\$85,000	\$	94 %	
Clinical Quality Improvers	14	15 ↑	\$240,133	\$189,608	78 %	83 % ↑
Health Center Quality Leader	5	10 ↑	\$148,998	\$305,556	28 %	56 % ↑
National Quality Leader	1	3 ↑	\$89,289	\$91,073	.05%	17% ↑
Enhancing Access to Care	4	7 ↑	\$75,000	\$120,000	22 %	39 % ↑
Delivering High Value Health Care	0 🚫	0 🚫	\$0.00	\$0.00	0 % 🚫	0 % 🚫
Addressing Health Disparities	4	5 ↑	\$37,500	\$47,500	22 %	28 % ↑
Advancing Health Information Technology (HIT) for Quality	18	18	\$92,500	\$91,000	100 %	100 %
Achieving PCMH Recognition	16	15 ↓	\$680,000	\$650,000 ↓	89 %	83 % ↓



DEFINING A DATA STRATEGY

- Alignment with Organizational Strategy
- Components and Tools
- Achieving Mission and Margin through Strategy

Where does a data strategy fit in?





FOCUS AREA 1

EMPLOYEE PERFORMANCE, HEALTH, AND WELL-BEING



STRATEGIES

1 Optimize organizational structures to **support** collaborative service delivery



ACTIONS

Align HR practices with workforce demands and community trends to secure competitive diverse talent

Equip employees with the tools and resources they need to excel



OUTCOMES

Improved services

Increased client satisfaction

HHS employee performance is exemplary



METRICS

% of community members who would recommend HHS services and programs ¹

% of staff who agree that the HHS workforce has the job-relevant knowledge and skills necessary to accomplish organizational goals ²

DATA STRATEGY WORKSHEET

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?



Why Use the Data Strategy Worksheet?

- 1 Aligns goals with the data needed to measure and achieve it.
- 2 Applies a standard set of questions to each data set.
- 3 “Scrub” key measures to ensure accuracy, reliability, timeliness and security.
- 4 Find where the weaknesses and gaps are in your data – and fix them.
- 5 Build responsibility for data and identify data stewards internally and with partners.
- 6 Inspires confidence in the data among your end users and partners.



Data Strategy Worksheet

This worksheet contains a set of questions that can be used to build and review your data strategy for one data element or for a family of measures. Not all questions need to be answered for each data point or measure; use this as a guide to highlight potential data integrity issues.

Component	Typical Questions	Response	Plan of Action
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?		
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DATA REQUIREMENTS

- What core data elements are needed to start?
- Which ones will you need in the future?
- What are the sources of that data?

DATA REQUIREMENTS

Components	Typical Questions	Response	Plan of Action
Data Requirements	What core elements are needed to start with?	Diabetic patient diagnosis, HTN patient diagnosis, A1c value, BP values, depression screening, smoking cessation	<ul style="list-style-type: none"> - Need to identify the correct number of unduplicated DM and HTN patients using our EHR and ensure it matches PHM system for each measure. - If they do not match, need to understand root cause (e.g., data entry, coding, workflow, mapping) and address (conduct training, fix EHR data fields/workflow, clean up mapping in PHM system). - Clarify "high risk" patients according to HEDIS definitions - Work with clinical data steward to determine when training will be completed on accurate BP reading and documentation, then add to report.
	What data elements will be needed in the future?	Additional demographic data such as race and ethnicity for health equity/disparities analysis	
	What are the sources of that data?	EHR is source system PHM is the reporting system	

MPCA MEASURES PRIORITIZED DURING PANDEMIC

New Visit Volume & Financial Impact Reporting Tool

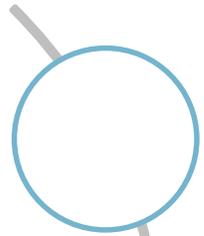
JAN (Baseline)															
Primary Clinical Services <i>(# of primary care pt. visit encounter by payer)</i>				Dental Services <i>(# of dental care pt visit encounters by payer)</i>				Behavioral Health Services <i>(# of BH pt visit encounter patients by payer)</i>				Other <i>(if applicable)</i> <i>(# of other pt visit encounters, please specify)</i>			
Uninsured	Medicaid	Medicare	Other 3rd Party	Uninsured	Medicaid	Medicare	Other 3rd Party	Uninsured	Medicaid	Medicare	Other 3rd Party	Uninsured	Medicaid	Medicare	Other 3rd Party

Total Patient Encounter Volume <i>(new and existing patients and in and out of scope services)</i>:
of Face-to-Face Encounters (onsite)
of eVisit Encounters (patient portal)
of Telehealth Encounters (telecommunication systems)
New Patient Encounters:
of New Patients seen via Face-to-Face Encounters (onsite)
of New Patients seen via eVisit Encounters (patient portal)
of New Patients seen via Telehealth Encounters (telecommunication systems)
Patient Engagement and Portal Usage:
Total # of Patients w/Outreach Information in HIT System (eg. Mobile #, email address, etc.)
Total # of Patient Population Enrolled in Patient Portal
Total # of Patients Accessing Patient Portal

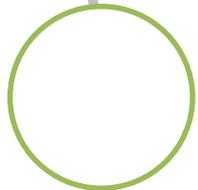
Measures of Focus:

- Face-to-face encounters (onsite)
- eVisit encounters (patient portal)
- Telehealth encounters (telecom systems)
- Patient portal enrollment and use

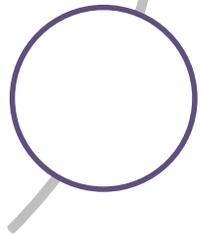
DATA GOVERNANCE



Who owns the data element(s)?



Who defines meanings and valid values?

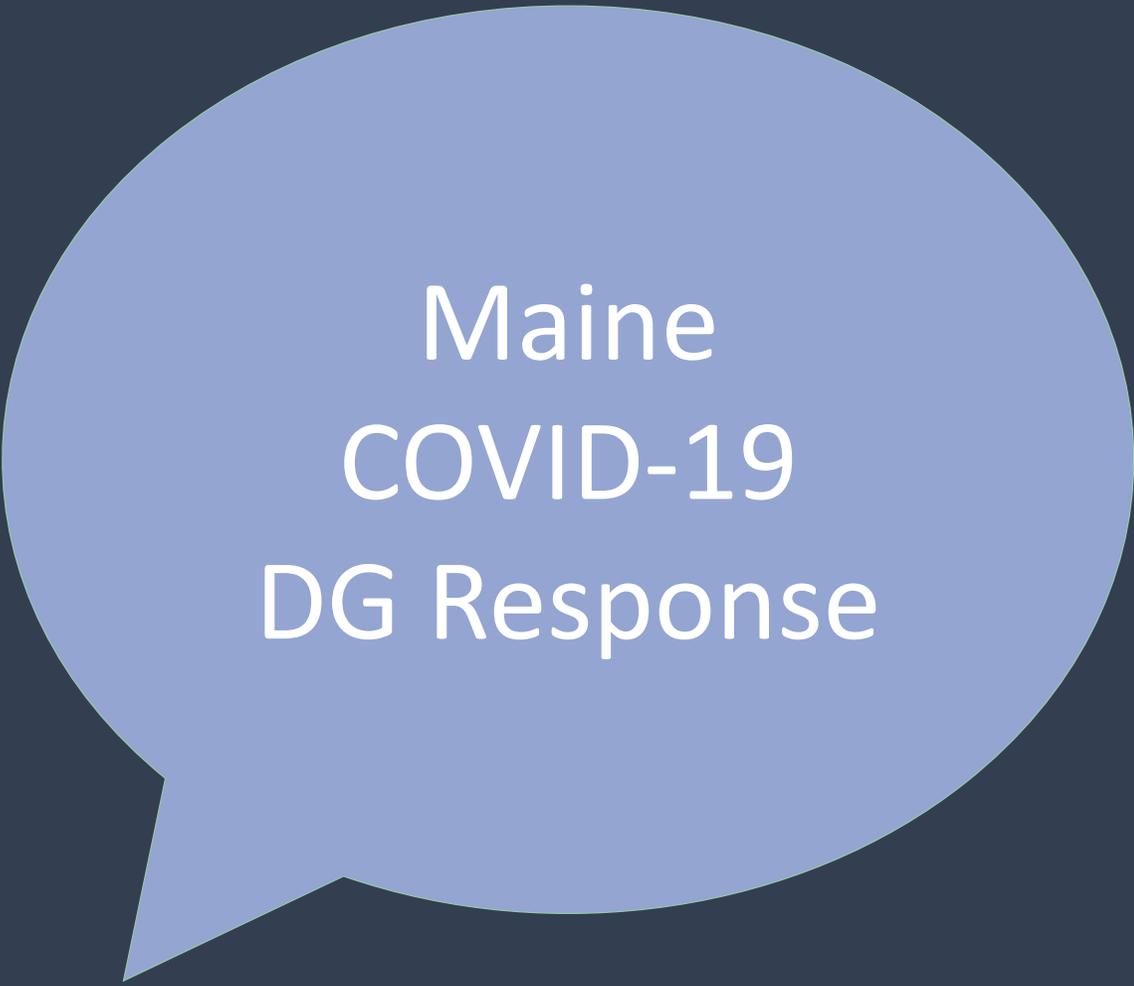


What is the division of responsibilities between admin, clinical, and IT?

DATA 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 as necessary
	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	- Assess need for and conduct refresher training on standardized approach to clinical practice and data entry
	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	- Update training materials as needed.

- Who “owns” the priority measures?
 - ✓ Health center leaders identified and prioritized the new measures collaboratively as a network in
- What is the division of responsibilities?
 - ✓ Health center leaders sponsor efforts to capture and manage the new measures; Operational and financial staff implement them
- Who defines meanings and valid values?
 - ✓ Defined collaboratively in the Volume & Financial Reporting tool, but will likely be refined and adapted by individual centers



Maine
COVID-19
DG Response

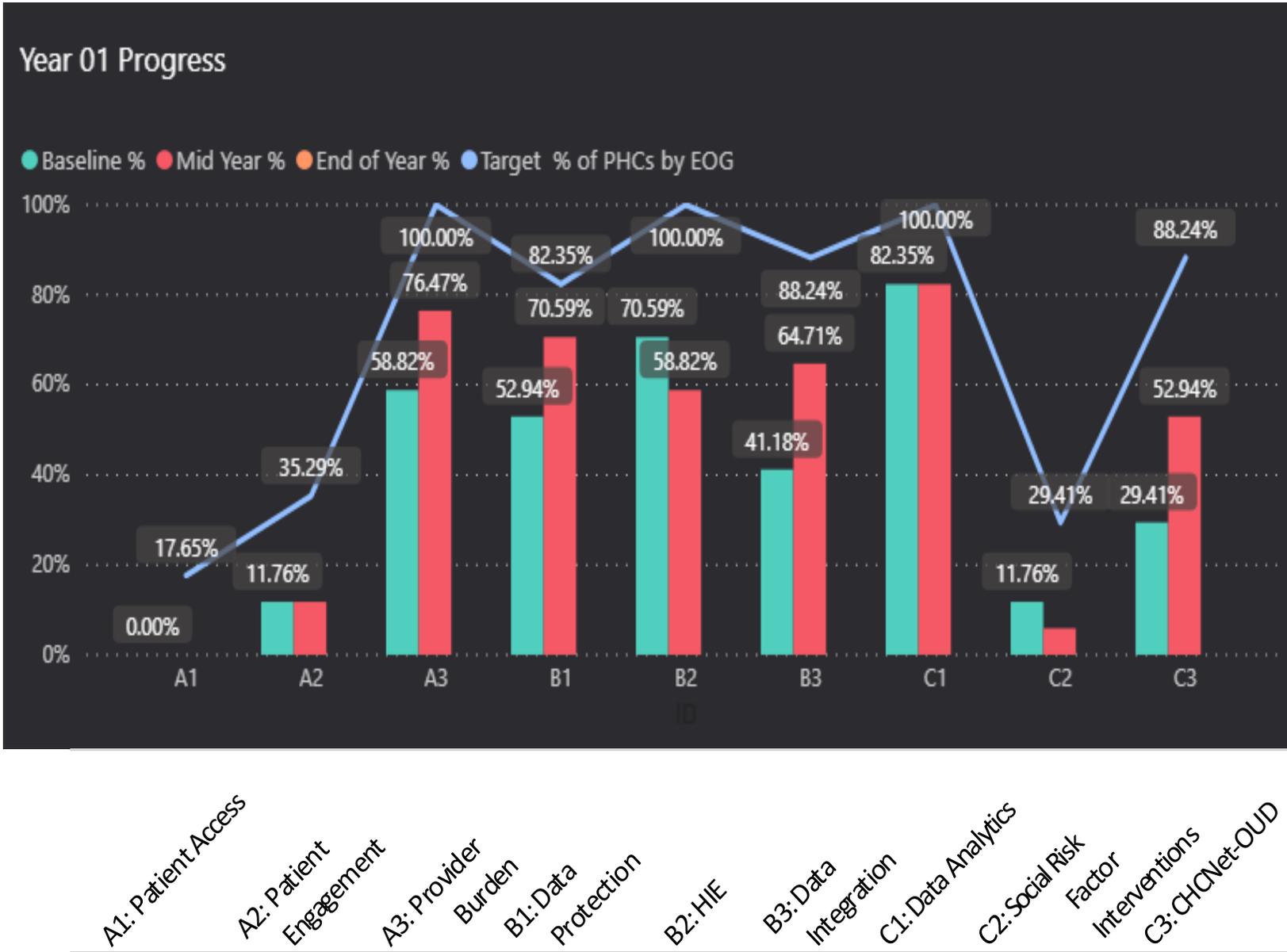
DATA QUALITY

- What validity issues are there with the required data?
- Availability, accuracy, consistency, timeliness?
- What data fixes are required?

DATA QUALITY

Components	Typical Questions	Response	Plan of Action
Data Quality	What validity issues are there with the required data?	DM diagnoses codes not being applied consistently. Number of DM patients different between EHR and PHM.	<ul style="list-style-type: none"> - EHR applications team to conduct line by line mapping between EHR and PHM
	Availability, accuracy, completeness, timeliness?	BP readings are often missing or out of range. Unclear if all MAs are recording a resting BP.	<ul style="list-style-type: none"> - Establish standard BP practices and 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.	<ul style="list-style-type: none"> - 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

DATA QUALITY IN CONTEXT OF HCCN GOALS

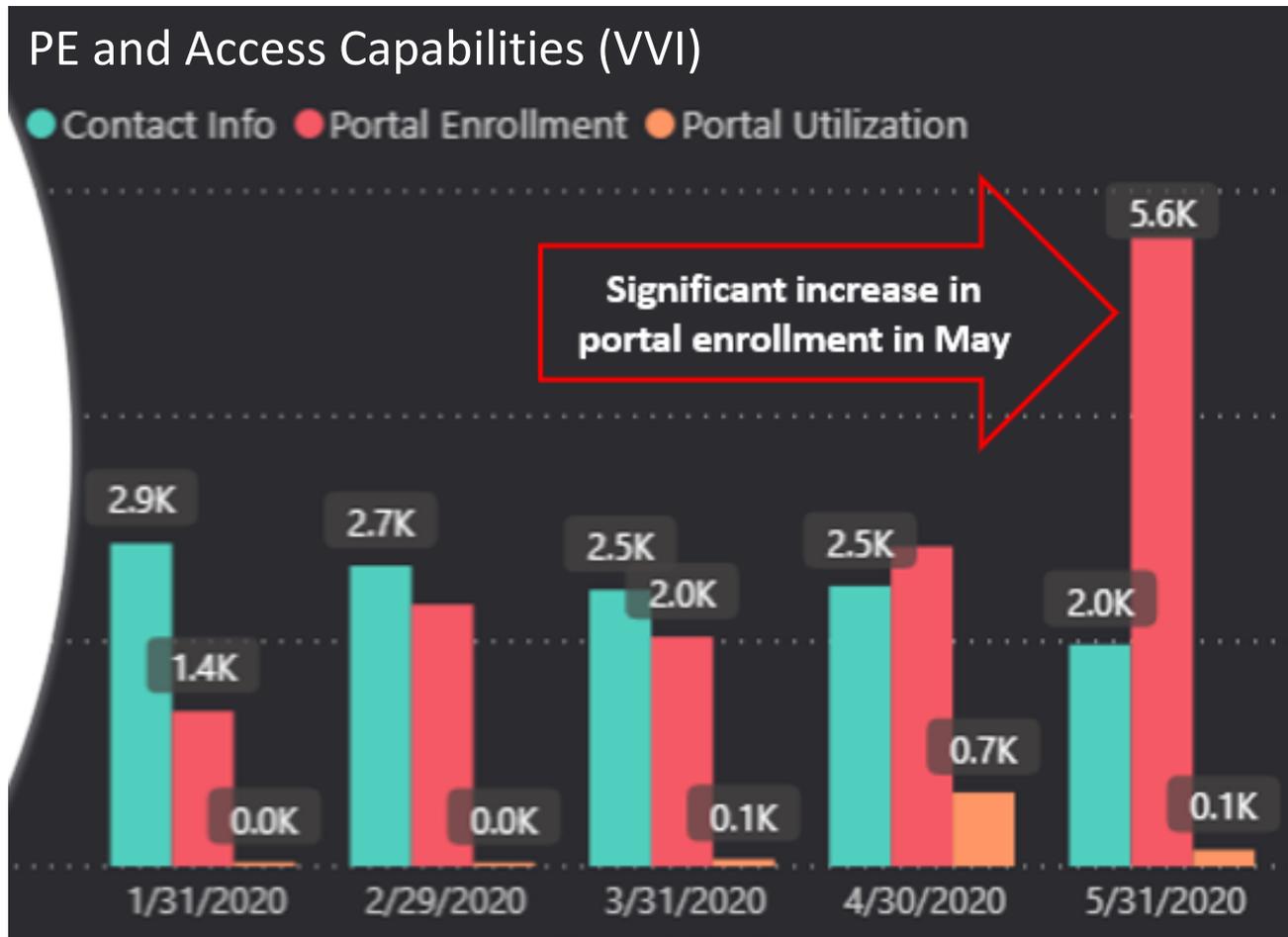


- What validity issues are there with the priority measures?

➤ Limitations on tracking virtual care:

- HCCN Goal A1: Patient access to portal
- HCCN Goal A2: Patients engaging with portal

PATIENT ACCESS & ENGAGEMENT



- Availability, accuracy, completeness, timeliness?
 - Portal enrollment improving but low utilization

Chat #2

Data Stewards for Priority Pandemic Measures

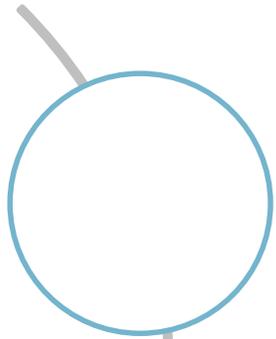


Have you implemented a Data Steward for one or more of these priority measures?

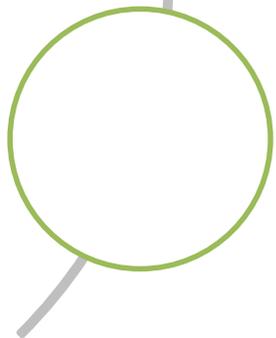
Chat in all that apply (use letter):

- A. Face-to-face encounters (onsite)
- B. Visit encounters (patient portal)
- C. Telehealth encounters (telecom systems)
- D. Patient portal enrollment and use
- E. All of the above
- F. None of the above

GRANULARITY



What level of detail do you need?

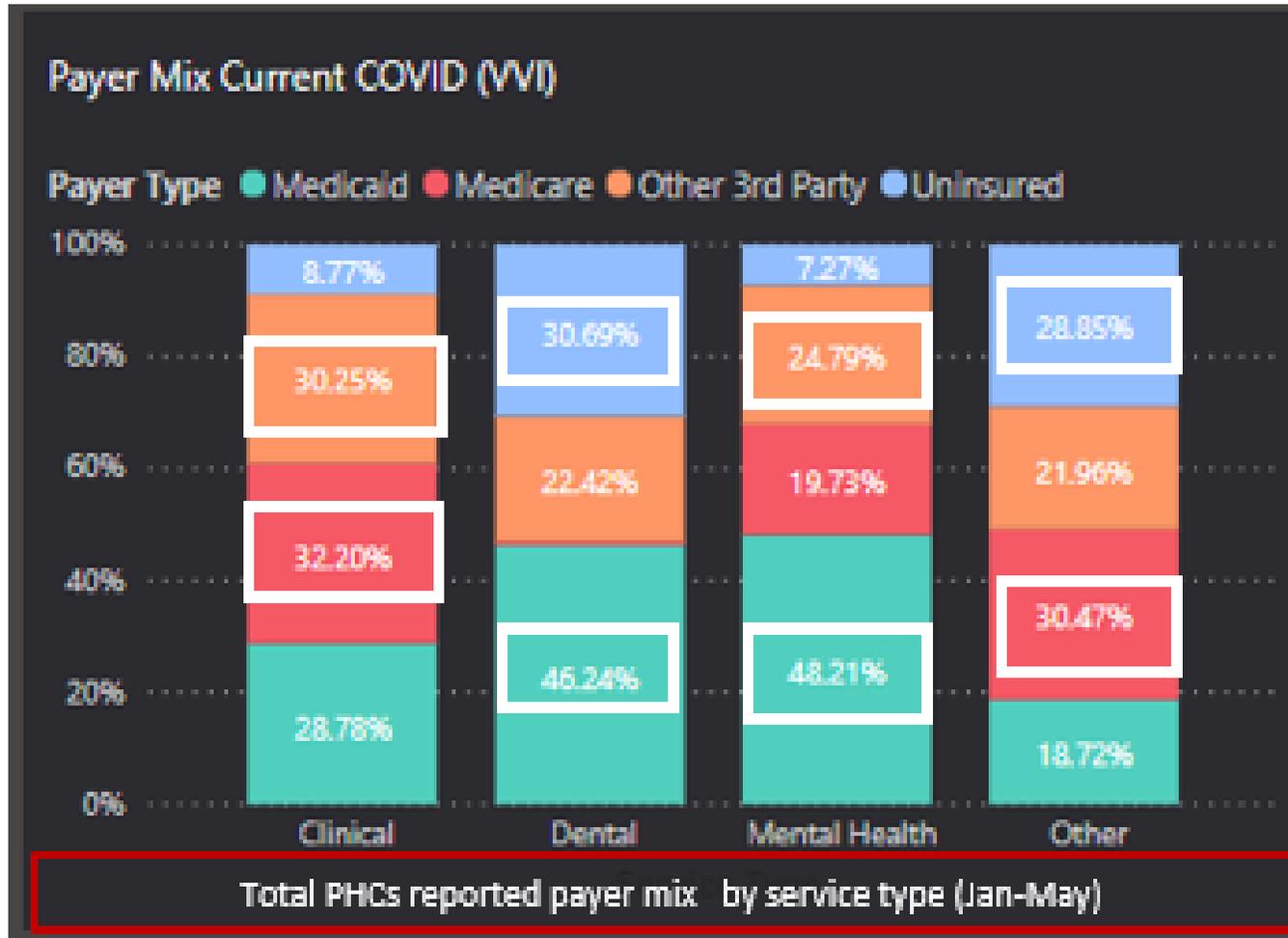


Does the data need to be at different levels of detail for different uses?

GRANULARITY

Components	Typical Questions	Response	Plan of Action
Granularity	What level of information do you need?	Data needs to be aggregated and reported at an organization, site, and care team level. Additional segregation of data by selected demographic data (race, ethnicity) may also be needed.	<ul style="list-style-type: none"> - Develop data quality and measure reports at the provider, care team, site and organization level. - Leaders will use organization level and to prioritize interventions in order to meet objectives. - Medical leaders will use care team and provider level reports to target training and evaluate the effectiveness of PDSAs.
	Does the data need to be at different level of detail for different users?	Yes, senior leaders need monthly reporting with trending and national benchmarks, while care teams need more frequent reporting for improvement activities and to assess effectiveness of PDSAs.	

VISIT TYPE BY SERVICE LINE & PAYER MIX



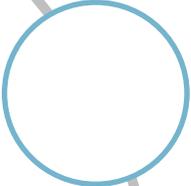
What level of information do you need?

- Volume by service line and payer

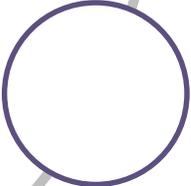
Does the data need to be at different levels of detail for different users?

- Care team – clinical
- Operational – access to care
- Financial – payer mix

INTEGRATION

 How do you get the data?

 Does it need to be reformatted for consistency?

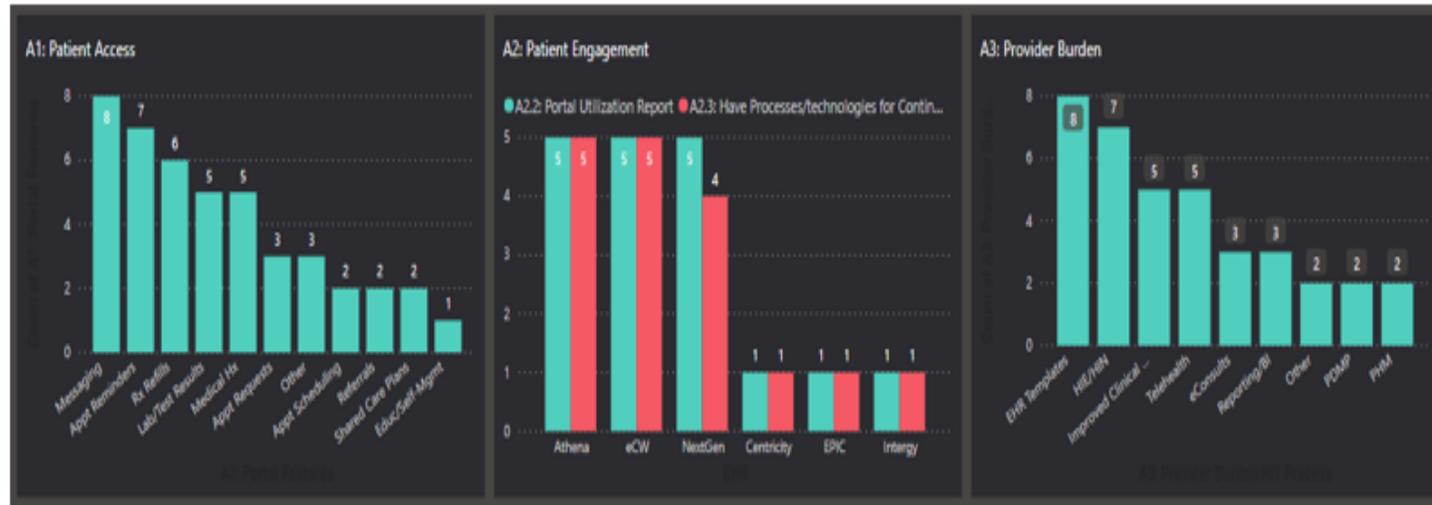
 Does it need to feed back to other systems?

INTEGRATION

Components	Typical Questions	Response	Plan of Action
Integration	How do you get the data?	EHR, PHM and Lab system	<ul style="list-style-type: none"> - Review and update mapping in PHM system to ensure alignment with EHR. - Monitor lab interface on a weekly basis. - Initial reporting to health plan will be accomplished via excel spreadsheet, working toward electronic submission by year's end.
	Does it need to be normalized or reformatted for consistency?	PHM system will map fields to identify diabetic patients and HTN patients according to HEDIS definitions. Will also help flag outlier data. <ul style="list-style-type: none"> - Mask provider names until CMO provides okay for transparency 	
	Does it need to feed back to other systems?	Not presently. Reports will be uploaded to health plan system on a quarterly basis.	

PORTAL INTEGRATION & UTILIZATION VARY BY EHR

HRSA HCCN FY19-22 Objective A: Enhance the Patient and Provider Experience



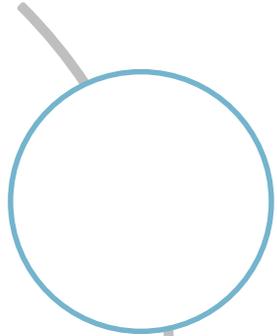
Objective A1: Patient Access – this visualization is showing how PHCs patients are using technology (i.e. patient portal) to engage with provider and care team

Objective A2: Patient Engagement – this is showing how portal utilization can vary based on EHR adoption. This has helped the HCCN prioritize EHR T/TA offerings and leverage best practices.

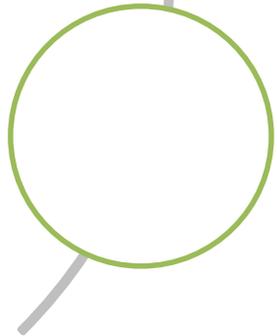
Objective A3: Provider Burden – this visualization is showing how PHCs are leveraging technology to minimize provider burden and enhance care delivery.

- How do you get the data?
 - EHR and patient portal integration
- Does it need to be normalized?
 - At the network level, yes, since centers have different EHRs and workflows
- Does it need to feed back to other systems?
 - Yes, eVisits and portal engagement should feed back into EHR and analytics platform

STAGE AND STORE



What is your data architecture, specifically where is the data held?



Will you have a central repository or data warehouse?

ANALYSIS

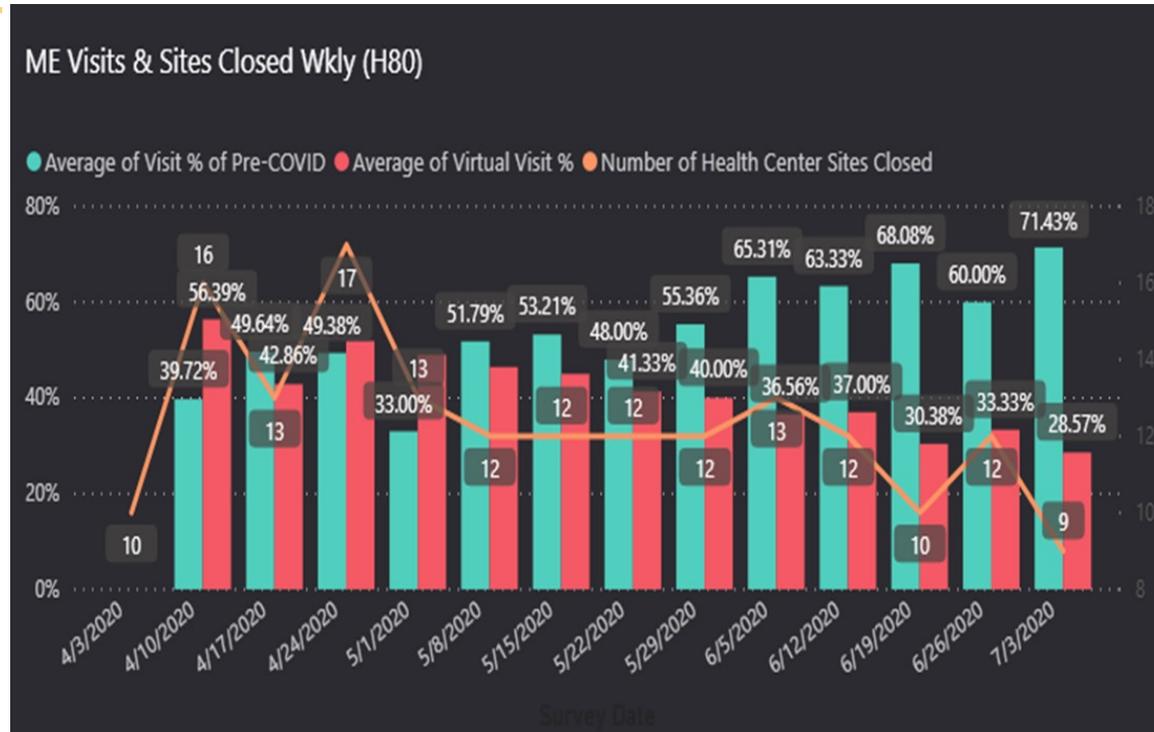
- What information is required to perform the analysis?
- What skills are required to understand the data?
- What actions will result from the analysis?
- What are the criteria for those actions?

ANALYSIS

Components	Typical Questions	Response	Plan of Action
Analysis	What information is required to perform the analysis?	Active patients with diabetes or hypertension according to HEDIS current definitions, BP and A1c values	<ul style="list-style-type: none"> - Ensure that definitions are clear and measure harmonization between UDS and HEDIS is understood by providers. - Provide training and/or keys to document trend analysis. - Provide drilldown capability to enable identification of high risk patients for outreach.
	What skills are required to understand the analysis?	Knowledge of statistical methods including control charts, statistical significance, trend analysis, funnel charts	
	What actions will result from the analysis?	Patients at high risk for heart attack and stroke will be identified for more intensive outreach and intervention. High performing providers IDed for best practices	
	What are the criteria for those actions?	DM patients with A1c >9 and HTN patients with BP >140/90	

MONITORING VISIT VOLUME RECOVERY

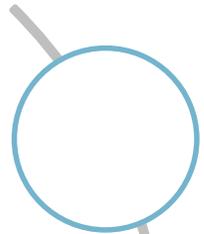
H80 COVID-19 Data Collection to HRSA



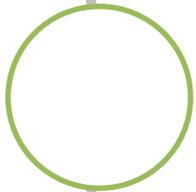
12	How many of your health center sites were temporarily closed due to COVID-19 this week ? (Include only those sites in your HC program scope of project.)	[Please enter a numerical value excluding commas (ex. 123123)]	Number field
13	How does this last week's number of visits compare to your average number of weekly visits pre-COVID-19? (Consider all visits regardless of service type (e.g., medical, dental, behavioral health, etc.), including virtual visits.)	[With 100% being average, <100% being below average, >100% being above average]	Slider - Range 10-150 Interval of 5
14	What percentage of your health center's visits in the last week were virtual (e.g., telehealth/telephonic)? (Consider all visits regardless of service type (e.g., medical, dental, behavioral health, etc.))	[Select an answer choice]	Slider - Range 0-100 Interval of 5

- What data is required to perform analysis?
 - *Actual* face-to-face and virtual visit growth
- What actions will result from the analysis?
 - Steps to improve patient services growth and quality of care via optimal mix of F-to-F and virtual visits
- What is the criteria for those actions?
 - In-process, learning day by day

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?

PRIVACY

Components	Typical Questions	Response	Plan of Action
<p>Privacy</p>	<p>Are there any sensitive data elements?</p>	<ul style="list-style-type: none"> - Individual patient identifiable clinical data elements are considered sensitive but will be protected according to our Standard Privacy Policies. - Provider/care team transparency to be determined by Data Governance Committee and CMO. 	<ul style="list-style-type: none"> - Review Standard Privacy Policies on an annual basis. - Mask provider and care team names on reports until further notice by DGC and/or CMO. - Ensure that only aggregate data is reported to Healthy Hearts program and evaluators; drill down reports for clinical team only. - Ensure that evaluators have BAA agreements on file if necessary.
	<p>What are the HIPAA compliance requirements?</p>	<p>Standard policies for protecting PHI apply to this data set.</p>	
	<p>Will this data be shared with third parties and what risk does that pose?</p>	<p>Only aggregated data will be shared with Healthy Hearts program staff and program evaluators.</p>	

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?

REPORTING

Components	Typical Questions	Response	Plan of Action
Reporting	Is there a need to report this data to others?	<ul style="list-style-type: none"> - Full data set with trending will be reported to Healthy Hearts program on a quarterly basis. - Outreach reports to be generated at the request of care teams 	<ul style="list-style-type: none"> - Send report to Healthy Hearts program and evaluators in Excel initially; explore electronic submission by year's end. - Post quarterly reports on the Sharepoint site.
	Do you need to alter the data to properly graph/report it?	<ul style="list-style-type: none"> - Need to obtain current HEDIS benchmarks (75% and 90% for BP control). - Initial masking of provider identity 	<ul style="list-style-type: none"> - Institute report request process though the Data Governance Committee. - By year end, explore access to provider/care team reports accessible on mobile devices through Power BI or Tableau
	Who needs access to the report and how will they get it?	Providers/care teams get the report monthly. Exec leadership gets data as part of the organizational scorecard (quarterly).	

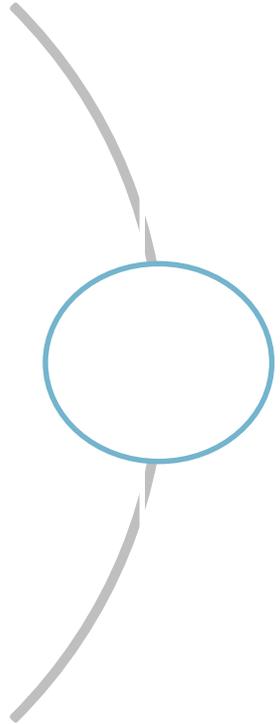
POWER BI REPORTING

MPCA Power BI Analytics Platform



- Is there a need to report measures to others?
 - Internally at network and center levels
 - Externally to funder, payer and other partners
- Do you need to alter the data to properly graph/report it?
 - Need to ensure data is reported in a consistent way across all centers
- Who needs to access the report and how will they get it?
 - Network and center super users, leadership, committees
 - Online access

ACCESS



What are the requirements to make the right data available to the right people at the right time?

ACCESS

Components	Typical Questions	Response	Plan of Action
Access	What are the requirements to make the right data available to the right people at the right time?	<ul style="list-style-type: none">- Selected measures should be available to all care teams/staff involved with care for HTN and DM patients.- Senior leaders need to access quarterly data for Board meetings and exec committee meetings.	<p>By year end, explore access to provider/care team reports accessible on mobile devices through Power BI or Tableau.</p> <p>Post charts/graphs in each care team pod.</p>

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?

Chat #3

Your data strategy experience:



DSW Components
Data Requirements
Data Governance
Data Quality
Granularity
Integration
Stage and Store
Reporting
Privacy
Access
Versioning and Retention

Which component(s) present the biggest challenge?

“You can’t make good decisions with bad data.”

KEY TAKEAWAYS



- Data needs to be managed like any other key organizational asset.
- It's important to have a forum to establish/enforce accountability and set priorities.
- Data governance at a network level supports multi-program alignment (HCCN, focus area A1 and A2, now doing better on both of these)
- Data stewards – the best investment you can make in data quality!
- Leverage analytics tool in support of data access and use (i.e., data literacy among all staff).

Chat #4

Data Governance support needs:



Our health center could benefit from the following to help us advance our Data Governance efforts:

- None
- Data Governance / Data Strategy coaching
- Analytic and/or technical tool support (e.g., Power BI, EHR data)
- Virtual Care Measures / Electronic Patient Engagement

NEXT STEPS

- Review chats from both webinars and identify Data Governance and data/analytics tool support needs
- Share your Data Governance journey with the Advisory Committee



Discussion and Questions





Data Governance Handbook

IMPLEMENTING DATA MANAGEMENT PRACTICES IN HEALTH CENTERS

RESOURCES & TOOLS

WWW.DATADRIVENCULTURE.ORG

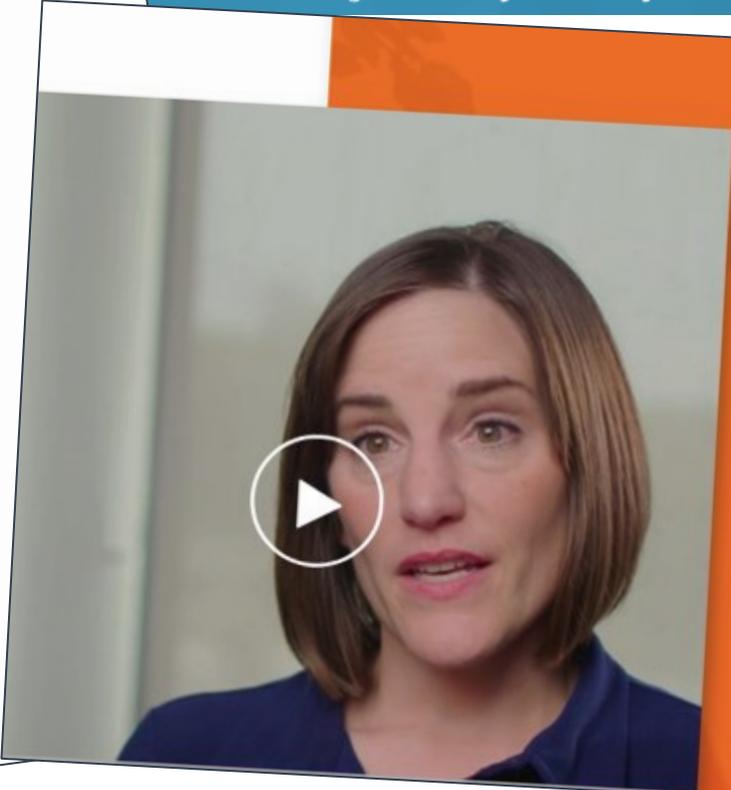
- Assessments and Worksheets
- Policies and Procedures
- Job Descriptions
- Agendas, Checklists
- Case Studies

Building a Data-Driven Culture: A Video Learning Series

These "explainers" aim to define and contextualize some of the many concepts in managing data and making the most of it as the healthcare landscape changes.

1. What is Data Governance? *(currently viewing)*
2. What is Data Stewardship?
3. What is Data Literacy?
4. What is a Data Model?
5. What is Data Density and Data Liquidity?
6. What is Controlled (or Structured) Clinical Vocabulary?
7. What is Risk Stratification?
8. What is Capitation?
9. What is Cost Benefit Analysis?
10. What is Value Based Payment?

ement • Program: Safety Net Analytics Program



Chapters of the Building a Data Driven Culture Series

Choose a chapter to view all of the videos within.

- Chapter 1: **Terms & Tools**
- Chapter 2: **Set Your Strategy**
- Chapter 3: **Engaging Your Team**
- Chapter 4: **Tactics & Technology**
- Chapter 5: **Analytics in Action**