





BUILDING A DATA-DRIVEN CULTURE

The Heartbeat of Value-Based Care

"Not only are we measuring and validating the data, we are refining it, improving it and it's really leading the improvement process. It is a big focus of the board and the executive staff. Every health center and staff are looking at their own data."

- SNAP Grantee

No matter how new payment and care models evolve, the organizations that take the best care of patients in the most cost effective way will thrive. When clinical outcomes must be balanced with operational efficiency, a data-driven culture can mean the difference between a good healthcare organization and an outstanding one. The Safety Net Analytics Program (SNAP) supported participants in developing and spreading an awareness of the critical importance of data and analytics throughout their organizations.

What does a data-driven culture mean? It means staff at all levels use data to inform and guide clinical, operational and financial decisions. They understand the difference between qualitative and quantitative data and the role that each plays in decision making. They can relate their daily activities to the bar charts, dashboards and other performance visualizations that are displayed in the health center or in staff meetings, and there is a transparent process for prioritizing analytic efforts and data access. In a data-driven organization, leaders and staff embrace data as a gift of learning rather than a tool of criticism.

A data-driven culture doesn't happen overnight with a declaration by the CEO or the purchase of a new technology system. It is both the result of deliberate actions and the by-product of analytic efforts. SNAP participants found that as they worked on data governance, stewardship and integration, their culture and decision making became progressively more data-driven. Most SNAP grantees flagged data-driven culture as an opportunity for growth early on. Later, they cited it as a critical foundation for building their analytics capabilities. Overall, SNAP grantees improved by 56% in their self-assessment ratings for data-driven culture, with the cohort moving from a *responsive* level, where data and information are available and used but not uniformly required, to a *proactive* level, where data and information are required to support business cases and key decisions.

Nearly all SNAP participants noted the importance of obtaining buy-in from staff at all levels (frontline to administrative) for data efforts at all stages (e.g., collecting, reviewing for accuracy, reporting, and using data to improve their work). Organizations also had to shift their mindset about data, recognizing that being data-driven supported rather than competed with their mission. In step with buy-in came growing staff confidence and comfort through common definitions, education, and visualizations. Ongoing staff engagement and training remains essential to fully realizing an organization's potential for using data analytics.

SNAP OVERVIEW

SNAP (Safety Net Analytics Program) launched in November 2014 to increase the data analytics capabilities of healthcare safety net organizations. The 14-month, cohort-based pilot provided a comprehensive set of supports to 20 organizations including learning sessions (webinars and in-person day-long conferences), individualized coaching, homework and planning tools, networking and financial support.

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Three SNAP grantees provide examples of how to improve organizational culture to be more data-driven:

Culture Goals	Challenges	Organizational Outcomes
Mendocino Coast Clinic Shift the organization's mindset about data	Challenge: Organization did not prioritize data and analytics. Approach for shifting culture: Created new analytics positions. Spread expectations for data stewardship throughout the organization (e.g., responsibilities for data stewardship are part of all job descriptions, expectations are reviewed as part of new hire orientation).	 The IT department's role in building data capacity is clear and defined. Board of Directors focuses effort on incorporating data in decision-making. Mid-level and senior-level management exhibit greater responsibility for ensuring their teams are gathering high-quality data and using it to inform their work.
West County Health Centers Build staff understanding about data and enhance their data literacy	Challenge: Staff needed training to: Collect data with high levels of accuracy and consistency, Interpret data reports and dashboards, and Identify data requests to fulfill information needs. Approach for shifting culture: Integrated trainings on entering high-quality data and data stewardship into all new staff orientations; emphasized that information is available to people both within and outside of the health center. Developed new data reports for staff that were more accessible and transparent.	Staff is more data literate. Managers take ownership of data as data stewards and are involved in developing dashboards that would be helpful in their work. Workflows incorporate explicit steps for checking data integrity.
Venice Family Clinic Increase staff interest in and use of data	Challenge: Staff needed to feel empowered to contribute to and use data within a system that both increased their access and ensured data accuracy and trust. Approach for shifting culture: Created guidelines and processes for data input, quality and interpretation to ensure consistency and validity. Developed site-level reports and scorecards, making them more meaningful and relevant to different sites.	 Staff more fully engage with data, trust it, and seek different approaches for viewing and using data. Sites now regularly use their individualized scorecards for day-to-day decisions.

KEY TAKEAWAYS

- **Focus on all levels in an organization.** Senior leaders set the tone for the organization. They are often the ones responsible for incorporating data into decision making while frontline staff are responsible for new workflows that gather high-quality data. If senior leaders do not model data-driven behavior, neither will staff; if frontline staff do not buy in, they're unlikely to treat data as organizational currency.
- Provide training to build data literacy. Many health center staff members lack strong backgrounds in data—especially in collecting, accessing and interpreting it. Organizations need to devise systematic ways of building these skills, especially given high turnover in health centers and the influx of new staff as safety net organizations continue to expand.
- Q Don't wait for perfect data before sharing it with staff. SNAP faculty reiterated that data will never be perfect and perfection is the enemy of progress. Instead, use the opportunity to engage those affected by data analysis and build a sense of ownership to make the data better and more reliable over time.

SNAP was funded by the California Health Care Foundation (CHCF) and implemented by the Center for Care Innovations (CCI). Informing Change, an independent strategic learning and evaluation firm, assessed the program's impact on grantees. For more information on SNAP please contact SA Kushinka at sa@careinnovations.org. For more information about the evaluation please contact Sheila Walsh at swalsh@informingchange.com. A video learning series based on SNAP content can be found at www.datadrivenculture.org.

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