Kaiser Permanente in the Community: Increasing Access to Care

PHASE
Central Valley / Fresno Cohort
Case Studies in Data Governance
Monthly Web-based Learning Session
June 22, 2016
Program Updates & Events

1. Quarterly Team Check in Calls
   - Sign up on We Join In

2. Great job - project workbooks!

3. In Person Meeting – Wednesday July 20th - Madera, CA
   - Building and Growing Data Services
   - Dashboard Clinic – Data Visualization
   - Team Time, Peer Sharing

4. Next Webinar – Wednesday, August 24th – Readiness Check for Implementing PHASE
Introduction to Data Governance

May 18th, 2016 | PHASE Program Webinar | Brian Eliason
Data must be managed just like any other valued asset.

Data Is the New Currency

- Human Resources
- Facilities
- Capital
- Brand
- Technology
Health Catalyst’s Definition

The **people, processes, & technology** orchestrated to **maximize the value of data** to the organization.
The Triple Aim of Data Governance

1. Ensuring Data **Quality**
   • Data Quality = Completeness x Validity

2. Building Data **Literacy**
   • Hiring and training to become a data-driven organization

3. Maximizing Data **Utilization**
   • Pushing the data-driven agenda to quality improvement, cost reduction, enhanced experience, and population risk reduction

Data Governance Roles

Senior Leadership

Data Governance Committee (DGC)

Data Stewards

Empower

Coordinate

Inform & Optimize
Senior Leadership Team

Empower

✓ Set pursuing the triple aim of data governance as an organizational priority

✓ Provide team with the tools and training needed to grow data quality, literacy and utilization (a.k.a Fund It)

✓ Promptly address roadblocks
Data Governance Committee

Coordinate

✓ Address data issues that cut across the organization.

✓ Provide a framework for achieving the triple aim of data governance
  ✓ Monitor and address data quality
  ✓ Establish and maintain data-literacy and
  ✓ Data-utilization promotion and training

✓ Organize and support the data steward community (e.g., communications, meetings, training, etc.).

✓ Remove roadblocks reported by the data analysts
Many Different Options

Data Governance Committee:

• EHR implementation team becomes DGC

• Data governance function is added to existing team (QI Committee for example)

• Your PHASE team!
Governance Cultures

Data Governance Mirrors
Civil Governance:

- Tribal
- Authoritarian
- Democratic
Centralized Principles, Delegated Authority

DATA GOVERNANCE COMMITTEE

- ANALYTICS SUBCOMMITTEE
- EHR SUBCOMMITTEE
- STRATEGIC DATA ACQUISITION SUBCOMMITTEE
- DATA STEWARDSHIP SUBCOMMITTEE

C-LEVELS "THE SUPREME COURT"

"LOWER COURTS"

THESE ARE EXAMPLES. ADJUST TO YOUR ORGANIZATION.
Data Steward

Inform and Optimize

✓ Reinforce the data-governance principles.
✓ Develop and refine data-governance practices.
✓ Identify best practices and share success stories.
✓ Provide direction on data definitions, usage, and access.
✓ Address data issues or escalate to the DGC as necessary.
✓ Identify data literacy gaps and address or escalate as appropriate.
✓ Analyze data and resolve any data accuracy or integrity issues.
Data Steward

- *Data steward* is their role, not their title.
- Recognized go-to experts for data questions or problems.
- Business/clinical users with expert knowledge of processes in their departments and how data is used within those processes.
- Their primary role (job title) differs from one data steward to another.
Data Steward: Requirements

Business knowledge: Understand the business direction, processes, rules, requirements and deficiencies.

Develop relationships: Seen as a trusted partner in the work

Analysis: Understand how to analyze data and solve problems

Facilitation and negotiation: Help stakeholders reach agreements

Communication: Effectively convey the business rules and definitions and promote them with the business areas as well
Growing Role of Governance

Payers

Care Partners

Networks

HIEs
Security AND Governance

Information Security Committee
Constantly pulling for greater data protection

Data Governance Committee
Constantly pulling for broader data access
Keys to Analytic Success

The Data Governance function should be a driving force in all three...

- **Mindset**: Building a “data driven” culture
- **Skillset**: Actively growing data literacy among employees
- **Toolset**: Choose the right tool(s) to support analytics and data governance
Presenters

Amy Ham
Chief Data Officer

Kai Nissley
Chief Operations Officer

Dana Valley
Associate Director of Quality Management

ComuniCare Health Centers

Santa Rosa Community Health Centers

West County Health Centers
Data Governance

picking a darn good team!

Overcome system barriers

Experts on functionality of our EHR

Automated reporting

Data Governance

The Social Media Democracy

Awareness Influence Engagement Action
Data Concepts from SNAP

- **Data Strategy** - What are ALL the things we need to think about?
  - Senior leader sponsorship, Adequate resource allocation, Aligned with org strategy, Responsive to stakeholder needs, Strong internal project management, Continuous evaluation

- **Governance** - How are we going to do it?
  - Plans, processes and principles proactively applied to ensure data is managed to maximize value of data.
  - Ensure data quality, build data literacy, maximize data utilization

- **Stewardship** - Who’s data is it?
  - Staff at all levels take ownership of the data they input into the EMR.

- **Scope** - What data is there?
  - Importance of looking at all measure types: Financial, Operational, Clinical, Employee, Safety, Community, Patient Perspective
Potential Pitfalls

- Inherently reductionist
- Leads to defensiveness
- Checking boxes just to check boxes
- Balance measures - Unintended consequences from studying one measure
  - Increasing well child visits might cause higher 3rd Next Available Appointment.

So Instead

- Focus on the “Bright Spots” - who is doing well? Ask them how they do it!
- Be critical of the System, not the Clinician.
- Script the path - make it easy for people to do the right thing.
Prioritization Process

- Small report modifications can take hours/days, new reports can take weeks to build.
  - Scotty has 126 reports in her task list. Quite a few are recurring, but many are new requests.
- ROI: Getting close to what you want vs. spending hours/days creating something new
- Currently using ITOC priorities
  - Safety, Regulatory, Grant/Funder Required, HRSA Compliance, Billing Needs, Strategic Plan, Workgroups, Individual/Team Request

Transparency Example
Given: Posted on intranet so all can see what is being worked on
Provider Dashboards

- Sparked numerous discussions leading to analysis of reports that were generated in the past but never utilized broadly.
- Lead to changes in denominator definitions and created interest in correct data entry.

- Demo
Team Reflections

- Then and Now
  - Then: Hard to understand data pushed out not always timely.
  - Now: Data transformed into actionable easy-to-read graphics. A few self-serve reports available based on previous day’s data.

- Data Driven Culture
  - Staff now ask for data routinely and feel more confident in knowing who to go to.
  - Increased confidence in the validity of the data. More understanding of data foundations, like necessity of putting data in correct place in EMR.

- What’s Needed To Continue Progress
  - More Data Staff!!! Requests are too numerous. Staff don’t ask for all the data they want because they know it will take too long.

- Impact of SNAP
  - Team members having a birds eye view of what the organization is doing regarding data.
  - Effective trainings helping to pin-point weaknesses and tools provided to strengthen.
  - Increased data governance including more staff aware of required data fields and holding staff accountable to “Good Data In” in order to get “Good Data Out”.
Questions / Comments
Thanks