

# 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

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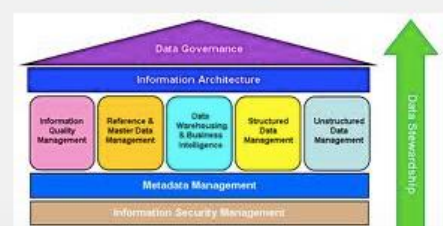
- 1. Quarterly Team Check in Calls**
  - Sign up on We Join In
- 2. Great job - project workbooks!**
- 3. In Person Meeting – Wednesday July 20<sup>th</sup> - Madera, CA**
  - Building and Growing Data Services
  - Dashboard Clinic – Data Visualization
  - Team Time, Peer Sharing
- 4. Next Webinar – Wednesday, August 24<sup>th</sup> – Readiness Check for Implementing PHASE**

# Introduction to Data Governance

May 18<sup>th</sup>, 2016 | PHASE Program Webinar | Brian Eliason







# Data Is the New Currency

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*Data must be  
managed just like  
any other valued  
asset.*

**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

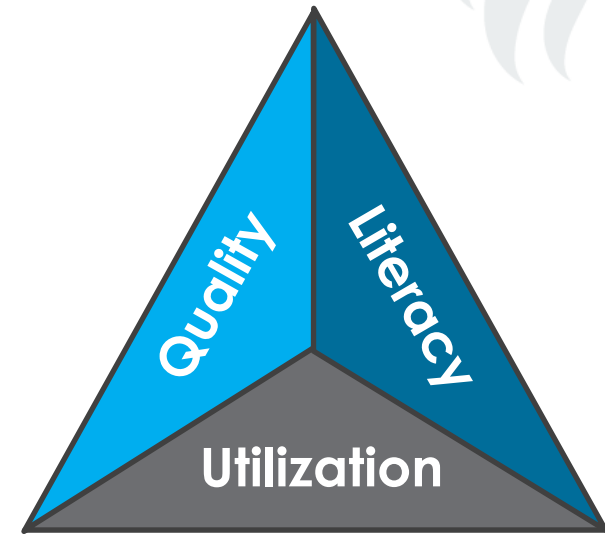
- Data Quality = Completeness x Validity

## 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



<https://www.healthcatalyst.com/demystifying-healthcare-data-governance>



# Data Governance Roles

Senior Leadership

Empower

Data Governance  
Committee (DGC)

Coordinate

Data Stewards

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 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

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# 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

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**Amy Ham**  
Chief Data  
Officer



**Kai Nissley**  
Chief  
Operations  
Officer

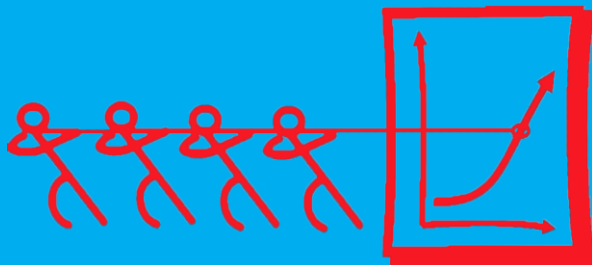


**Dana Valley**  
Associate Director  
of Quality  
Management



**WORK IN  
PROGRESS  
CHECK BACK SOON!**

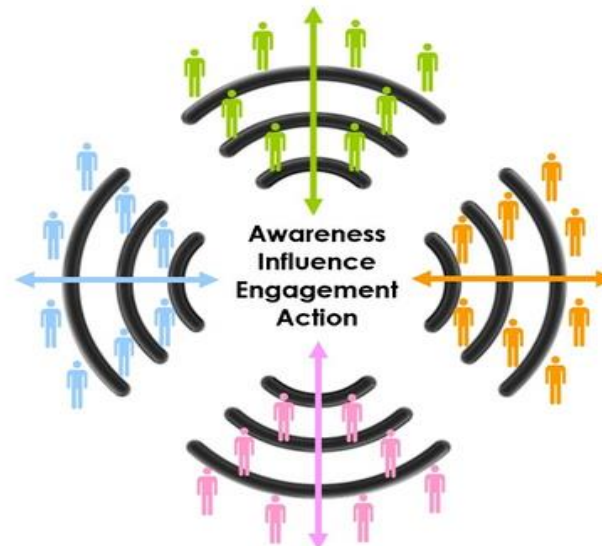
## Data Governance



**picking a darn  
good team!**



**Data**  
~~The Social Media~~ Democracy



Automated  
reporting



Experts on  
functionality  
of our EHR



Overcome  
system  
barriers



# Data Concepts from SNAP

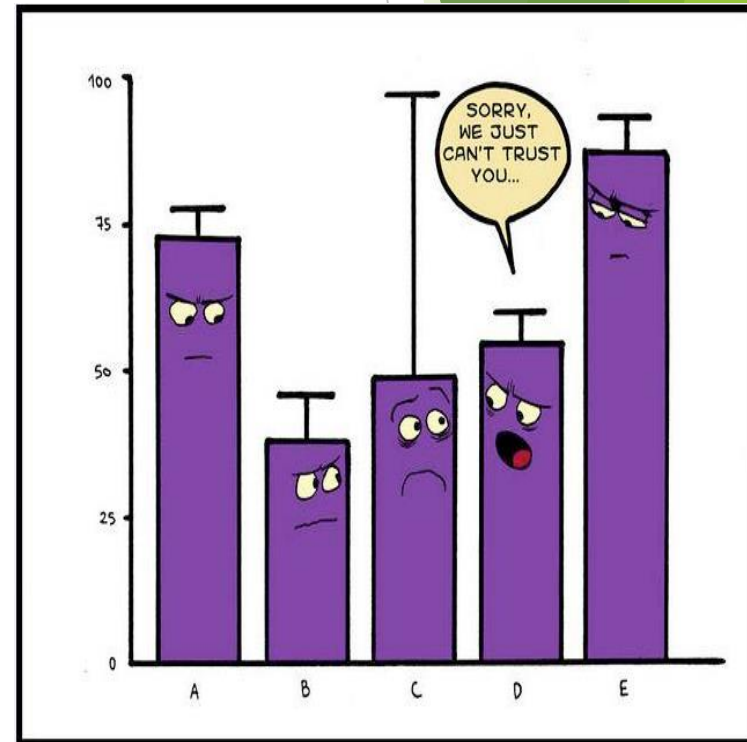
- ▶ Data Strategy - What are ALL the things we need to think about?
  - ▶ Senior leader sponsorship, Adequate resource allocation, Aligned with org strategy, Responsive to stakeholder needs, Strong internal project management, Continuous evaluation
- ▶ Governance - How are we going to do it?
  - ▶ Plans, 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 3<sup>rd</sup> 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



Rank	Title	Category (?)	Strategic Area (?)	Status
1 <input type="text"/>	Meaningful Use Functional Measures	Regulatory	MS Medical	Approved
2 <input type="text"/>	PCC Wellness Care Plan % per PCP	Organizational Measure	MS Operational	Approved
3 <input type="text"/>	Diabetes Annual Eye Exams	Organizational Measure	MS Medical	Approved
4 <input type="text"/>	PHR-High Cost Medication List Additions	Organizational Measure	MS Operational	Approved
5 <input type="text"/>	Diabetes Nephropathy Screening	Organizational Measure	MS Medical	Approved
6 <input type="text"/>	PCC - Wellness Care Plan - cost outcomes	Organizational Measure	MS Operational	Approved

Update Rank

# Provider Dashboards

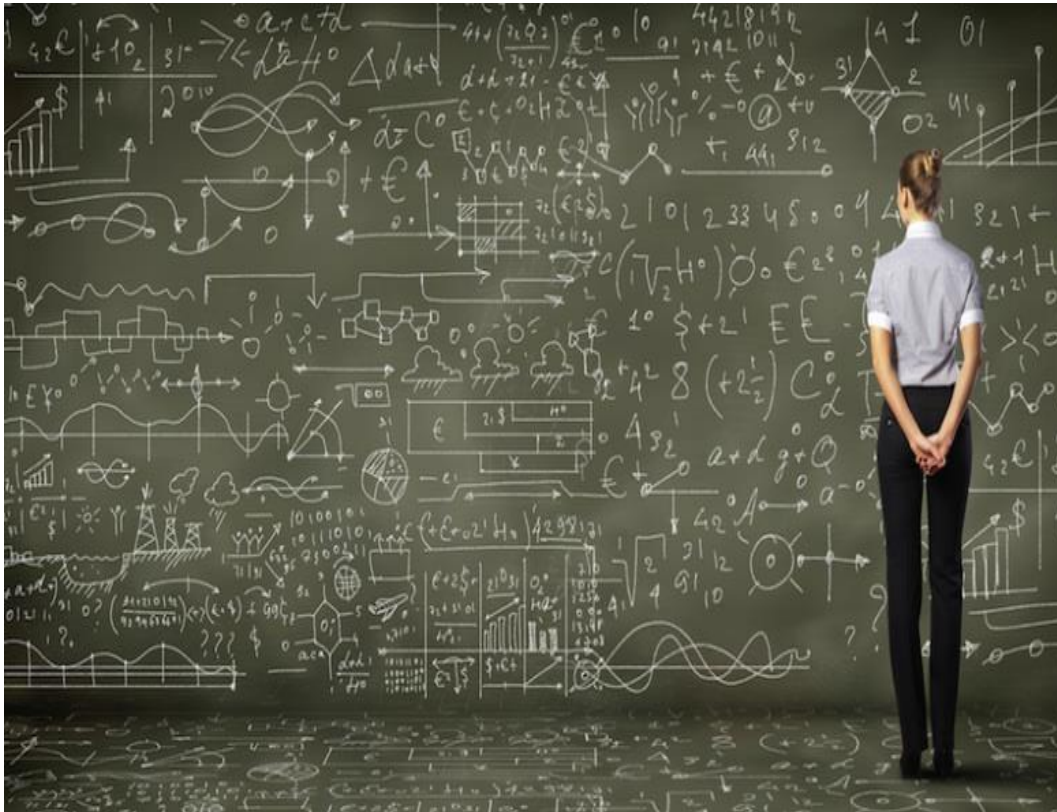
- ▶ Sparked numerous discussions leading to analysis of reports that were generated in the past but never utilized broadly.
- ▶ Lead to changes in denominator definitions and created interest in correct data entry.
- ▶ Demo



# 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

