



# Building Capacity Block by Block: Data-Based Decision Making

## How are grantees improving data-based decision making?

### Continuing to build infrastructure and manage EHR changes

- Planning before an EHR transition, e.g. beginning mapping process
- Centralizing analytics & reporting to reduce burden on individual sites
- Implementing new reporting and/or population health management tools
- Integrating use of data dashboards within population health and care teams

### Improving data sharing & transparency

- Distributing data and using it to develop action plans for making improvements
- Sharing performance & quality metrics with executive leaders
- Determining how analytics can support the care team and regularly sharing data with teams

### Ensuring continuous data QI

- Working on automating processes to check integrity of data soon after its reported
- Validating PHASE reports in i2iTracks
- Creating cross-site data integrity teams to review data for mapping & quality issues

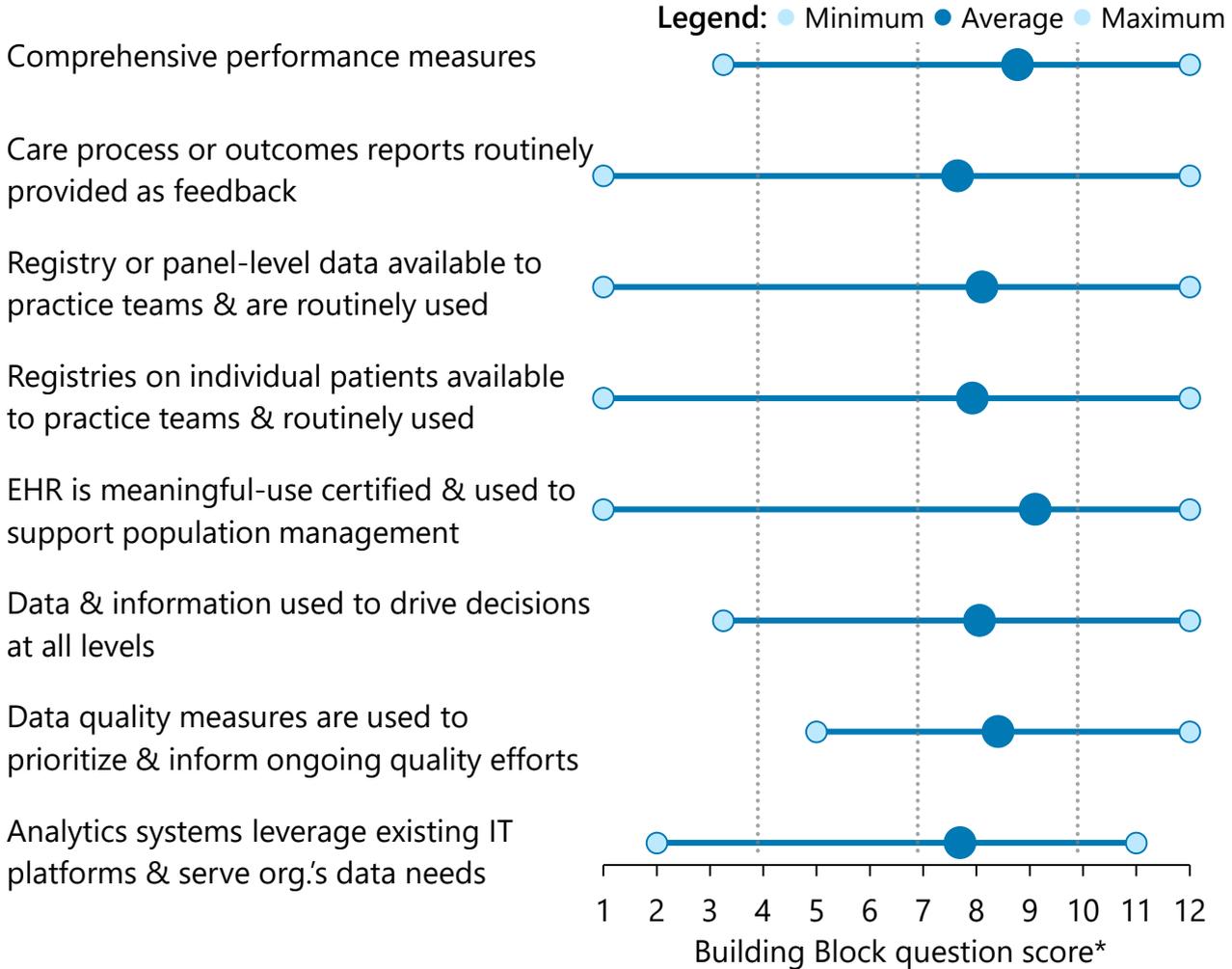
## How are grantees using data to monitor blood pressure (BP) control?

- Regularly providing care teams with dashboards highlighting BP goals and performance
- Working with IT to create a HTN registry to track patients
- Using repeat BP reports with weekly data dashboards to provide feedback and coaching
- Identifying and sharing the work of successful sites with others (e.g. workflow, data collection, team structure, job roles, standing orders)

## What is the range of data-based decision making scores by question?

At mid-initiative (May 2018), there was a wide variety of capacity across health centers and clinics. (N=62 health center organizations and hospital sites).

See reverse side for full wording of the eight questions in this domain.

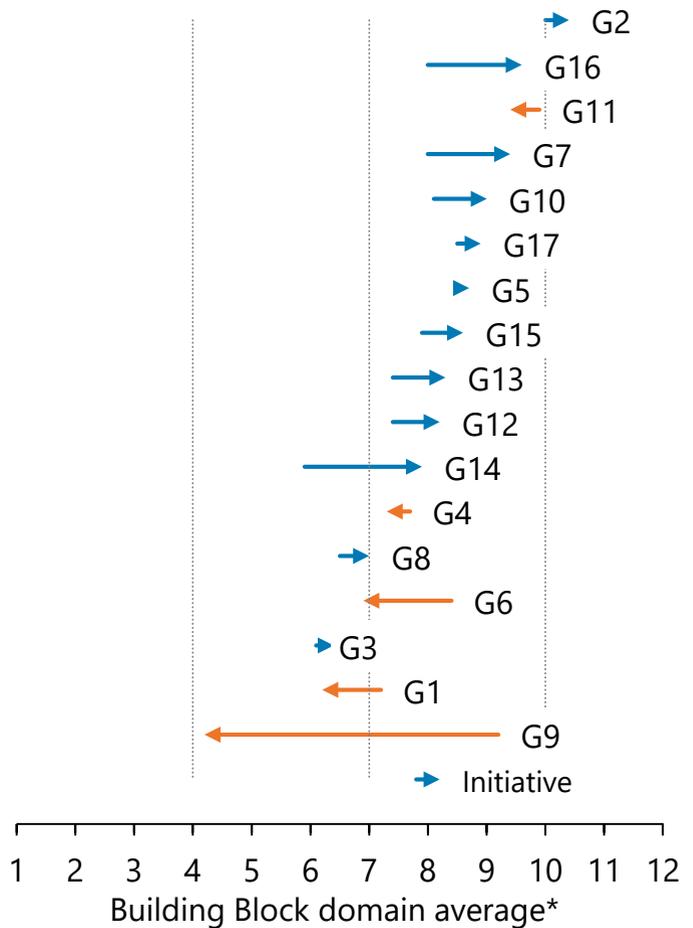


## How have data-based decision making domain averages changed over time?

11 of 17 grantees (G1-G17) reported improved scores at mid-initiative since baseline.

Legend: ◀ Decrease ○ No change ▶ Increase

Length of arrow = amount of change over time



Level of capacity	*Score (scale 1-12)
A (highest)	10-12
B	7-9
C	4-6
D (lowest)	1-3



# PHASE Building Block Assessment: Data-Based Decision Making

	Level D			Level C			Level B			Level A		
<b>14. Performance measures</b>	...are not available for the clinical site.			...are available for the clinical site, but are limited in scope.			...are comprehensive ,including clinical, operational, and patient experience measures – and available for the practice, but not individual providers.			...are comprehensive – including clinical, operational, and patient experience measures – and fed back to individual providers.		
<b>Score</b>	1	2	3	4	5	6	7	8	9	10	11	12
<b>15. Reports on care processes or outcomes of care</b>	...are not routinely available to practice teams.			...are routinely provided as feedback to practice teams but not reported externally.			...are routinely provided as feedback to practice teams, & reported externally (e.g. to patients, other teams / external agencies) but with identities masked.			...are routinely provided as feedback to practice teams, and transparently reported externally to patients, other teams and external agencies.		
<b>Score</b>	1	2	3	4	5	6	7	8	9	10	11	12
<b>16. Registry or panel level data</b>	...are not available to assess or manage care for practice populations.			...are available to assess and manage care for practice populations, but only on an ad hoc basis.			...are regularly available to assess and manage care for practice populations, but only for a limited number of diseases and risk states.			...are available to practice teams and routinely used for pre-visit planning and patient outreach, across a comprehensive set of diseases and risk states.		
<b>Score</b>	1	2	3	4	5	6	7	8	9	10	11	12
<b>17. Registries on individual patients</b>	...are not available to practice teams for pre-visit planning or patient outreach.			...are available to practice teams but are not routinely used for pre-visit planning or patient outreach.			...are available to practice teams and routinely used for pre-visit planning or patient outreach, but only for a limited number of diseases and risk states.			...are available to practice teams and routinely used for pre-visit planning and patient outreach, across a comprehensive set of diseases and risk states.		
<b>Score</b>	1	2	3	4	5	6	7	8	9	10	11	12
<b>18. An electronic health record that is meaningful-use certified</b>	...is not present or being implemented.			...is in place and is being used to capture clinical data.			...is used routinely during patient encounters to provide clinical decision support & to share data with patients.			...is also used routinely to support population management and quality improvement efforts.		
<b>Score</b>	1	2	3	4	5	6	7	8	9	10	11	12
<b>19. Data and information</b>	...are used mostly for retrospective reporting using historical data. Line staff has very little exposure to data for day-to-day decision making			...are available and used by department heads, but not uniformly required when making operational decisions or changing strategy.			...are used by managers, directors and department heads on a regular basis. Data are pushed down and across the organization and required to support business cases and key decisions.			...are used to drive decisions at all levels in the organization. Line staff knows how their day-to-day actions affect performance metrics and achievement of goals. Data literacy is a hallmark of the organization.		
<b>Score</b>	1	2	3	4	5	6	7	8	9	10	11	12
<b>20. Data quality</b>	...is not a priority. Most efforts are focused on clean-up and individual intervention.			... reviews occur within selected teams, departments or sites but the efforts are usually one time efforts and not sustained on an ongoing basis.			...tracking reports are produced on a regular basis for departments. Data quality efforts occur regularly across the organization; common errors are assessed and training occurs to address them.			...measures (e.g., % accuracy) prioritize and inform ongoing data quality efforts and trace errors to individuals for training. Data collection and aggregation is highly automated with built-in data quality checks and exception reports.		
<b>Score</b>	1	2	3	4	5	6	7	8	9	10	11	12
<b>21. IT support and data services</b>	... for analytics consists mainly of maintenance and support of database platforms that capture health record data (e.g., EHR, PM). Dedicated analytics systems or tools are limited in functionality.			...for analytics includes support for reporting and data mining from existing systems and basic analytics support. Analysis tools are limited to spreadsheets and databases with limited functions for systematic reporting and advanced data analyses. Limited structures exist to prioritize data requests.			... has established analytics systems to support the needs of high priority areas, selected departments or sites and for some levels of staff (e.g., leadership only). Some structures and processes are in place to prioritize data requests and provide self-service access to reports and dashboards.			... include dedicated IT staff that are deployed to maintain and support optimization of analytics systems. Analytics systems interface with and leverage existing IT platforms, fully support organization data needs to build a data-driven culture with self-service analytics. Data governance processes are fully formed to guide the provision of data analytic services.		
<b>Score</b>	1	2	3	4	5	6	7	8	9	10	11	12

Adapted by the Center for Community Health and Evaluation for Kaiser Permanente’s PHASE initiative with permission from Center for Excellence in Primary Care (CEPC) and Building Clinic Capacity for Quality (BCCQ) Program, October 2016.

Scale: Level D: score of 1-3 (lowest capacity) ||| Level C: score of 4-6 ||| Level B: score of 7-9 ||| Level A: score of 10-12 (highest capacity)