



NATIONAL ASSOCIATION OF  
Community Health Centers®

# How A Data Governance Strategy Protects You and Your Patients

Sunday, October 30 | 3:45pm – 5:00pm

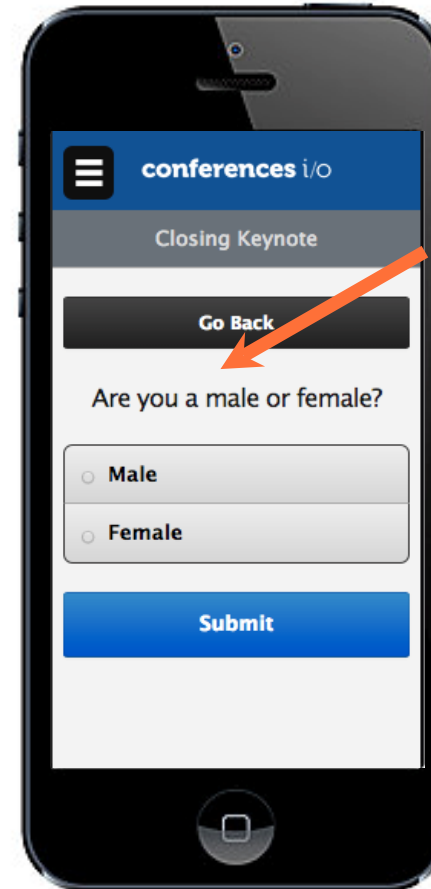
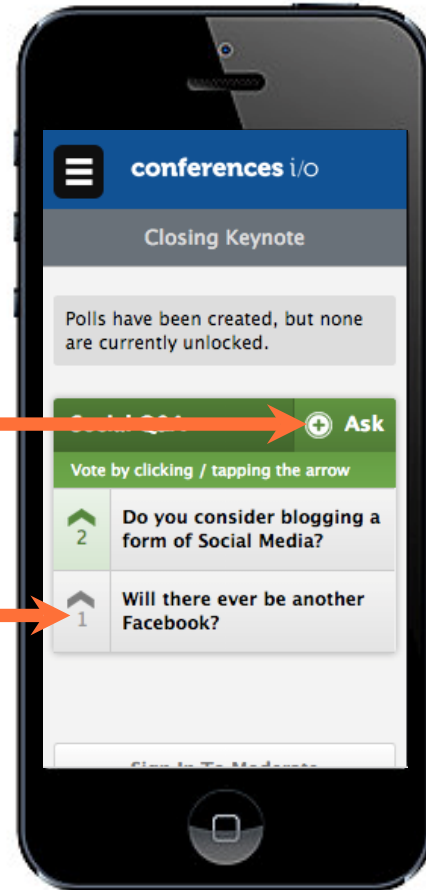
Augustus 3-4, Caesars Palace  
Las Vegas, NV



# In-Person Participants

**Give us  
Feedback**

**Up-Vote a  
Comment**



**Click on  
question and  
then  
Respond to  
Polls when  
they appear**

**Vote / Give Feedback/ Respond to Polls**

# Virtual Participants

## Chat

(use to talk with peers)



## Polling/Q&A

(participate in polls, ask questions to faculty)



The screenshot displays a virtual meeting interface with several components:

- Chat Window:** Located on the left, it shows a list of participants and their messages. The messages include: "Brian Long", "Hey James H, III", "James Hecker", "Diana!!! Hey Buddy!!!", "Laura Wiggins: Confirming - the 'Workbook' is under the Resources tab, titled 'Alcon Precision, Inc\_WER100321\_Workbook'", "Cathy Greenberg: Start at the end: identify the goal, then the key winning points, outline & drink more coffee", and "Laura Wiggins: 'word vomit'... writing stream of consciousness then editing it down. Or start with a bullet list of thoughts then expand it to sentences.".
- Polling Window:** Also on the left, it displays a poll titled "#1.) What is your biggest business writing challenge? (NO RIGHT ANSWER - OPEN QUESTION)". The results are shown as a bar chart: "Concision" (45%), "Grammar and/or Types" (20%), "Content Structure" (16%), "Tone" (16%), and "Other" (0%).
- Video Feed:** A large window on the right shows a video of a man in a suit, identified as James H. III.
- Slide Content:** The slide in the background is titled "UDS Reporting: Preparing, Doing, and Utilizing" and features a colorful graphic of a heart and the text "Cultivating Health Center Operations". Logos for "CURIS" and "SkillPath" are visible.
- Footer:** The bottom of the interface includes a "Request Support" button, the time "12:09pm Eastern", and navigation links for "Session", "Support", "Profile", "Options", and "Windows".

**Julia Skapik, MD, MPH, FAMIA**

Chief Medical Information Officer  
*NACHC*





# IMPACT/LESSONS LEARNED



**Build a data governance roadmap, define requirements and identify accountable entities**



**Evaluate the existing data governance framework**



**Build processes, staff support and plan to advance in the governance maturity model**

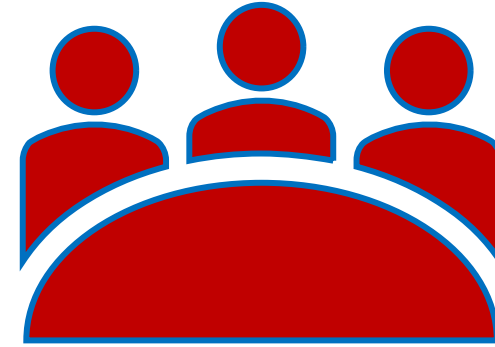
# Data Governance Requires a Targeted Effort

- The management and provenance of data is a major challenge in the industry
- Privacy and security threats are numerous and imminent
- The policy landscape is constantly changing
- Your organization can best manage its risks by starting today and planning for tomorrow



# NACHC and Data Governance

## Data Governance Council



- Founded in October 2021
- Works based on a charter that outlines members, scope and procedures
- 9 current members: 7 across NACHC divisions and 1 federal representative and 1 health center/HCCN/PCA representative
- Meets monthly to identify priority areas for improvement and documentation
- Goal to create oversight over processes, documentation and decisions about the use of data and the privacy and security policies for NACHC systems

# NACHC and Data Governance

## Data Governance Policies and Procedures



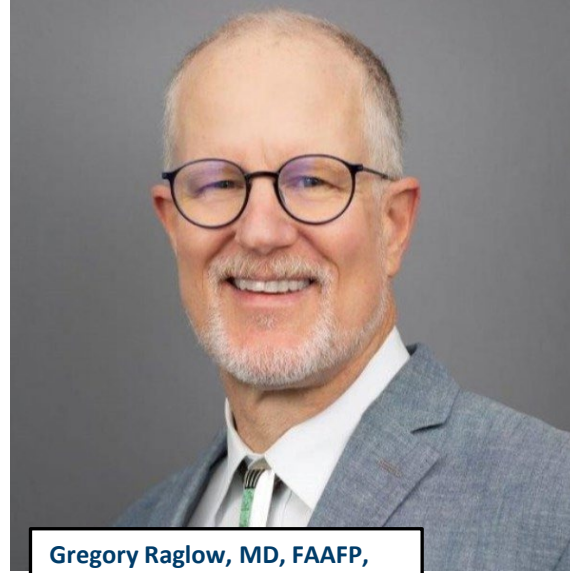
- Goal to establish best practices for NACHC and disseminate both transparency about NACHC's Governance approach, regulatory requirements and industry standards
- NACHC to date has made two summary documents available:
  - Data Governance and Exchange 2 pager
  - DUA Primer
- NACHC is working on a Data Governance website with high quality resources and NACHC-related governance content
- In process of HIPAA compliance project



# Meet Our Speakers



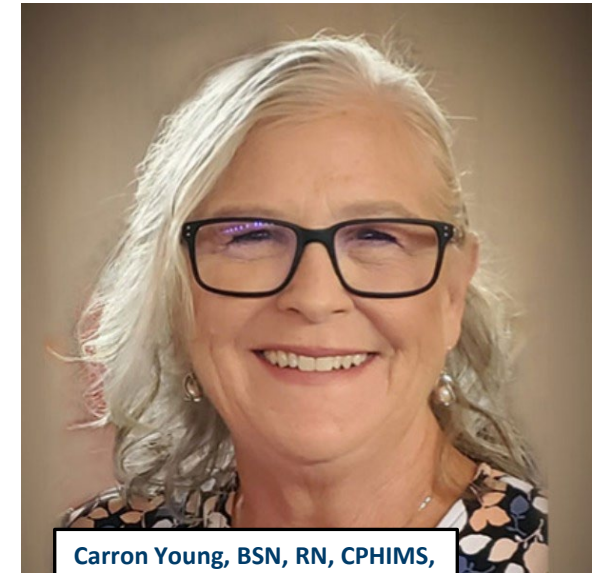
**Gregory Pappas, MD, PhD**  
Associate Director for National  
Surveillance  
*Center for Biologics Evaluation  
and Research | FDA*



**Gregory Raglow, MD, FAAFP,  
Dip. Clinical Informatics**  
Chief Quality / Medical  
Informatics Officer  
*El Rio Community Health Center*



**Andrew Hamilton, RN,  
BSN, MS**  
Chief Informatics Officer /  
Deputy Director  
*AllianceChicago*



**Carron Young, BSN, RN, CPHIMS,  
PCMH CCE**  
Director of Performance  
Measurement and Improvement  
*Cenevia*

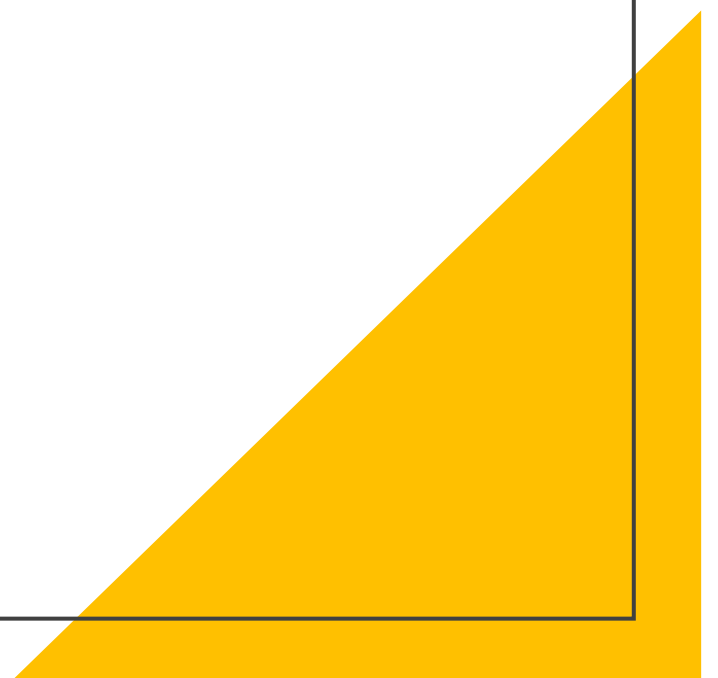
# How A Data Governance Strategy Securely Protects You and Your Patients: A Way Forward

for NACHC Financial, Operations Management / IT (FOM/IT) Conference

Las Vegas

October 30, 2022

Gregory Pappas MD PhD



# Disclosure

- This presentation does not represent the views or policies of the Food and Drug Administration.

# Overview

- NACHC Strategic Pillars and the role of data.
- What are the current barriers to improving data collection and use at CHCs?
  - Polls – I am going to ask *you*.
- Draft vision for the future and lessons learned from other health care providers that use data effectively
- Where are we now?
  - NACHC Data Governance Board
- Next steps - the potential role of strategic planning





# NACHC's STRATEGIC PILLARS

1



## Equity and Social Justice

Center everything we do in a renewed commitment to equity and social justice

2



## Empowered Infrastructure

Strengthen and reinforce the infrastructure for leading and coordinating the Community Health Center movement, notably consumer boards and NACHC itself

3



## Skilled and Mission-driven Workforce

Develop a highly skilled, adaptive, and mission-driven workforce reflecting the communities served

4



## Reliable and Sustainable Funding

Secure reliable and sustainable funding to meet increasing demands for Community Health Center services

5



## Improved Care Models

Update and improve care models to meet the evolving needs of the communities served

6



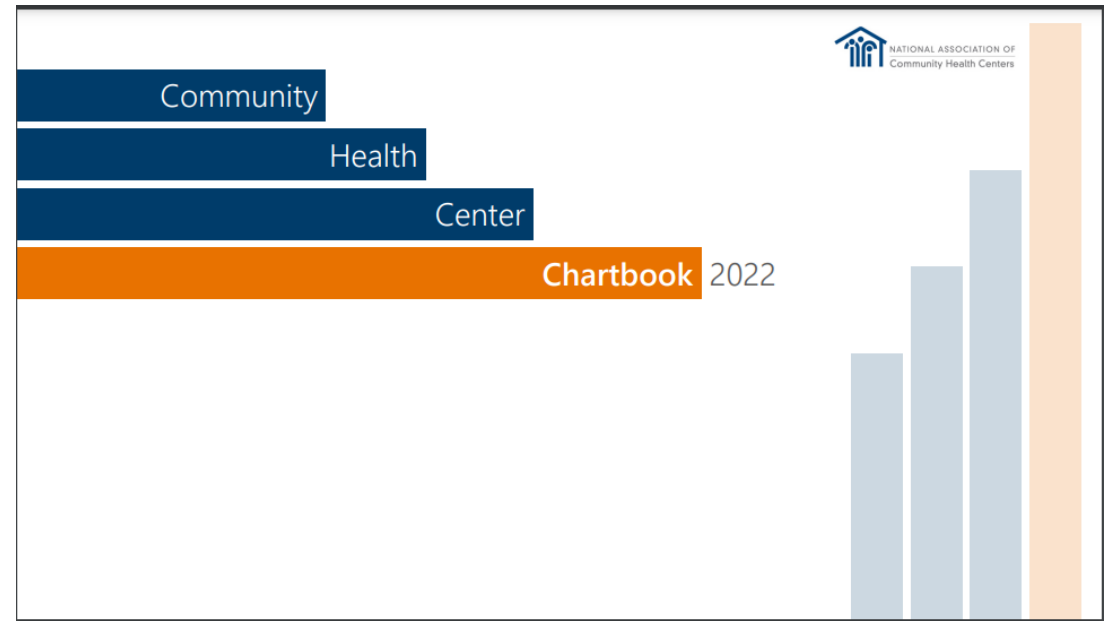
## Supportive Partnerships

Cultivate new and strengthen existing mutually beneficial partnerships to advance the shared mission of improving community health

To learn more about NACHC's Strategic Pillars visit <https://www.nachc.org/about/about-nachc/>

# Data has critical to development of CHC

- CHC have done many studies using their data that have improved quality and efficiency.
- NACHC has brought together data from CHC for chartbooks and other efforts.
- What are the remaining areas where data can serve CHC?
- How can aggregation of more data domains of data, and larger numbers of CHC be useful?
- How can we make data collection more sustainable?
- The next step in using *clinical* data.



NACHC Chartbooks are a measure of how far you have come.

### ***Live Content Slide***

*When playing as a slideshow, this slide will display live content*

**Poll: How important is data to your current practice? Rank from 1 to 5.**



### ***Live Content Slide***

*When playing as a slideshow, this slide will display live content*

**Poll: Regarding data collected in your clinics, select the data uses that are most important to your practice.**

### ***Live Content Slide***

*When playing as a slideshow, this slide will display live content*

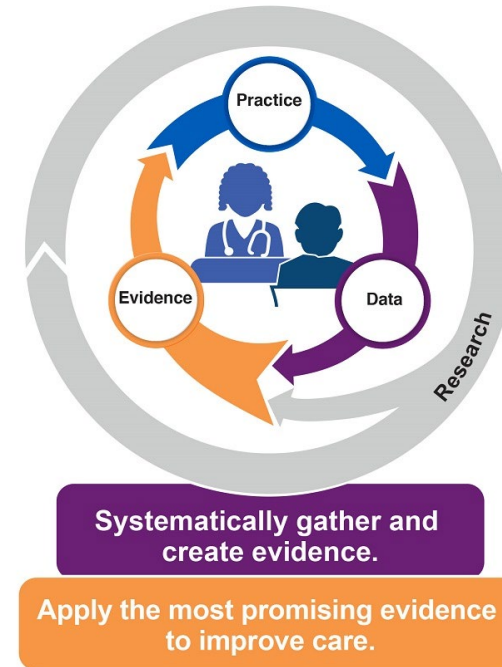
**Poll: Select the causes of barriers to use of data, based on your experience.**

# Steps at NACHC are part of a national movement to use real-world evidence to create “learning health care systems.”

## Benefits for CHC

- Evidence-based practice
- Clinical decision support (CDS)
- Improve efficiency of larger systems
- Contribute towards broader scientific/medical questions based on the unique populations and experience of CHC

## Learning Health Care Systems



**Aggregating clinical data.**

# Lessons learned a large registry: Kaiser Permanente

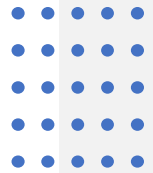
- Kaiser has a very long-standing robust registry that help makes it the highest rated and lowest cost of the Federal Health Insurance Plans.
  - Benchmarking clinics to help quality improvement and to understand differences
  - [Improve quality and efficiency](#) of care
    - ✓ Some examples from ([hypertension, orthopedics](#))
- Kaiser registry pays *for itself*, revenue generating

***Can the CHC think of themselves as a larger network that aggregates clinical data for mutual benefit?***



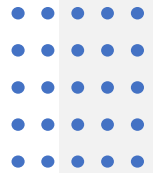
Coordinated Registry Networks [\(CRN\)](#) have paved the way for broadening the use of real-world evidence ([RWE](#)), data collected as part of routine clinical care.

- Build on professional society registries
- Linking traditional registries to other data sources
- Currently there are 15 CRN in development guided by a maturity model as part of a community of practice
- Provides another potential model for developments at NACHC



CRN business  
model:  
“Collect once;  
use many times.”

- Quality assurance/improvement
- Benchmarking of hospital and interventionist performance.
- Support training
- Research and development
- FDA for post approval studies, label changes and expansions, compliance studies, signal detection
- CMS national coverage decisions



CRN business  
model:  
“Collect once;  
use many times.”

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- Support training
- Research and development
- FDA for post approval studies, label changes and expansions, compliance studies, signal detection
- CMS national coverage decisions

*Consideration of risk-benefit: the benefits are many; and risks can be mitigated.*

# CRN Methods: Data sources and linkage



**NCDR<sup>®</sup>**  
NATIONAL CARDIOVASCULAR DATA REGISTRY

Cohort of patients and  
exposures to products



Outcomes

# CRN Methods: Data sources and linkage



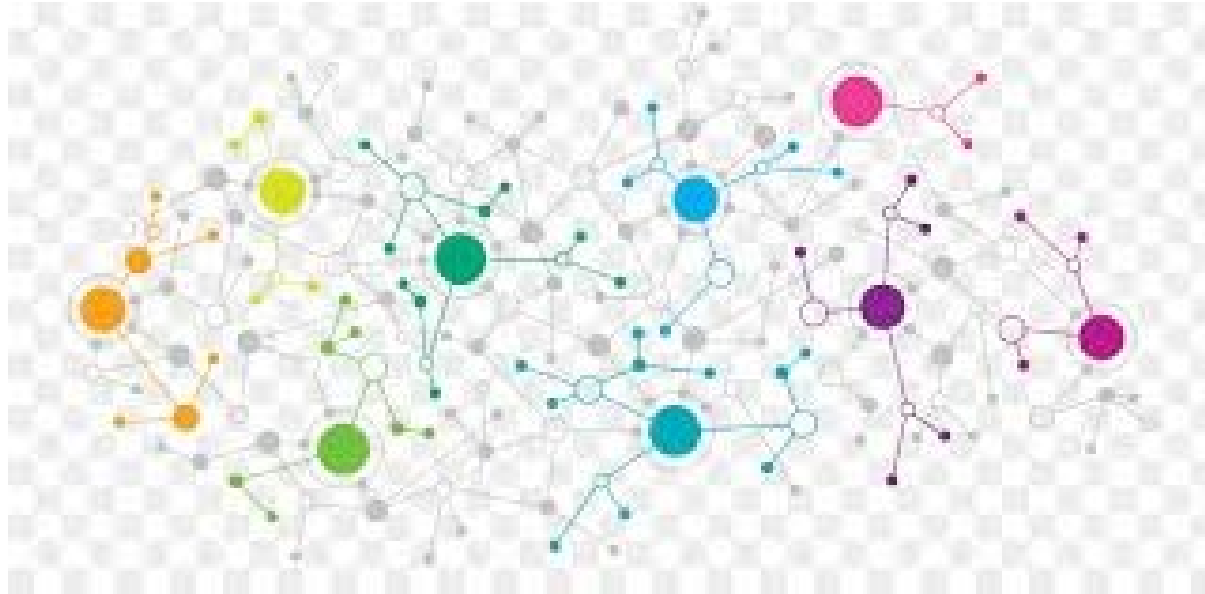
NCDR®

NATIONAL CARDIOVASCULAR DATA REGISTRY



[MDEpiNet](#) has developed a large literature to support linkage.

# Creation of a data network = CRN

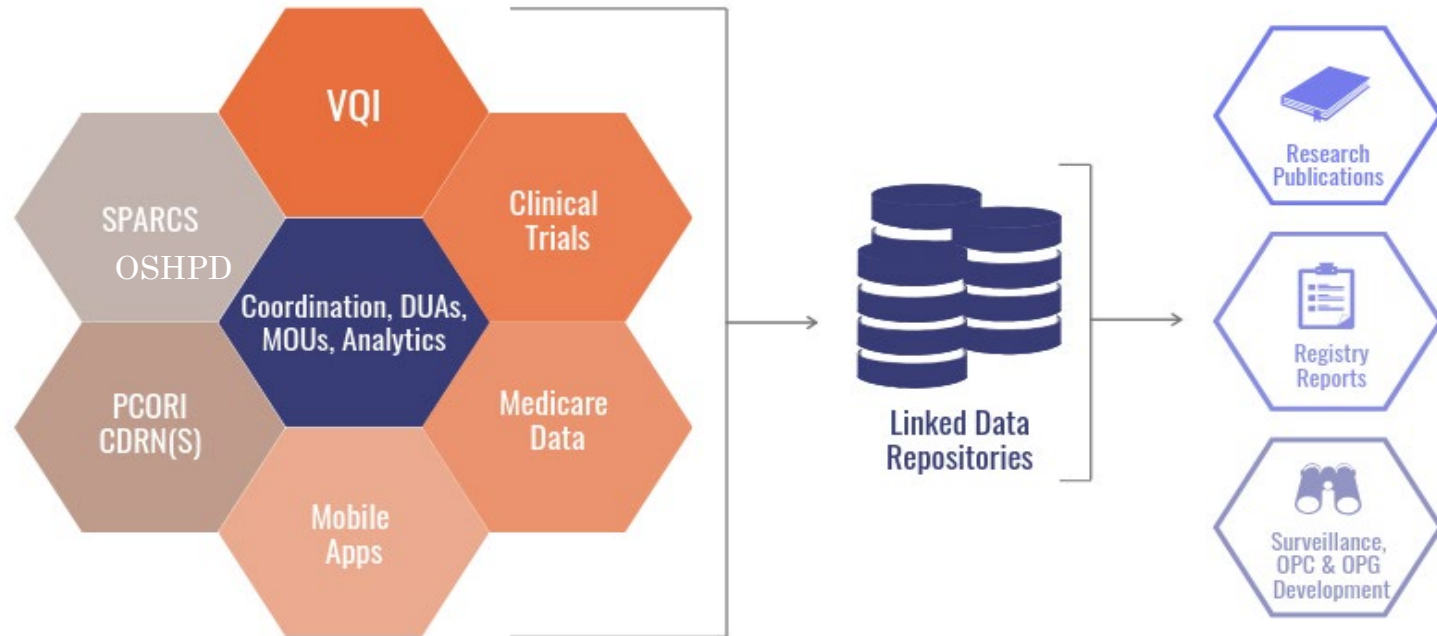


**Add PRO from apps, add EHR, add data from wearables,  
add data out of medical devices, add mortality data**

# Example of a Mature CRN

CRNs typically include data from national registry, claims data, EHRs, PGHD.

In the case of VISION, the CRN also includes the (NY- SPARCS and CA- OSHPD ), PCORNet, and clinical trial data tailored for multiple uses.



30 publications /  
6 validation studies in  
high impact journals

Linkage Breadth:  
88 % of all EVAR patients  
93 % of all AAA patients

Linkages: 2002 – 2019

Up to 15 years of follow up – Mean 3-4 years

415,616 patients captured in current linkage efforts

14, 000 patients captured in current validation efforts

Amputation laterality (Yale, Dartmouth, ~ 4,000 patients, ongoing)

Stroke after carotid revascularization (multisite, ~10,000 patients, initial stages)

Thoracic reinterventions after TEVAR (planning stages)

880 clinical sites  
3000 providers  
> 200 types of devices



# Preparing for the future

- CMS and other payers are turning more towards “pay for performance” that depends on demonstration of value of care using data
- Registries have been a critical resource for CMS



The power of large-scale data aggregation

# Vision for the future

- Vision statement needs to be agreed upon
  - Here are some terms that might be useful:
  - Full use of CHC data, including clinical, aggregated to further the goals set out in the strategic pillars
- There is a lot of work to be done before we can aggregate clinical data
  - ✓ Need harmonization of standards to make data comparable, useful for aggregation
  - ✓ This becomes the content of a strategic plan
- Must be a consensus to work



# Where are we now?

---

- NACHC Data Governance Board
- Accomplishments
  - Building on strong base
  - Data at NACHC | Roles and Responsibilities document
    - Current effort focusing of standards for privacy and safety
    - NACHC data steward, accountable to data partners



# Next steps and the potential role of strategic planning

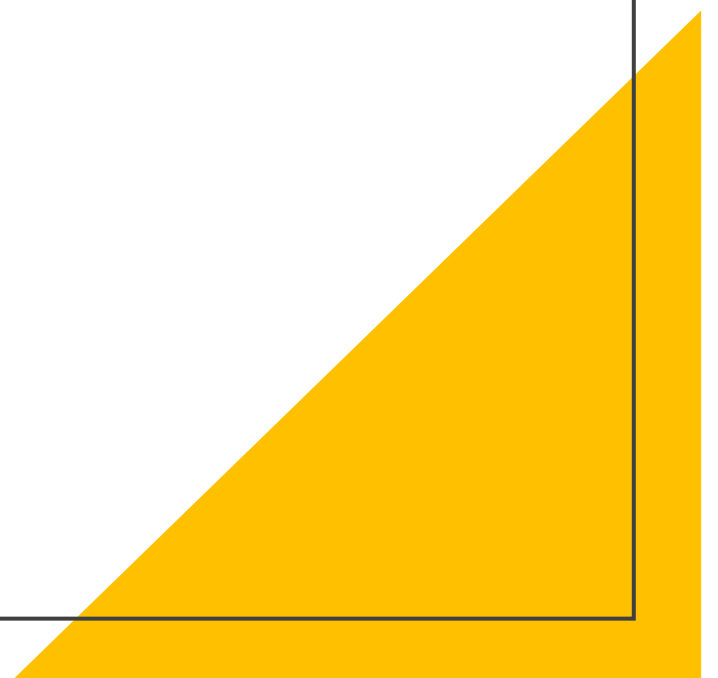
- As a way to bring together all the stakeholders.
- Strategic planning, can be fast and efficient.
- There are many tools and approaches for strategic planning available



***No aggregation without representation.***

# Thank you

[gregory.pappas@fda.hhs.gov](mailto:gregory.pappas@fda.hhs.gov)





# Data Governance at El Rio

Gregory Raglow, MD, FAAFP, Dip Clin Informatics  
CMIO

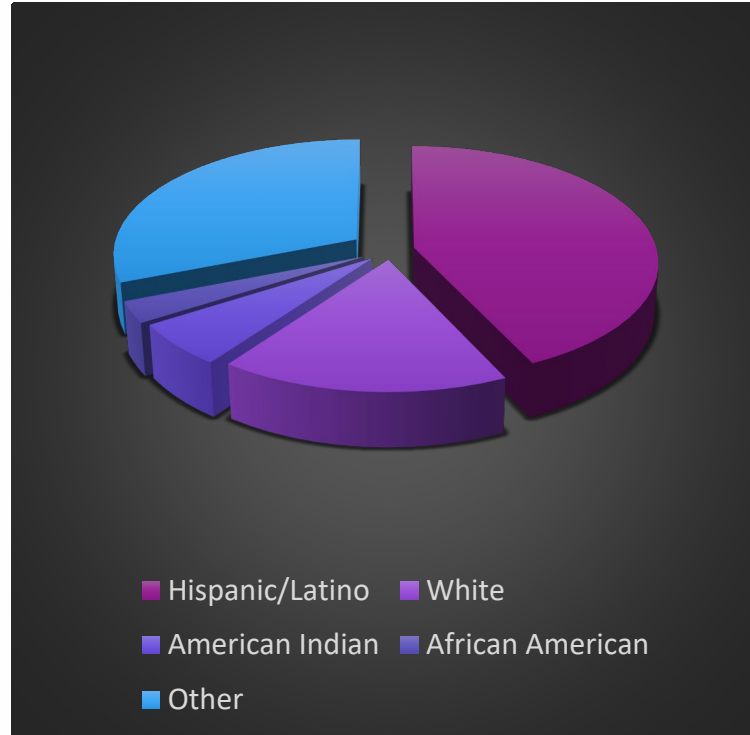


# Our Practice

## 2021 UDS Data

- Patients Served: 125,449
- Patient Visits: 455,137
- Employees: 1, 566
- Unique Clinic Sites: 13
- Providers: 211
  - 140 Medical Providers
  - 31 Dental
  - 24 Behavioral Health
  - 16 Clinical Pharmacists

## Patients by Race/Ethnicity

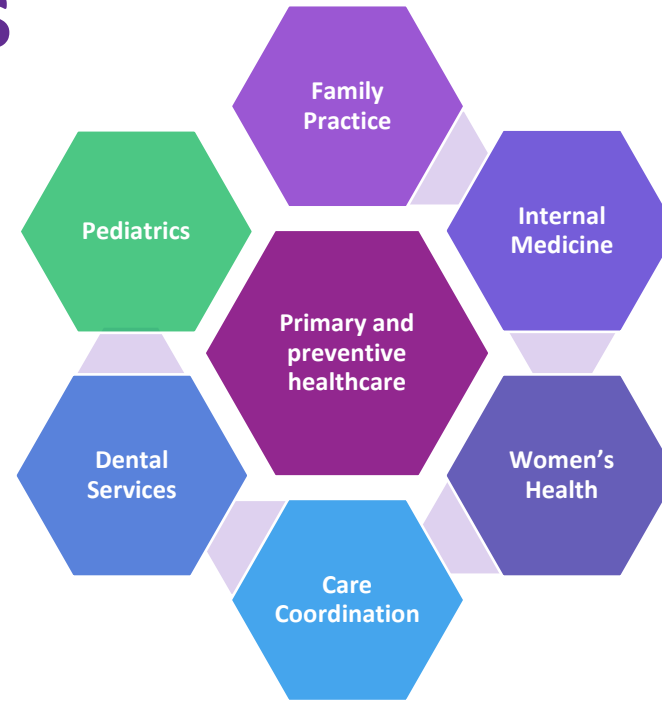
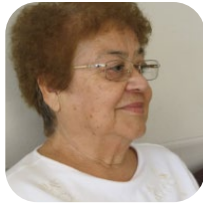


## Patients by Payer Source

- Medicaid: 49%
- Private: 21%
- Uninsured: 17%
- Medicare: 12%
- 31% of patients at or below FPL



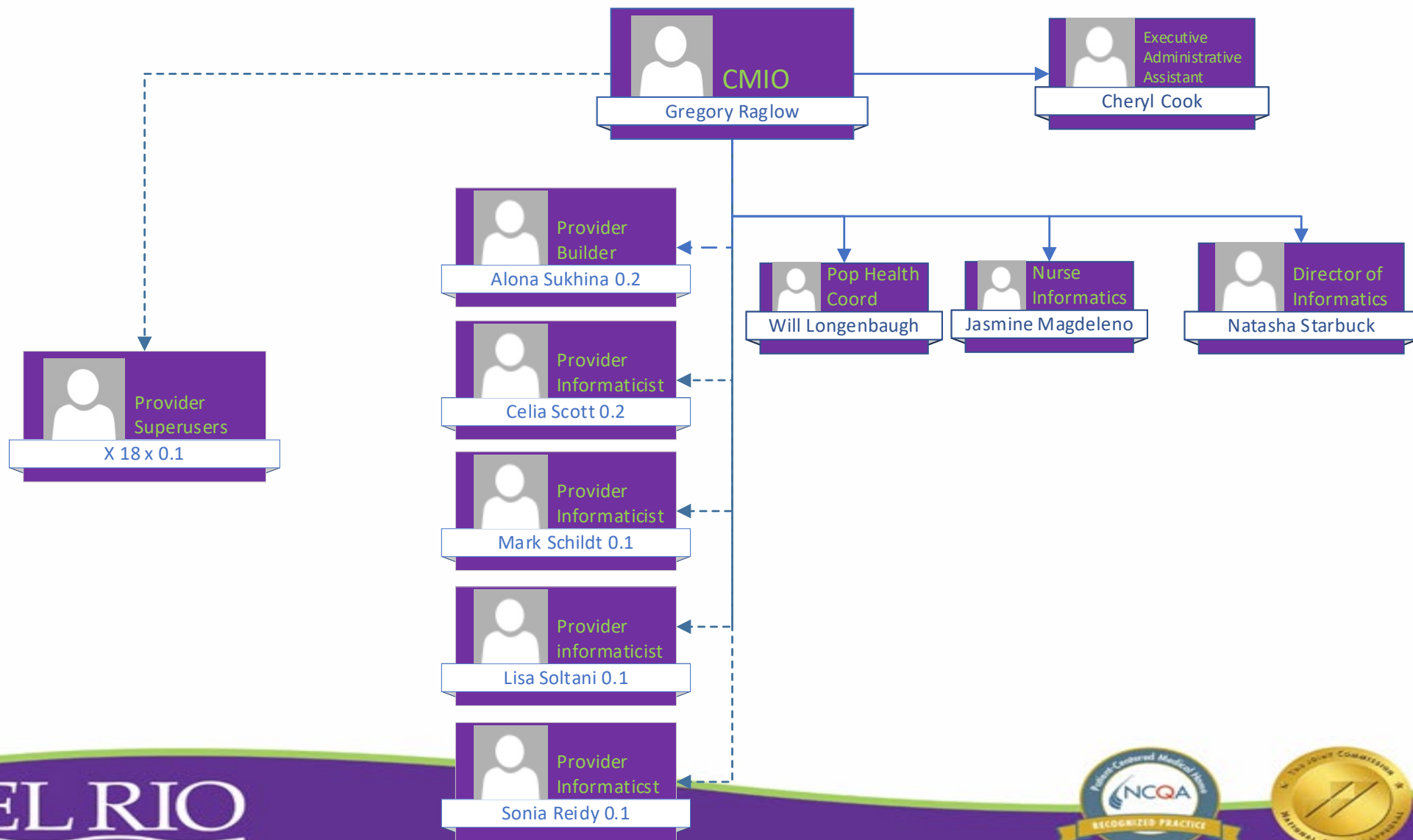
# Our Programs



- OB-GYN
- Midwives
- Physical Therapy
- Medication-Assisted Treatment

- Laboratory
- Radiology & Mammography
- Advanced Practice Pharmacists
- Integrated and Specialty Behavioral Health
- Pharmacy Services
- HIV Homeless Hepatitis C

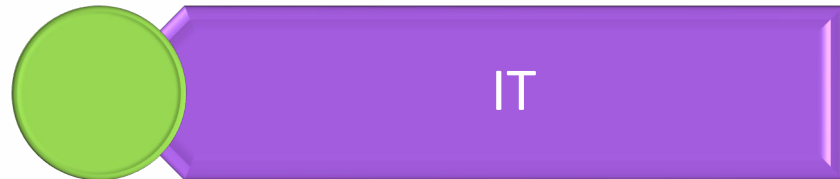
# Clinical Informatics Department



# Clinical Informatics Stakeholders/Partners



Leadership  
Senior/Clinical



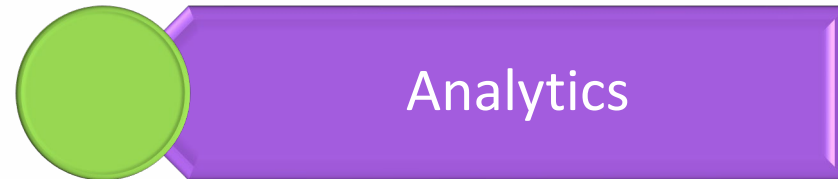
IT



Risk/Compliance



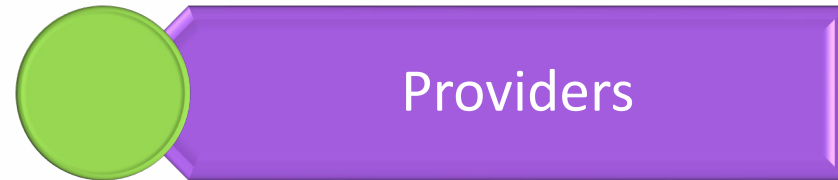
Coding/Billing



Analytics



Quality/External  
Partners



Providers



Patients





Our Journey to Epic



# Challenges







Best Practices

# Data Governance

Andrew Hamilton, RN, MS  
Chief Informatics Officer





# AllianceChicago Mission and Services

## Our Mission

To improve personal, community and public health through innovative collaboration.

AllianceChicago's efforts are focused in three core areas:

## Health Care Collaboration

Providing exemplary, innovative health services that unite health care providers and consumers to optimize effectiveness, efficiency, experience and outcomes

## Health Information Technology

Leading the way in improving health and health care delivery through the thoughtful use of leading edge health information technology (HIT) in the safety net

## Health Research & Education

Providing essential guidance that informs policy, health care delivery design and clinical services to improve health, increase relevance and accessibility of health care, and eliminate disparities



Advancing community health through collaboration, technology and research



Health Care  
Collaboration



Health Information  
Technology



Health Research  
+ Education

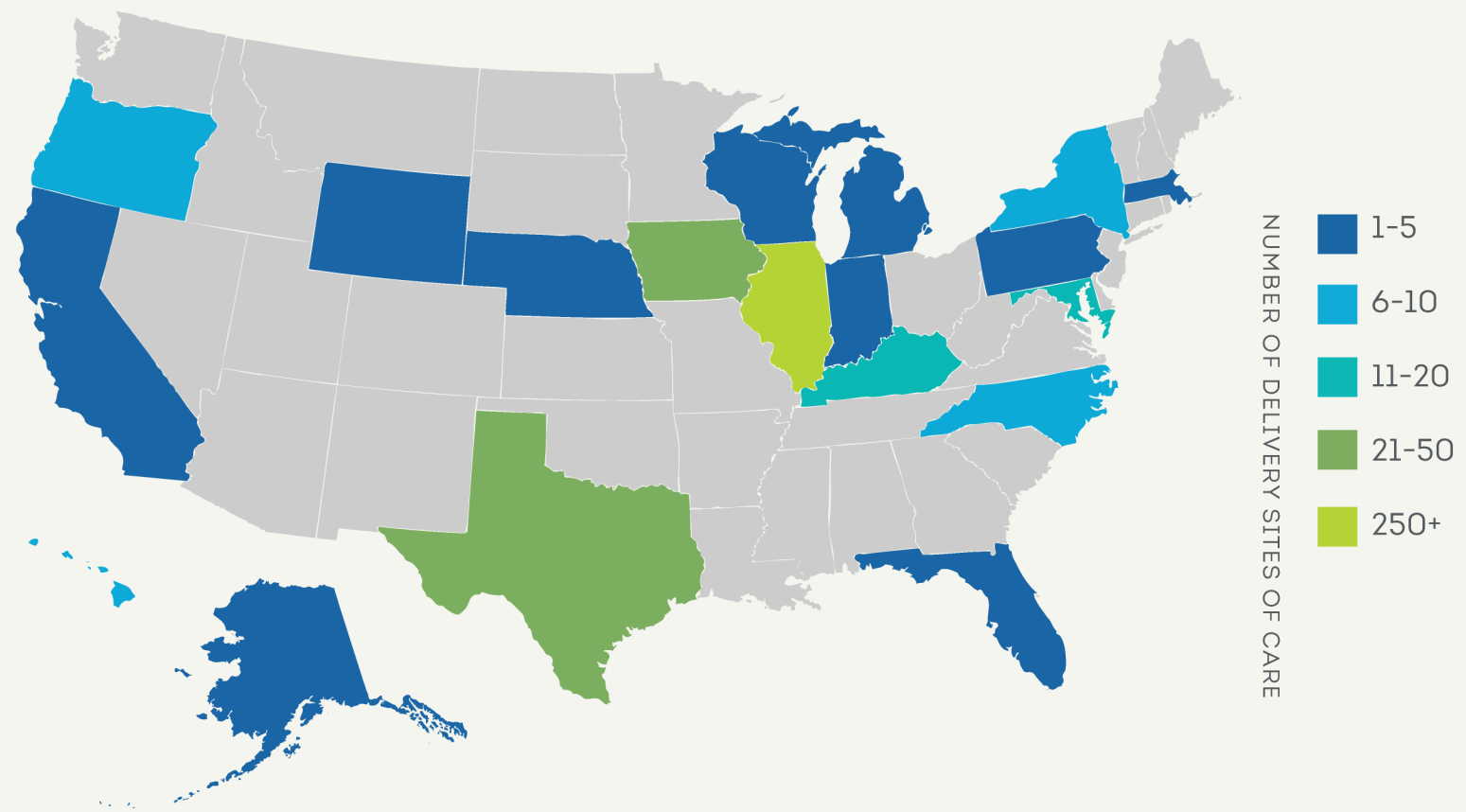
# AllianceChicago Network

**72** Safety-net Organizations

**400+** Delivery Sites of Care

Providing Services in **19** States

**3.6+ Million** Unique Patients



# What We Do

## Health Care Collaboration

Hosted over **50** virtual events for learning and best practice sharing

Broadcasted our first virtual conference with **46** educational sessions, in partnership with Health Choice Network

Led a large-scale **7**-Health Center Network cohort survey to initiate the ARCH Collaborative to improve use and satisfaction of the EHR

## Health Information Technology

Developed **396** Clinical Content updates to athenaPractice

Maintained an average EHR hosted uptime of **100%**

Captured **3,707,443** unique patient lives from **35** health centers

## Health Research & Education

Led **43** active research projects

Engaged **32** health centers in research

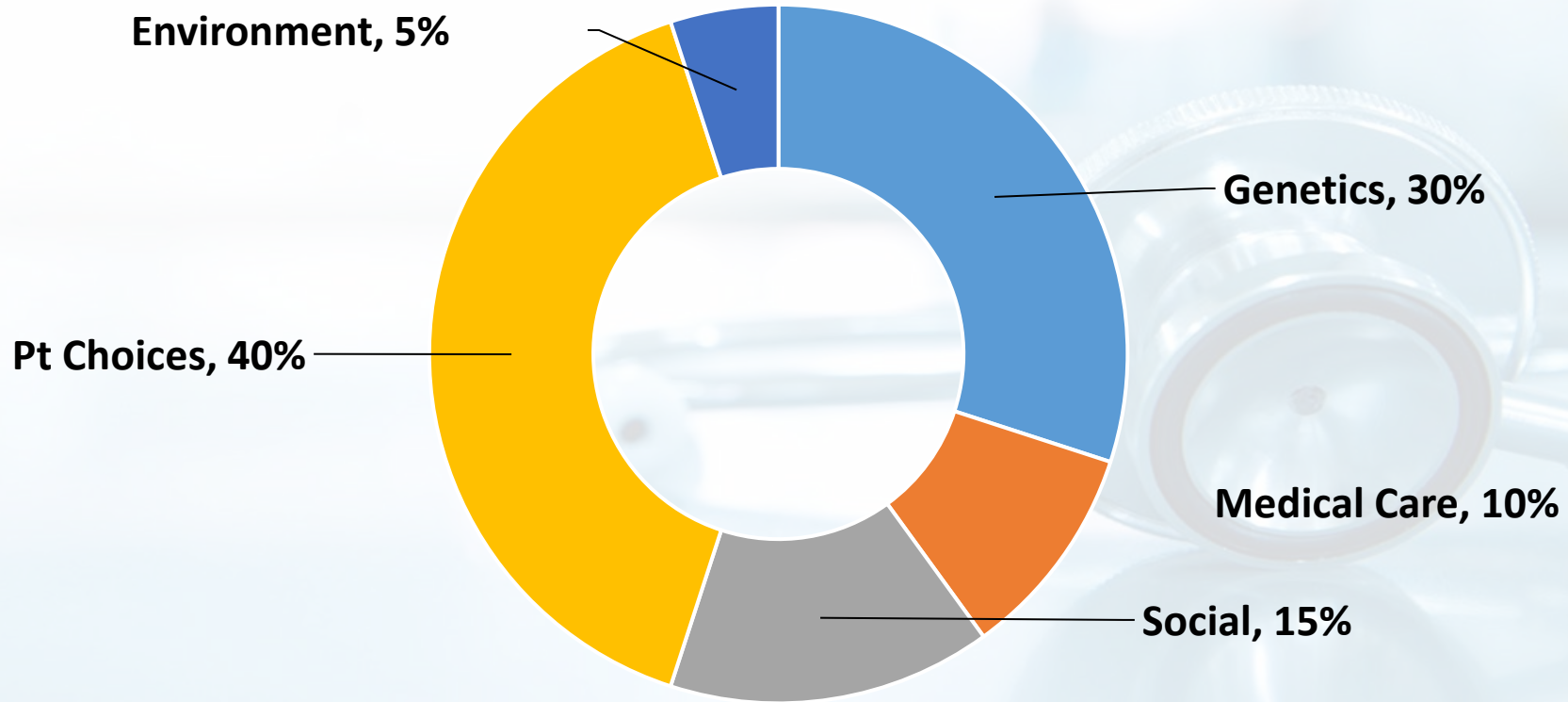
Published **12** research manuscripts

Disseminated research findings through **12** presentations

\*Data captured over the last 12 months May 2020 - April 2021

Level 8	Personalized Medicine & Prescriptive Analytics	Tailoring patient care based on population outcomes and genetic data. Fee-for-quality rewards health maintenance.
Level 7	Clinical Risk Intervention & Predictive Analytics	Using predictive risk models to support organizational processes for intervention. Including fixed per capita payment in fee-for-quality.
Level 6	Population Health Management & Suggestive Analytics	Tailoring patient care based upon population metrics. Including bundled per case payment in fee-for-quality.
Level 5	Waste & Care Variability Reduction	Reducing variability in care processes. Focusing on internal optimization and waste reduction.
Level 4	Automated External Reporting	Ensuring efficient, consistent production of reports and adaptability to changing requirements.
Level 3	Automated Internal Reporting	Ensuring efficient, consistent production of reports and widespread availability in the organization.
Level 2	Standardized Vocabulary & Patient Registries	Relating and organizing the core data content.
Level 1	Enterprise Data Operating System	Collecting and integrating the core data content.
Level 0	Fragmented Point Solutions	Tolerating inefficient, inconsistent versions of the truth and cumbersome internal and external reporting.

# What Determines Health

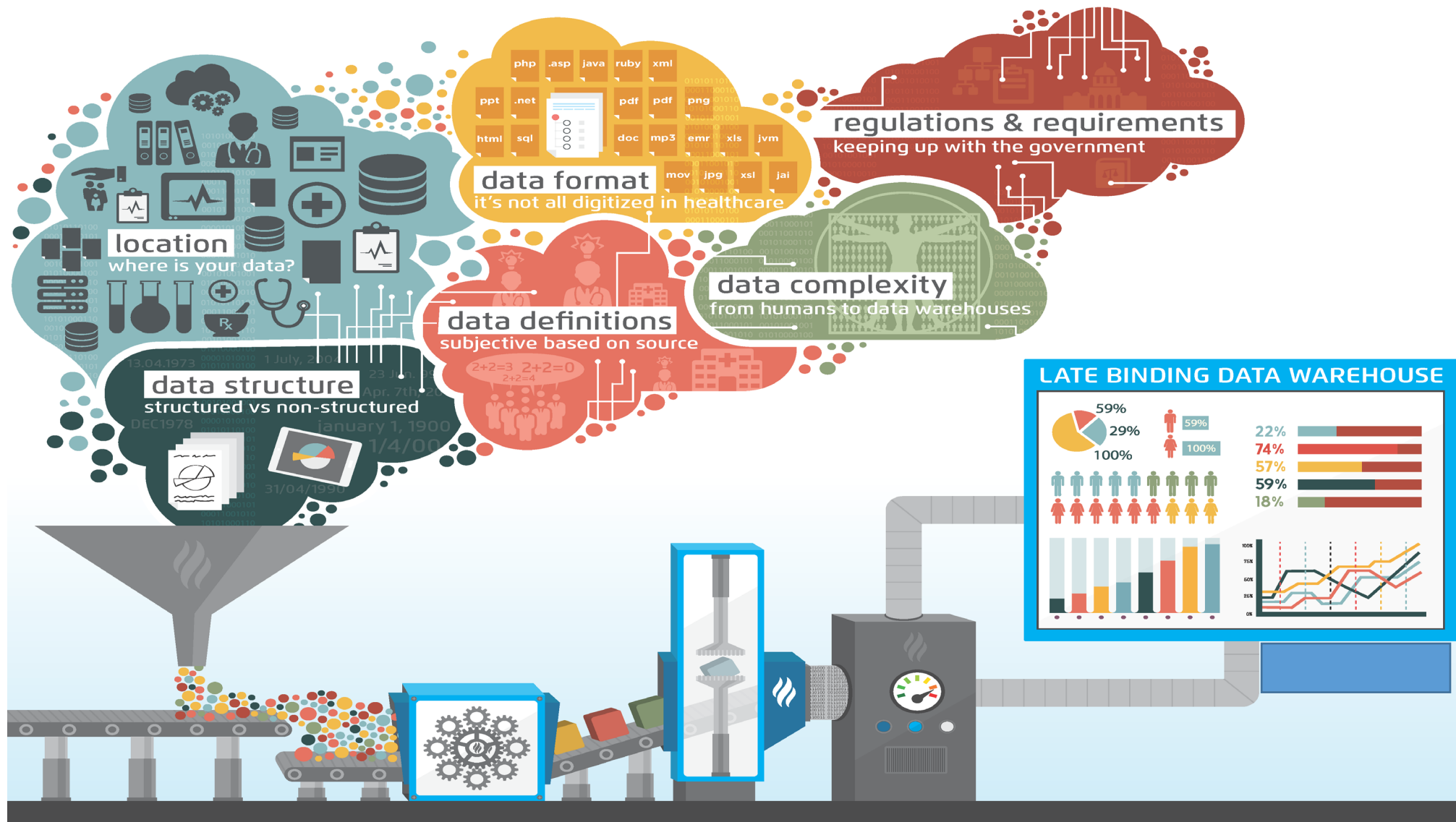




# Data Sources

- Ambulatory EMR
- Inpatient/Specialty EMR
- Claims/Enrollment
- Pharmacy
- ADT
- Public Health
- Patient Reported Outcomes
- Social Determinates of Health
- Environmental

# WHY HEALTHCARE DATA IS DIFFICULT





Operational  
Analytics

Population Health

Quality/Regulatory  
Reporting

Research

ACO/Value Based  
Care

Machine Learning & Augmented Intelligence

HealthCatalyst

Ingestion Layer



# Source Systems Data

- 57 CHC in the system
  - 26 Intergrgy
  - 22 athenaPractice
  - 4 athenaOne
  - 7 Epic
- 6 centers used two different EMR systems in one Calendar Year, therefore using this platform to create a unified reporting

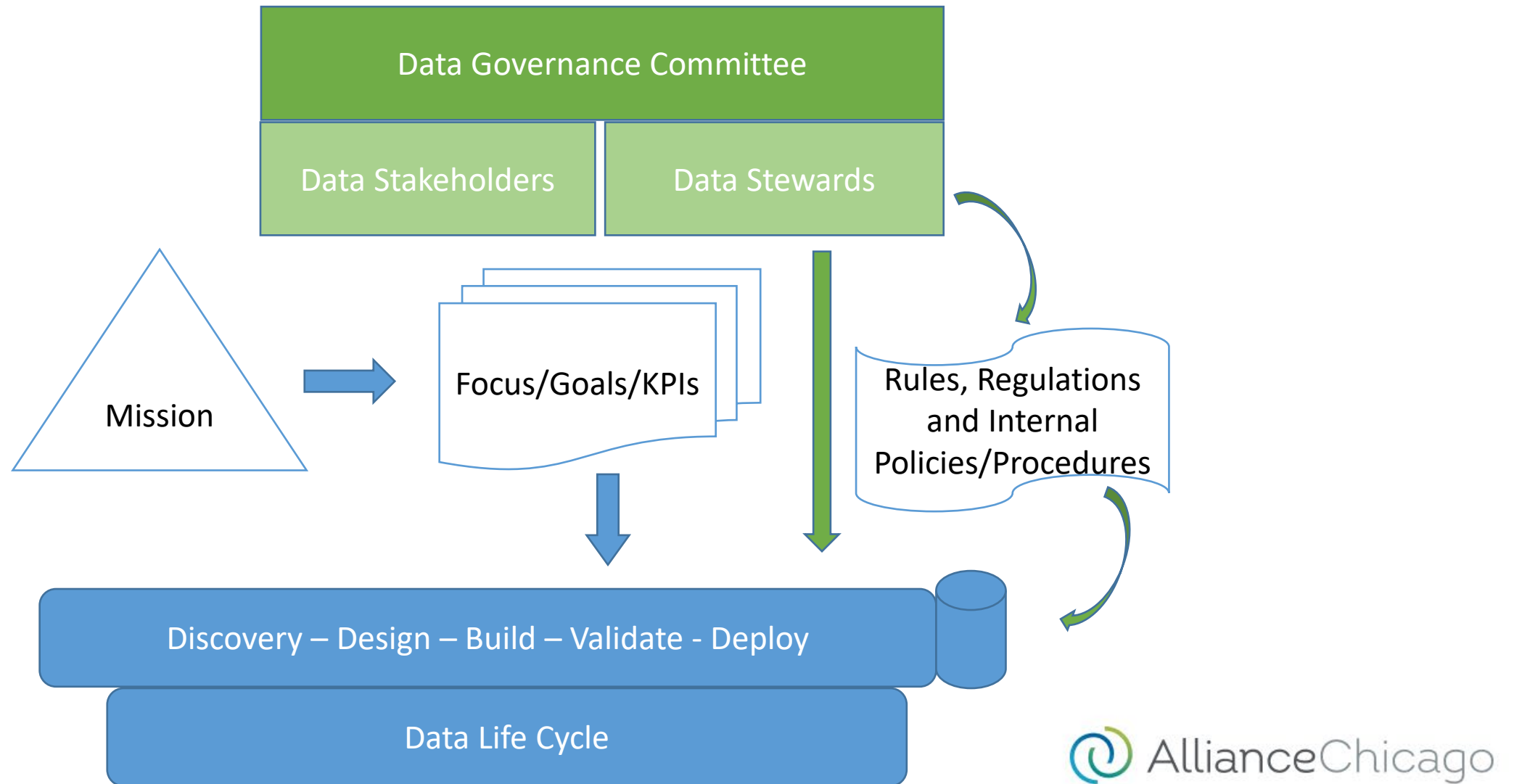
# Also have...

- 7 Insurance Plans sharing data monthly
  - 1355 Medicare
  - 2121 Medicaid Plans
- 7,941,583 have an enterprise patient ID

# Components of AllianceChicago Data Governance

- Data Governance Structure
- Organizational Goals & Strategic alignment
- Regulations, Compliance & Policy/Procedures
- Data lifecycle and processes

# AllianceChicago Data Governance



# Data Governance Committee

- Data/Analytics Leadership
- Admin/finance/legal
- Operations
- Clinical/Quality
- IT
- Data/Analytics developer
- Research/Innovation
- Executive Sponsorship
- Human Resources

# Mission, Goals & KPIs

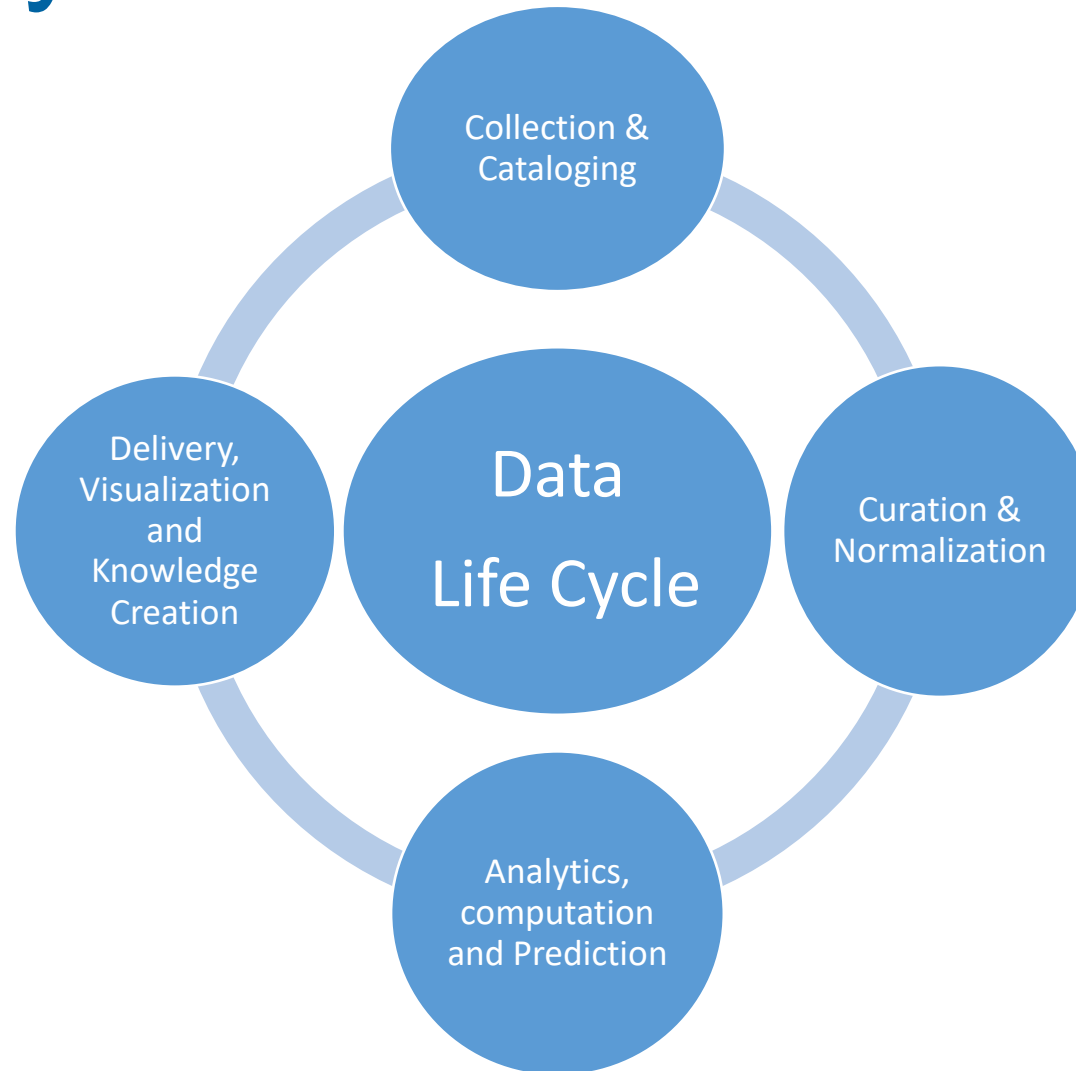
- Organization's Strategic Plan
- Data Strategy
- KPIs and other data outputs
- Data Use Support

# Rules, Regulations & Policies

- HIPAA
- Security & Cybersecurity
- “Common Rule” and Human Subject Protections
- BAAs
- Data Use Agreements



# Data Life Cycle



**THANK YOU!**

**[ahamilton@alliancechicago.org](mailto:ahamilton@alliancechicago.org)**

**[www.alliancechicago.org](http://www.alliancechicago.org)**





# CENEVIA

## HEALTH BUSINESS SERVICES

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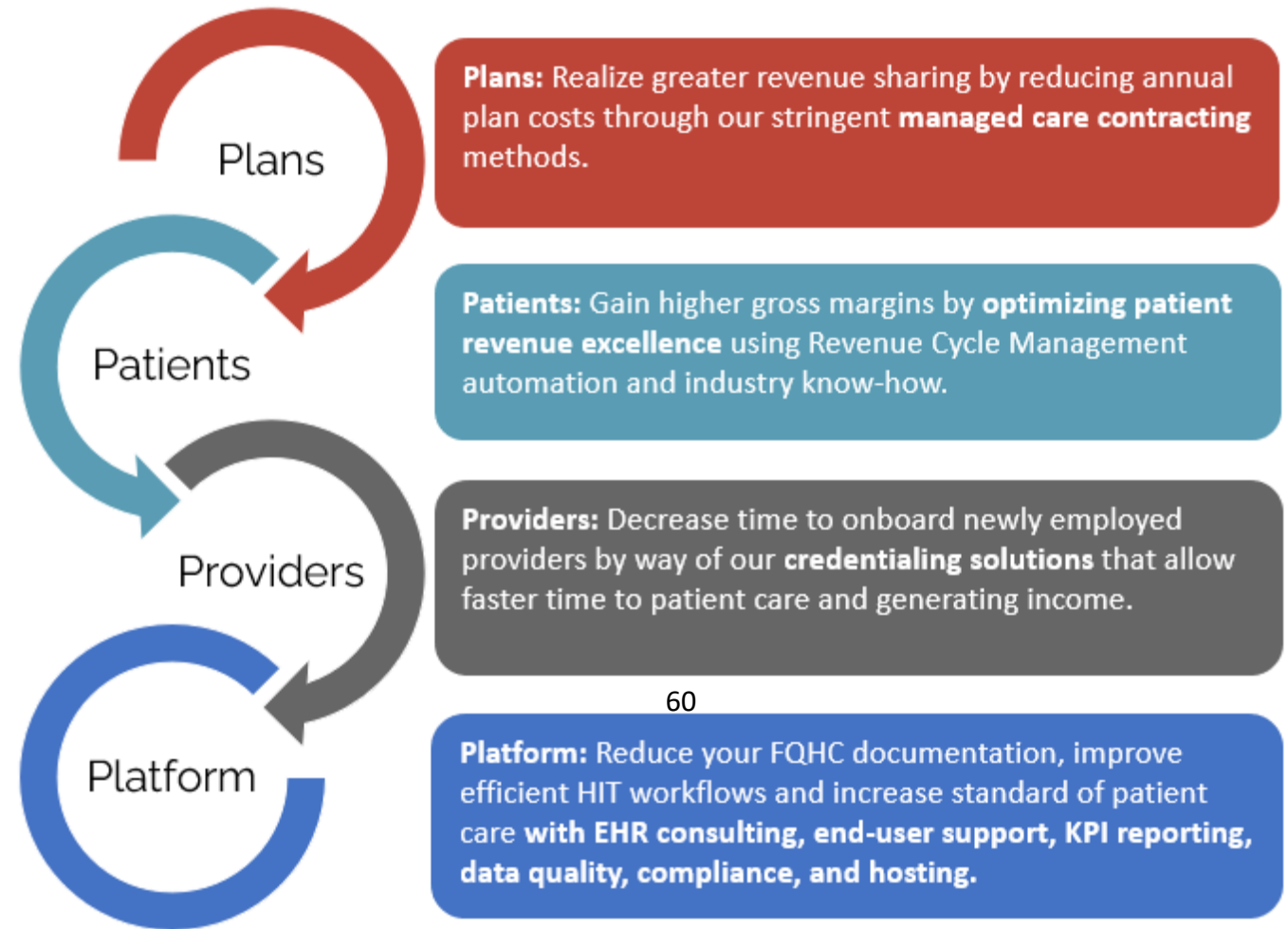
*25 Years of Experience Making Quality Outcomes Possible*



Carron Young, BSN, RN,  
CPHIMS, PCMH CCE  
Director of Performance  
Measurement and  
Improvement  
*Cenevia*

## Cenevia's Services

Cenevia has inter-locking, cross-functional solutions coordinated across your managed health plans, financial, clinical care, and technology requirements.







Teamwork matters. We are as passionate about delivering meaningful business outcomes as much as you are for delivering meaningful healthcare outcomes.

## Highlights and Impacts

~ 1M annual patient claims processed in 2021

800 provide  
credential  
re-creden  
each ye

~ \$30M of MCO patient revenue claims processed in 2021

- ~\$3M annual Plan funds distributed to shareholders



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# Foundations for Data Governance

Medical  
Management  
and Quality  
Committee

Performance  
Reports

Educational  
Webinars

Measure  
Specs

Data Validation

## Medical Management and Quality Committee

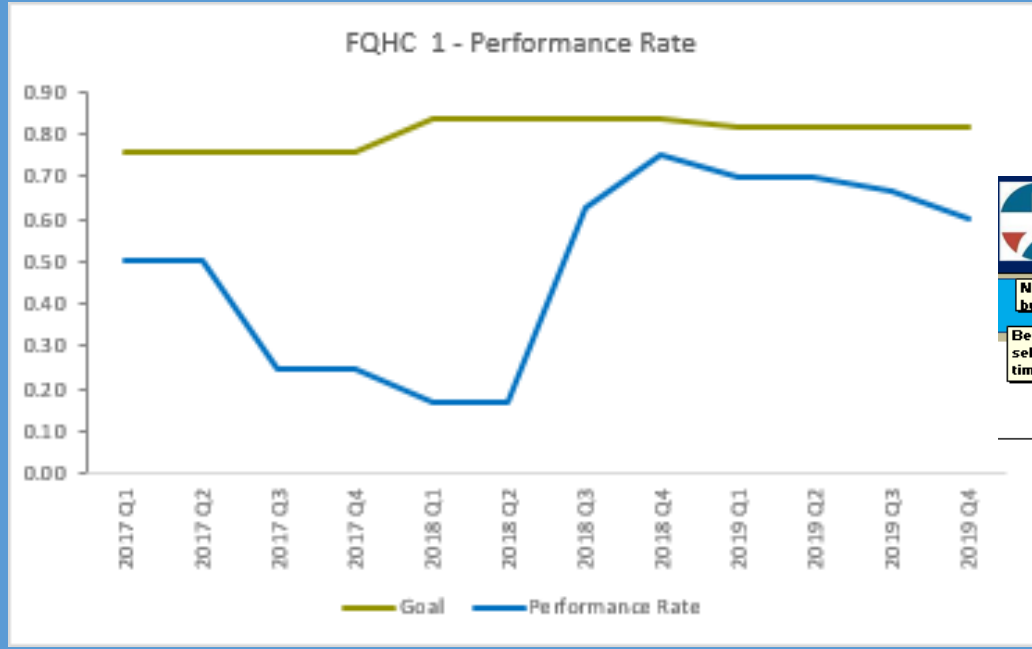
### Network Priority Measures

- DM A1C Control
- BMI Screening & Follow Up Plan
- Colorectal Cancer Screening
- Childhood Immunizations

FQHC staff participants

63

CMOs, CEOs, Nurses,  
Quality/Operations, Providers



Navigate to other sheets using these buttons

Best results are achieved when selecting one item per category at a time

Measure Info

CCNV Network Overview

Center Detail

Select Year, Quarter and Line of Business

Year

2017

2018

2019

Quarter

Q1

Q2

Q3

Q4

Line

HMC

Provider	Breast Cancer Screening	Colorectal Cancer Screening
H**, J**	4	6
D**, J**		1
C**, S**		
Total Missing Patients (Care Gaps)	4	7

FQHC 1 - Incentive Payments				
	Incentive Opportunity	Incentive Payment	Lost Revenue	
Breast Cancer Screening	\$ 8.10	\$ -	\$ 8.10	
Colorectal Cancer Screening	\$ 3.60	\$ 3.60	\$ -	
Diabetes-Nephropathy	\$ 9.30	\$ -	\$ 9.30	
Medication Adherence	\$ 3.00	\$ -	\$ 3.00	
Readmission 30 Days	\$ 9.00	\$ -	\$ 9.00	
Access to Medical Records	\$ 6.00	\$ 6.00	\$ -	
ER Visits	\$ 6.00	\$ -	\$ 6.00	
Statin Use in Person w/ Diabetes	\$ 20.70	\$ 20.70	\$ -	
Patient Experience	\$ 9.00	\$ -	\$ 9.00	
Diabetes Blood Sugar Control	\$ 9.60	\$ -	\$ 9.60	
<b>Grand Total</b>	<b>\$ 84.30</b>	<b>\$ 30.30</b>	<b>\$ 54.00</b>	

# Performance<sup>64</sup> Reports



CENTER NAME			
Reporting Period: <b>MM/DD/YYYY-MM/DD/YYYY</b>		Current eCW Version: <b>9.0.27</b>	
Date joined EMR data group (reporting time period): <b>MM/DD/YYYY</b>		Weekend Hours: <b>None</b>	
<p>Electronic lab interface operational, effective date: <b>LabCorp interface effective September 2009 (approximate).</b></p> <ul style="list-style-type: none"> <li>% A1C and Lipid labs electronically interfaced:</li> <li>% A1C and Lipid labs done in house:</li> <li>% A1C and Lipid labs sent out/not electronically interfaced:</li> </ul>			
LABORATORY DATA			
HbA1C Lab Tests used in eCW (Please list the Lab Test Names as they appear in your eCW system)	In-House	Electronic Lab Interface	Non-Interfaced Lab Vendor (example: Hospital Labs)
	<ul style="list-style-type: none"> <li><b>Hemoglobin A1 in house</b></li> </ul>	<ul style="list-style-type: none"> <li><b>BMP8+LP+1AC+Hb A1c</b></li> <li><b>Hemoglobin A1c</b></li> </ul>	<b>None</b>
LDL Lab Tests used in eCW (Please list the Lab Test Names as they appear in your eCW system)	In-House	Electronic Lab Interface	Non-Interfaced Lab Vendor
	<b>None</b>	<ul style="list-style-type: none"> <li><b>BMP8+LP+1AC+Hb A1c</b></li> <li><b>Lipid Panel</b></li> <li><b>Lipid Panel And Chol/HDL Ratio</b></li> <li><b>Lipid Panel With LDL/HDL Ratio</b></li> <li><b>NMR LipoProfile</b></li> </ul>	<b>None</b>


Data Elements						
	Question:	Answers	Structured Data or Custom Data Fields?	Currently mapped to report	Not mapped to report	Mapped to report, but documentation is not consistent
	What are the data elements needed for this report?					
	1					
	2					
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					

# Data Validation

# Educational Webinars

## Diverse Educational Topics

# of FQHC Staff Attend..



1.00 22.00

Q&A Annual Wellness Visits Q&A Value Based Dashboard  
Q&A UDS Changes for 2019 Q&A Review of Value Base Dashboard  
Q&A Telehealth Afalcone Q&A Annual Wellness Visits in Action  
Q&A Q4 2018 Humana MPR Review Q&A Q3 2019 Humana EAF SQR Overview  
Q&A What is a Registry...Really? Q&A Value Based Program Changes  
Q&A Patient Portal: You Got This? Q&A Improving Outcomes  
Q&A Supporting Patients Go 365 and Other Initiatives Q&A Quality Measures  
Q&A Pt Engagement Apps Q&A Documenting Value-Based Measures  
Q&A Chronic Conditions Q&A EAF SQR Overview  
Q&A Improving Outcomes with HealthIT and Patient Engagement Tools

# Measure Specs

Measure	2020 UDS - Healthplan – Crosswalk Measure	Measure ID	UDS	Virginia Premier Hybrid Measures	Virginia Premier Medallion Goal	Humana MPR Program	Humana Goal	HP2020 Goal
Breast cancer screening (BCS) Weight 1	Access to medical records					x	100.0%	
	Adolescent Well Care Visits (AWC)			x	54.6%			
	Annual Wellness Visit in 1st 6 Months of the Year					x	18.0%	
	Ashtma Medications Ratio (AMR)			x	62.28%			
	Breast Cancer Screening	CMS125v8	x	x	58.0%	x	82.0%	
	Percentage of assigned/attributed women 50 to 74 years old who had a mammogram during the measurement year or the prior 15 months to screen for breast cancer							

What Service is Needed	CPTII/CPT/ICD/LOINC Codes	Best Practices
<p>Physician must ensure each eligible woman has had a mammogram during the measurement year or the prior 15 months to screen for breast cancer</p> <p>Mammogram between Oct. 1, 2016, and Dec. 31, 2018</p> <p>(27 month look back period)</p>	<p>Radiology codes from CMS guide</p> <ul style="list-style-type: none"> <li>• CPT: 77061-77063, 77065 – 77067</li> <li>• HCPCS: G0202, G0204, G0206</li> </ul> <p>Hospital codes</p> <ul style="list-style-type: none"> <li>• UB revenue: 0401, 0403</li> </ul> <p>Medical record documentation</p> <p>Exclusions</p> <ul style="list-style-type: none"> <li>• Patients who have had a bilateral mastectomy or who have had both a unilateral left and unilateral right mastectomy (A single unilateral mastectomy does not count as a full exclusion.)</li> <li>• Medicare patients 65 years old and older living long term in institutional settings</li> </ul>	<ul style="list-style-type: none"> <li>• Educate patients about the importance of early detection and encourage testing.</li> <li>• Schedule a mammogram for the patient.</li> <li>• Engage patients in discussion of their fears about mammograms and let women know that the test is less uncomfortable and uses less radiation than it did in the past.</li> <li>• Provide female patients with a list of facilities where mammograms can be completed.</li> <li>• Document month and year of most recent mammogram in the medical record.</li> <li>• Document mastectomy status and year performed in the medical record.</li> </ul>

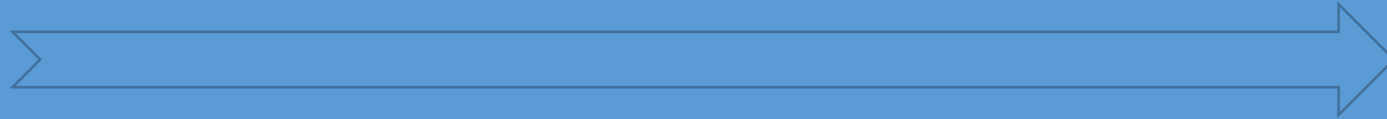


# Cenevia Analytics Workgroup

Support Development of Data Governance Processes

# Project Phases

May  
2022



Oct

Data  
Governance  
101

- ONC Playbook
- Governance Management
- Communications

- Data Management Function
- Business Glossary, Metadata, Data Standards

- Data Quality
- Data Quality Planning

- Data Quality Assessment

# Typical Cenevia Workgroup Agenda

Deeper Dive into ONC/HITEQ Playbook

Data Quality Assessment

Center Activities and Challenges

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Discussion

## Data Quality Assessment

- Measure data quality improvements
- Create a quality culture
- Improve staff understanding of data details
- Demonstrates <sup>71</sup> data quality improvement



# Data Quality Assessment

## Areas to Consider...

Develop Metrics

Identify Targets

UDS

# or % of Duplicate Pt  
Accts

Reduce Duplicate Pt Accts  
by X%

Race and Ethnicity data  
errors  
Proper zipcode format

# Examples: UDS

- Race/Ethnicity: reduce # or % “Decline to Specify”
- Ethnicity response options limited to acceptable responses

Column A (Hispanic or Latino/a)	Column B (Non-Hispanic or Latino/a)	Column C (Unreported/Chose Not to Disclose Ethnicity)
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# Virginia FQHC Challenges

Lack of...

Data Dictionary

Measure Standardization  
Across Payers/Programs

Standardized Patient  
Portal Data

# Key Takeaways

$\geq 2$  data champions

Define roles

Engage staff in defining data P&Ps

Know your data issues and monitor

Create tip/cheat sheets

Talk about data

# Resources for Data and Governanc e Standards

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[ONC Governance Framework Worksheet](#)

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[HRSA UDS](#)

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[eCQI](#)

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[CMS](#)

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[UMLS](#)

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[HealthIT 2015 EHR Data Standards](#)



# Thank you

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# THANK YOU!



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