



***The Pressing Need for  
Data Governance:  
Part Two***

**White Paper**

**June 2014**

**Just Associates, Inc.**

**Phone: (303) 693-4727**

**[www.justassociates.com](http://www.justassociates.com)**

# Table of Contents

Part Two: Achieving Strong Data Governance for HIOs.....	1
Introduction .....	1
Challenges to Success .....	1
Achieving Strong Governance.....	2
Conclusion.....	3

## ***The Pressing Need for Data Governance***

### ***Part Two: Achieving Strong Data Governance for HIOs***

#### **Introduction**

A trusted model for sharing patient information across hospitals and health systems, health information organizations (HIOs) are the cornerstone of accountable care organizations (ACOs) and other data-sharing initiatives. These exchange organizations allow hospitals and health systems to share patient information across organizations and, thus, collaborate to deliver patient-centric care that achieves the mission of the ACO – improved care coordination, quality and outcomes, and reduced costs.

However, this value cannot be realized without clear governance policies that guide how the patient data that flows through HIOs is collected, managed, accessed and shared. While weak governance may encourage broader participation, it ultimately creates a great risk of compromising patient data, a harmful situation for the HIO.

For instance, weak governance surrounding patient identification algorithms can result in dirty data entering into the system, creating issues that are compounded as that information moves from one system to another. Additionally, dirty data impacts providers' confidence in the information accessed via the HIO, hampering clinician adoption. Finally, it can negatively impact patient safety and, as a result, care and quality outcomes.

Yet until the Office of the National Coordinator for Health Information Technology (ONC) released its report on patient matching challenges and best practices<sup>i</sup>, many HIOs were unaware that they were responsible for managing data to ensure integrity. As a result, many implemented policies with the very real potential of damaging data integrity and jeopardizing patient safety.

For example, expecting participating organizations' staff to log directly into the HIO's system to merge duplicates and perform error corrections is not considered a best practice. Providing staff with access to the full HIO master patient index (MPI) would be a direct violation of HIPAA<sup>ii</sup>, and the risk of errors and downstream data issues increases if staff is correcting errors in a foreign, shared MPI. Ideally, all MPI errors should be corrected in the respective source systems.

For this reason, HIOs must take ownership of the integrity of the data flowing across the organization. They must implement strong governance policies that ensure systems remain clean and that root causes of duplicate records are addressed.

#### **Challenges to Success**

HIOs face a number of obstacles to achieving strong governance policies. These include aligning stakeholders' unique culture and approach to data ownership and governance and ensuring that all stakeholders have strong internal data governance processes to ensure only valid data flows through the HIO.

The reality is that each participating organization will have a unique set of policies and procedures. Leaders must understand the differences between the organizations' existing frameworks to determine which will prevail, as well as how to enforce them.

Current data processes must also be examined to identify any differences that may impact the HIO's success. This includes data capture processes and naming conventions, as these will play an important role in ensuring data integrity and preventing duplicate and overlaid records from entering the system.

In addition, dedicating appropriate staff resources to maintain data integrity, including appropriate reporting and audit functions to keep stakeholders apprised of issues and resolutions, will be burdensome on already tight organizational resources.

### **Achieving Strong Governance**

Overcoming these challenges, then, requires a strong governance framework, established by a multidisciplinary team representing stakeholders' clinical and business interests. Included on the team should be representatives from health information management (HIM), IT, quality and compliance, privacy and security, nursing and ancillary services, risk management and the organizations' medical staff.<sup>iii</sup>

Once established, this team should begin by examining the various frameworks in place at stakeholder organizations to determine which policies should remain and which should be replaced with stronger, more effective ones. Doing so will form the basis of a unique governance framework that will guide the HIO and its stakeholders through the organization's life cycle and ensure that all data entering the system is clean and free of duplicates.

To ensure the organization's success, this framework should include a number of facets, including standards and best practices for the design and capture of information, as well as for the completeness, quality and integrity of data exchanged. Guidelines should also be established to outline what data will be shared, who can access it for what purposes and how it will be distributed across the organization. In addition, standards should be created to determine how information is collected, accessed and managed within each organization.

Because HIOs are not stagnant entities, the framework must also be able to expand with the organization. It must take into account a number of operational considerations to achieve the desired balance between privacy and security measures, as well as data integrity and exchange, including:

- MPI integrity
- Population health
- Analytics
- Performance measures
- Meaningful Use
- Discrete data loss
- Audit reconciliation
- Reporting
- Consent management
- Resource allocation

A data governance subcommittee is also needed to report to the HIO's board of directors to guide the implementation of and compliance with the established framework.

To successfully manage data integrity and organizational compliance, sufficient staff resources are necessary to monitor and maintain these standards and best practices. Included should be individuals tasked with maintaining data quality and integrity within each organization, as well as with driving decisions and achieving consensus to optimize data quality for the HIO as a whole.

Once the team is in place, a process for monitoring and communicating progress between stakeholders must also be established. This includes processes for reporting dashboard metrics to the HIO governing body and each source organization to allow participating organizations to benchmark data. That is in addition to a comprehensive data-sharing agreement, compliance with which must be a condition of organization participation.

## Conclusion

With collaboration and coordination of patient care currently at the forefront of the healthcare industry, organizations must take seriously their efforts to implement strong governance policies. Included in this is the establishment of a governing body that oversees data integrity and compliance with designated guidelines, as well as a framework that is rigid enough to ensure compliance and flexible enough to allow for growth.

However, no two organizations will operate in exactly the same way, meaning that a single governance framework will not be adequate in achieving the organization's goals. Adjustments must be made to take into consideration the existing organizations as well as projected growth. Doing so will provide a number of benefits that far outweigh the costs and resources required to implement the program.

---

<sup>i</sup> Morris G, Farnum G, Afzal S, Robinson C, Greene J, Coughlin C; Office of the National Coordinator for Health Information Technology. Patient identification and matching. [http://www.healthit.gov/sites/default/files/patient\\_identification\\_matching\\_final\\_report.pdf](http://www.healthit.gov/sites/default/files/patient_identification_matching_final_report.pdf). Published February 7, 2014.

<sup>ii</sup> Just BH. What HIOs can learn from the ONC patient matching report. *Health Data Management*. February 17, 2014. <http://www.healthdatamanagement.com/blogs/what-hios-can-learn-from-the-onc-patient-matching-report-47152-1.html>.

<sup>iii</sup> Patten M, Proffitt K, Lucci S. Information governance initiatives essential for strategic alliances. *Journal of AHIMA*. 2014;85(4):48–9. [http://library.ahima.org/xpedio/groups/secure/documents/ahima/bok1\\_050627.hcsp?dDocName=bok1\\_050627](http://library.ahima.org/xpedio/groups/secure/documents/ahima/bok1_050627.hcsp?dDocName=bok1_050627).