Assessing Data Challenges and Opportunities

This resource will help you assess and address the following common data-related challenges:

- Earning and benefitting from timely key stakeholder buy-in
- Data collection, management and analysis
- Data quality
- Data-related risks of care and payment models
- Initiative sustainability

Instructions:
Review and discuss the following prompts and use the team's responses to identify next steps.

Topic	Next Steps
Earning and Benefitting from Timely Key Stakeholder Buy-in Front-line finance, billing, information technology, and data analytics team members are often overlooked when health equity initiative team members make key data-related decisions. That neglect can lead to unexpected delays and resource shortages when the team seeks data sets and analytic services to inform and implement the health equity initiative.	1. Are your front-line, finance, and billing colleagues active members of your team? (For multi-organization collaboratives: Do you have representatives from each partner organization?) * What are their roles in the organization? > Are they involved in decision making for your health equity Initiative? What about those decisions which might impact their workload? * What should be their role on your team? > What is it currently? > What will it be in the next 6-12 months? 2. Are your IT and data analytics colleagues active members of your team? (For multi-organization collaboratives: Do you have representatives from each partner organization?) * What are their roles in the organization? > Are they involved in decision making for your health equity Initiative? What about those decisions which might impact their workload? * What should be their role on your team? > What is it currently? > What will it be in the next 6-12 months?
Initiative Sustainability The key stakeholders needed to launch an initiative may be different than the key	Has your team identified the key stakeholders who hold the decision-making authority and power to ensure that your initiative has what it needs to sustain it over the long-term? * If yes, has your team asked them what data or metrics they would

stakeholders needed to sustain it over the long-term.	need to see that would convince them to sustain their support? > If so, is your initiative tracking those metrics? > If not, what is necessary to begin tracking those metrics? * If not, how can your team identify the right stakeholders? Is there a clear line between your initiative's logic model, data plan, and the data your key stakeholders need to see? If a key stakeholder asked for a progress report today, could your team produce it?
Data Quality Which metrics and data fields are needed to implement the care transformation model? Don't forget to consider metrics and data fields to trigger care pathways, referrals, and specific interventions.	1. Are metrics being captured in a structured, query-able format? * How much of the data is complete, missing, or declined? > How was the data assessed (e.g., formal audit, team member impressions or guesses)? * How confident is the team regarding the assessment's accuracy? > Can you distinguish between "missing" and "declined" data fields? * Which data fields have been cross-validated against a secondary source (e.g., claims, electronic health record)? * Are data fields entered consistently across sites, providers, and time periods? * How are data quality issues communicated back to the staff members who enter the data? * Is there a process for correcting data errors? 2. Which metrics are needed to implement the payment model? (**Note:** Don't forget to consider fields and metrics that affect reimbursement, risk adjustment, quality bonus incentive payments, etc.) * Are billing and coding staff members aware of which fields have payment implications (including quality incentives)? * Is there sufficient documentation to support the payment model? * Are there gaps in the data tied to specific payers, service lines, or time periods? * Is there a need to account for care received that does not appear in your data systems (e.g., outside of partner organizations? * Have you reconciled encounter data with claims data to check for discrepancies? * Have you confirmed that diagnostic and procedure codes are applied consistently across providers? * Are there strategies in place to counteract incomplete or inaccurate payment data? > **Ex.:** Regular claim rejection or denial reviews that feed back into documentation practices > **Ex.:** Processes to capture and reconcile out-of-network or out-of-system utilization > **Ex.:** Delegation of data reconciliation processes to the clinical or financial systems 3. Does the team run test reports to confirm all needed data can be entered, accessed, and analyzed prior to launch of the care or payment model? * Do those test reports include end-to-end testing from data entry to

	final report output? 4. Is there a system in place to regularly audit all data reports?
Identifying Opportunities to Improve Data Collection, Management, and Analysis	*Challenges* * What data-related challenges has your team encountered? (Ex.: difficulties accessing data, sharing data within and across organizations, and/or analyzing and interpreting data) * Are there metrics that your team has to track manually because data collection processes are not automatically captured? * Have data gaps ever delayed a decision or forced your team to move forward with incomplete information? *Potential Solutions* * Can your team find a workaround for any challenges? Can that workaround be turned into a more durable solution? * Can you find the right person(s) to lead a response to the data challenge(s)? * Do you have contacts at peer-organizations that can provide advice or recommendations? * Is there a new key stakeholder that you need to bring to the team on a temporary basis with the decision-making authority and power to clear the roadblocks?
Data-related risks of care and payment models	1. How might patients' shifting payer status affect claims data continuity? * What impact do changes in healthcare payers have on your ability to measure outcomes over time? > Has your team established a way to track patients longitudinally when their insurance changes? 2. How might boundary crossing (i.e., care received outside of an assigned region or across systems) affect data integrity, especially for quality measures and incentive tracking? * Do you know how often patients receive care outside your system or ACO boundary? * How do you attribute outcomes for patients who receive care across multiple systems? 3. How might a lack of referral follow-up undermine assumptions about the care or payment model? * Does your team track whether referrals are completed? * Are there patient populations with systemically lower referral follow-up rates? 4. How might a lack of inter-agency data sharing undermine assumptions about the care or payment model? * Are there partner agencies (e.g., social services, housing, behavioral health, etc.) whose data you need but cannot access? * What decisions does your team make with incomplete cross-agency information?