Why is Data Governance in Healthcare so Difficult?

Common challenges and ideas for overcoming them

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“If we have data, let’s look at data. If all we have are opinions, let’s go with mine.”

- Jim Barksdale, former Netscape CEO
Many healthcare provider organizations recognize that implementing effective data governance is critical to meet increasing demand for information to support value-based care and population health. However, they often find that achieving success in data governance is easier said than done. What is it about healthcare that makes data governance so challenging? What can organizations do to remove these barriers to consistent, timely, actionable information?

Challenge #1. People don’t want to eat their broccoli.

Data governance has lots of negative connotations. It conjures fears of red tape and long boring meetings. One of our clients refers to it as the ‘eating your broccoli’ part of analytics — data governance isn’t fun, but in order to get the exciting and impactful analytics solutions, it has to be done. Without the discipline to use standard definitions and sources of truth, organizations waste a lot of time in meetings looking at conflicting data and debating which number is right, leaving little time to discuss what to do about the numbers. If you buy analytics tools without implementing data governance, you just get bad data faster and in prettier graphics.

Success factors. Communications about data governance need to focus on the core capabilities data governance provides and how those capabilities make people’s lives easier. Don’t throw the ‘data governance’ term around if that name is going to create unnecessary barriers to success. Create a program name that focuses more on the impact you want the data governance program to have — like ‘Data Quality Initiative’ or ‘Information Resource Center’. If people get excited about the mission — providing simpler access to consistent, timely, actionable information — it will be easier to enlist them to help with the work of managing your organization’s data as the valuable asset that it is.

Challenge #2. Inertia is a powerful force.

Inertia is the resistance of an object to change its state of motion. Inertia applies to people, too — people don’t like to change. Change is scary. It makes people uncomfortable. People prefer to do things the way they’ve always done. Learning new things and changing behavior takes time and effort. Resistance to change presents a challenge because effective data governance requires change on many levels. From the top down, the culture needs change to be more data-driven and transparent. From the bottom up,

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1 https://en.wikipedia.org/wiki/Inertia

**Challenges Facing Data Governance in Healthcare**

1. People don’t want to eat their broccoli.
2. Inertia is a powerful force.
3. People who need to collaborate on data governance speak different languages.
4. People who need to be involved in data governance are really busy.
5. Semantics often get in the way.
6. Healthcare data is complex.
7. To be successful, data governance requires true leadership.
Frontline staff need to change processes for how they capture data (to improve data completeness and accuracy) and how they calculate key performance metrics (to improve data consistency). Making this amount of change happen across the organization takes a lot of work by a lot of people.

**Success Factors.** First, make sure that the changes put in place serve a purpose. Data governance is about empowering business teams and the organization to take charge of the data they know best and how it should be used. At the end of the day, the changes promoted through data governance need to offer people hope: the hope of easier access to better quality data. Data governance should not overwhelm people with red tape and present new barriers to data access.

Second, change management should be a core capability of the data governance organization. Glean lessons learned from past big changes (e.g., EHR implementation, big patient safety initiatives, IDC-10) to find an approach that works well in your organization. Your change management capabilities need to address communication, learning, goals and measurement, and reinforcing change. Use these change management capabilities to help people build the knowledge, skills, and motivation they need to successfully adopt changes generated through data governance.

**Challenge #3. People who need to collaborate on data governance speak different languages**

Years of traditional silos in healthcare have resulted in language barriers. Finance speaks one language, clinicians another, supply chain another, and IT yet another. Breaking down these language barriers takes time and culture change. Because of these silos, people don’t always understand the other side of the equation. Each department faces unique challenges and constraints to make the cultural and operational changes needed to develop a more data driven culture and to support data governance.

**Success Factors.** You need translators who speak multiple ‘languages’ — e.g., finance and technology, clinical and finance, supply chain and clinical. These translators can facilitate conversations and bridge different silos, helping to tackle shared data problems together. As translators facilitate conversations, they can also reinforce ‘ground rules’ to make sure that everyone plays nice.

Most organizations already have at least a few people who are ‘multilingual’ — people who have worked in different departments and in different roles during their careers. A goal of the data governance program should be to develop more of these multilingual people. Putting people from different departments together to collaborate on data governance initiatives provides the opportunity to learn about other departments and to develop an appreciation for the role those departments play in the organizations’ overall mission. This creates a much stronger foundation for future collaboration around data.
Challenge #4. People who need to be involved in data governance are really busy.

To be successful, a data governance initiative requires time and input from subject matter experts with a deep understanding of the data and key managers who can make operational changes happen. These will be the data stewards who do the day-to-day data governance work – your clinical super users, your rock star data analysts, the revenue cycle manager that everyone asks their questions about the workflow and data. Unfortunately, these people are some of your most in-demand resources. They already have five #1 priorities so carving out time for them to work on data governance is difficult.

Success Factors. First, make sure that your data governance initiatives are clearly aligned with organizational priorities. Before tackling any data governance project, first ask: Which funded Strategic Initiative, Board Goal, or regulatory imperative does this project support? Articulating how a data quality initiative impacts the clinically integrated network (CIN) or how a data standards initiative supports performance improvement efforts for the organization’s new risk-based contract will help justify why the organization’s rock star resources need to spend time on this.

Second, as the data steward role matures in the organization, you need to protect time for data stewards to spend on ongoing data governance work: proactive data quality management, maintaining and adapting data standards, and updating role-based access policies as things inevitably change. It can be hard to make this case in the early days of a data governance program. However, as initial data governance projects are undertaken, be sure to track the impact this work has on the organization. For example:

- How much data analyst and frontline staff time on data collection, validation and cleanup is saved?
- How much time in executive meetings debating which number is right is saved?
- How much faster can decision makers get the information they need?

Tracking quantitative and/or anecdotal evidence of this from early projects can help make the business case for funding protected time for data stewards as your data governance capability matures.

Challenge #5. Semantics often get in the way.

There are people who passionately argue whether the function should be called data governance vs. information governance. These semantic arguments can waste valuable time and cause ‘storming’ when you need the data governance team to be ‘norming’ and ‘performing’.

Success factors. Focus discussions on the core functions that your data/information governance program needs to provide instead of focusing on the semantics. Also, see #1 about naming the program something that doesn’t include ‘data governance’ in the name. If you have people who are not able to focus on
what functions need to be provided until the semantic argument is settled, AHIMA has developed a useful infographic\(^2\) that illustrates their view on the function differences between a data governance program and an information governance program. In short AHIMA proposes that information governance encompasses data governance plus additional functions like information risk management and legal and regulatory response.

**Challenge #6. Healthcare data is complex.**

Healthcare data is ugly – especially clinical data. Much of it is unstructured such as clinical notes, reports, and images. Also, lack of interoperability in EHRs and other core operational systems makes data mappings and integration complex. Even in organizations that standardize on a single EHR vendor, operational processes frequently vary from location to location and clinician to clinician, resulting in lots of variation in where and how key information is stored. As we move into the age of mobile (mHealth), personalized medicine and the Internet of things (IoT), we are also seeing exponential growth in the amount of patient sensor, genomic, and consumer application data we have. How can we turn all of this high volume, highly variable data into useful information?

**Success Factors.** There are new ‘big data’ and information management technologies that can help make sense of the flood of structured and unstructured health care data. However, you still need data governance and analysis to support them – the tools alone will not solve your data problems. Without exploring the data and putting governance processes in place to refine it, your data lake will quickly become a data swamp. Taking advantage of these technologies requires informed and educated resources (e.g., clinical informatics) that can make sense of the data and direct where and how to apply it to drive change. When you decide to invest in these tools, start focused on delivering quick wins. This will help to gain momentum while building the skills and technical capabilities needed long term to use these tools and your data to enable innovative ways to deliver high-quality, high-value care.

**Challenge #7. To be successful, data governance requires true leadership.**

As indicated above, data governance requires culture change. Culture change is necessary to make the shift from organizational silos that hoard ‘their data’, to viewing data as a true enterprise asset (‘our data’) that is shared and applied across traditional organizational boundaries. This culture change requires true leaders, not just managers. Hiring a data governance manager alone is not enough to position your data governance program for success.

**Success Factors.** To be successful, people at multiple levels of the organization need to advocate for data governance and lead by example. You need top-down leadership from an executive sponsor and steering committee members who actively participate – that challenge their people to ask ‘Why have we always done it that way?’ and ‘Why not do things differently?’ You also need bottom-up leadership from key thought leaders among subject matter experts, data analysts,

\(^2\) [http://www.ahima.org/topics/infogovernance/igbasics?tabid=resources]
and data owners who will evangelize about why data governance is important and hold people accountable for adhering to data standards and policies. Identify the people within the organization with the right aptitude and relationships who will ‘walk the walk’ of data governance. Then educate and coach them to become the data governance leaders your organization needs for success.

FINAL THOUGHTS

There are many challenges to establishing an effective data governance program, but these challenges can be overcome. We have found that the best approach to getting started is to learn by doing. Pick one important data need and start there.

As you complete your first projects, expand your data governance program as you learn what works and does not work in your organization. Use these early efforts to educate the organization on the value and impact of data governance and to help grow and evolve the organization’s data culture.

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