

Selling Data Quality Audits

By Mary Bea Gallagher

Motivating your staff to do quality audits can be a tough sell. While executives are increasingly aware that data quality is essential to organizational success, managers are not easily convinced to take time to do the audits, and staff may find the prospect frightening. Here are practical tips for convincing employees that they *need* the feedback from data quality audits. The results will help them do a better job.

Step 1 – What's in it for everyone?

Here's a process that I have found to be very effective in several organizations nationwide. First, use a staff meeting, or a series of meetings, to conduct the "What's In It For Everyone" exercise (WIIFE). Using a flip chart, have your staff provide answers to the following questions, and post each set of answers on a separate sheet for later reference:

1. What makes you good at your job?

- What do you need to do your job well?
- What are the essential skills for being good (e.g., personality attributes, work styles and attitude)?
- What work characteristics are not a good fit?

2. What do you need to do your job well?

- What is needed for environmental support (ergonomic chairs, cubicles suitable to needs, good lighting, etc.)?
- What tools do you need (computers, phones, reference materials, job aids/cheat sheets, etc)?
- What does management need to provide (goals, feedback, acknowledgment, listening to suggestions, compliments, budgets, etc.)?

3. How do you know you are doing a good job?

- Who lets you know?
- How do you find out?
- How often do you get feedback on performance?
- How useful is the information to you for making changes or improvements?

4. How does your boss know you are doing a good job?

- Who tells your boss?
- What tools does your boss have to find out how you are doing?
- How often does your boss get the information?
- How do you know that your boss knows?

5. How does your boss prove to administration that you are doing a good job?

- How does administration hear about you now?
- What kinds of information should administration have?
- What would be useful to you if you were an administrator?
- What does administration do with the information about your performance?

(Continued...)

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Selling Data Quality Audits (Continued...)

6. How does the patient view quality improvements?

- How do patients define quality?
- How do patients benefit from better data?
- Do patients want standardization?

7. What makes feedback valuable to you?

- What types of feedback are most useful?
- What makes feedback "fair?"
- How would you like to receive feedback?
- Good and bad – what does feedback do for you?
- How often do you need feedback for it to be useful to you?

Step 2 – The big picture: Once the members of your staff have provided the WIIFE information about themselves, supply them with the following information:

1. Explain Data Quality Assurance's three dimensions

- Data collection: Defining essential data elements and requirements, applying them uniformly for everyone performing the function and collecting data impartially and consistently.
- Trends Analysis: Monitoring the same data over time and evaluating the meaning of changes.
- Improvements: Using the data and trends to improve performance and establish confidence.

2. Explain levels of input for creating quality standards

- Industry standards
- Organizational standards
- Departmental standards

3. Discuss the organization's other data quality improvement projects

- Clinical process transformation
- Patient access and admission/registration
- Business office billing and reimbursement (all payers)

- Patient safety
- Accreditation (The Joint Commission)

4. Draw the linkages between organizational needs and the WIIFE results

- What the department will do with the information
- What the organization will do with the information
- How the patient benefits from quality improvement
- How the quality audit and feedback process meets the staff's goals and needs
- How department managers use the information to keep Administration informed and to provide quality care for patients

Following this process has enabled my employees in several organizations to convince themselves that data quality audits are not only good for the organization, but good for the patient. The results provide information that helps them do a good job. In my experience, everyone wants to do a good job – and believes that we hired them because they are especially suited to their job.

Until the staff members convince themselves that a data quality audit is exactly what they and the organization need, quality audits can be scary things. As executives and managers, we must give our staff the tools and opportunities to convince themselves of the value of quality audits. We must then follow through with objective feedback, data analysis, reporting and improvement projects.

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Watching Medical Clinics Proliferate

It began as a trickle. Now the floodgates are opening. At latest count, there are about 400 medical clinics in drugstores, discount chains and supermarkets nationally. That number will increase exponentially this year.

The recent actions in Massachusetts are playing out across the country. Last week, state public health officials moved to allow medical clinics to open in retail stores, but are delaying a decision on whether to let CVS Corp. open 20 to 30 "MinuteClinics" in the Boston area.

According to the *Boston Globe*, the state announced that it will propose new regulations by Aug. 8 to permit the operation of "limited scope" medical clinics. But the plan postpones the Department of Public Health's decision about whether to allow CVS to open primary care clinics in its pharmacies. CVS had hoped to open its first clinics this fall, but the start could be delayed because the company will have to reapply under the new regulations.

The company stated that it would reapply.

Still, the announcement shows that Massachusetts health officials are open to allowing retail medical clinics and other types of smaller clinics run by community health centers or hospitals to help ease emergency room overcrowding, provide better access to basic medical care and as a convenience to consumers.

"What we believe is that there is enough evidence that the provision of limited clinical services in what might be called nontraditional settings has benefit that is worthy of consideration," said Public Health Commissioner John Auerbach.

At MinuteClinics in other states, nurse practitioners and physician assistants typically spend about 15 minutes with a patient, treating 20 or so common conditions, such as bladder infections, strep throat and poison ivy, giving pregnancy tests and vaccines, removing stitches and writing prescriptions. The clinics usually charge \$59 a visit, and

CVS officials said they are negotiating with Massachusetts health insurers to cover their members' visits.

The average wait is 20 minutes, company officials said, and MinuteClinics don't require appointments and have evening and weekend hours. Their motto: "You're sick. We're quick!"

In its application, CVS asked the health department to waive some of the state's current requirements for licensing clinics. For example, none of the conditions treated at MinuteClinics require blood tests, so the company does not believe it should have to comply with requirements for blood collection equipment and facilities.

But groups representing doctors, hospitals and community health centers had objected to giving CVS special consideration and called for a public hearing on the proposal. They had also raised concerns about how patient safety and infection control would be monitored in the clinics.

Auerbach said that rather than grant numerous waivers to CVS, new regulations would make the requirements clear to any entity that wants to apply to operate a limited-service clinic, for example, a satellite clinic in a homeless shelter.

James Hunt, president of the Massachusetts League of Community Health Centers, said he would encourage members to apply. But he said the organization remains opposed to retail clinics because they encourage people to get treatment outside their regular doctor's office or health center, which are most familiar with a patient's history.

The new regulations could include provisions requiring medical clinics to report a patient's visit quickly to the patient's regular doctor, Auerbach said.

Most observers expect the retail clinic model to take root this year and next. As one observer noted, "keep an eye on this industry, lest these clinics become competitors rather than sources of patient referrals."

Long Term MD Relationships Becoming Rare

You know the many drawings that Norman Rockwell produced showing physicians with their patients. It was obvious that the doctors had a special relationship with their patients. Those days are disappearing according to a column in *The Wall Street Journal* written by Benjamin Brewer, a primary care physician.

A long-term relationship with a doctor can be a cornerstone of good health for patients. For doctors, following patients over many years can be one of the joys of primary care.

But such enduring relationships are growing rare as doctors hurry more patients through the door and patients switch doctors more often, Dr. Brewer writes in his column.

He says his long-term connections with patients help him make sure they get the screenings they need. They also make patients feel comfortable enough to share details about their health that they might not otherwise reveal. (Among the benefits for Dr. Brewer are patients who have helped him pull his van out of a snowy ditch and brought food to his Illinois office.)

"With an ever-shifting array of preferred providers and insurance panels, plus a proliferation of retail clinics, staying with one doctor for long may seem like a throwback to another era," he writes. "Patients pay for the churning in terms of lack of adequate follow up, lost health histories, lower quality of service and possibly poorer health outcomes, especially those with chronic diseases

like asthma, diabetes and heart disease."

"One of the joys of being a family doctor is the relationships that I've developed with my patients over the last 10 years," writes Dr. Brewer. "It's the source of energy that keeps me going after a night up delivering babies or a day of business hassles. The sense of being needed and contributing to the fabric of the community is the best job satisfaction there is."

"When I follow patients for years, I have a better chance to talk them into health screenings and to notice when they don't follow through with recommended testing like annual mammograms and cancer screening."

"Those without the experience of having a steady family doctor might never have given much thought to a relationship with a physician, but it's something I think about a lot as I make decisions on how to run my practice."

"The doctor-patient relationship started to go downhill when patients stopped paying their own office bills for routine care and third-party insurance and Medicare became the driving forces. That was before my time."

"As we consider proposals to improve our health-care system," Dr. Brewer concludes, "we need to rebuild and preserve the relationship between the patient and the physician."

"It's good for patients, and business."

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