

Five Lessons Learned While Dashboarding Data

1 Teaming Is Essential – It is essential to put together a multidisciplinary and cross-functional team. You need the right people with the right skills and the right amount of dedicated time. Data (upstream entry and downstream analytics) will nourish the strategic thinking of and shape the actions of finance, clinical, quality, and contracting, among other departments, divisions, units, and teams. The data team needs strong translators in the form of business analysts who can convey requirements from administrative and operations staff to IT personnel and vendors. Establishing a regular cadence with the team is critical to effective communication and project oversight.

2 Timing Is Prime – Projects aiming to aggregate data from disparate systems, clean that data, develop analytical tools, and train staff in the use of those tools often take much longer than initially planned. Managing expectations from the beginning is important.

3 Strategy Sets the Sights – Before digging into what it takes to develop data dashboards, teams should meet to establish a vision, mission, goals, and objectives. Once objectives and key results or key performance indicators are defined, dashboard developers can then understand requirements and specifications and to collaborate with administration and operations to build solutions that will make the right information visible.

Leadership teams can benefit from consulting national initiatives such as those directed by Health Resources and Services Administration and the Centers for Medicare & Medicaid Services to learn more about the strategic aims that data can serve. Reviewing the mission and vision periodically will ensure that the team and vendors remain aware of any major changes in the program or shifts in agency priorities or direction.

4 Expectations Must Be Front and Center – What you want to see in a dashboard ought to be coming from strategy as well as from your

- management team—what information do they need to manage performance?
- partners—what do you and they need to see to perform as expected?
- payers—what do they require in terms of accountable and coordinated care, including as it relates to value-based reimbursement?
- the standards associated with evidence-based/best practices—what are the quality and outcomes measures required to prove fidelity?

Understand that some of the data you may need to or want to access for each of these purposes may be real-time data and some may be lagging indicator data such as claims data. Know the difference between the two and apply the data accordingly.

Be sure to draw requirements from all these sources as you lay down your strategy.

Regularly review these expectations and the scope of work with your team, technology vendors, developers, and consultants.

5 Data Is Not Everything – Firstly, the data you have and the data you may be able to acquire from partners and payers is never pristine. Data scrubbing can help, but even so, you may be left with data and information that helps identify trends and patterns but does not provide a real-time and fully accurate picture of objective fact. And that's ok. To the extent that dashboards reflect trends and patterns in care and performance, the resulting analysis may be adequate.

Secondly, remember that data about people and their disease and quality of life is no substitute for firsthand knowledge of actual people and their actual lives. Allow the information to inform but be careful not to allow it to singlehandedly shape how you interact with vulnerable people and their complex lives in the community.