

The Chief Quality Officer's growing role in guiding data-driven transformation



Introduction

The increasing importance of clinical data carries profound implications for Chief Quality Officers (CQOs). Beyond measuring and improving patient care, clinical data are a powerful tool for informing strategic decision-making. This shift positions CQOs—who already play a critical role in overseeing quality and are well-versed in drawing insights from clinical data—to guide strategy at an even higher level, from fostering growth to generating revenue.

Healthcare leaders are evidently starting to take note of the value CQOs bring to the table. According to a 2023 article from an executive search firm, the number of healthcare organizations seeking CQOs has increased fivefold since 2017. However, if hospitals and health systems fail to give CQOs the oversight or resources needed to spark systemwide transformation with clinical data, CQOs may not be able to harness their data's full potential.

This article discusses the ways CQOs can use clinical data to drive growth in hospitals and health systems. It offers insights from a Regional Associate CQO at University of Michigan Health, who shares perspectives on how the role's scope is expanding and how CQOs can navigate common challenges. Finally, this article provides strategies and recommendations for empowering CQOs to leverage data to guide systemwide improvements.

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>> The unique contributions CQOs make



Use clinical data to improve care quality. By reviewing benchmarking data such as patient outcomes, readmission rates, patient satisfaction scores, and key quality metrics, CQOs can identify areas for improvement and implement strategies to enhance quality of care for their facility.



Bring clinical experience to the table. CQOs typically have a strong clinical background, which enables them to understand the practical aspects of care delivery, contributing valuable insights to strategic discussions and quality improvement initiatives. Their clinical experience helps bridge the gap between data-driven decision-making and real-world patient care, making them instrumental in shaping effective healthcare strategies.



Provide a much-needed perspective in strategy discussions. Many C-suite executives must address issues with a specific goal or viewpoint in mind. For example, CEOs may need to prioritize hospital margins while CMOs may be more focused on issues pertinent to physicians, such as physician retention. However, the CQO's focus centers squarely on quality. This ensures that the CQO provides an unbiased, data-centric perspective that is essential in strategy discussions.



Maintain favorable quality ratings, which are tied to reimbursements and public recognition. As patient safety and quality metrics are often tied to reimbursements from payers and regulatory bodies, CQOs help hospitals avoid costly penalties and earn higher reimbursements for delivering quality care. With a strong reputation for quality care, hospitals can receive visibility and recognition—such as through star ratings, awards, and high rankings in respected publications—that position them as leading providers of care.



Create revenue streams with clinical data. There is a 60 to 80 percent overlap between clinical registry data and the data essential for research. As many organizations that collect registry data already use these data for research purposes, CQOs can explore similar avenues, empowering their facility to take control of its data. Many research opportunities—such as observational studies sponsored by pharmaceutical and life sciences organizations—are typically funded, enabling CQOs to secure new funding sources for their facility and contribute to the broader medical research landscape.



Drive growth. At a time when hospital margins are just beginning to stabilize, the CQO role is crucial for finding new ways to pursue innovative strategies for growth. CQOs can spearhead initiatives to identify untapped revenue sources, foster partnerships, and implement cost-effective measures that contribute to the overall sustainability of healthcare facilities.

> Insights and experiences from a Regional Associate CQO at University of Michigan Health

As Regional Associate Chief Quality Officer for University of Michigan Health, one of the biggest healthcare complexes in Michigan, Stacie Bommersbach is well versed in the complexities of leading quality initiatives at a large health system. In her role, Bommersbach holds responsibility for several key areas: patient safety, infection prevention and epidemiology, continuous improvement, quality, and accreditation.

Overall, Bommersbach cites performance improvement as a CQO's most significant contribution. "We contribute a lot to just working side-by-side with clinical teams to really understand what problems we are trying to solve, and then how do we navigate through those problems, remove barriers, and empower teams to make improvements."

In her more than twenty years of experience as a quality leader, Bommersbach has observed first-hand how healthcare leaders have begun to recognize the importance of quality departments. "In the last seven or eight years in my role, I have been pulled more to senior leader tables and CEO discussions and [become] part of the strategy team, which has been extremely helpful," she said. "I think it's critical that we're seen as partners."

What's prompting CQOs' expanding scope

Bommersbach pointed to several drivers sparking shifts in CQO responsibilities:

- The COVID-19 pandemic. "Over the years, Chief Quality Officers have taken on more responsibilities, particularly through the pandemic," said Bommersbach. As *Modern Healthcare* notes, CQOs' expertise in experimenting, observing results, and implementing changes made hospital executives lean on CQOs during the pandemic in ways they hadn't before.²
- The rise in outpatient care and an increased focus on population health.^{3,4} "In the last three years, I've taken on additional responsibilities for ambulatory quality and population health quality," she said. "It's been really insightful for me to be able to understand 'How do you improve quality, patient safety, and wellness across entire diverse populations of people for their healthcare needs."
- The growth in value-based care. "We've moved more into value-based reimbursement, and meeting quality metrics is now tied more than ever to reimbursement, and that will continue," said Bommersbach.



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Navigating common challenges CQOs face

- Tracking a large variety of metrics. The volume of metrics quality teams must track for various regulatory agencies can quickly become overwhelming. "You could look at potentially hundreds of metrics across the organization," Bommersbach said. "It does become very daunting." She shared that centralizing clinical data simplifies the process of monitoring these metrics. "It is helpful if those [metrics] are more centralized and easy for clinicians to navigate. ... It does make that work much easier."
- Sustaining improvements over time. After implementing an initiative to improve patient care, sustaining that improvement in the long term can prove challenging when quality teams must move on to the next big project. To address this, Bommersbach stresses the importance of breaking down the strategy into manageable tactics and educating frontline-level staff on how their important work contributes to the overall goals of the organization. "It's really getting people to understand the why behind some of the changes we are asking them to make."
- Managing competing priorities. Bommersbach noted that prioritizing performance improvement is difficult when organizations have many other competing priorities—which is why fostering collaborative relationships with other leaders is key. "It really comes down to having collegial conversations with senior leaders in the organization to build consensus for the most critical projects that we want to focus on," she said. "And sometimes, we really have to just be good at saying, 'We can't do everything right now.'"
- Changing rules and regulations. Keeping up with changes from various regulatory bodies is another common challenge. "A significant part of our role is ensuring that we keep up to date with the ever-changing and complex regulatory environment. These changes are often associated with reimbursement penalties if they are not implemented," Bommersbach said. "We focus on staying current with proposed changes prior to final rules so that we are not stressing the system with last-minute requests."



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>> Looking ahead: How the role of CQOs will continue to grow

Expanding scope as the healthcare industry changes

As the healthcare industry evolves, CQOs' purviews will continue to change alongside it. "I think [CQOs] are going to continue to be aligned more closely with operational leaders," Bommersbach said. "I do think that our role will continue to be expanded to include both population health and ambulatory quality." Bommersbach also anticipates a closer partnership with finance departments as value-based reimbursement continues to expand: "We have partnered closely with our finance colleagues over the years, and I think this relationship will continue to evolve even more as value-based contracts and value-based reimbursement strengthen in the market." With the increasing importance of value-based care, CQOs and finance departments may need to work together more closely to clarify how certain metrics affect reimbursements or penalties.

Increasing significance in healthcare leadership

Given the growing importance of the CQO role, healthcare executives should ensure their facility has a dedicated role for ensuring quality systemwide. Some skills and competencies of successful CQOs include data analysis expertise, change management experience, leadership experience, and a strong commitment to promoting a culture of quality.⁶ For facilities unable to hire a dedicated CQO, healthcare executives should ensure that existing quality leaders have the resources and autonomy necessary to facilitate systemwide changes.

Greater input in strategy conversations

Hospital and health system leaders who don't include CQOs at the table miss out on the wealth of data-backed insights CQOs can provide. Their unbiased point of view offers a much-needed perspective in strategic discussions with healthcare leaders. Including CQOs in these conversations also enables CQOs to perform their roles more effectively. "If I don't understand the strategy and I'm out working side by side with clinical teams, I won't know how to help them prioritize their work or what to focus on," Bommersbach explained.

Deeper focus on clinical data management

Clinical data provide crucial information that CQOs can leverage to improve care quality, weigh in on strategy conversations, and bring in revenue. To get the most value from their clinical data, CQOs may strive to further the accuracy, completeness, and consistency of their facility's data. One way to do this is by partnering with third-party experts to manage clinical data and ensure high data integrity. These experts can also help hospitals keep track of changing regulatory guidelines.⁷

Optimizing clinical data practices systemwide

As CQOs rely more heavily on using clinical data to guide decision-making, the ability to analyze data at a much larger scale becomes increasingly important. Implementing centralization strategies would help CQOs get a comprehensive view of clinical data across a hospital or health system and pave the way for greater transformations throughout the facility. Centralization is also associated with significant cost savings, increased data integrity, greater CMS compliance, and reduced administrative expenses.⁸

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Growing involvement in research discussions

Due to the large overlap between registry data and research data, CQOs are poised to further their facility's involvement in research by contributing deidentified patient data to research sponsors for use in observational studies or enabling better interventional studies. These funded research opportunities serve as another way for CQOs to make a meaningful impact with their data. At facilities where clinical staff lack the time to manage research requests and prepare datasets for research sponsors, CQOs can rely on resources such as research networks to take on research related duties.

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Conclusion

As hospital operating margins stabilize, leaders have been urged to embrace strategic growth for organizational success. With their focus on clinical data and care quality, CQOs are well suited to lead data-driven improvement initiatives and guide strategies for hospitals and health systems. To fully leverage CQOs' strengths and capabilities, healthcare executives should include CQOs in strategy discussions and ensure CQOs or other quality leaders have the resources and oversight needed to excel in their roles. With greater strategic input and the ability to streamline their facility's clinical data management practices, CQOs will be better equipped to improve patient care, drive growth, and unlock the value of their clinical data.

About Q-Centrix

Q-Centrix believes there is nothing more valuable than clinical data—it is critical in delivering safer, consistent, quality healthcare for all. Providing the industry's first Enterprise Clinical Data Management (eCDM™) approach, Q-Centrix utilizes its market-leading software, the largest and broadest team of clinical data experts, analytics and reporting data structure, and the best practices from more than its 1,200 hospital partners to curate meaningful, high-fidelity, complete, and secure clinical data. Its solutions address a variety of clinical data needs, including regulatory, cardiology, oncology, trauma, research and more. For more information about Q-Centrix, visit www.q-centrix.com.



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