IT Governance and Information Governance

How Are They Related?

Recently, we notice more and more articles and studies on the importance of information or data governance for hospitals and health systems. The American Health Information Management Association (AHIMA) has also issued its “Information Governance Principles for Healthcare.” As authors of a HIMSS book on IT governance, this led us to ask, what is the difference? Specifically, do they require different committee structures and senior management involvement?

A recent white paper co-sponsored by AHIMA recommends that healthcare organizations “charter a cross-functional IG [information governance] steering committee or re-purpose an existing committee to strengthen integration across all IG disciplines, resulting in a comprehensive IG program.”

It is clear that each governance process has many different tasks to perform. IT governance often involves developing a capital budget for IT. Information governance requires a careful examination of the quality of the data that are being used. But how different should the governance structures be? Clinical leaders and senior managers have limited time. Should there be two oversight committees? How different should the advisory committees be?

DEFINITIONS

The terms data governance and information governance have both been used to describe the same process. We believe that information governance is now more commonly used because it identifies the end product—information. Focusing on data leaves out the essential tasks of defining what information decision makers need and want and identifying the tools needed to create and present it.

Gartner defines information governance as “the specification of decision rights and an accountability framework to ensure appropriate behavior in the valuation, creation, storage, use, archiving and deletion of information. It includes the processes, roles and policies, standards and metrics that ensure the effective and efficient use of information in enabling an organization to achieve its goals.”

AHIMA defines information governance as “an organization-wide framework for managing information throughout its lifecycle and supporting the organization’s strategy, operations, regulatory, legal, risk, and environmental requirements. Information governance establishes policy, prioritizes investments, values and protects information assets, and determines accountabilities for managing information, making it an imperative for healthcare.”

Gartner defines IT governance as: “the processes that ensure the effective and efficient use of IT in enabling an organization to achieve its goals. IT demand governance (ITDG—what IT should work on) is the process by which organizations ensure the effective evaluation, selection, prioritization, and funding of competing IT investments; oversee their implementation; and extract (measurable) business benefits. ITDG is a business investment decision-making and oversight process, and it is a business management responsibility. IT supply-side governance (ITSG—how IT should do what it does) is concerned with ensuring that the IT organization operates in an effective, efficient and compliant fashion, and it is primarily a CIO responsibility.”

These definitions suggest significant overlap, which may require an integrated decision-making process.
IT AND DATA GOVERNANCE are both critical processes which healthcare organizations need to implement. At the same time, creating efficient and effective processes requires consideration of the limited time and energy of senior managers and clinicians.

- Deciding what processes will enable an organization to achieve its goals
- Deciding on competing investments
- Determining who has decision and oversight authority and accountability

As Debra Logan at Gartner notes: “The root of all of our problems with information, and we do have lots of problems with it, is the fact that there is no accountability for information as such.”

INFORMATION GOVERNANCE STRUCTURE
Governance should be established throughout the organization, utilizing a collaborative approach, with input of stakeholders, business process owners, and domain experts, assigning defined roles and responsibilities to workforce members. It should be clear where responsibilities reside and how the chain of command builds, implements, and updates the information governance program. For example, sub-committees can be designated to help build policies, define and implement technology, or improve the information governance program.

The previous quote could equally apply to IT governance. So do we need two separate processes which will inevitably involve some of the same clinicians and managers? What are some of the options to achieve efficient and effective IT and information governance processes?

UNIFIED GOVERNANCE
Unified governance could mean that both IT and information governance are assigned to one committee composed of senior management and clinical leaders.

Information governance tasks such as assuring data quality are assigned as a focus of advisory committees for clinical and business applications. They also deal with applications and give advice on investments. As we note in our book, there are variations on this model, e.g., in some organizations the CIO is the chair of the steering committee and in other organizations, this role is given to the CEO.

ADVANTAGES
- Senior leaders’ time is used more efficiently. For example, there is only one regularly scheduled meeting to consider investments.
- Capital investments priorities consider data need, availability, and quality.

SEPARATE GOVERNANCE
In this model, two steering committees composed of senior managers and clinicians are established. Under each committee are advisory committees for relevant issues. The information governance steering committee could establish, of example, an advisory committee focused on the data needs of ACOs and other initiatives. The IT governance committee could establish an advisory committee on major clinical applications such as the EHR.

ADVANTAGES
- Each set of sub-committees can focus on what they consider the most pressing issues.
- Decisions on trade-offs is made by a single steering committee when the advice differs.

For example, the implementation of computerized physician order entry (CPOE) requires a focus on application usability and clinician workflow. Information quality improvement could involve agreeing on the definitions used across various systems. It might be argued that information governance requires giving a more prominent role to information specialists and clinicians.

HYBRID FORMS OF GOVERNANCE
It is also possible to imagine having a single steering committee to which two sets of sub-committees report, one for IT governance and other for information governance.

ADVANTAGES
- Each set of sub-committees can focus on what they consider the most pressing issues.
- Decisions on trade-offs is made by a single steering committee when the advice differs.

For example, the IT governance sub-committees could recommend that replacement of the PACS be given the highest priority while the information governance sub-committees recommend the same priority for developing a more integrated data warehouse with advanced reporting capabilities. Each group is composed of clinicians and managers with the expertise on the relevant issues. The IT steering committee then has to make a judgment on timing based on an assessment of the organization’s needs.
HOW TO DECIDE ON A STRUCTURE

The advantages cited suggest the disadvantages of the other options. For example, while unified governance might mean fewer committee meetings, less time might be spent on data quality issues while a committee focuses on prioritizing capital investments.

The decision on which alternative to select might depend on a number of specific circumstances:

- The gravity of the data quality problems facing the organization as it copes with new initiatives such as accountable care organization development.
- The state of development of the organization’s IT infrastructure.
- How much time senior management and clinician leaders are willing to devote to IT and information issues.

So we expect to see organizations adopting different alternatives and structures that we have not considered.

CONCLUSION

IT and data governance are both critical processes that healthcare organizations need to implement. At the same time, creating efficient and effective processes requires consideration of the limited time and energy of senior managers and clinicians. Healthcare organizations need to select a structure that reflects their state of development, problems, and strategies.