



Instructions

Data governance is a set of processes that a practice uses to oversee how data is managed to improve patient care. It is anchored by staff members who have clearly defined job responsibilities and protected time to meet (typically as a committee or team), evaluate, and evolve how data is managed within the practice. Data governance will look different depending on the size of the practice; large practices will require a more nuanced approach to data governance than small practices due to their size and complexity.

A data governance policy and procedure helps practices to standardize data governance activities and define clear pathways of accountability. A data governance committee or team is responsible for operationalizing the policy and procedure and has a charter of their own that describes how they will do that.

Using the [EPT deliverable portal](#), please upload your practice’s data governance policy and procedure and answer the following questions to describe how data governance is organized within your practice.

1. Charters are used to define a committee or team’s purpose, focus, responsibilities, meeting frequency, and decision-making authority. Please describe the following components of the charter for your practice's data governance committee.
 - a) Purpose (e.g., what problems or issues the group will address and what it's expected to accomplish)
 - b) Meeting frequency and duration
 - c) Decision-making process, including how issues are escalated
 - d) Key responsibilities (e.g., document data standards, oversee vendors, collaborate with data sharing partners)
 - e) How meeting notes and action items are recorded and made available

Response Criteria
 Response provided for components **a-e** and demonstrates understanding of the content
 - AND -
 b. Frequency is more than annually

2. Please identify the key staff on the data governance committee or team.

Staff Name	Position Title	Department	Data Governance Role

Response Criteria
 For independent practices, the response should include at least two people on the “committee” or “group.” The two people should include a practice administrator or operations person and a clinical person. For larger practices and clinics, there should be an executive sponsor, (decision maker) clinical role, administrative role, and IT staff at a minimum.

3. What is the name and title of your privacy & security officer? If you do not have one, who in your practice serves as the point person for privacy and security issues?

Staff Name	Position Title

Response Criteria
 For small practices, examples of this person may be the business owner (i.e., physician, the practice administrator or the biller).

4. Please select all the systems that are included in the data governance policy and procedure and provide the name and version utilized.

System Type	System Name	System Version
<input type="checkbox"/> EHR		
<input type="checkbox"/> Practice management system (for scheduling, billing, etc.)		
<input type="checkbox"/> Population health management platform		
<input type="checkbox"/> Analytics platform		
<input type="checkbox"/> Appointment reminder/patient outreach platform		
<input type="checkbox"/> Patient Portal		
<input type="checkbox"/> Other _____		

Response Criteria
 Response includes at least 1 system, system name, and system version.

5. For each of the external data types listed below, please indicate which ones your practice actively receives and on what frequency. (Please select the frequency that most closely matches your environment.) If your practice does actively receive a data type, please indicate if your practice is pursuing receipt of this data or not pursuing at this time.

External Data Type	Actively Receiving	Frequency (Select one)	Pursuing	Not Pursuing
Laboratory data	<input type="checkbox"/>	<input type="radio"/> Real-time <input type="radio"/> Daily <input type="radio"/> Weekly <input type="radio"/> Monthly <input type="radio"/> Quarterly <input type="radio"/> Biannually <input type="radio"/> Annually	<input type="checkbox"/>	<input type="checkbox"/>
California Immunization Registry (CAIR)	<input type="checkbox"/>	<input type="radio"/> Real-time <input type="radio"/> Daily <input type="radio"/> Weekly <input type="radio"/> Monthly	<input type="checkbox"/>	<input type="checkbox"/>

Population Health Learning Center
 EPT Data to Enable PHM, Milestone 1
 Data Governance Policy and Procedure Deliverable Template

		<input type="radio"/> Quarterly <input type="radio"/> Biannually <input type="radio"/> Annually		
Claims and eligibility	<input type="checkbox"/>	<input type="radio"/> Real-time <input type="radio"/> Daily <input type="radio"/> Weekly <input type="radio"/> Monthly <input type="radio"/> Quarterly <input type="radio"/> Biannually <input type="radio"/> Annually	<input type="checkbox"/>	<input type="checkbox"/>
Admit, Discharge, and Transition (ADT) data	<input type="checkbox"/>	<input type="radio"/> Real-time <input type="radio"/> Daily <input type="radio"/> Weekly <input type="radio"/> Monthly <input type="radio"/> Quarterly <input type="radio"/> Biannually <input type="radio"/> Annually	<input type="checkbox"/>	<input type="checkbox"/>
Health Information Exchange (HIE) data	<input type="checkbox"/>	<input type="radio"/> Real-time <input type="radio"/> Daily <input type="radio"/> Weekly <input type="radio"/> Monthly <input type="radio"/> Quarterly <input type="radio"/> Biannually <input type="radio"/> Annually	<input type="checkbox"/>	<input type="checkbox"/>
Social health data	<input type="checkbox"/>	<input type="radio"/> Real-time <input type="radio"/> Daily <input type="radio"/> Weekly <input type="radio"/> Monthly <input type="radio"/> Quarterly <input type="radio"/> Biannually <input type="radio"/> Annually	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="radio"/> Real-time <input type="radio"/> Daily <input type="radio"/> Weekly <input type="radio"/> Monthly <input type="radio"/> Quarterly <input type="radio"/> Biannually <input type="radio"/> Annually	<input type="checkbox"/>	<input type="checkbox"/>

Response Criteria
 Response indicates that the practice is actively receiving or pursuing at least 2 external data types.

6. In the EPT program, your practice will develop reporting on key administrative and HEDIS-like quality metrics. In order to produce meaningful metrics, the data will need to be complete, accurate, and timely. Please describe your practice’s processes for ensuring that the data needed to produce these metrics is complete, accurate, and timely.
- a) **Complete:** data elements are captured, and gaps or blank fields are minimized
 - b) **Accurate:** data is correct and free from errors
 - c) **Timely:** data is up-to-date and available when it is required for use

Response Criteria
 Response provided for components a-c and demonstrate understanding of the content (yes/no) with guidance provided below.

- a. Completeness should include:
 - A description of how required data fields are identified and defined so practices know what data is needed.
 - A description of how data is collected and stored for reporting purposes.
- b. Accuracy should include:
 - A description of how data is validated (can be manual or automated) that includes how errors are identified, addressed, and refreshed in the data set.
- c. Timely should include:
 - A description of how data is collected within a reasonable, actionable time period and how it is made available to staff/providers as needed.

7. For each of the external partner types listed below, please indicate which ones your practice actively shares data with and provide the name(s) of these organizations. If your practice does not actively share data with a partner type, please indicate if your practice is pursuing data sharing with this partner type or not pursuing at this time.

External Partner Type	Actively Sharing	Partner Name(s)	Pursuing	Not Pursuing
Medi-Cal managed care plan(s)	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Qualified Health Information Organizations (QHIOs)	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Hospitals	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Referral partners (e.g., Specialty Mental Health providers, Community-Based Organizations)	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

Response Criteria
 Response indicates that the practice is actively sharing or pursuing sharing data with at least 1 external partner type.

8. Please describe how your practice's data governance policy and procedure is reviewed and updated.
- a. Who is responsible for reviewing the policy and procedure and on what frequency?
 - b. How are updates to the policy and procedure agreed upon?
 - c. How does your practice confirm that updates to the policy and procedure are implemented?

Response Criteria

Response provided for components **a-c** and demonstrates understanding of the content

– AND –

- a. Frequency of review is at least annually