Equity and Practice Transformation (EPT) Program
Understanding the Data Governance Policy and Procedure Deliverable
Interview with Andrew Hamilton, RN, BSN, MS (AllianceChicago)

Introduction
To help EPT Practices better understand the Data Governance Policy and Procedure deliverable, our EPT team interviewed subject matter expert Andrew Hamilton in October 2024. Andrew is Chief Informatics Officer at AllianceChicago, an organization dedicated to supporting the use of Health Information Technology (HIT) to improve quality, efficiency, and access to services across community Safety Net health care organizations. Read Andrew's bio.

<p align="center">Data Governance</p>

Data governance seems abstract. Can you help us understand what it is?
Data governance basically defines who practices are accountable to when they share data and what data they are sharing. When a practice develops a data governance policy, they are thinking about the rules of the road for themselves and their data sharing partners. That includes things like setting standards for how data is stored, the quality and completeness of the data, the various roles and responsibilities of people in the practice related to data, and what data is shared with external partners.

Why is data governance important to primary care practices?
When I work with practices, I often hear concerns that working on data governance means time away from patients and patient care. That may be true, but there is a direct line between the care they provide to patients and data governance because those same patients expect that you are protecting their data and making clinical decisions based on their data. It goes well beyond clinical decisions; so many other decisions and actions are tied to this data. Practices get paid based on the data, health plans set rates based on the data. The Medi-Cal program is making policy decisions based on patient data. So beyond ethics, there is a business imperative for data governance.

Who should a large practice or clinic include on their data governance committee?
Since practices are all organized a little differently, I tend to think about it from a functional perspective -- the perspectives that should be represented on the committee. There should be an executive sponsor, someone with decision-making authority, like a chief medical information officer or a chief operating officer. Larger practices and clinics should also have representation from clinical operations, data and/or IT, and someone who can speak to the organization's quality plan. It's also important to include the person responsible for relationships with managed care

plans. That could be a practice administrator, someone from the finance team, or another staff person.

Given that many EPT practices only have a handful of people in the practice, does the data governance committee look the same for a small practice?

A data governance committee often looks different in a small practice, because each person is often playing many different roles. In a smaller practice, the data governance team can be as few as two team members, enough people so that both clinical and administrative perspectives are represented. The clinical role should be a decision maker. When thinking about who fulfills the administrative role, it should the person who either does the billing or works with the outsourced biller. Depending on practice size, the data governance team could also include the person who manages the relationship with the EHR vendor, if that person isn't already represented. It's also important to note that some small practices may not even call it a committee! It may just be a team of 2 – 3 people who agree to meet on a monthly or quarterly basis on an established list of agenda items related to data.

Do all practices need to have a Privacy & Security Officer, even if they're small?

Yes! All practices must have a named Privacy & Security Officer because they are a covered entity under HIPAA (the Health Insurance Portability and Accountability Act). Practices that want to learn more about HIPAA rules and requirements can visit the U.S. Department of Health & Human Services HIPAA for Professionals [webpage](#).

The EPT Data Governance Policy & Procedure deliverable asks practices to define processes to ensure that data needed to produce EPT key performance indicators is complete, accurate, and timely. What are the kinds of processes that should be in place that would address this requirement?

There is a lot that practices need to know about the measures they are reporting on. Practices should have processes to understand:

- The data that are being used to calculate the measures.
- Who performs the data entry processes for those data (e.g., how does the data get into the system).
- How the measures are calculated. This goes beyond just pushing a button to run a report, practices need to understand what data are used for the calculation and the measure specification.
- How the calculation is validated (e.g., primary source validation, like a chart review).
- What the benchmarks are, to support face validity (e.g., is it immediately obvious that there is something wrong with the data).
- What parts of the process can be automated and what that automation schedule should be. Practices may only run reports when they're due, but a better process is to run reports regularly so that a practice can find and correct errors (and also use that data to monitor the care they are providing). A quarterly schedule may work for many reports.
- How frequently to update reports, given that many measure specifications (e.g., HEDIS measures) are updated annually. Practices should also build a process around the

updates, so that once they have updated specifications, they can train staff, validate the update, etc.

How often should practices update their Data Governance Policy & Procedure (P&P)? At least annually. That may seem like a lot, but that's because things are always changing. Even if practice staff doesn't change, they may be contracted with a new health plan or participating in a new project with new measures that they are reporting on. Updating the P&P on an annual schedule ensures that the policy reflects a practice's current state.

For additional help on Data Governance, check out the interactive modules in the PopHealth+ Data and IT Building Block Course. Email elearning@pophealthlc.org if you are an EPT Core Team member and are having trouble accessing PopHealth+.