

## 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.

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

### Practice Response

- a) Purpose: The EPT Data Governance Committee oversees data management practices related to the Equity and Practice Transformation (EPT) program. Its focus is on ensuring data quality, compliance, and security to support PHM (Population Health Management) and improve patient outcomes.
- b) The committee meets quarterly, with additional meetings as needed for urgent issues, typically lasting about 1 hour
- c) Decisions are made by majority vote within the committee, with escalations directed to the IT Director or Privacy Officer if consensus cannot be reached
- d) Documenting data standards and requirements for EPT data.
  - Overseeing vendor compliance for data protection.
  - Collaborating with external data sharing partners.
  - Monitoring adherence to data governance standards
- e) Meeting notes and action items are documented and stored in a secure, shared drive accessible to committee members and relevant stakeholders.

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

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Staff Name	Position Title	Department	Data Governance Role
Leonard Kwong	Director of IT		Committee Chair
Emily Szeto	Privacy Officer		Compliance
Jennifer Leung	Director of QI		Quality
Peichi Wu	Clinical Lead		Clinical

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
Emily Szeto	Privacy Officer
Leonard Kwong	IT Security Office

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
X EHR	ECW	V12.0.2.04000191
X Practice management system (for scheduling, billing, etc.)	ECW	V12.0.2.04000191
X Population health management platform	ECW	V12.0.2.04000191
X Analytics platform	ECW	V12.0.2.04000191
X Appointment reminder/patient outreach platform	ECW	V12.0.2.04000191
X Patient Portal	ECW	V12.0.2.04000191
<input type="checkbox"/> Other _____		

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	X	<input checked="" 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)	X	<input checked="" type="radio"/> Real-time <input type="radio"/> Daily <input type="radio"/> Weekly	<input type="checkbox"/>	<input type="checkbox"/>

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		<input type="radio"/> Monthly <input type="radio"/> Quarterly <input type="radio"/> Biannually <input type="radio"/> Annually		
Claims and eligibility	X	<input checked="" 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	X	<input type="radio"/> Real-time <input type="radio"/> Daily <input type="radio"/> Weekly <input checked="" 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	X	<input checked="" 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"/>	X
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"/>

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.
- Complete:** data elements are captured, and gaps or blank fields are minimized
  - Accurate:** data is correct and free from errors

- c) **Timely:** data is up-to-date and available when it is required for use

<p>Practice Response</p> <p>a) Monthly meeting for Hedis to go over gap report that was extracted in the beginning of each month.</p> <p>b) Regular audits and data validation processes are in place to ensure the accuracy and reliability of the data used for EPT program metrics.</p> <p>c) Data is updated promptly within one business day of entry; reports are reviewed monthly to confirm data is current and available for use.</p>
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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)	X	LA Care	<input type="checkbox"/>	<input type="checkbox"/>
Qualified Health Information Organizations (QHIOs)	<input type="checkbox"/>	Manifest MedEx	X	<input type="checkbox"/>
Hospitals	<input type="checkbox"/>		<input type="checkbox"/>	X
Referral partners (e.g., Specialty Mental Health providers, Community-Based Organizations)	<input type="checkbox"/>		<input type="checkbox"/>	X
Other _____	<input type="checkbox"/>		<input type="checkbox"/>	X

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

<p>Practice Response</p> <p>a) The Data Governance Officer and Privacy Officer review this policy annually.</p> <p>b) Updates are presented to the IT Director, Privacy Officer, and Data Governance Officer for final approval.</p> <p>c) All updates are documented and compliance is confirmed through quarterly audit checks by the IT team.</p>
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## **Herald Christian Health Center Data Governance Policy and Procedure**

Effective Date: [Insert Date]

Last Reviewed: [Insert Date]

### **Purpose**

The purpose of this Data Governance Policy is to establish procedures and controls to ensure the security, quality, and integrity of all data within the Health Information Systems (HIS) at Herald Christian Health Center (HCHC). This policy sets forth governance practices to comply with HIPAA standards and best practices for managing data within HCHC's healthcare environment.

### **Scope**

This policy applies to all HCHC employees, systems, vendors, and other authorized parties involved in handling or accessing data within HCHC's Health Information Systems.

### **Data Governance Committee**

1. Purpose: The Data Governance Committee oversees data management practices, ensuring compliance, consistency, and security across HCHC's data assets.
2. Meeting Frequency: The committee meets quarterly and as needed to address urgent issues.
3. Decision-Making Process: Decisions are made by majority vote, with escalations to the IT Director for unresolved matters.
4. Key Responsibilities:
  - Include Quality Improvement and Quality Assurance (QI/QA) members as integral participants in the committee to bring continuous improvement perspectives to data governance.
  - - Establish data standards and oversee data security measures.
  - Monitor data sharing with external partners.
  - Review compliance with HIPAA and other regulations.
5. Documentation: Meeting notes and action items are recorded and stored within the HCHC shared drive accessible to committee members.

### **Roles and Responsibilities**

**Data Governance Officer:** Ensures compliance with HIPAA standards and oversees data governance policy enforcement.

**Privacy & Security Officer:** Handles privacy-related issues, approves data sharing, and manages incident response.

IT Director: Manages system access, data security, and supervises technical support.

Committee Members: Representatives from clinical, operational, and administrative departments provide insights for governance.

### **System Inventory**

The following systems are governed under this policy:

- - Electronic Health Record (EHR) – Version [XX]
- Practice Management System – Version [XX]
- Population Health Platform – Version [XX]
- Analytics Platform – Version [XX]

### **Data Access and Control**

Access to HCHC's Health Information Systems is restricted based on role-based authorization. All employees must use unique identifiers and follow secure password protocols as outlined in the Access Authorization and Establishment Policy.

### **Data Quality Assurance**

Completeness: Data elements are captured comprehensively, with required fields checked for entry at the time of data entry.

Accuracy: Regular audits and cross-checks are conducted to ensure data reliability.

Timeliness: Systems update data in real-time where possible; all data must be recorded promptly and reviewed quarterly.

### **Incident Management**

Reporting and Documentation: All data-related incidents are reported to the Privacy Officer within 24 hours of discovery.

Response and Recovery: Incidents are assessed for risk, and corrective actions are implemented immediately. A summary of incidents is reviewed monthly by the Data Governance Committee.

### **Review and Update Process**

Frequency: This policy is reviewed annually by the Data Governance Officer.

Update Approval: Updates are proposed by the committee and require the approval of the IT Director, Security Officer, and Privacy Officer.

Implementation Confirmation: All updates are documented, and implementation is confirmed through audit checks by the IT team.