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) The purpose of data governance is to improve care of patients by analyzing, identifying, and solving data quality problems on a regular basis. This consistent analysis of data allows for continual improvement in care of patients.
>
> b) Data quality and training is monthly, for 45 minutes.
> Data strategy review is quarterly, for 45 minutes.
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> c) Doctors in clinic go over information and have a list of measures needing improvement to be escalated for change.
>
> d) Doctors document data standards, will be collaborating with LANES next year as we are in process for onboarding currently.
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> e) Certain action items are emailed by the data team weekly, while others are sent biweekly/monthly depending on the data measures being looked at. Meeting notes are documented via email and filed into a specified folder.

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

Staff Name	Position Title	Department	Data Governance Role
• Winona Dumpit, EHR specialist, Pediatrics Department, obtains data needed for evaluation			
• Emily Hsu, MD, Pediatrics Department, evaluates data			
• Aline Wong, MD, Pediatrics Department, evaluates data			
• Janet Do, MD, Pediatrics Department, evaluates data			
• Stacey Epstein, MD, Pediatrics Department, evaluates data			
• Elizabeth De La Garza, office manager, Pediatrics Department, oversees data and its implementation			

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
Sydney Mansy, Tech Support and Security Officer	

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	PhysicianFlow	version v1.3
X Practice management system (for scheduling, billing, etc.)	PhysicianFlow	version v1.3
X Population health management platform	LANES	version 2.5.1
X Analytics platform	PhysicianFlow	version v1.3
X Appointment reminder/patient outreach platform	PhysicianFlow	version v1.3
X Patient Portal	PhysicianFlow	version v1.3
☐ 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	o Real-time X Daily o Weekly o Monthly o Quarterly o Biannually o Annually	☐	☐
California Immunization Registry (CAIR)	X	X Real-time o Daily	☐	☐

		o Weekly o Monthly o Quarterly o Biannually o Annually		
Claims and eligibility	X	o Real-time o Daily X Weekly o Monthly o Quarterly o Biannually o Annually	☐	☐
Admit, Discharge, and Transition (ADT) data	X	o Real-time X Daily o Weekly o Monthly o Quarterly o Biannually o Annually	☐	☐
Health Information Exchange (HIE) data	☐	o Real-time o Daily o Weekly o Monthly o Quarterly o Biannually o Annually	X	☐
Social health data	X	o Real-time X Daily o Weekly o Monthly o Quarterly o Biannually o Annually	☐	☐
Other _____	☐	o Real-time o Daily o Weekly o Monthly o Quarterly o Biannually o Annually	☐	☐

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

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Practice Response

a) Vitals are completed before the physician sees patients, and vaccines are recorded within 24 hours into the EMR and CAIRS. Changes in patient demographics are recorded when patients come in for their visits (if there are any changes).

b) Staff input data into EHR, while doctors double check the vitals and vaccines are accurate and recorded.

c) Yes

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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	KPMG, Memorialcare	☐	☐
Qualified Health Information Organizations (QHIOs)	☐	LANES	X	☐
Hospitals	☐	LANES	X	☐
Referral partners (e.g., Specialty Mental Health providers, Community-Based Organizations)	☐		☐	X
Other_____	☐		☐	☐

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?

Practice Response

a) Status updates are reviewed and presented. Doctors in the clinic review policy and procedures annually

b) Updates to policies and procedures are agreed upon if the majority of doctors agree, after discussion

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c) We have regular staff meetings to confirm and review new changes are done after something is implemented. Our office manager also oversees and reinforces changes that have been made. Thus, we have constant feedback from staff as well.

Data Governance Handbook - Pan and Hsu Pediatrics

Data governance is an important factor of Pan and Hsu Pediatrics' approach to data management. The data governance committee will oversee the people, processes, and information technology needed to have consistent handling and understanding of information of our practice. The information is an asset to support evidence-based decision-making to improve clinical, operational, and patient experience outcomes.

Purpose and Goals
The purpose of data governance is to improve care of patients, by analyzing, identifying, and solving (when needed) data quality problems on a regular basis. This consistent analysis of data allows for continual improvement of care of patients.

Leadership
Data governance committee members make up a multidisciplinary group formed to increase data quality and maximize access to data. This committee will develop policies and procedures so that data can be turned into actionable information to improve care of patients. The committee includes the doctors and office managers in the office as well as the EHR implementation team of Physician Flow.

Data governance committee members: Emily Hsu, MD
Aline Wong, MD
Stacey Epstein, MD
Janet Do, MD
Elizabeth De La Garza, Office Manager
Winona Dumpit, EHR Data Specialist

Our privacy and security officer is Sydney Mansy of Physician Flow.

Types of Data Analyzed in Data Governance
Data Analyzed by Pan and Hsu Pediatrics:

Patient volume
Number of new patients
Show Rate
Insurance/Payor type
Patient ethnicity
Primary language spoken
Patients missing certain data (i.e. fluoride varnishes, missed physicals, underimmunized patients, depression screens, developmental screens, missing CAIRS entries)

Meeting Frequency

The meeting frequency differs for different data sets. For example, analysis of the overall office and individual doctor's performance with respect to patient volume, number of new patients, show rate, and payor type is reviewed quarterly.

Analysis of patients overdue for physicals are reported monthly.
Analysis of patients missing vaccines or depression screens are reported weekly.
Analysis of patients missing fluoride varnishes, developmental screens are reported monthly.

Decision-Making Process

Meetings are held monthly and quarterly to review different data sets.
The data governance committee members will convene for these meetings.
The committee members will review data and decide on any changes to improve outcomes. Changes are made if the majority of the doctors are in agreement. After decisions to make changes are made, regular staff meetings are held to discuss the changes for implementation. The office manager is responsible for overseeing that the changes are taking place and reminding medical assistants if needed. Feedback from staff is discussed at these regular meetings.

Reviewing and Updating Policies

Status updates are reviewed and presented during regular meetings. Doctors in the clinic are responsible for reviewing the policies and procedures on an annual basis. Updates to policies and procedure changes are agreed upon, after discussion, if the majority of doctors are in agreement.
Regular staff meetings are held to confirm and review new changes after a change is implemented. Our office manager will oversee and reinforce any changes so that there is constant feedback from staff as well.

Key responsibilities

Staff on data governance team:

Name	Position	Role
Winona Dumpit	Position: EHR Data Specialist	Role: obtains data for different measures
Emily Hsu	Position: MD	Role: evaluates data
Aline Wong	Position: MD	Role: evaluates data
Janet Do	Position: MD	Role: evaluates data
Stacey Epstein	Position: MD	Role: evaluates data
Elizabeth De La Garza	Position: Office Manager	Role: oversees data

Data Completeness and Accuracy

Data elements, such as vitals, whether patients show up for their appointments, recording vaccines given, and demographic changes are recorded when patients show up for their appointments. Vaccinations given are recorded within 24 hours of administration. Staff input data into the EMR, while doctors double check that the information recorded is accurate. In this way, data has been inputted in a timely manner so that it is up-to-date and available when needed.

Data-sharing Partners

Pan and Hsu Pediatrics is currently in the onboarding phase with LANES (Los Angeles Network for Enhanced Services), anticipating data sharing in early 2025.

Record-keeping

Records are kept via email and filed away in a designated folder.