

2021–
2025

HCA Data Strategy

Executive summary

Pages 2–5

Strategy formulation

Pages 6–8

Vision themes, objectives, and tactics

Pages 9–17

Strategy execution

Pages 18–21

Appendices

Pages 22–26



HCA Data Strategy 2021-2025

Executive summary.....	2
Why HCA needs a data strategy	2
Summary of HCA’s data strategy.....	4
Strategy formulation.....	6
Core tenets of HCA’s data strategy	6
Ground rules and guiding principles while formulating HCA’s data strategy	6
Data strategy framework – data landscape.....	7
Strategy formulation process.....	8
Agency leaders and staff engagement.....	8
Vision themes, objectives, and tactics	9
Translating Vision to Action.....	9
Data strategy domains	9
Domain strategy: data generation and management.....	10
Domain strategy: data analytics	12
Domain strategy: data dissemination	14
Domain strategy: data governance and metadata management	16
Strategy execution	18
Domain strategy teams	18
Governance	19
Monitoring.....	20
Reporting	21
Alignment.....	21
Appendices.....	22
Background: current state	22
Developing HCA’s data strategy	24
Agency leaders and staff engagement.....	25
HCA data governance program principles.....	26
HCA enterprise architecture principles (data).....	26

Executive summary

Over the next five years, the Washington State Health Care Authority (HCA) will continue to lead the State of Washington in developing innovative health care payment models, improving delivery of critical physical and behavioral health services, and helping reduce and reverse today's health inequities. These are just a few of the strategic goals HCA has in the coming half decade, but in order to meet them, it will require reliable, timely and accurate data. Data is a foundational and essential component that facilitate the development, implementation and measurement of HCA's programs and lines of business.

In order to ensure the agency's strategic business goals and objectives are met, this data strategy outlines a set of SMART¹ objectives and related tactics to improve HCA's data management, governance, analytics, and dissemination functions. This five-year data strategy acknowledges the time and effort required to implement new practices and procedures and also change and improve those that exist today. Implementing and operationalizing this strategy requires participation and collaboration across the entire agency, and many of HCA's resources who work in data and analytics, business and program management, and information technology. Tactical implementation of the strategy requires the commitment from executive leadership and management teams to allow their teams to actively participate and feel supported in this work. The team that created this strategy acknowledges it must also ensure the proper level of change management is provided, as some of the new and changed data related functions, processes, and technology will be much different than they are today.

Why HCA needs a data strategy

The Washington State Health Care Authority (HCA) is responsible for purchasing health care for more than 2.7 million Washington residents through Apple Health (Medicaid), the Public Employees Benefits Board (PEBB) Program, the School Employees Benefits Board (SEBB) Program, and the Compact of Free Association (COFA) Islander Health Care Program. HCA is committed to whole person care, integrating physical health and behavioral health services for better results and healthier residents. As the largest health care purchaser in the State, HCA leads the effort to transform the health care system to ensure residents have access to better health and better care at a lower cost. As part of HCA's efforts, the agency has prioritized using data to achieve health system transformation.

As the health care system and technology developed to make better use of data for decision making, analytics, innovative payment models and better coordination of care, HCA has been working to integrate the central role of data in the evolving health care system. Despite dedicated efforts of staff, the agency needed to advance the technical infrastructure to provide timely and meaningful data products necessary for decision making, program monitoring and integrated managed care.

As part of agencywide realignment efforts in 2015, one of the priorities for executive leadership was to establish and grow a decision support and data governance function. Since that time, HCA has made numerous significant investments in the agency's data, which is widely understood as "our second most valuable asset at HCA after our staff." Here are just a few of the significant organizational and technical investments HCA has made in the last five years:

- Established the agency's first Data Governance Program, including the agency's Data Utilization, Data Operations, and Data Governance and Oversight committees
- Established a new team dedicated to construction and operations of the first Enterprise Data Warehouse (EDW)
- Secured consultant services to help build out of the EDW, support the Data Governance Program and assist with organizational change management
- Made large investments in several business intelligence software solutions
- Procured a metadata management and data catalog tool
- Hired a Chief Data Officer and consolidated most agency data analysts in the organization
- Participated extensively in WA HHS Coalition's cross-agency strategic planning on interoperability
- Attracted state and national foundation support for investments in future visioning and serving as a beacon in data strategy

These efforts demonstrate the agency's serious commitment to treating data as the critical and valuable asset that it is. The cohesive vision, set of goals, and tactical objectives articulated in this data strategy establish the agency's direction for the next three to five years. It is the result of more than 70 HCA leaders and staff collaboratively developing the themes, objectives, and tactics to advance HCA's data governance, generation, management, analysis, and dissemination.

¹ Specific, Measurable, Achievable, Relevant and Time-bound (SMART)

The data strategy focuses on data integrity, standardization, security, and experience to support HCA's overall business and program strategy as the agency. Maturing our data in these ways will support the increasingly complex demands put upon it by our operations and programs, including alternative payment models such as value-based purchasing (VPB) and other initiatives to support health care transformation.

Strategically using data allows HCA to make better policy decisions. By aligning the agency's data generation, analysis, dissemination and governance, HCA can use available data to inform and improve critical efforts to transform the health system to achieve the triple aim of improving patient experience of care, improving population health, and reducing health care cost growth.

The data strategy demonstrates a commitment to a "One HCA" approach, ensuring it addresses all programs and lines of business at HCA. Any and all data that is present at HCA should be treated as one part of a whole, to eliminate silos and ensure that investments in data provide value to

the entire agency. Furthermore, this strategy aligns with other agency strategies, such as health equity strategy, value-based purchasing strategy and interoperability strategy, to achieve better health care results and healthier residents.

The past year has also spotlighted the need for meaningful progress in advancing health equity. HCA can leverage our data and new data sources (e.g., social determinants) to help identify, target, and eliminate health inequities and disparities. The data strategy is a way for HCA to surface both the short- and long-term objectives needed to accelerate health equity across the state.

The HCA data strategy is focused on identifying themes and objectives and detailing the tactics necessary to achieve those. The following sections document themes, objectives, and tactics by data domain, with a series of overarching summary objectives and tactics that, while led by specific strategy domain teams, touch multiple domains and are critical to achieving the agency's overall data strategy.



Summary of HCA's data strategy

Theme	SMART Objective
One HCA – Standardized process across data lifecycle	HCA will have a standard, One HCA approach to developing standardized processes across the data lifecycle that will be fully implemented by December 31, 2023.
Single source of truth for each type of data	HCA will have clearly defined processes to identify and designate the source of truth for each type of data that will be implemented by December 31, 2021.
Consistent processes to manage requests for data, and external data sharing relationships	HCA will have consistent, standardized approach and processes to manage external and internal requests for data assets where HCA has a governance role by December 31, 2021.
Intentional build vs. buy decisions, fostering partnerships to enhance capacity	HCA will have standard processes to evaluate and conduct build vs. buy analyses for all data-related initiatives and investment needs/opportunities by December 31, 2021.
Build analytic capacity, incorporate extended datasets in analytics and research	HCA will build on existing staff and infrastructure to increase internal capacity for higher-level analytics, research and evaluation, incorporating extended datasets, and supporting 50% of such work internally by December 31, 2023.
Recruitment, training and retention of skilled staff to build capacity	HCA will have a stable analytics and research portfolio staffed by skilled analysts, researchers and other staff with an average tenure of five or more years and employee turnover rate below 10% by December 31, 2022.
Insights to support key policy and operational decisions	HCA will create the structure and processes to provide distilled (key) insights regarding internal business process, service delivery system programs and agency policy priorities by December 31, 2021.
Enterprise performance monitoring: business processes and service delivery system	HCA will consistently measure performance for 50% of internal business processes and service delivery system programs that will be fully implemented by December 31, 2022.
Early warning systems when issues arise	HCA will have automated processes that provide early warning when issues arise for 50% of key internal business processes and service delivery system programs by December 31, 2023.
Integration of diversity, equity and inclusion (DEI) lens in HCA data strategy	HCA will have the structure and processes to ensure health care cost transparency, diversity, equity and inclusion, and health equity are incorporated into all data dissemination initiatives by December 31, 2022.

SMART objectives

- I. HCA will have a standard, One HCA approach to developing standardized processes across the data lifecycle that will be fully implemented by December 31, 2023.
- II. HCA will have clearly defined processes to identify and designate the source of truth for each type of data that will be implemented by December 31, 2021.
- III. HCA will have consistent, standardized approach and processes to manage external and internal requests for data assets where HCA has a governance role by December 31, 2021.
- IV. HCA will create transparency and visibility to existing data sources, reports, analytics and research using processes that will be implemented by December 31, 2021.
- V. HCA will have standard processes to evaluate, and conduct build vs. buy analyses for all data related initiatives and investment needs/opportunities by December 31, 2021.
- VI. HCA will build on existing staff and infrastructure to increase internal capacity for higher level analytics, research and evaluation, incorporating extended datasets, and supporting 50% of such work internally by December 31, 2023.
- VII. HCA will have a stable analytics and research portfolio staffed by skilled analysts, researchers, and other staff with an average tenure of five or more years and employee turnover rate below 10% by December 31, 2022.
- VIII. HCA will create the structure and processes to provide distilled (key) insights regarding internal business processes, service delivery system programs and agency policy priorities by December 31, 2021.
- IX. HCA will consistently measure performance for 50% of internal business processes and service delivery system programs by December 31, 2022.
- X. HCA will have automated processes that provide early warning when issues arise for 50% of key internal business processes and service delivery system programs by December 31, 2023.
- XI. HCA will have the structure and processes to ensure health care cost transparency, diversity, equity and inclusion (DEI), and health equity are incorporated into all data dissemination initiatives by December 31, 2022.

High-level tactics

1. Security: Ensure data sovereignty of tribal members is reflected appropriately in policy and processes by December 31, 2021.
2. Experience: Organizational change management process in place to identify highly impacted groups and ensure appropriate tools and communication are in place to manage each initiative by September 30, 2021 (all domain strategy tactics).
3. Integrity: **(DM-01)** All data that goes into the agency must go to designated locations (i.e., ports) and log metadata.
4. Integrity: **(DM-09)** Data management: Develop standard governance processes and structures to manage HCA's external data assets.
5. Integrity: **(DD-03)** Define and implement a standard reporting process (including citations and metadata) and train analysts on the process.
6. Integrity: **(DG-11)** Create and implement a standard process for reviewing external data requests for opportunities to divert requests to existing published resources.
7. Security: **(DG-07)** Operationalize the data asset inventory process to be real-time and identify key data sources and reports for HCA use.
8. Standardization: **(DM-03)** Develop "data marts" in the enterprise data warehouse, with marts organized to segment access of data on a minimum-necessary basis.
9. Standardization: **(DA-08)** Develop a process for analytics, evaluation, and reporting to be built alongside new program and policy implementation.
10. Experience: **(DA-02)** Develop self-service tools for HCA staff for quicker response to common data inquiries.
11. Experience: **(DA-04)** Ensure access to necessary tools, platforms and system capability for analytics, research and evaluation.
12. Experience: **(DD-04)** Develop an external data portal on the HCA website that collates all public data products.
13. Experience: **(DD-07)** Develop structure and processes for infusing a health equity view in data products.
14. Experience: **(DG-08)** Implement and expand Internal Data Portal.
15. Experience: DEI: Develop criteria for the DUC, subDUC and metadata which incorporate the diversity, equity and inclusion (DEI) lens by December 31, 2021

Strategy formulation

Core tenets of HCA's data strategy

Data integrity

Data integrity can be defined in many ways, but all definitions invariably lead to increased trust in data and resulting analytics. Common themes often included in definitions of data integrity are data accuracy, completeness, consistency, validity, and reliability. For the purposes of HCA's data strategy, data integrity is defined as the structure and processes to ensure accurate, complete, reliable, consistent, valid, and trustworthy data that maintain fidelity to the source(s) of truth.

Standardization

The process of standardization implies a consensus approach to adhere to a commonly accepted set of standards. Standardization is about predictability, not about uniformity. Standardization allows for controlled variation under defined circumstances and is foundational to continuous improvement and innovation.

User experience

The value of data can only be determined by how usable it is. For the purposes of HCA's data strategy, user experience is defined as the structure and processes to enhance value of HCA data assets for users. Those users include the public, other state agencies, state government executives, researchers, analysts, and HCA program staff. Key aspects of user experience include data availability, accessibility, responsiveness, and definitional clarity.

Data security and privacy

Data security refers to a set of processes and components designed to reduce the risk associated with the unauthorized access, disclosure, or destruction of data. For purposes of HCA's data strategy, data security includes data classification, which defines the sensitivity of data on a four-point scale; data sharing processes that maintain compliance with federal and state laws and regulations pertaining to confidentiality and privacy protections; secure management of data encryption which outlines the requirements for encryption of data outside and inside the state government network (SGN); and secure data transfer processes that protect data by requiring encryption of Category 3 and above data when it is being transmitted outside of the SGN.

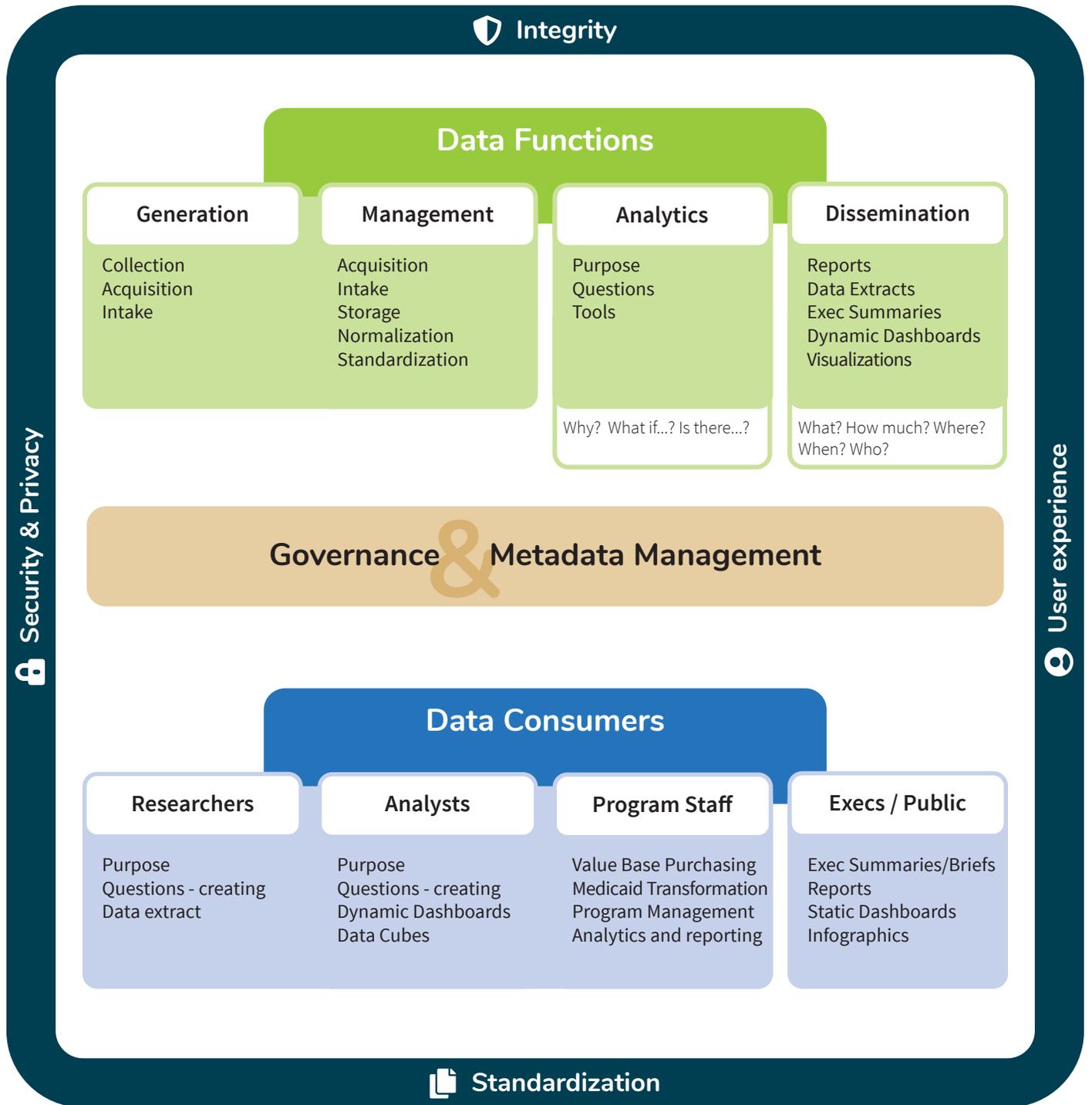
Data privacy refers to the proper handling of data that is protected under state and federal laws, most notably HIPAA. It generally concerns how data is shared with third parties and within HCA, how data is collected and stored, and how these practices are communicated to individuals whose data HCA possesses. Data privacy most often concerns ensuring data is not improperly disclosed, meaning that it is only disclosed when allowed under applicable law, and that HCA has proper security measures in place when handling protected data. It also concerns understanding whether or not data is in fact protected.

Ground rules and guiding principles while formulating HCA's data strategy

Prior to formulating the goals, strategies and tactics, core principles were established to articulate that HCA's data strategy:

- Is dependent upon and supports the agency strategic plan
- Should align with the agency's mission, vision, and core values
- Should support and align with other strategies within the agency such as interoperability strategy and health equity strategy
- Should have clear objectives that can be measured for progress
- Acknowledges that data is an asset that must be managed properly for the greatest benefit
- Recognizes that the voice of the customer is critical
- Must be responsive (i.e., balance between speed and accuracy)
- Recognizes that definitions can be contextual
- Must be transparent and well understood
- Is a shared responsibility across the agency
- Is a living document, flexible enough to address unexpected obstacles and take advantage of new opportunities
- Is developed by agency leadership, informed by staff subject matter experts

Data strategy framework – data landscape



Strategy formulation process

HCA's data strategy is the culmination of several months of discussions, which included workgroups of executives, managers, analysts, and data consumers. These discussions established guiding principles and led to the creation of a draft data strategy. The draft strategy was updated based on feedback from cross functional committees and subject matter experts to create data domain objectives.

Subsequently, managers of each of the data domains aligned objectives and tactics. These tactics, though led by specific domains, require participation from multiple agency teams. This iterative process has helped each of the data domains to better coordinate their implementation tactics and create not only a data strategy, but also a roadmap to realize the objectives.

Developing HCA data strategy



Overall Process

- 4 sessions
- 25 participants (including 8 support SMEs)

Homework for participants between sessions

- Connect with teams and committees
- Gain input and feedback to inform next session

Agency leaders and staff engagement

HCA leaders and staff participated extensively in the process to create this data strategy. This included input from more than 70 individuals across the agency, either directly or as part of group feedback. Their participation highlighted the importance of creating an overall vision for data strategy within HCA and to align that with existing strategies on health equity, value-based purchasing, interoperability, and other initiatives to fulfill HCA's values: people first, diversity and inclusion, health equity, innovation, and stewardship. Recognizing the need for data-driven decisions and the challenges of the existing approach, HCA's leaders and staff articulated the critical themes comprised in this document. (The details of their responses are in the appendix.)

Vision themes, objectives, and tactics

Translating Vision to Action



*SMART: Specific, Measurable, Actionable, Relevant, Time bound

HCA strives to coordinate its data-related teams to use data and data products to better serve the State of Washington and achieve the agency mission. As such, the agency identified several themes, objectives, and tactics to move from vision to action. This work was grouped by data domain, which identifies specific agency teams that will lead the coordination of objective. Additionally, several cross-cutting tactics were identified that will enable a coordinated approach to data generation, analysis, dissemination, and governance.

This data strategy advances the agency's use of data in supporting decisions by:

- Defining data needs and identifying gaps
- Acquiring actionable, accurate and available data
- Leveraging data resources
- Supporting decisions with business intelligence
- Ensuring data integrity
- Developing analytic capacity and competence
- Managing data as an asset

Data strategy domains

Data generation and management

A robust and well understood system of processes for the generation and management of data, which increase trust in the information used during decision making.

Data analytics

Readily available, high quality analytics and reporting to inform HCA decision making and support external priorities and partnerships.

Data dissemination

A robust and well understood system of getting the right information to the right people at the right time in the right manner.

Data governance and metadata management

The practice of organizing and implementing policies, procedures, standards, definitions, and roles that enable the effective use of HCA's data assets across organizational and technical boundaries.

Domain strategy: data generation and management

Theme	SMART Objective
One HCA approach to ingesting data and managing data assets	HCA will have a standard, One HCA approach to ingesting external data and managing internal and external data assets by December 31, 2022.
Single source of truth for each type of data	HCA will have clearly defined processes to identify and designate the source of truth for each type of data by December 31, 2021.
Standard process for ingesting and managing non-HCA data	HCA will have standard processes to ingest and manage non-Medicaid, non-ERB, non-DBHR external data by December 31, 2023.
Governance for data integration consistent with that for data dissemination	HCA will have standard processes for governance of data ingestion utilizing existing data governance infrastructure by December 31, 2022.
Clarity in use cases for data being ingested	HCA will have standard processes to clearly articulate and assess use cases for external data being ingested by December 31, 2021.
Access management of ingested data	HCA will have standard processes to security provide internal and external analysts with adequate and appropriate access to ingested external data by June 30, 2022.
Automated process for data ingestion	HCA will have automated processes to support ingestion of 80% of external tabular data by December 31, 2023.

SMART objectives

- I. HCA will have a standard, One HCA approach to ingesting external data and managing internal and external data assets by December 31, 2022.
- II. HCA will have clearly defined processes to identify and designate the source of truth for each type of data by December 31, 2021.
- III. HCA will have standard processes to ingest and manage non-Medicaid, non-ERB, non-DBHR external data by December 31, 2023.
- IV. HCA will have standard processes for governance of data ingestion utilizing existing data governance infrastructure by December 31, 2022.
- V. HCA will have standard processes to clearly articulate and assess use cases for external data being ingested by December 31, 2021.
- VI. HCA will have standard processes to securely provide internal and external analysts with adequate and appropriate access to ingested external data by June 30, 2022.
- VII. HCA will have automated processes to support ingestion of 80% of external tabular data by December 31, 2023.

High-level tactics

- DM-01. Any data that comes into the agency must go through a designated location to ensure that we know about it and can log metadata (size, time, format, etc.). This does not reinvent existing checkpoints but should instead channel uncontrolled intake into better controlled places, by December 31, 2023.
- DM-02. Using the identified data sources, develop a “preferred data source” list in metadata management tool (Collibra) for each data domain, which would allow new users of data to be directed to data by the agency, rather than needing to hunt for it, by June 30, 2022. This includes access and awareness of non-claims data sources for the development of creative analytic products.
- DM-03. Develop “data marts” in all databases accessed by analysts, with marts organized to segment access of data on a minimum-necessary basis by December 31, 2023. Create customized and appropriate segments of data for analyst roles which will enable analysts to transition from coding expertise into analytical expertise.
- DM-04. Data integrity: Minimize the number of complete copies of HCA data among external partners by December 31, 2023. This directly builds integrity and trust in the data. Create a strategy for managing our approach to determine whether a copy of the data should exist.
- DM-05. Data integrity: Transition all HCA analysts from ProviderOne Operational Data Store (ODS) to make the Enterprise Data Warehouse (EDW) the preferred environment for their day-to-day data needs by December 31, 2021.
- DM-06. Data ingestion: Ingest PEBB and SEBB data into EDW and make available to those authorized to use it with appropriate access and governance controls by December 31, 2022.
- DM-07. Data ingestion: Standard data ingestion guide available to all staff by September 30, 2021; develop data ingestion processes that can be used by existing data governance committees by December 31, 2021.
- DM-08. Data management: Define “types of data” broadly enough to cover all data in scope of data ingestion guide by December 31, 2021.
- DM-09. Data management: Develop standard governance processes and structures to manage HCA’s external data assets by December 31, 2022.
- DM-10. Data management: Revise existing contracts governing external data asset management to align with standard governance processes, by December 31, 2024.
- DM-11. Data ingestion: Automate data ingestion processes to support ingestion of 50% of external data by December 31, 2023.
- DM-12. Build processes for identification and documentation of data quality concerns.
- DM-13. Process development: Move into new areas: data ingestion, data quality. Establish policies and procedures for data ingestion by September 30, 2021, and data quality by June 30, 2022.

Domain strategy: data analytics

Theme	SMART Objective
One HCA approach to enterprise data product standards	HCA will have a standard, One HCA approach to developing enterprise data products by December 31, 2023.
Capacity for higher-level analytics, research and evaluation	HCA will augment staff and infrastructure to increase internal capacity for higher-level analytics, research and evaluation and support 50% of such work internally by December 31, 2023.
Incorporate extended datasets (claims, clinical, geospatial, social determinants of health) in analytics and research	HCA will have standard processes to leverage extended datasets in analytics and research by December 31, 2022.
Collaboration with state HHS agencies to augment analytic prowess and capacity	HCA will increase collaboration with state agencies, universities, and other entities to enhance and augment HCA's internal analytic, research and evaluation capacity to support agency strategic objectives by June 30, 2022.
Enterprise performance monitoring: business processes and service delivery system	HCA will consistently measure performance for 50% of key internal business processes and service delivery system programs by December 31, 2022.
Early warning systems when issues arise	HCA will have automated processes that provide early warning when issues arise for 50% of key internal business processes and service delivery system programs by December 31, 2023.
Recruitment, training and retention of skilled analytic staff	HCA will have a stable analytics and research portfolio staffed by skilled analysts and researchers with an average tenure of five or more years and an employee turnover rate below 10% by December 31, 2022.

SMART objectives

- I. HCA will have a standard, One HCA approach to developing enterprise data products by December 31, 2023.
- II. HCA will augment staff and infrastructure to increase internal capacity for higher level analytics, research and evaluation and support 50% of such work internally by December 31, 2023.
- III. HCA will have standard processes to leverage extended datasets in analytics and research by December 31, 2022.
- IV. HCA will increase collaboration with state agencies, universities, and other entities to enhance and augment HCA's internal analytic, research and evaluation capacity to support agency strategic objectives by June 30, 2022.
- V. HCA will consistently measure performance for 50% of key internal business processes and service delivery system programs by December 31, 2022.
- VI. HCA will have automated processes that provide early warning when issues arise for 50% of key internal business processes and service delivery system programs by December 31, 2023.
- VII. HCA will have a stable analytics and research portfolio staffed by skilled analysts and researchers with an average tenure of five or more years and an employee turnover rate below 10% by December 31, 2022.

High-level tactics

- DA-01. Leveraging functional or program aligned assignment, streamline process for access for both internal and external requestors by June 30, 2022.
- DA-02. Develop self-service tools for HCA staff for quicker response to common data inquiries by December 31, 2021.
- DA-03. Support the use of data marts by data analysts for faster access to common data inquiries by December 31, 2022.
- DA-04. Ensure access to necessary tools, platforms and system capability for analytics, research and evaluation by December 31, 2022.
- DA-05. Leverage existing partnerships with state agencies to address data strategy and objectives by June 30, 2022.
- DA-06. Develop partnership through quarterly meetings with universities and other academic researchers by December 31, 2022.
- DA-07. Data analyst teams will have a functional or program-aligned assignment, allowing close connections and expertise development between business and analysts by June 30, 2022.
- DA-08. Develop process for analytics, evaluation, and reporting to be built alongside new program and policy implementation by December 31, 2023.
- DA-09. Expand unit-level performance monitoring within existing Results HCA infrastructure, including developing early warning signs for service utilization, as appropriate, by December 31, 2023.
- DA-10. Identify a system to ensure continuous monitoring and escalation of early warning of service utilization changes by December 31, 2023.
- DA-11. Develop sustainability plans for non-permanent analytics positions and grow career pathways from entry-level to upper-level positions for data analysts by December 31, 2022.
- DA-12. Develop training standards/checklist for onboarding new data analysts and supporting existing data analysts by June 30, 2022.

Domain strategy: data dissemination

Relationship (integrity/trust) is an essential element of successful dissemination

Theme	SMART Objective
One HCA approach to support HCA leaders in decision-making	HCA will have a standard, One HCA approach to provide leaders with consistent, reliable, predictable, and responsive process to support decision-making needs by September 31, 2021.
Medicaid data available to public in similar fashion to Medicare data	HCA will make aggregated Medicaid data available to the public, similar to Medicare data and in a manner that allows for consistent interpretation, by December 31, 2022.
Insights for key policy and operational decisions	HCA will create the structure and processes to provide distilled (key) insights regarding internal business processes, service delivery system programs and agency policy and priorities by December 31, 2021.
Standardized reporting, automated where appropriate	HCA will have a standard reporting process, with criteria for automation where appropriate, to support executive decision making, program implementation and operational efficiencies, with 50% of reports standardized by December 31, 2022.
Support health care cost transparency and health equity work	HCA will have the structure and processes to ensure health care cost transparency, DEI, and health equity are incorporated into all data dissemination initiatives by December 31, 2022.
Be intentional about build vs. buy, or a combination	HCA will have standard processes to evaluate and conduct build vs. buy analyses for all data-related initiatives and investment needs/opportunities by December 31, 2021.
Transparency, visibility and clarity on existing resources and who is doing what in the agency	HCA will create appropriate transparency and visibility access to existing data sources, reports, analytics and research using processes that will be implemented by December 31, 2021.

SMART objectives

- I. HCA will have a standard, One HCA approach to provide leaders with consistent, reliable, predictable, and responsive process to support decision-making needs by September 31, 2021.
- II. HCA will make aggregated Medicaid data available to the public, similar to Medicare data and in a manner that allows for consistent interpretation, by December 31, 2022.
- III. HCA will create the structure and processes to provide distilled (key) insights regarding internal business processes, service delivery system programs and agency policy priorities by December 31, 2021.
- IV. HCA will have a standard reporting process, with criteria for automation where appropriate, to support executive decision making, program implementation and operational efficiencies, with 50% of reports standardized by December 31, 2022.
- V. HCA will have the structure and processes to ensure health care cost transparency, DEI and health equity are incorporated into all data dissemination initiatives by December 31, 2022.
- VI. HCA will have standard processes to evaluate and conduct build vs. buy analyses for all data related initiatives and investment needs/opportunities by December 31, 2021.
- VII. HCA will create appropriate transparency and visibility access to existing data sources, reports, analytics and research using processes that will be implemented by December 31, 2021.

High-level tactics

- DD-01. Develop a decision guide for build v. buy v. partner analyses by September 30, 2021.
- DD-02. Develop a process for identifying subject matter experts (SMEs) associated with data topics by December 31, 2021.
- DD-03. Define and implement a standardized reporting process, including a standard for making data citations for all data products (including dashboards, reports and infographics) in the agency, with references to agency metadata management tool (Collibra) for terms, technical definitions, sources, etc., and train analysts on the process, by March 31, 2022.
- DD-04. Develop an external data portal on HCA website that collates all existing data products by June 30, 2022.
- DD-05. Develop a framework for key insights documentation and implement training for analysts to generate one-pagers for key insights from detailed data products, such as reports and dashboards, by June 30, 2022.
- DD-06. Develop structure, policies, and processes related to health care cost transparency by September 30, 2022.
- DD-07. Develop structure and processes for infusing a health equity view in data products by September 30, 2022.
- DD-08. Develop an aggregated Medicaid data product for public consumption by December 31, 2022.

Domain strategy: data governance and metadata management

Theme	SMART Objective
One HCA approach to agency data governance culture and processes	One HCA culture, where data governance is everyone's responsibility, supported by consistent agency processes by December 31, 2023.
Predictable, reliable, transparent and responsive data governance processes	HCA will have data governance processes with predictable, reliable, transparent, and responsive service level expectations by December 31, 2021.
Mature metadata management processes and tools: populated, trusted and utilized	HCA will have mature, standard metadata management processes that are trusted and consistently used to populate 80% of business terms and technical definitions by December 31, 2022.
Consistent processes to manage requests for data, and external data sharing relationships	HCA will have a consistent, standardized approach and processes to manage external and internal requests for data assets where HCA has a governance role by December 31, 2021.
Knowledge and organization: transparently catalogued data assets and user manuals	HCA will have standard processes for transparently inventorying and cataloging data assets by June 30, 2022.
Consistent, standardized processes to manage requests for data, and external data sharing relationships	HCA will have a maturing data governance culture with standardized processes to manage all aspects of the data and data product lifecycle by December 31, 2022.
Standardized data, and data product, lifecycle management processes	HCA will have data governance and metadata management processes that have integrated the diversity, equity and inclusion lens in operations and initiative design by December 31, 2021.
Integration of diversity, equity and inclusion in data governance	HCA will create transparency and visibility to existing data sources, report analytics and research using processes that will be implemented by December 31, 2021.

SMART objectives

- I. One HCA culture, where data governance is everyone's responsibility, supported by consistent agency processes by December 31, 2023.
- II. HCA will have data governance processes with predictable, reliable, transparent, and responsive service level expectations by December 31, 2021.
- III. HCA will have mature, standard metadata management processes that are trusted and consistently used to populate 80% of business terms and technical definitions by December 31, 2022.
- IV. HCA will have standard processes for transparently inventorying and cataloguing data assets by June 30, 2022.
- V. HCA will have a consistent, standardized approach and processes to manage external and internal requests for data assets where HCA has a governance role by December 31, 2021.
- VI. HCA will have a maturing data governance culture with standardized processes to manage all aspects of the data and data product lifecycle by December 31, 2022.
- VII. HCA will have data governance and metadata management processes that have integrated the diversity, equity and inclusion lens in operations and initiative design by December 31, 2021.
- VIII. HCA will create transparency and visibility to existing data sources, report analytics and research using processes that will be implemented by December 31, 2021.

High-level tactics

- DG-01. Culture/training: Agencywide training on data governance policies and procedures and measure compliance with training objectives.
- DG-02. User experience: Understand the workload demands on existing agency data governance processes and develop service level expectations by December 31, 2021.
- DG-03. Process optimization: Leverage the Data Exchange Contract Landscape project to evaluate the demand on the data governance contracting process and evaluate options for scaling (i.e., staff up and/or create decision trees, exclusions) by June 30, 2021.
- DG-04. Metadata: Integrate critical mass of key business terms and technical definitions across all domains into Collibra by December 31, 2021.
- DG-05. Data governance ecosystem refresh: Evaluate and recharter data governance committees with a focus on scope and membership by September 30, 2021. Align the data domains to the stewardship roles by December 31, 2021.
- DG-06. Metadata/training: Analysts trained in utilizing Collibra for definitions and reporting by December 31, 2021.
- DG-07. Asset inventory: Operationalize the data asset inventory process (in real-time, quarterly), identify key data sources and reports for HCA use and develop a communications plan and training for HCA staff by December 31, 2021.
- DG-08. Internal Data Portal: Mature and expand online Internal Data Portal, and provide training for analysts and leadership by December 31, 2021.
- DG-09. Stakeholder engagement/external data exchange: Establish cohesive materials for external stakeholders on what assets are available to them, including appropriate use cases for each, and easy to understand instructions on how to gain access to them by June 30, 2022.
- DG-10. External data exchange/governance process: Establish consistency in governance review and release practices across all data assets (those we own and those we steward) by December 31, 2021.
- DG-11. Create and implement a standard process that codifies reviewing external data requests for opportunities to divert request to other available sources, such as publicly posted aggregated Medicaid data sets (Dissemination objective) or the Washington All Payer Claims Database (WA-APCD) by December 31, 2022.
- DG-12. Inventory and review existing contracts for data analytic services to align with agency business needs and best use of resources.
- DG-13. DEI: Develop criteria for Data Utilization Committee (DUC), subDUC and metadata which incorporate the diversity, equity, and inclusion (DEI) lens by December 31, 2021.

Strategy execution

Strategy execution is the process of implementing the strategic plan in an effort to achieve the organization's goals and objectives. HCA's approach to executing its data strategy is characterized by an empowered structure that fosters innovation and nimble course correction, while at the same time providing the centralized governance, support and monitoring to ensure alignment with the broader agency strategic plan.

The four domain strategy teams of Data Generation and Management, Data Analytics, Data Dissemination, and Data Governance and Metadata Management will lead the strategy execution process using tactics identified during the strategy formulation process. The HCA data governance structure, overseen by the Data Governance and Oversight Committee, will provide the governance and support mechanism for the domain strategy teams. Domain strategy teams will report their progress to the Data Governance and Oversight Committee, which will also oversee the measurement, monitoring and reporting on key metrics associated with HCA data strategy.

A data strategy planning team that includes members from each of the domain strategy teams, will meet regularly to share current work, and ensure alignment on priorities and dependencies. Challenges to implementation, such as staffing limitations, resource needs, and conflicting prioritizes, will be taken to the data strategy planning team for triage and possible escalation.

With support of a project or portfolio manager, the four domain strategy teams, comprised of HCA staff and SMEs, will convene to execute the objectives and tactics through:

- Prioritizing objectives and tactics based on current state
- Identifying critical participants needed to execute the tactics
- Validating or revising proposed dates for completing tactics
- Assigning responsible members of the workgroup for each objective/tactic
- Recommending metrics for each objective/tactic to track progress in implementation
- Ensuring alignment with the other data strategy domains, especially those needed to execute the domain tactics that intersect with other domains.

One of the goals of these teams will be to emphasize the value of our staff and their contributions, maintain awareness of the impact of changes to staff workload and process, encourage positive relationships among staff within different domains, and allowing freedom to pursue creative approaches to successful implementation.

Domain strategy teams

The four domain strategy teams of Data Generation and Management, Data Analytics, Data Dissemination, and Data Governance and Metadata Management will lead the strategy execution process using tactics identified as part of the strategy formulation process.

Data Generation and Management

A robust and well understood system of data generation and management processes that ensure trust in the data used to inform organizational decisions.

The team will be comprised of the following:

- Representation from the major data/analytics teams across HCA
 - DATA
 - ETS
 - FSD
 - Program Integrity
- DLS – Privacy Office
- At least one representative who is a steward of data sources (DBHR, ERB, MPD, Policy, Tribal Affairs)

As necessary, convene subgroups to work through tactics; these subgroups may include SMEs outside of the Data Generation and Management domain strategy team, to be reflective of the divisions that would be involved with implementing a tactic.

Data Analytics

Readily available, high quality analytics and reporting to inform HCA decision making and support both internal and external priorities and partnerships.

The team will be comprised of the following:

- Representation from the major data/analytics teams across HCA
 - DATA
 - ETS
 - FSD
 - Program Integrity
 - MPD
- At least one representative who is a customer of analytic products (DBHR, Planning and Performance, Policy, MCS, Tribal Affairs)

As necessary, convene subgroups to work through tactics; these subgroups may include SMEs outside of the Data Analytics domain strategy team, to be reflective of the divisions that would be involved with implementing a tactic.

Data Dissemination

A robust and well understood system of getting the right information to the right people at the right time in the right manner.

The team will be comprised of the following:

- Representation from the major data/analytics teams across HCA
 - DATA
 - ETS
 - FSD
- COM
- DLS – Privacy Office, Public Disclosure
- Representation from ELT
- At least one representative who is a steward of publicly reported data products (DBHR, Policy, MPD, Tribal Affairs)

As necessary, convene subgroups to work through tactics; these subgroups may include SMEs outside of the Data Dissemination domain strategy team, to be reflective of the divisions that would be involved with implementing a tactic.

Data Governance and Metadata Management

The practice of organizing and implementing policies, procedures, standards, definitions, and roles that enable the effective use of HCA's data assets across organizational and technical boundaries.

The team will be comprised of the following:

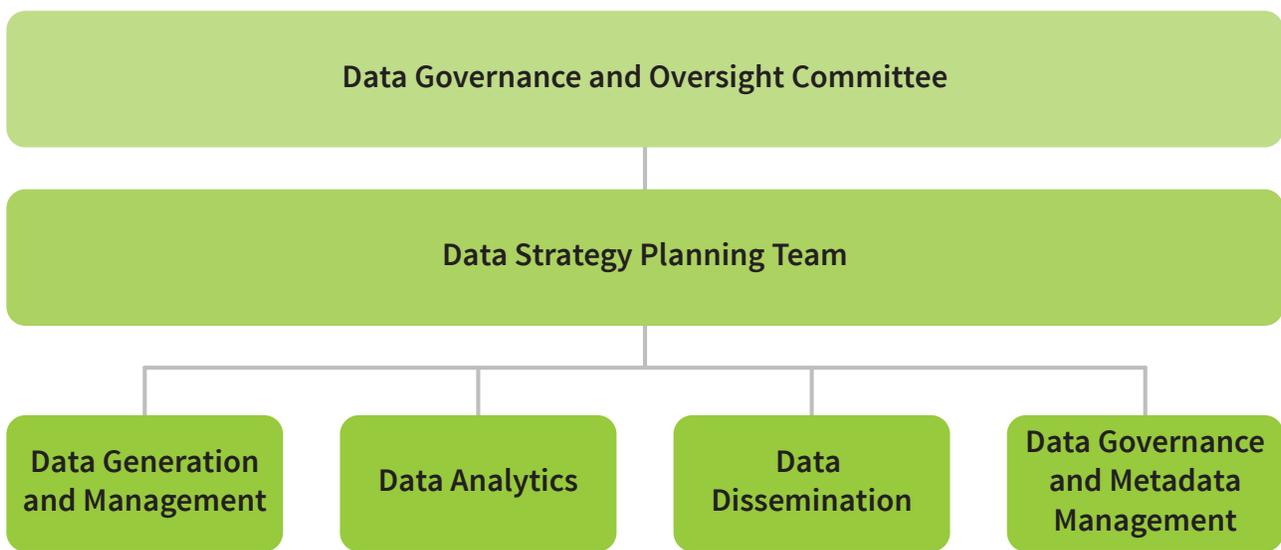
- Representation from the major data/analytics teams across HCA
 - DATA
 - ETS
 - FSD
 - Program Integrity
- DLS – Privacy Office
- DLS – Records Management Office
- At least three representatives from Programs (CQCT, DBHR, MPD, ERB, Policy, Tribal Affairs)

As necessary, convene subgroups to work through tactics; these subgroups may include SMEs outside of the Data Governance domain strategy team, to be reflective of the divisions that would be involved with implementing a tactic.

Governance

The HCA data governance structure, overseen by the Data Governance and Oversight Committee, will provide the governance and support mechanism for the domain strategy teams.

Committee structure



Roles and responsibilities

The charter for Data Governance and Oversight Committee includes oversight responsibility for the formulation and execution of HCA data strategy. Committee members represent agency leadership and support staff and are responsible for representing their program and division perspectives during discussions. The committee provides governance and support to the domain strategy teams, through the data strategy planning team, and will be accountable to the Coordination Team for performance toward achieving the key objectives of HCA data strategy.

The Data Strategy Planning Team will provide a forum for domain strategy teams to coordinate efforts on tactics that are shared across the domains. The team will also be responsible for leading any tactics that fit outside of the four domain strategy teams' purview. The team will recommend metrics that are effective in reflecting progress on HCA data strategy objectives to the Data Governance and Oversight Committee. The team will also bring recommendations to Data Governance and Oversight Committee to inform prioritization of tactics.

The four Domain Strategy Teams will be accountable for executing on the identified tactics and reporting on progress to the Data Governance and Oversight Committee. The teams will propose metrics to the Data Strategy Planning Team that adequately reflect progress on the domain tactics and in achieving the domain objectives. With membership representing key programs and divisions from across HCA, the domain strategy teams are well positioned to lead strategy execution within their specific strategy domains, in collaboration with the other domains as well as with the Data Strategy Planning Team.

The Domain Strategy Teams will have the authority to reframe and realign tactics to respond to changing business environment and needs, as well as to achieve better ongoing alignment with HCA strategic plan and other HCA strategies. These changes will be coordinated through the Data Strategy Planning Team to ensure coordination among Domain Strategy Teams.

Monitoring

Monitoring the execution of the data strategy is essential to ensure progress in implementing tactics and achieving objectives. Additionally, regular monitoring is essential for continued alignment with HCA's mission and agencywide strategies. Monitoring activities must provide a feedback loop to the teams implementing the tactics and allow for early course correction.

There are 11 summary objectives and 15 high level summary tactics that will require regular monitoring and discussion across the agency and its partners. These objectives and tactics will allow agency staff, leaders, and partners to quickly gauge where the agency is in implementing the strategies and achieving its broader strategic objectives.

Domain strategy teams

Monitoring progress will be the role of domain strategy teams and leaders. This will include regular monitoring, providing opportunities for cross agency feedback and adjustments, as necessary. Although many tactics have end dates, monitoring will require regular updates to determine the degree to which teams have made progress toward completing a tactic. Additionally, this monitoring requires staff to balance their efforts completing the work with the need for transparency. Domain strategy teams will be tasked with identifying the additional resources needed to support implementation of specific tactics and achieving data strategy objectives.

Data Strategy Planning Team

The Data Strategy Planning Team will check in regularly with domain strategy teams to ensure consistent and frequent monitoring. This team will be tasked with identifying key elements that require additional oversight or course correction. Additionally, the Data Strategy Planning Team will help ensure feedback from agency leaders and partner organizations and support data strategy updates and course correction as needed. The Data Strategy Planning Team will help to coordinate across domain strategy teams to identify and resolve dependencies, as well as address and resolve any conflicts, in a timely manner.

Data Governance and Oversight Committee

The Data Governance and Oversight Committee will be tasked with monitoring overall progress of the data strategy, including ensuring the tactics are achieving strategic objectives. The committee will support regular monitoring of tactics and objectives and facilitate visibility to agency leadership and external partners.

Reporting

Reporting on the performance of data strategy includes measurements and metrics that are process-focused as well as those that are outcome-focused. Key audiences for measurement review will be the oversight bodies of the data strategy: Coordinating Team and the Data Governance and Oversight Committee. Regular communication of data strategy measurement progress will be shared more broadly through regular updates to Executive Leadership Team, Extended Management Team, and Community of Analysts. Other agencywide communication methods may include Currents, Inside HCA, Digest, and email updates.

Developing metrics

Each domain strategy team will be tasked with recommending metrics for the objectives and tactics within their domain, collecting the data, and communicating on the measures. These metrics may be reported to different governance groups (e.g., strategic outcome-focused metrics may be reported regularly to the Coordinating Team). The metrics will need to identify specific milestones, and teams will report on progress toward milestones in addition to achieving the metric. Metrics need to measure the impacts and outcomes of the activities, not just level of activity (e.g., how the business and programs are realizing improvements due to the data strategy).

Alignment with the HCA Fundamentals Map

The development of metrics should align with the overall data strategy and the HCA Fundamentals Map. Metrics should be developed by the domain strategy teams and brought to the Data Strategy Planning Team and the Data Governance and Oversight Team for approval.

Integration with Quarterly Target Reporting (QTR) process

Data strategy reporting will utilize the QTR model but may require sequenced reporting, which highlights key metrics in different reports, so not all metrics are reported monthly. As reports are generated, staff will need to consider the audiences and what they need to know, this may result in tailored reporting for leaders, staff, and external audiences. These reports should be widely available to ensure transparency for agency leaders, staff and partners.

Alignment

While the data strategy is critical to achieving the agency's data vision, alignment with other agency processes, structures, and strategic documents is essential. As these strategies are amended and updated, the data strategy will also need to be updated. Additionally, changes in laws and regulations, technology and agency needs will require updates to the data strategy. Therefore, this strategy will be updated at least annually. The update will create a natural feedback loop and facilitate course correction as appropriate. More frequent updates will be made if needed.

Data strategy as an evolving process

The data strategy will rely on regular monitoring and reporting of progress toward milestones, objectives, and tactics, which will be reviewed and shared in a transparent manner. These activities will help to provide a feedback loop on the progress toward achieving the agency's data vision, while informing agency leaders about key activities. The reports and monitoring are expected to support future updates and refinements to the data strategy to ensure it is continuing to meet the evolving needs of the agency.

Aligning with HCA strategic plan and other strategies

The data strategy is intended to align with the HCA strategic plan and other HCA strategies, including the health equity strategy, value-based purchasing strategy, and the interoperability strategy. Regular adjustments to the data strategy will be necessary as these documents are updated and as the authorizing, regulatory and programmatic environment changes. This alignment requires a leadership commitment to consider, discuss and raise issues when conflicting program priorities arise.

Appendices

Background: current state

During the data strategy formulation process, HCA leaders and staff described the strengths of the existing data environment and opportunities for improvement. These are described below and were a foundational element for building the data strategy themes, objectives and tactics.

What's working?

- + Good people with good skills
- + A lot of historical knowledge
- + Data is available (oceans of it)
- + HCA is striving to be good stewards of the data
- + Broad support for this work across the agency

What's not working?

- Lack of clear processes
- No single location for data - hard to find
- Ad hoc processes that are not standardized
- Not able to provide insight to leadership
- No measures of success for data initiatives or governance

What are our strengths?

- Good people with good skills
 - Analyst teams perform high quality work (example: medication for opioid use disorder analysis)
 - Data related workgroups – increased cross-collaboration (reproductive health workgroup)
 - Communication and alignment improving
- A lot of historical knowledge
 - Talented staff analysts with skills and lots of historic knowledge
 - There is enough mastery to answer questions, it just may take longer and multiple iterations. “Seems to always work, despite the process.”
 - We play “defense” well, we know how to protect it, etc.
 - Mature processes established for data request and release.
- Data is available (oceans of it)
 - Lots of reports being produced
 - Analysts are moving into Enterprise Data Warehouse
 - We can ask the plans for reports, and they can summarize
- Data are available (oceans), experts are making it available to leaders who are asking
- We have standardized (contracted) processes for collecting claims and encounter data - which makes up a huge bulk of our data. These data are guaranteed to be in a certain format, backed by legal requirements.
- HCA is striving to be good stewards of the data
 - Data governance efforts
 - Good job at managing and reporting cost
 - We could develop plans that allow for more real-time, ad-hoc data to be brought into the agency
 - HCA strives to behave well as a steward of the data
 - Desire to be good stewards
 - Robust committee structure
- Broad support for this work across the agency
 - CDO
 - Enterprise Data Warehouse
 - Increased investment in tools – Tableau
 - Broad support of data governance across the agency. We all know we need it.

What could be improved?

- Need for clear processes
 - Need more common understanding between divisions
 - Lack of clarity – how to get data, who does it, lack of clear process
 - There's probably a lack of general understanding among staff about the difference between data and analytics.
 - Need to define terms for shared understanding
 - Leg fiscal notes
 - Clarity on policy and requirements related to data being received and then sent to external partners. Make the ask clear.
 - Be clear on how data sets work together and are clear on their individual intent.
 - In some instances lack of clarity re: legislative authority for HCA to have data that are not directly Medicaid related
 - Shadow systems get developed out of necessity due to poor systems
 - Sometimes we are not on the same team internally
 - Processes are not efficient. Effective systems are not in place.
 - Data is available to improve lives, need to figure out how to share this safely to those that can use it.
 - Data are extremely complex and it's difficult for any one person to master
- No single location for data – hard to find
 - Messy – difficult to find data – (answer shopping)
 - No single location for data – hard to find
 - If I want to know the telehealth data that has increased, we need that data from the plans. But instead of producing it ourselves, we ask the source systems (the plans) for those reports; similarly, for hospitals
 - Lots of hunting for data and reports
 - There is a culture that “data are hard to track down”
- Ad hoc processes that are not standardized
 - Analytical products need more transparency of methods, data sources
 - Reactive to data requests – not able to plan analytics to answer questions
 - When we need to do deeper data analysis, or linking of external data to our own, it often becomes too big of an ask to be worth doing the work to answer
 - Our processes for gathering data within emergent situations is very ad-hoc.
 - A standards-based approach is something we could improve upon. Whenever we stand up a new solution, the data interfaces need to be standardized.
- For some data sets, we have laws and federal standards regarding data being sent and how. Some collection of data is very ad-hoc and unpredictable.
- Leverage our governance processes for data ingestion. Same data being used across different groups for different intents.
- Not able to provide insights to leadership
 - Questions around reliability – credibility/ reputation
 - Too often we don't have the data that we (executives) need at our fingertips, and have to go to a technical resource to get it
 - Not able to provide insight to leaders
 - We have external entities like (CFC) that have access to data, and then want to argue about our answers
- No measures of success for data initiatives or governance
 - Generation and management
 - Skill level of data analysis varies greatly across the agency
 - Very little external reporting from the HCA website
 - Is the data complete? Consistent? Do other data sets have other information? What's the story behind the data?
 - Program evaluation often does not occur
 - We don't have consistent criteria for committees to use for their decision making.
 - Data stewardship is not well understood or shared across the agency.
 - We don't have robust governance processes across the data lifecycle.
 - Data governance resources are scarce when measured against the data governance needs of the agency.
 - We don't have measures of success for data initiatives or governance.
 - Buy in and ownership of data governance is inconsistent across agency's leaders (when convenient)
 - Various compliance of data governance processes and inconsistent use of data governance tools.
 - How do we use our data governance processes to enable good use of the data? “Offense”
 - Training needs are larger than what is currently available.
 - Difference between data and information (reliable)
 - How does “this” benefit HCA?
 - We want data available, but we don't want to lose sight of data not being the end goal.

Developing HCA's data strategy

	Session 1 & 2 – 6 hours	Session 3 – 2 hours	Session 4 – 1 hour
Objective	To formulate HCA's data strategy with input from across the agency; recommend strategy proposal to CT		
Outcome	Data Strategy strawman	Data Strategy draft	Proposed Data Strategy
Discussion Framework	Guiding Principles; Data Landscape	Data Strategy strawman	Data Strategy draft
Process	<ul style="list-style-type: none"> • Reading material • Guided brainstorming • Breakout rooms • Key questions • Priority deliverables 	<ul style="list-style-type: none"> • Input and feedback • Breakout rooms • Key questions • Priority deliverables 	<ul style="list-style-type: none"> • Input and feedback • Key questions • Priority deliverables
Next Steps	Gather input/feedback from teams and committees across HCA	Gather input/feedback from key leaders and steering committees	Finalize proposal and send to CT for review

Agency leaders and staff engagement

Summary of HCA leaders and staff input / feedback received for HCA Data Strategy Strawman: represents input from 70+ individuals across the agency, either directly or as part of group's feedback

Comments on Strategy strawman — recurring themes

- NEED
 - Standardized processes, definitions and naming conventions
 - Definitions
 - One HCA approach
 - Non-HCA data
 - DEI / Equity lens
 - Stable analytics and research portfolio
 - Measuring performance
 - Early warning system
 - Overall vision/goal for data strategy at HCA – alignment with HCA strategy and vision
 - Customer focus – internal HCA user needs
 - Staff and SME inclusion and input in defining tactics
 - Value and relevance to customers of data (internal and external)
 - Responsiveness / timeliness to support customer needs
 - Phased approach to measurement
 - Collaboration with state HHS agencies
 - Improved data quality
 - Easy access to existing data products for both internal and external users
 - Alignment with existing Enterprise Architecture principles
 - Better management of data assets
- HCA leaders and staff want data driven decisions
- Challenges with centralizing data, and a “single source of truth”
- Data governance processes are not transparent and/or well understood
- Too many priority areas
- Challenges with defining and measuring success
- Data lag associated with claims data in a Managed Care environment
- External factors affecting shifting priorities
- Whose job is it?
- Staff training and change management: transitioning analysts from coding to analytics
- Scalability of solutions and processes
- Data ingestion and integration are both important focus areas

Comments on Strategy direction

- Yes – agree with overall direction of data strategy
- Appreciate functional clarity and timelines
- Concern: timeframes need to be more realistic

Comments re: Tactics to achieve Objectives

- Flexibility related to program and funder needs
- Include program SMEs and data teams
- Responsive to customers, not rigid in process
- Data sovereignty for tribal members
- DUC/SubDUC process transparency
- Retaining skilled analytic staff
- Leverage existing standard ETS processes – Enterprise Architecture, Access management
- Phased approach for measuring, with maturing processes
- Communication plan
- Analysts assigned for program support
- Self-serve tools for users to slice/dice and get high level data by population/payer/provider type/region/CPT
- Strong relationships and coordination between CDO, ETS and program areas
- Migration of analysts to EDW from ODS
- Technological tools to allow for better control of HCA data use by external partners
- Subgroups prioritize their top 3 objectives
- Support and train analysts during transition from coding experts to analytics experts
- State HHS agency collaboration – start with RDA, OFM
- External data portal – focus on a plan that tells a story like DOH's WTN
- Internal data portal – set criteria for what needs to be available internally for which audience
- Robust analytic platform as a priority

HCA data governance program principles

HCA's Data Governance Program will be established with the following set of principles always at the forefront in any policy, process, and decision-making activities. These principles will guide the agency's development and dissemination of data that is sent to external customers and stakeholders. The data governance principles align with the agency's mission and vision and allow HCA's data to improve the lives of the Washington State residents we serve.

- Data as an asset:** Data is a valued enterprise and strategic asset. Coordinating the collection, consolidation, and consumption of enterprise information to support strategic initiatives requires consistency and dependability across multiple business processes.
- Privacy and security:** Ensure that HCA applies all internal and external rules and legal requirements that govern data collection, storage, use and retention, and that access controls are in place and reviewed periodically.
- Accountability:** Define accountabilities for data-related decisions, processes and controls, including establishment of business data stewards throughout the agency.
- Data quality:** Focus on providing and maintaining the highest data content quality with specified data stewards accountable for establishing standards and addressing data definition, transformation, integrity and any quality issues.
- Open data:** We are committed to sharing data whenever possible in support of research and scientific knowledge, advancing patient quality and informing policy innovation. We will leverage our Open Data Initiative and processes as the method to meet this commitment.
- Traceability:** Data that is produced, in any form, can always be traced back to its source and can be reproduced. When data leaves the agency, key information, such as definitions of the source are clearly identified, cataloged and placed in the designated central repository.
- Transparency:** Data governance processes and decisions are consistently implemented across the organization. HCA data consumers will clearly understand the policies and process steps taken in order to share our data.
- Standardization:** Introduce and support standardization of enterprise data, including how data that leaves the agency is presented, annotated, documented and shared.
- Responsiveness:** Reduce impediments to data for critical business activities by responding to requests in a timely manner, keeping customers informed on the status of their request, and only providing data when approved after passing accuracy and quality control processes.

HCA enterprise architecture principles (data)

Introduction

Principles are statements that guide decision-making and assist in defining the vision and strategic direction of an organization. Good principles are seldom modified unless there are sound reasons for doing so. New principles should be considered if a decision does not have principles that apply or lack supporting direction. Principles are key components in a successful architecture governance strategy.

Currently, principles of the HCA Enterprise Decision-Making Framework have been developed and approved in four categories:

1. Over-arching
2. Data
3. Process
4. Technology

HCA's data principles

HCA currently has the following enterprise architecture data principles, and they apply across the entire agency. The Strategic Services team in ETS manages and develops the Enterprise Architecture Principles on behalf of the agency, and is currently developing a plan to develop new principles where gaps are identified:

1. HCA System of Record: Data should be associated with a single System of Record. One should update information and data directly in the System of Record where identified.
2. HCA Minimize Data Redundancy: Minimize data redundancy or copies. If there is a clear business case, only then should data be made redundant.
3. Information/Data is a Shared HCA Asset: Data is a shared HCA asset and should be available across HCA programs and systems as allowable.