HCA Data Strategy Refresh

HCA published its first data strategy in 2021, outlined in HCA Data Strategy 2021-2025 document. This strategy is crucial for transforming the state's health system by leveraging data as a core asset. The strategy emphasizes the importance of using reliable, timely, and accurate data to enhance decision-making capabilities and ensure all Washingtonians have access to the care they need.

Over the last couple of years, work groups made up of HCA staff have implemented over half of the 46 data strategy tactics. These work groups learned many lessons, realized efficiencies, and came up with innovative ideas in an atmosphere of collaboration, clarity, transparency, and inclusion.

Recently the data strategy planning team conducted a full review of the data strategy tactics work and submitted findings to the Data Governance and Oversight Committee. The findings recognized the need to address equity considerations and discuss artificial intelligence (AI). This work has helped inform the data strategy tactic review to decide what tactics to add, combine, or place

The data strategy solution teams will review the remaining data strategy tactics with a focus on equity, opportunities for AI, and additional trends. They are now working on implementing the remaining refreshed tactics over the period July 2024 through December 2025. Learnings from this review, and from the implementation of the remaining tactics, will inform the next phase of data strategy planning for 2025 and beyond.

Summary of HCA's data strategy refresh by domain

Data generation and management

SMART objectives

I. HCA will have a standard, One HCA approach to ingesting external data and managing internal and external data assets.

II. HCA will have clearly defined processes to identify and designate the source of truth for each type of data.

III. HCA will have standard processes to ingest and manage non-Medicaid, non-ERB, non-DBHR external data.

IV. HCA will have standard processes for governance of data ingestion utilizing existing data governance infrastructure.

V. HCA will have standard processes to clearly articulate and assess use cases for external data being ingested.

VI. HCA will have standard processes to securely provide internal and external analysts with adequate and appropriate access to ingested external data.

VII. HCA will have automated processes to support ingestion of 80% of external tabular data.

High-level tactics

DM-01: Data Customs: Any data that comes into the agency must go through a designated location to ensure that we know about it and can log metadata. This does not reinvent existing checkpoints but should instead channel uncontrolled intake into better controlled places, and designated locations will be designed with the intent of automating ingestion and capture of metadata.

DM-03: DEI Equity Aware Data Marts: Design EDW data marts with committee guidance for all elements which are related to equity.

DM-04: Copy Reductio: Data integrity: Minimize the number of complete copies of HCA data among external partners.

DM-09 External Management: Data management: Develop standard governance processes and structures to manage HCA's external data assets.

DM-10: Contract Alignment: Data management: Revise existing contracts governing external data asset management to align with standard governance processes.

DM-11: Automated Ingestion: Data ingestion: Automate data ingestion processes to support ingestion of 50% of external data.

DM-12: Data Quality Processes: Data Quality Policy and Procedure; develop a formal policy and process about data quality, with the goal of improving the overall quality of data managed at HCA.

DM-13: Data Ingestion & Data Quality Processes and Policies: Process development: Move into new areas: data ingestion, data quality. Establish policies and procedures for data ingestion.

Data analytics

SMART objectives

I. HCA will have a standard, One HCA approach to developing enterprise data products.

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.

III. HCA will have standard processes to leverage extended datasets in analytics and research.

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.

V. HCA will consistently measure performance for 50% of key internal business processes and service delivery system programs.

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.

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%.

High-level tactics

DA-01: Data Request DRST Plan: Develop plan to implement DRST as enterprise-wide data request process, including change management.

DA-07: Program Assignments: Data analyst teams will have a functional or program-aligned assignment, allowing close connections and expertise development between business and analysts.

DA-10: Health Equity and Utilization Tracking: Identify a system to ensure continuous monitoring of operation data tracking, health equity and service utilization issues.

DA-12: Onboarding and Supporting Analysts: Develop training standards/checklist for onboarding new data analysts and supporting existing data analysts.

Data dissemination

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.

II. HCA will make aggregated Medicaid data available to the public, similar to Medicare data and in a manner that allows for consistent interpretation.

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.

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.

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.

VI. HCA will have standard processes to evaluate and conduct build vs. buy analyses for all data related initiatives and investment needs/opportunities.

VII. HCA will create appropriate transparency and visibility access to existing data sources, reports, analytics and research using processes that will be implemented.

High-level tactics

DD-01: Build v. Buy v. Partner: Develop a decision guide for build v. buy v. partner analyses.

DG-04: External data portal: Develop an external data portal on HCA website that collates all existing data products.

DD-05: Developing key insights: 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.

DD-06: Health care cost transparency: Develop structure, policies, and processes related to health care cost transparency.

DD-07: Health Equity View: Develop structure and processes for infusing a health equity view in data products and utilizing PEAR recommendations.

DD-08: Public-facing Medicaid data: Develop an aggregated Medicaid data product for public consumption.

Data governance

SMART objectives

I. One HCA culture, where data governance is everyone's responsibility, supported by consistent agency processes.

II. HCA will have data governance processes with predictable, reliable, transparent, and responsive service level Expectations.

III. HCA will have mature, standard metadata management processes that are trusted and consistently used to populate 80% of business terms and technical definitions.

IV. HCA will have standard processes for transparently inventorying and cataloguing data assets.

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.

VI. HCA will have a maturing data governance culture with standardized processes to manage all aspects of the data and data product lifecycle.

VII. HCA will have data governance and metadata management processes that have integrated the diversity, equity and inclusion lens in operations and initiative design.

VIII. HCA will create transparency and visibility to existing data sources, report analytics and research using processes that will be implemented.

High-level tactics

DG-02: Service Level Expectations: User experience: Understand the workload demands on existing agency data governance processes, develop service level expectations, and include avenue for user experience of data governance processes.

DG-03: Data Exchange Contracts: Leverage the Data Exchange Contract Landscape project to evaluate the demand on the data governance contracting process, review existing contracts align with business needs and resource allocation, and evaluate options for scaling.

DG-06: Collibra Training: Metadata/training: Analysts trained in utilizing Collibra for definitions and reporting.

DG-09: External Data Exchange Transparency: 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.

DG-10: External Data Exchange Consistency: External data exchange/governance process: Establish consistency in governance review and release practices across all data assets (those we own and those we steward)

DG-11: Diversion to External Data: Create and implement a standard process that codifies reviewing external data requests for opportunities to divert requests to other available sources, such as publicly posted aggregated Medicaid data sets or the WA-APCD.

DG-13: Health Equity in Data Governance: Develop criteria for Data Utilization Committee (DUC), Data Utilization Subcommittee (SubDUC), and metadata which incorporate the diversity, equity, and inclusion (DEI) lens.