

# Health Equity Data Reporting for REACH: HEDR and HEP

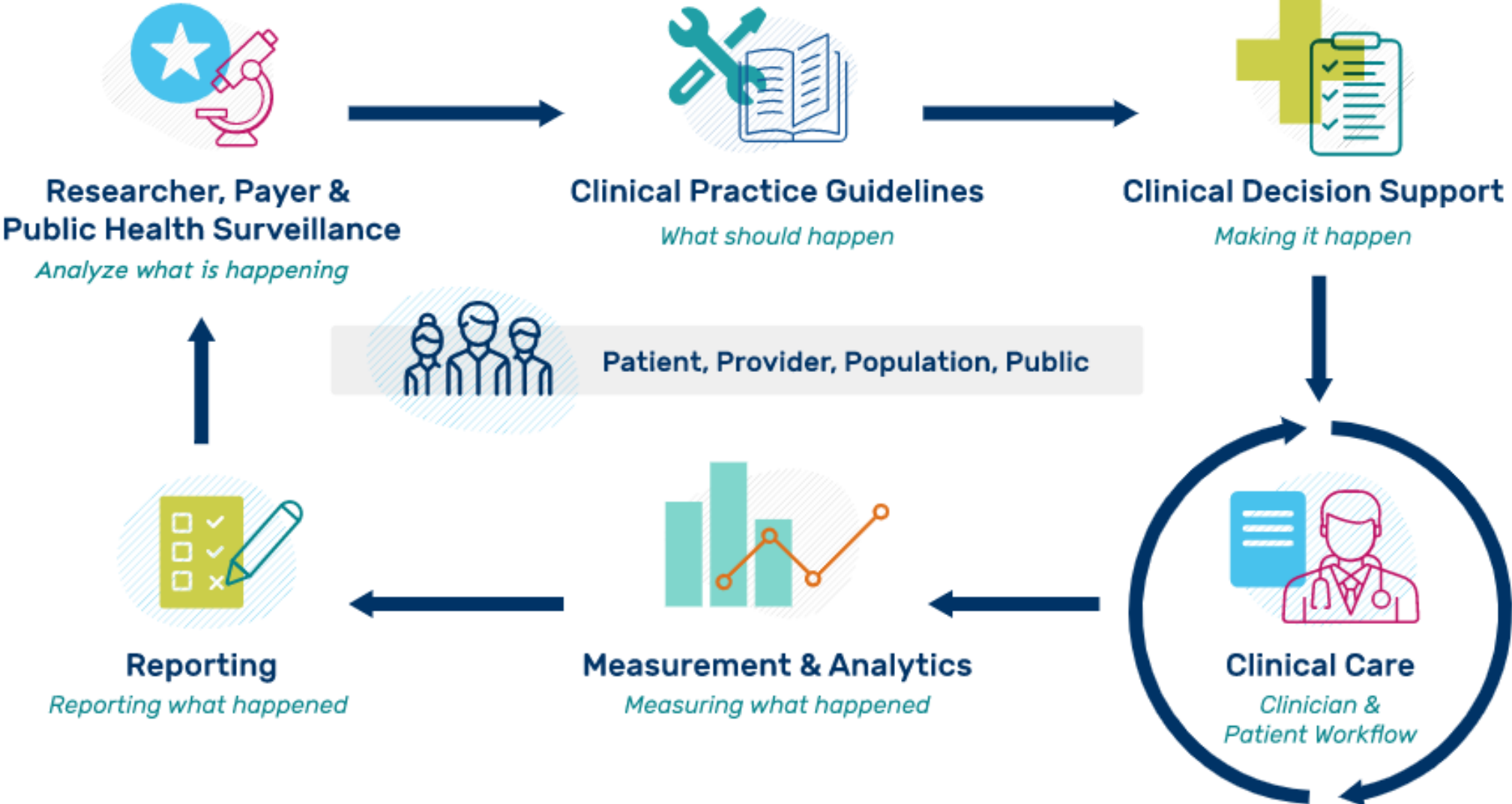
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February 2025

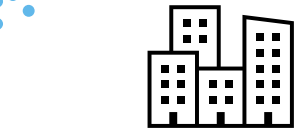
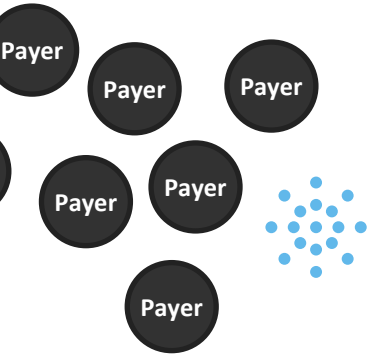
## HEDR and HEP reporting in REACH

- **Data collected:** Health Equity Data Reporting (Health Equity Data Reporting) in the collection of demographic details like race, ethnicity, sex assigned at birth, preferred language, and comprehensive SDoH information through standardized screening tools.
- **Purpose:** To identify disparities in healthcare access and outcomes among different patient populations.
- **HEP development:** ACO REACH participants must develop a HEP (Health Equity Plan) based on the HEDR data, outlining specific strategies to address identified health disparities.
- **Submission to CMS:** ACO REACH organizations are required to submit HEDR data to CMS as part of their program participation.

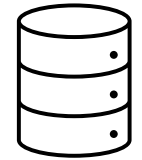
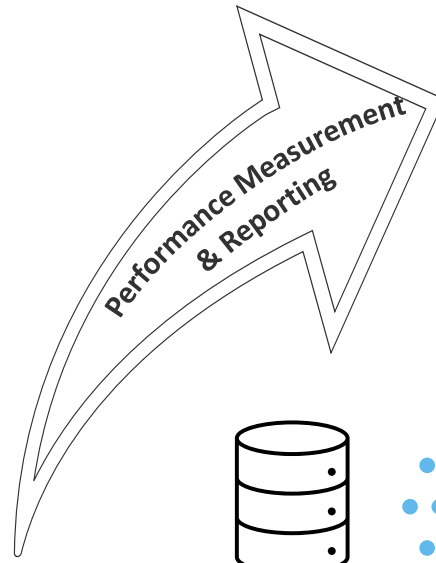
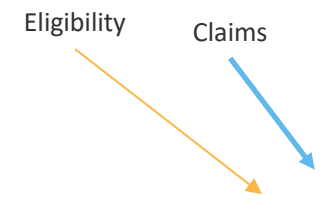
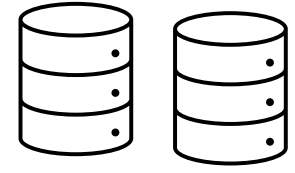
# Quality Reporting Ecosystem



# Data Lineage

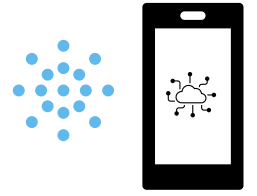
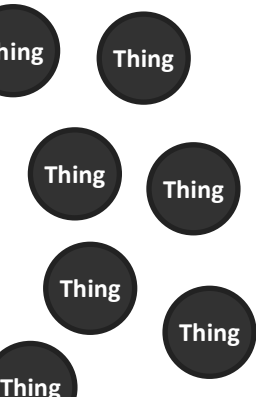


Payor Data Consumption

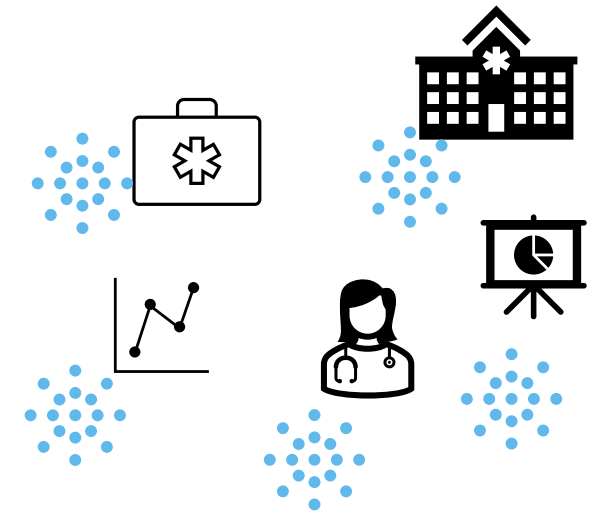


Clinical

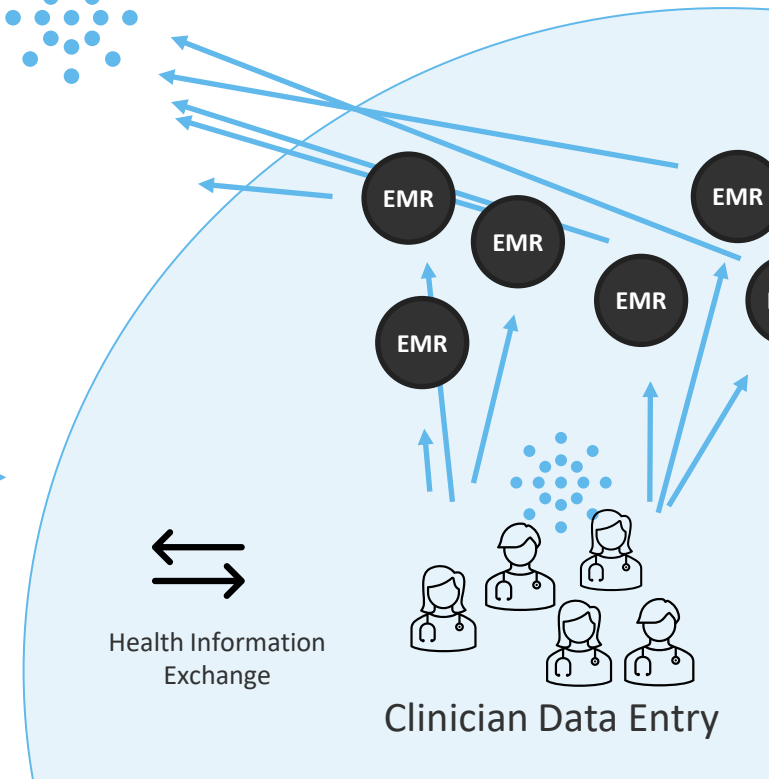
# dQM



Internet of Medical Things



Data Consumption



Clinician Data Entry

# Barriers to Reporting

## Data Collection Challenges

- Collecting comprehensive and accurate data on health equity can be difficult. This includes gathering information on social determinants of health, race, ethnicity, and other demographic factors.

## Standardization Issues

- There is often a lack of standardized methods for collecting and reporting health equity data. This can lead to inconsistencies and difficulties in comparing data across different ACOs.

## Resource Constraints

- Many ACOs may lack the necessary resources, such as funding, technology, and trained personnel, to effectively collect and analyze health equity data.

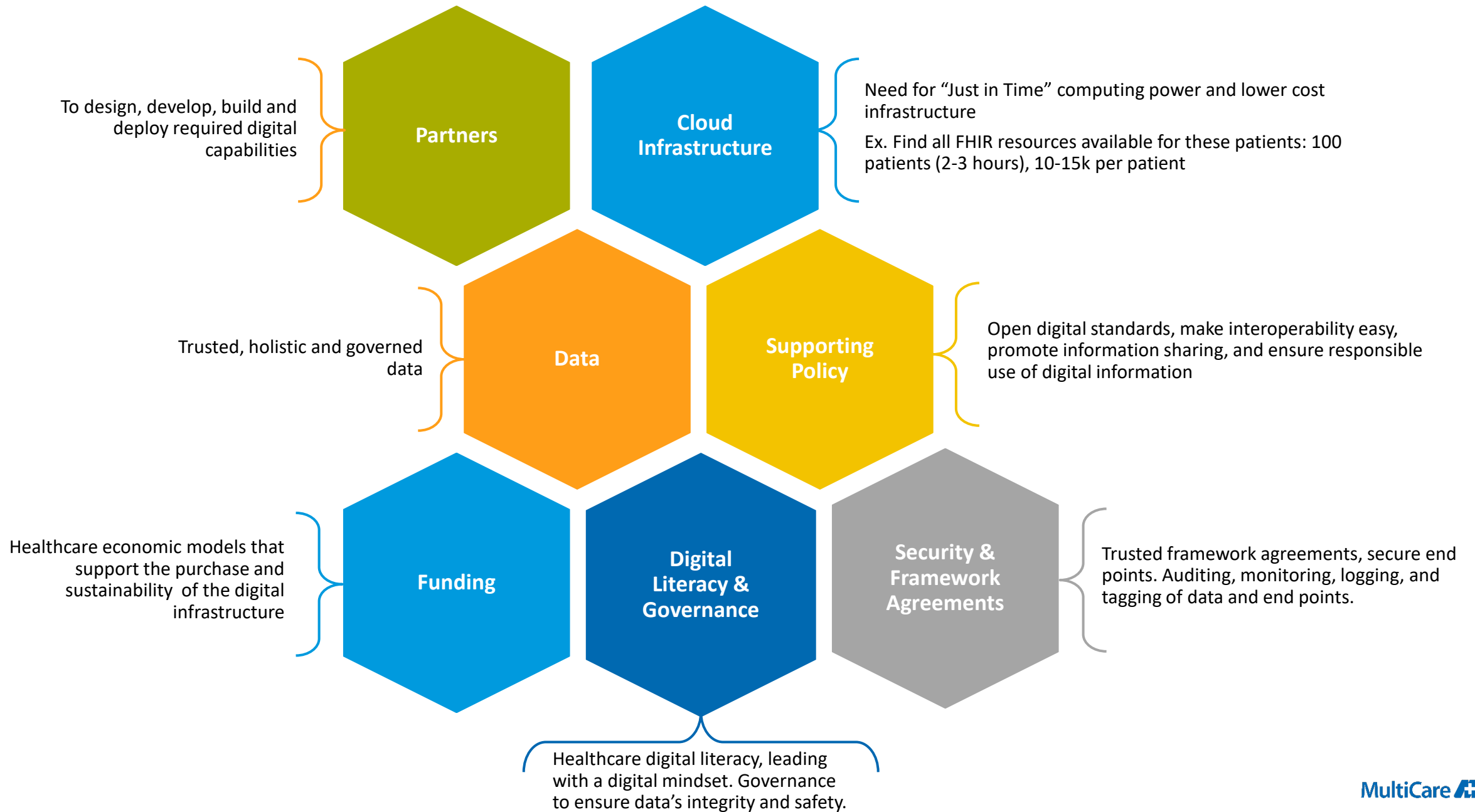
## Privacy Concerns

- Ensuring the privacy and security of sensitive health equity data is crucial. This can be a barrier as organizations must navigate complex regulations and ensure that data is protected.

## Cultural Competence

- ACOs need to ensure that their staff are culturally competent and able to engage with diverse populations effectively.

All the pieces that will make this work....



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## Double Click

- Data Governance
- De-identification

## Double Click: Healthcare Data Governance & Structures

**Data Governance Council:** A central body composed of senior leaders and key stakeholders from various departments. This council sets the strategic direction, policies, and standards for data governance across the organization.

**Data Stewardship:** Assigning data stewards who are responsible for specific data domains. These stewards ensure data quality, manage data definitions, and enforce data governance policies within their domains.

**Data Governance Office (DGO):** A dedicated team that oversees the implementation of data governance policies and procedures. The DGO coordinates efforts across the organization and ensures compliance with data governance standards.

**Data Governance Committees:** Specialized committees focused on specific aspects of data governance, such as data quality, privacy, and security. These committees work under the guidance of the Data Governance Council and provide expertise in their respective areas.

**Data Governance Framework:** A comprehensive framework that outlines the principles, policies, and processes for managing data throughout its lifecycle. This framework includes guidelines for data collection, storage, usage, and sharing.

**Interdisciplinary Teams:** Teams consisting of subject matter experts from different departments, such as IT, clinical, legal, and compliance. These teams collaborate to address data governance challenges and ensure that data governance practices are aligned with organizational goals.

**Technology and Tools:** Implementing technology solutions, such as data management platforms and analytics tools, to support data governance activities. These tools help automate data governance processes and provide insights into data quality and usage.



## Double Click: Data de-identification

### Expert Determination

- This method involves a qualified expert who applies statistical or scientific principles to determine that the risk of re-identification is very small. The expert assesses the data and implements techniques to minimize the risk.

### Safe Harbor

- This method involves removing specific identifiers from the data set, such as names, addresses, and social security numbers. The goal is to ensure that the remaining information cannot be used to identify an individual.

### Data Masking

- This technique involves altering data to hide original values. For example, replacing real names with pseudonyms or masking certain digits in a social security number.

### Aggregation

- Combining data from multiple individuals into summary statistics. This reduces the risk of identifying any single individual from the dataset.

### Generalization

- Reducing the precision of data to make it less identifiable. For example, reporting age in ranges (e.g., 30-40 years) instead of exact ages.

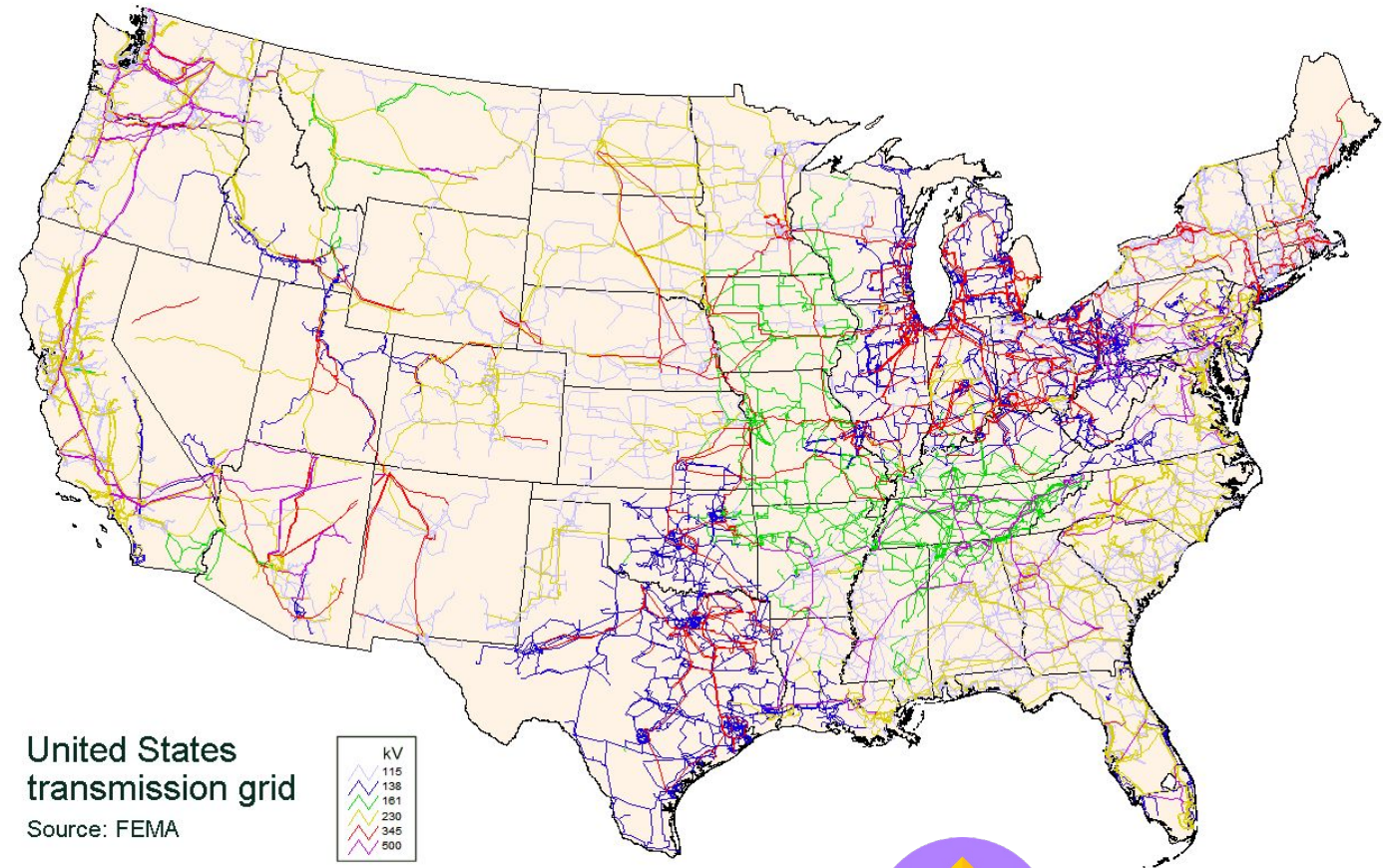
### Suppression

- Removing certain data elements entirely if they pose a high risk of re-identification.



## Strategic Considerations

- **Policy Advocacy:** advocate for policies that support the collection and use of health equity data. This includes funding for data infrastructure and incentives for data sharing
- **Interoperability:** Advocate for and implement interoperable health information systems that facilitate seamless data exchange between different healthcare providers and organizations
- **Training and Education:** Provide training for healthcare providers on the importance of health equity data and how to collect it accurately. This can improve data



## How to get Involved: HL7 Gravity Project

- The mission of the Gravity Project is the development and advancement of open data standards using HL7® FHIR® and associated terminologies that form the basis of modern social care interoperability.
- The success of the Gravity Project depends on the contribution of sponsors and participants who are eager to make rapid progress on the standardization of social determinants of health data.
- <https://www.hl7.org/gravity/>
- [gravityproject@hl7.org](mailto:gravityproject@hl7.org)



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Thank you

**Anna Taylor**

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*MultiCare Health System, MultiCare Connected Care*



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