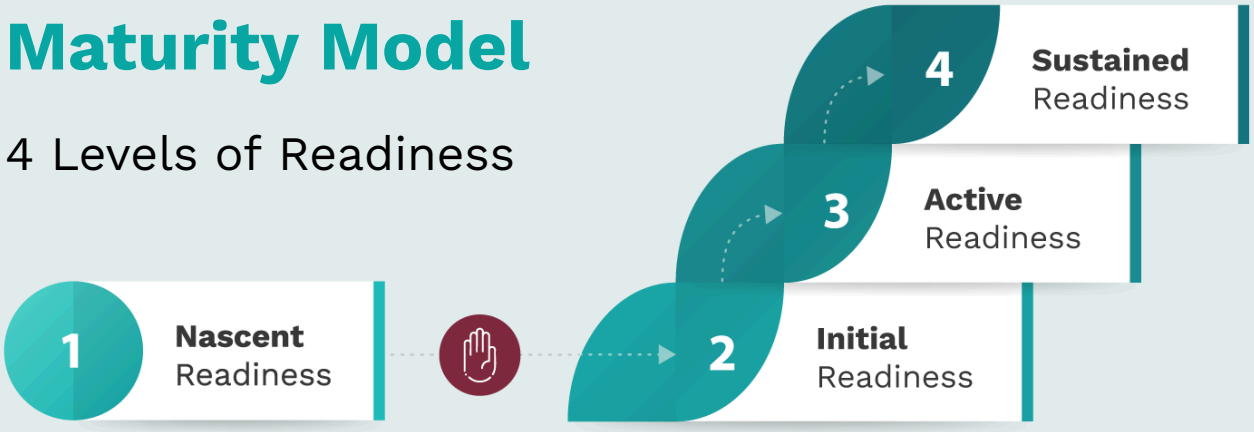
Maturity Model

4 Levels of Readiness



Level 1: Nascent Readiness	Individual champions build awareness of harmful race-based algorithms, but without dedicated resources and with immature data infrastructure limiting work plan development, education, and engagement efforts.
PAUSE	Before proceeding, it is recommended to focus on strengthening team preparation in Step 1, then revisit the Readiness Self-Assessment in Step 2. De-implementation should not begin until your institution reaches at least Level 2: Initial Readiness, ensuring sufficient commitment, resources, data, and education and engagement initiatives to support a comprehensive, patient-centered process.
Level 2: Initial Readiness	Key stakeholders are engaged and committed, and foundational resources, policies, and data systems are in place. The institution is prepared to complete the de-implementation of at least one harmful race-based algorithm, including initial provider education and patient engagement efforts.
Level 3: Active Readiness	Widespread buy-in, dedicated resources, and formal work plans are in place for scaled de-implementation of multiple harmful race-based algorithms, supported by comprehensive provider education and patient engagement initiatives.
Level 4: Sustained Readiness	Demonstrated commitment to continuous program improvement and advanced data-driven practices facilitates seamless harmful algorithm de-implementation and workflow integration, fosters measurable health equity outcome improvements and restorative actions, and positions the institution to lead collective action across the ecosystem.

Domains	**Level 1:** Nascent Readiness	**Level 2:** Initial Readiness	**Level 3:** Active Readiness	**Level 4:** Sustained Readiness
Core knowledge and commitment	Initial awareness and interest among individual champions, with no formal organizational initiatives or leadership support.	Growing awareness and discussions among key stakeholders and leaders, with individual champions beginning to explore the potential harms of race-based clinical algorithms in practice.	Widespread organizational awareness, supported by a formal commitment from an executive champion, to take action and address bias in clinical algorithms.	Deep knowledge of the historical context and challenges of harmful race modifiers, with full organizational commitment at all levels, led by an executive champion fostering interdepartmental collaboration and external partnerships.
Education and engagement	Absent or sporadic provider education and patient engagement efforts related to implicit bias, medical racism, or harmful race-based clinical algorithms.	Basic provider education and patient engagement initiatives related to implicit bias and medical racism are in place, but enforcement and tracking plans are not yet formalized.	Comprehensive provider education and patient engagement strategies are being rolled out, with specified enforcement and accountability mechanisms in place.	Mandatory provider education includes ongoing reinforcement, and patient engagement is formalized through a standardized framework emphasizing restorative justice, such as the Healing ARC model.
Resources and policies	No dedicated resources, policies, or institutional health equity initiatives to address bias in clinical algorithms.	Broader health equity initiatives are in place, and initial resources have been identified to explore addressing harmful race-based clinical algorithms.	Dedicated resources are allocated to support the de-implementation of harmful race-based clinical algorithms, and formal policies are developed to guide this work.	Dedicated staff, funding, and policies ensure program sustainability, continuous improvement, and active participation in collective efforts to advance health equity initiatives across the ecosystem.
Implementation and integration	No informal or formal work plans for modifying healthcare algorithms or integrating changes into clinical workflows.	Individual champions are developing an informal work plan to identify harmful uses of race in healthcare decision-making and documenting related implications.	A formal work plan is underway for integrating race-conscious algorithms and more nuanced shared decision-making approaches into electronic health records and clinical workflows.	The removal of harmful race modifiers and their replacement with race-conscious and shared decision-making approaches are seamless and standardized, guided by best practices aligned with successful real-world healthcare industry initiatives.
Data and measurement	Inconsistent race and ethnicity data collection with minimal or no capacity to track, monitor, or stratify clinical outcomes.	Race and ethnicity data collection is consistent, but data infrastructure may lack the capacity to stratify outcomes by race and ethnicity.	Standardized race and ethnicity data collection, with infrastructure to stratify patient outcomes by race, ethnicity, and social determinants of health.	Advanced data infrastructure incorporates comprehensive metrics, including race, ethnicity, insurance status, age, geography, zip code, language, and genomics, enabling robust processing and stratification of patient outcomes.