HITOC Issue Brief: *Community Information Exchange (CIE)*

Issue brief intention

This issue brief will cover the topic of community information exchange (CIE). This document is intended to help the reader understand a part of the Oregon Strategic Plan for Health Information Technology (IT), which is developed by the Health IT Oversight Council (HITOC). It is not an all-encompassing source of information. As work progresses in this area, this document may be updated. For questions or input, please email HITOC.info@dhsoha.state.or.us.

What this document includes:

What is CIE?

CIE is a network of healthcare and human/social service partners using a technology platform to electronically connect people to social services and supports.

The tools provided in CIEs allow for efficient and person-centered care. Some of these tools include:

- **Shared resource directory:** Users can search for available local resources, including services provided in a person's preferred language, in one centralized place.

- **Screening:** Questionnaires help users identify a person's needs.

- **Closed loop referrals:** Referring organizations can see when a person is connected to services from receiving organizations. *This is a distinguishing feature of CIE.*

- **Reporting:** Users can analyze data and produce reports.

CIE supports health equity

OHA's strategic goal is to eliminate health inequities in Oregon by 2030. This means people can reach their full health potential and well-being and are not disadvantaged by their race, ethnicity, language, disability, gender, gender identity, sexual orientation, social class, intersections among these communities or identities, or other socially determined circumstances. A critical component of achieving this goal is addressing social determinants of health, such as food and housing insecurity, because research has shown that what improves health is largely what happens outside of a medical setting.

CIEs help by eliminating many of the barriers between people and the services designed to support them. CIEs help connect these separate services, and this connection is integral to addressing health inequities and the overall well-being of individuals.

What are the benefits of CIE?

When organizations use CIE, people get…

- Efficiently connected to resources they need, like food, housing, or transportation

- Services in their preferred language and that meet their cultural needs, which improves their overall health and well-being

- To tell their story fewer times, reducing re-traumatization

- A person-centered approach to meeting their needs

Organizations benefit from CIE by…

- Simplifying how they connect people with social services and supports that meet their needs

- Improving patient care and health, increasing provider satisfaction, and leveraging data to focus on patient outcomes and reduce costs

- Improving care coordination across a variety of health and social service partners by sharing available resources, sending referrals, and "closing the loop" on referrals through a web-based tool

Decision-makers, such as communities, organizations, health care, and policy makers can…

- Use data on existing community resources to understand needs, identify gaps, and plan for future social services and supports

- Advocate for and drive policy change and investment in future social services and supports

What is the status of CIE efforts in Oregon?

CIE efforts in Oregon are developing rapidly. Efforts emerged in 2018, driven by health system transformation, to assist with care coordination across health care and social service systems. The historic events of 2020 (i.e., COVID-19, Oregon wildfires) highlighted the need for an efficient way to connect people to services in their community. It also exposed and amplified existing health inequities and the immense need to address them. These factors underscored the need for these connections and accelerated CIE interest and adoption over 2020-2022.

Major CIE Efforts in Oregon

CIEs are available statewide with major concentrated efforts largely sponsored by Medicaid coordinated care organizations (CCOs) and health plans that are then extended to community partners for use. The **two prominent CIE vendors in Oregon are Connect Oregon (powered by Unite Us) and findhelp (formerly Aunt Bertha).**

Status of major efforts as of March 2022 (Overlapping efforts exist among counties):

Connect Oregon (powered by Unite Us)

- 12 CCOs are in contract supporting communities in
  - 19 counties (actively using or live)
  - 16 counties (planning to implement in 2022)

findhelp (formerly Aunt Bertha)

- 3 CCOs are in contract supporting communities in
  - 5 counties (actively using or live)
  - Statewide tools available

State agency engagement

As of March 2022, **neither OHA nor the Oregon Department of Human Services (ODHS) have adopted CIE**. Both agencies have a vested interest in addressing individuals' overall health and well-being. The agencies are actively partnering in monitoring the CIE environment across Oregon.

What are the Challenges with CIE?

There are several challenges that HITOC should consider when developing strategies for CIE.

Rapidly evolving landscape: There is risk of confusion, duplication, inefficiencies, and reinforcement of systemic inequities given how quickly CIE has evolved.

Statewide coordination: Partners have not yet determined if statewide CIE-related strategies are needed around a shared strategic vision, common goals, governance structure, data analysis, policy, or funding.

Community voice: Health care organizations have funded CIE implementation in Oregon and led engagement of providers, community-based organizations, and other partners in their regions. Community voice will continue to be critical to the success of CIE.

Adoption and resource constraints: Community adoption and active participation by organizations serving those with social needs are key to the success of CIE but many of these organizations face resource constraints. Although joining CIE is free for many groups, including community-based organizations (CBOs), local public health agencies (LPHAs), and Tribes, they may face resource challenges and barriers to adopting.

- **Staff impact:** Some organizations face staffing challenges - they may be understaffed with little to no capacity to introduce new technology and change workflows, or to take time away from their primary work to learn new tools
- **Technology expenses:** Adopting and participating in CIE can require other investments in infrastructure to have access to reliable technology, such as smart phones or computers, and internet connection.

As these efforts are still emerging, more work is needed to understand the overall adoption and participation rates by CBOs, LPHAs, and Tribes, as well as the challenges they face.

Multiple systems in use to capture and manage data: Health care and social services capture information differently, use different types of IT, and may need to enter data into specific tools for funders. CIE can require additional efforts and documentation may be redundant with other systems already in use.

Costly integration with existing systems: Organizations may want to connect their existing IT systems, such as an electronic health record or case management platform, to a CIE for data to flow between systems. These integrations can be costly and require resources that many organizations do not have.

No integration between vendors: The two main CIE systems in Oregon are not integrated. This may be problematic, especially in communities that have more than one CIE vendor, and border communities that use different CIE vendors. Organizations in these communities may need to decide whether to join one or both CIEs. As adoption of CIE grows, referrals for a person may end up in different CIE systems, which means care coordinators cannot see all the information for one person in one place.

Need for access to aggregated CIE data: Communities and policy-makers need to understand community needs to know how best to allocate resources, make investments, and determine if policy changes should be made. Access to aggregated CIE data could help inform these decisions.

Perceived data sharing and protection concerns: There is a need to ensure concerns are addressed around how individuals' information is shared and protected: individual consent to participate, adhering to all appropriate privacy protections (such as HIPAA and 42 CFR Part 2), and data security in CIE systems.

Questions about CIE access for individuals: Individuals may prefer to directly access a web-based CIE platform and search for services themselves.

Note: This issue brief focuses on the adoption and use of CIE in Oregon and provides an incomplete list of potential challenges. For questions or input on challenges related to CIE, please email HITOC.info@dhsoha.state.or.us.

What strategies might HITOC consider in the Strategic Plan update?

Ultimately, CIE strategies must incorporate the voices of community especially those organizations that are on the forefront of social services to communities who face health inequities. OHA will ensure community voice is represented in the HITOC strategies and their input is centered in the CIE priorities.

OHA to convene CIE Workgroup

HITOC chartered a [CIE Workgroup](#) to provide recommendations to HITOC and OHA on strategies to accelerate, support, and improve statewide CIE. The CIE Workgroup will meet monthly throughout 2022, beginning in March, and will provide periodic updates to HITOC. Recommendations will inform HITOC's Health IT Strategic Plan for Oregon and OHA efforts.

The CIE Workgroup Membership includes 15 members and two HITOC liaisons representing all regions of Oregon and its diverse landscape of community, health care, and social service partners, with varied lived and cross-cultural experiences. Member selection prioritized: representation across the types of organizations impacted by CIE; expertise in health equity, technology, social services, and health care sectors; geographic diversity of membership; and a priority on members with lived experience relevant to addressing social determinants of health and health equity and those with cross-cultural experience with communities impacted by health inequities.

The CIE Workgroup will:

- Identify a shared strategic vision and common goals, leading with health equity
- Identify if legislative or policy changes are needed to support these goals, and in turn how learnings from CIE can support policy changes
- Center community voices in all aspects related to CIE, including priorities and governance
- Identify how to overcome barriers to participation in CIE, particularly for CBOs serving culturally and linguistically specific populations
- Determine if statewide governance is needed and explore statewide strategies
- Apply data equity principles to CIE related to access, analysis, and interpretation of aggregated data
- Determine in what ways state agencies may play a role in CIE, including funding

The CIE Workgroup will wrestle with these areas and provide a written report of recommendations to HITOC. If the Workgroup has legislative recommendations, those will be presented for HITOC's consideration prior to September 2022.

Interviews

OHA will sponsor **interviews** to inform the CIE Workgroup's discussions and recommendations. Participants will include individuals, CBOs (including those who serve specific culturally and linguistically specific populations), and other interested parties. Questions will focus on CIE challenges and barriers, strategies that would help in adoption and participation in CIE, and feedback on potential legislative concepts.

House Bill 4150

House Bill (HB) 4150 (2022) directs HITOC to convene group(s) with specific representation to explore options to accelerate, support and improve secure, statewide CIEs that would allow the seamless coordination of health care and social services across all delivery systems, prioritizing health equity, confidentiality, and the security of information.

The bill requires HITOC to submit a draft report by 9/15/2022 and a final report by 1/31/2023 on findings described in the bill and recommendations for legislative changes, if any. The CIE Workgroup that HITOC chartered aligns with the requirements of HB 4150.

Potential Legislative Concept Areas

The CIE Workgroup, with input from interviews, will explore legislative concepts to develop recommendations for HITOC to consider. HITOC will make final legislative recommendations to accelerate, support, and improve statewide CIE in a report to the legislature. Discussions are likely to center around four areas, but may change:

Support for CBOs to participate in CIE. This may include grants, technical assistance, education, and coordination.

The potential for **OHA and ODHS to participate** in CIE. This may include governance, program participation, and privacy and security reviews.

Support for additional **OHA and ODHS partners and contractors to participate** in CIE. This may include grants, technical assistance, and policy levers.

A **Statewide CIE Data Program** to provide aggregated data, analysis, and information on requests, provision, and availability of resources throughout the state.

Next steps for HITOC

The input from the CIE interviews and CIE Workgroup recommendations will inform HITOC's statewide CIE strategies for the Oregon Health IT Strategic Plan. HITOC will be apprised of the CIE Workgroup's progress throughout 2022.

As HITOC develops strategies for CIE, they should ensure there is alignment with and support of:

- OHA's strategic goal to eliminate health inequities in Oregon by 2030 and to create a more equitable, culturally and linguistically responsive health care system

- Oregon's 2022-2027 1115 Medicaid Demonstration waiver

- The Healthier Together Oregon Plan – Oregon's State Health Improvement Plan

- Policy levers such as CCO Health-Related Services (guides on health IT and SDOH and health equity) and the efforts related to HB 3353 when implemented

What are OHA's CIE-related Activities?

OHA has been exploring CIE as a concept and monitoring efforts since 2018. OHA efforts to date include:

OHA coordination and resources include:

- Staff support for HITOC's 2022 CIE Workgroup

- An informational OHA CIE website

- Coordination and education on the availability of CIE to support Oregon COVID-19 CBO Grantees, CBOs, local public health authorities (LPHAs), and Tribes OHA CIE Flyer (Español)

- Public CIE webinar (April 2021, Slides and Recording) explored what CIE is and how it may be valuable. Community representatives from AllCare CCO, Project Access Now, Cascade Health Alliance, and Sky Lakes Medical Center shared their experiences using CIE, including successes and challenges.

- Legislative coordination for CIE related bills

- Coordination across OHA related to CIE to support health system transformation objectives and ensure alignment across the agency

- Coordination with ODHS started in 2019 and continues to include discussions of strategies, communications, and monitoring CIE efforts

CIE initial planning work – funded by OHA, carried out under HIT Commons that included:

- An environmental scan of CIE efforts in Oregon completed in fall 2019 and included 20 meetings/interviews.

- Mapping of CIE activities in Oregon (last updated November 2020).

- A 2020 Oregon CIE Advisory Group that engaged representatives from social services and health care organizations to discuss components of an effective CIE, assess opportunities for alignment, and resulted in a CIE in Oregon report (December 2020).

What are CIE strategies and efforts beyond Oregon?

Across the country, communities are trying to address people's social needs and connect siloed systems of care. The CIE Workgroup chartered by HITOC could analyze several efforts and provide HITOC with a summary of various approaches and their effects. Some of these efforts include:

> **Important considerations**
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> Early learnings show that CIE succeeds when communities are part of governance and decision-making and are involved early in the product selection and implementation processes.
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> Additionally, CIE efforts are large and involve multiple sectors trying to address different, long-standing challenges. Therefore, one of the learnings is to start small, focus on specific populations and needs, learn from examples, and expand as you go.

211/CIE San Diego is working to improve the service delivery system, achieve their vision for a healthier region, address systemic needs through shared data, and advance equity across San Diego County. Lessons learned from their efforts include having well defined use cases, adaptable technology, and buy-in from multiple stakeholders.

- Governance structure changed to be responsive to needs and ensure community voice is represented.
- The initial use cases were to address frequent users of ambulances with the first being focused on people experiencing homelessness, followed by seniors.

NCCARE360 in North Carolina is the first statewide CIE network. It is a result of a public-private partnership between the North Carolina Department of Health and Human Services and the Foundation for Health Leadership and Innovation.

Connect2 Community Network is building a unified CIE to enable care coordination between health, behavioral health, tribal, community, and social service organizations in King County, WA. It is being collaboratively developed by health and social service organizations and is community-owned and governed by a multi-sector Advisory Group.

Additional resources and background

- 211 San Diego's CIE hosts an annual CIE Summit, and produced a Toolkit and equitable data resources
- To learn more about components of CIE see SIREN's Community Resource Referral Platforms: A Guide for Health Care Organizations
- Office of the National Coordinator for Health IT
- Gravity Project published a SDOH Clinical Care Implementation Guide
- SDOH Data Sharing at the Community Level

Questions or Comments?

- For questions or input on the Oregon Health IT Strategic Plan or HITOC public comment, please email HITOC.info@dhsoha.state.or.us.
- For CIE Workgroup questions please email Hope.Peskin-Shepherd@dhsoha.state.or.us for public comment email HITOC.info@dhsoha.state.or.us.