

Recommendations: OHA and ODHS Roles in CIE



Introduction and Purpose

The [Community Information Exchange \(CIE\) Workgroup](#) has been tasked by the [Health Information Technology Oversight Council](#) (HITOC) under [House Bill 4150](#) (2022) with providing recommendations on strategies to accelerate, support, and improve statewide CIE in Oregon.

The CIE Workgroup met in May 2022 to discuss potential roles for the Oregon Health Authority (OHA) and the Oregon Department of Human Services (ODHS) that would accelerate, support, and improve statewide CIE. This concept paper is a result of that discussion and will be given to HITOC in August to inform their draft report to the legislature in September and final report in January 2023 as required under HB 4150.

Recommendations represent the comments from Workgroup members on OHA/ODHS role(s) and do not necessarily represent the perspectives of OHA/ODHS.

OHA and ODHS Missions and Responsibilities

OHA's and ODHS' responsibilities to people in Oregon include equitable support for holistic health and well-being through funding and programs for social services and health care. The pursuit of equity in support and provision of services is an integral part of the work of these state agencies.

The mission of OHA is ensuring all people and communities can achieve optimum physical, mental, and social well-being through partnerships, prevention, and access to quality, affordable health care. OHA established a 10-year strategic goal to eliminate health inequities in Oregon by 2030.

The mission of ODHS is to help Oregonians in their own communities achieve well-being and independence through opportunities that protect, empower, respect choice and preserve dignity.

Tribal consultation: If OHA or ODHS move forward with CIE activities that impact the nine Federally Recognized Tribes of Oregon or the Urban Indian Health Program, they will follow applicable agency Tribal consultation policies.

OHA Health Equity Definition:

Oregon will have established a health system that creates health equity when all people can reach their full health potential and well-being and are not disadvantaged by their race, ethnicity, language, disability, age, gender, gender identity, sexual orientation, social class, intersections among these communities or identities, or other socially determined circumstances.

Achieving health equity requires the ongoing collaboration of all regions and sectors of the state, including tribal governments to address:

- The equitable distribution or redistribution of resources and power; and
- Recognizing, reconciling and rectifying historical and contemporary injustices.

ODHS Vision for Equity:

Every individual in Oregon has dignity, respect, and full measure of human rights. On October 19, 2020, ODHS adopted The Equity North Star to operationalize this vision.

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Note: While the Workgroup’s scope includes OHA and ODHS agencies, the Workgroup recognizes the significant benefit of future engagement by additional state agencies, particularly Oregon Housing and Community Services, the Oregon Department of Education, the Department of Emergency Management, and the Higher Education Coordination Commission. Recent events, including the COVID-19 pandemic, wildfires, and extreme heat events, have exemplified the need for cross-agency use of technology to share information across many partners to ensure no one falls through the cracks.

Problem

OHA and ODHS play critical roles in the provision of social supports, services, and health care. Both agencies play key roles in service delivery, providing critical resources and social services, and referring people to resources in their community. These agencies also work at an organizational and policy level to coordinate and provide guidance to partner organizations and contractors who provide these supports, including health care and social services.

OHA and ODHS are major providers of social services and health care and the ultimate goal of both agencies is for people to achieve their optimum health and wellbeing. Lack of participation by OHA and ODHS in CIE efforts would leave large gaps in the network and risk creating a network that does not reflect the full spectrum of available social services and supports in Oregon.

Summary of Recommendations

When widely adopted across the state, CIE helps eliminate many of the barriers between people and the services designed to support them. OHA and ODHS could play multiple roles to accelerate, support, and improve statewide CIE efforts to support whole person health and well-being outcomes for persons and communities in Oregon.

The CIE Workgroup recommends that legislation support OHA and ODHS roles in statewide CIE efforts. This should include OHA and ODHS program use of CIE, supporting neutral statewide governance, leveraging policy and contractual levers, supporting community-based organizations’ (CBOs) and additional partners’ participation in CIE, and supporting and participating in coordination. Within these areas, the Workgroup’s priorities for the roles of OHA and ODHS are:

1. **OHA and ODHS use of CIE:** The priority recommendation in this area is that OHA and ODHS actively participate in CIE and their programs use CIE where appropriate. Assessment and planning are important first steps that require appropriate time and resources.
2. **Ensure neutral statewide governance:** The Workgroup recommends vendor-neutral governance across statewide CIE efforts that is inclusive of those impacted by and

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participating in CIE efforts. Workgroup members are about equally divided between recommending that OHA and ODHS lead governance efforts or that their appropriate roles are to participate in and support governance, and potentially identify a neutral third-party convener.

3. **Leveraging policy and contractual levers**: Recommended roles in this area are that OHA and ODHS incentivize use of CIE as part of contracts or grants, strengthen policies around care coordination and social determinants of health (SDOH) to encourage use of CIE, and utilize data to further inform policy decisions. It is important to note that with CBOs, the Workgroup explicitly recommends against requiring use of CIE as a condition for receiving contracts or grants, but does recommend incentives or other ways to encourage CIE use.
4. **Support of CBOs and additional partners**: Priority recommendations to support CBOs and additional partners focus on leveraging funding opportunities, providing sustainable funding, and supporting technical assistance, interoperability, and advocacy for connections with existing systems.
5. **Participation and support in coordination**: Priority roles in convening and coordination include assuring a focus on health equity, facilitating communication, helping CBOs participate in convenings, and participating in learning and collaboration opportunities.

Overarching Principles

Implementation of these recommendations should take several overarching principles into account.

- There is a power differential between OHA and ODHS and their non-state partners. The agencies should leverage this influence in a measured way that does not dominate non-OHA and -ODHS entities but works to bring different partners together.
- Sustainability of CIE is needed; this requires both funding and support of efforts and resources at all levels.
- It is critical that access to use of CIE within Oregon is equitable. OHA and ODHS are stewards of the public good and should work for all in Oregon, not only those who currently have access and sufficient resources to engage. CIE can bring many benefits to bear, but to achieve the vision of referrals and accessible information sharing across multiple systems to benefit people, OHA and ODHS should play an integral role in ensuring equity in design and implementation.
- If/when appropriate, OHA and ODHS can act as neutral parties, bringing together a variety of different partners with varying perspectives and priorities.

These principles should be considered during review of the below recommendations on OHA and ODHS roles in CIE.



Recommendations

1. OHA and ODHS use of CIE

Principle: In using CIE, OHA and ODHS should be held to the same network expectations, and use CIE in the same way, as other participating partners.

OHA and ODHS role: The Workgroup recommends that OHA and ODHS programs use CIE. Active participation by OHA and ODHS in CIE was highlighted as a critical factor for the success of statewide CIE.

Assessment and planning are important first steps.

- The Workgroup recognizes OHA and ODHS are large, complex state agencies with multiple programs that have a wide variety of partners, workflows, and technology systems. This would require engaging partners and significant assessment and planning to determine where and how CIE use is appropriate. The Workgroup recommends that sufficient time and resources be allocated to these efforts.

Active participation should include adoption of CIE by OHA and ODHS programs where appropriate. This should include:

- OHA and ODHS programs send and receive referrals through CIE where appropriate.
- Ensuring OHA and ODHS case managers and staff are trained and able to use CIE to send and/or receive referrals with CBOs and other partners, to better coordinate care and service provision.
- Development and dissemination of best practices around closed-loop referrals within OHA and ODHS programs and between these programs and external organizations.
- Deliberate communication between OHA and ODHS and CBOs to build relationships that support closed loop referrals.
- Engagement with communities and persons receiving services about what OHA and ODHS program participation means for them.

Potential benefits: There are multiple potential benefits to OHA and ODHS use of CIE. Bringing OHA and ODHS into CIE efforts could streamline processes, increase connectivity, and reduce the steps required to connect people with OHA and ODHS services, thereby improving navigation to the appropriate services. Moreover, the accessibility of appropriate information and increased connectivity between external organizations and OHA and ODHS can also enhance the speed of referrals and meeting needs. Overall, collaboration and multi-directional referrals between CBOs and other community resources, state services, and healthcare, help ensure patient and family health and social needs are met.

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OHA and ODHS participation in CIE can also create shared and increased knowledge of what services are available in the landscape. With resources from OHA and ODHS as well as non-state resources included in the system the referral base would be increased for those in need. CIE can also facilitate the ability of providers and CBOs to refer individuals to OHA and ODHS programs that participate as well as track a referral's progress to ensure it has been fulfilled. Likewise, OHA and ODHS can refer to CBOs and other partners and track those referrals as well. By reducing the burden of manual referrals, minimizing delays for contacting and following up, and streamlining data collection and storage, CIE can also help OHA and ODHS staff focus more of their time on service delivery.

OHA and ODHS participation in CIE also widens program and client participation and moves the whole health and social care system closer to closed-looped referrals and monitoring if needs are met.

Overall, with OHA and ODHS participation in CIE, the health and social services system can become more holistic, treating the individual as a whole person, and better supporting a no-wrong-door approach, where someone can be connected to the help they need no matter where they first engage. Finally, as stewards of public good, OHA and ODHS participation and involvement provides greater support for equitable access and supports reducing health disparities within systems of care.

Potential risks: There are some potential drawbacks or risks as OHA and ODHS participation is considered.

- OHA and ODHS and their staff, similar to some CBOs and additional partners, may face barriers to learning new systems. For example, they may have recently switched to a new system, their caseload is high, etc.
- Any new technology or workflow requires extra time and energy to implement and learn; expecting this effort to be done without additional support would reduce the likelihood of success and reduce any of the benefits in the above section.
- Use of a new technology could result in duplication of work or additional workload for OHA and ODHS staff and partners which may increase response times for provision of services.
- Use of CIE by OHA and ODHS programs would also have a direct impact on partner organizations; partners would need to be included in an assessment process to determine when and where CIE use is appropriate.
- While sustainability of funding, participation, and support is critical, it can be challenging to maintain in a dynamic environment with multiple priorities.
- OHA and ODHS involvement could potentially increase bureaucracy and process burden, and a CIE procurement process could be lengthy.
- OHA and ODHS CIE participation could duplicate other efforts to streamline application processes to OHA and ODHS programs.

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- Without due diligence and sufficient funding to ensure barriers are mitigated, there may be unintended negative outcomes for clients
- Using a technology system could distract from the client focus during service provision by OHA and ODHS staff.
- Clients may not wish to sign a release of information to have OHA and ODHS enter information into a CIE, and/or clients may not wish to have their information entered into CIE if OHA or ODHS may have access to the data.
- Safeguards would be needed to protect sensitive information held by ODHS and OHA to only share what a person has authorized.
- Careful consideration regarding state and federal requirements for programs should occur prior to recommending inclusion in CIE, as it may not be appropriate for all OHA and ODHS programs or partners.

These are factors to consider for risk mitigation, but not factors that should halt the recommendations from moving forward.

2. OHA and ODHS to ensure neutral statewide governance

Principle: For successful governance, it is critical to establish trusted partnerships where all sectors are represented and there is equal distribution of power.¹ CIE necessitates CBOs be equal partners in statewide and local decisions, and that community drives governance needs.

OHA and ODHS role: Overall, there was consensus that governance is needed across statewide CIE efforts, and the Workgroup recommends vendor-neutral governance that is inclusive of those impacted by and participating in CIE efforts. In this context, governance is the process of bringing groups together for decision-making, direction setting, evaluating progress, and/or norm setting.

The Workgroup did not come to consensus between recommending that OHA and ODHS lead governance efforts or that their appropriate roles are to participate in and support governance led by a neutral third party. Suggestions included that a representative group or alternatively OHA and ODHS identify a neutral third-party convener. Various suggestions on ways OHA and ODHS could support and participate are:

- Provide a collaborative space facilitated by neutral entities. This would provide for the viewpoints of all to be brought to the table and avoid a focus on vendor or existing system concerns.
- Engage in a public/private partnership or contract out for support of governance efforts. This could include staff and policy support for governance efforts, or potentially the

¹ From Office of National Coordinator for Health IT (ONC) [SDOH Learning Forum: https://www.healthit.gov/news/events/oncs-social-determinants-health-information-exchange-learning-forum](https://www.healthit.gov/news/events/oncs-social-determinants-health-information-exchange-learning-forum)

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creation of an oversight council. (Note: There was some but not significant support for an OHA and ODHS-led oversight council.)

- OHA and ODHS could support the process for developing a long-term governance structure which is inclusive of all interested parties.
- OHA and ODHS could also support the outreach and promotion of the governance group to ensure information is equitably distributed statewide to gain the widest representation possible.
- OHA and ODHS participation in governance is critical for success, but it is important that OHA and ODHS not overwhelm the governance.
- OHA and ODHS could support the leadership and collaboration between CBOs and other partners while providing necessary resource supports for these statewide governance activities.

Potential benefits: There are a myriad of potential benefits with OHA and ODHS participation in and support of statewide governance.

- OHA and ODHS support can provide a space where those participating and impacted can come together and shape CIE efforts. This will help avoid an overemphasis on vendor opinions and voices.
- OHA and ODHS can support the development, implementation, and maintenance of statewide data standards.
- OHA and ODHS's duties to uphold public good and equitable access to services helps to ensure that services and resources are accessible to all, including all languages, cultures, regions and other needs within Oregon.
- OHA and ODHS participation can also help to set norms, guidance, and direction at the statewide level instead of solely at the regional level, facilitating coordination across Oregon. The involvement of OHA and ODHS would help to keep health equity centered within CIE efforts.

Potential risks: There are some potential risks to OHA and ODHS participation in statewide governance.

- There may be a reluctance to comply with standards or guidance from OHA and ODHS as they may not be seen as close enough to the “market” to be relevant for decision-making.
- The agencies may also be seen as too removed from communities, leading to a concern that rule making and norm setting influenced by OHA and ODHS is not culturally relevant or responsive and dynamic enough to meet community needs.
- Partners may not feel empowered if they are seen as having to answer to OHA and ODHS within CIE governance structures. It is important that OHA and ODHS empower CBOs and partners to participate in governance. OHA and ODHS could also be seen as



working within the confines of bureaucracy, slowing down processes and stifling creativity. Bureaucracy and too many requirements may make decision-making slow and ineffective. Professional, thoughtful, skilled facilitation could help ameliorate this risk.

3. OHA and ODHS to leverage policy and contractual levers to support CIE adoption and use

Principles:

- OHA and ODHS policies should be derived from CBO and community-identified needs and feedback.
- One approach will not fit all entities or clients. It is important to bear this in mind when considering incentives and/or requirements.

OHA and ODHS role: The CIE Workgroup recommends that OHA and ODHS leverage policy and contractual levers to incentivize use of CIE as part of contracts or grants, strengthen policies around care coordination and social determinants of health (SDOH) to encourage use of CIE, and utilize data to further inform policy decisions.

OHA and ODHS have several levers available to support CIE adoption and use that should be utilized, including:

- The Workgroup recommends that OHA and ODHS incentivize and encourage CIE as part of existing or new contracts and grants with CBOs and partners.
 - The Workgroup feels that in some cases requiring use of CIE with non-CBO partners may be appropriate within contracts or grants.
 - With CBO partners, the Workgroup explicitly recommends against requiring use of CIE as a condition for receiving contracts or grants, but does recommend incentives or other ways to encourage CIE use.
- Examples of where CIE may be included in contracts or grants are:
 - Contracts or grants could incentivize initiatives that involve connecting people with social services to utilize CIE infrastructure (e.g., COVID-19 CBO grantees, home visiting programs, rent assistance, utility bill paying assistance).
 - Value-based payment arrangements could include incentives to encourage CIE use.
- Policies around whole person care, care coordination, and SDOH may indirectly encourage CIE use. Policies could be developed or strengthened around use of CIE for SDOH screening, navigation, and care coordination.

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- For example, if the 2022-2027 Medicaid 1115 Waiver application² is approved, OHA could leverage CCO contracts to support CIE utilization.
- The CCO Incentive Measures (e.g., social needs screening and referral measure³, as well as the system-level social-emotional health metric⁴) indirectly support CIE use currently and could be strengthened.
- OHA and ODHS should also use data from CIE, such as around service utilization or gaps in available services, to further inform policy decisions and needed programs. This point will be explored further in [Recommendations: Statewide CIE Data Program](#).

Potential benefits: State policies can serve as a guide toward whole person care becoming the norm, centering equity, and addressing the components of the SDOH. Policies could streamline statewide CIE utilization and encourage partnerships between all types of care including behavioral and oral health as well as survivor of domestic violence programs.

OHA and ODHS have levers available through legislation, contracts, grants, and other program requirements to scale up CIE adoption and use statewide. It would be beneficial to support adoption through both incentives and requirements to support efforts. OHA and ODHS policy and contractual levers can influence an increase in CIE adoption for healthcare providers and state-funded CBO partners.

Leveraging CIE data by OHA and ODHS for further policy development and decision-making can be a critical component of the evolution of CIE statewide.

Potential risks: There are some potential drawbacks and risks to consider for the recommendation around policy and contractual levers.

- Contractual requirements that incentivize or require CIE could increase the reporting burden. This could impact both new organizations and those already effectively using CIE. It will be important to ensure reporting can happen through CIE for the full benefit and to avoid this burden.
- One set of policies or requirements will not fit every organization or situation. Collaboration and cooperation will be necessary to ensure that new requirements support equity and do not exacerbate or continue inequities. Also, if contracts or incentives are tied to CIE use, regions with lower CIE adoption may have less access to that funding.
- The Workgroup would like to caution the legislature against any “unfunded requirements” in considering these recommendations around policy and contractual levers. It is important to ensure adequate funding and resources to carry out any

² [OHA 2022-2027 Medicaid 1115 Demonstration Application](#)

³ [OHA Social Determinants of Health: Social Needs Screening and Referral Measure](#)

⁴ [OHA social-emotional health metric webpage](#)



requirements are provided, and that there is coordination with recipient organizations to ensure that requirements are reasonable.

4. OHA and ODHS support for CBOs and additional partners

OHA and ODHS role: CIE Workgroup members agreed that OHA and ODHS playing direct roles in support of CBOs and additional partners is necessary to accelerate, support, and improve statewide CIE. Recommendations focus on leveraging funding opportunities, providing sustainable funding, as well as supporting technical assistance (TA), interoperability, and advocacy for connections with existing systems to the extent possible. Specifically, recommended roles for OHA and ODHS in this area are:

- Leverage funding opportunities that would not otherwise be available: OHA is in a position to leverage funding opportunities, particularly federal funding (i.e., Medicaid funding) for certain activities, that would otherwise not be available for CBOs and other non-state organizations.
- Provide sustainable funding for participation and support TA around CIE: This is key for human and social service organizations, CBOs, and healthcare partners to adopt and utilize CIE for core functions. Additionally, strategic funds around boosting participation and engagement could promote participation in CIE for those who may not need ongoing support.
- OHA and ODHS can also support technical integration/interoperability between CIE and existing systems that CBOs and other organizations use. This would include efforts by OHA/ODHS to encourage other systems (e.g., housing systems like HMIS) to coordinate and align efforts around CIE adoption and implementation.
- OHA and ODHS can help CBOs and partners identify where gaps may exist in resource availability. Funding can also focus on areas that will improve overall stability for communities receiving support.
- Support for CBOs and additional partners is explored further in [Recommendations: Support for CBOs to Participate in CIE](#) and [Recommendations: Support for Additional Partners to Participate in CIE](#).

Potential benefits: OHA and ODHS support of CBOs and additional partners in CIE efforts provides beneficial leadership, a sense of legitimacy, and increases confidence in CIE efforts. This involvement exemplifies public sector interest and priority. It is also beneficial because OHA and ODHS have policy levers and funding priorities that other entities do not have and these capabilities can encourage the growth of CIE throughout Oregon.

Another benefit is that through CIE, OHA and ODHS can simplify processes for CBOs and additional partners both to report data and to refer to state services. OHA and ODHS can also encourage adoption, promote consistent processes, and support integration of systems across

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multiple organizations within the state. This can ultimately lead to a greater proportion of people in Oregon receiving support around their social service needs.

Potential risks: There are a few potential risks to consider while determining next steps for OHA and ODHS support of CBOs and additional partners.

- Financial sustainability can be a challenge and if funding ended abruptly that could affect the reputation and credibility of CIE, OHA, and ODHS.
- Organizations may not consider the funding worth the burden if there are onerous reporting requirements.
- Multiple technology systems could increase the burden on organizations and could duplicate data entry. Many Workgroup members think interoperable systems could prevent this and some feel one statewide CIE system could mitigate this risk.
- OHA and ODHS involvement could potentially incur resistance from communities or CBOs if the approach is considered top down or lacking community involvement, particularly if programming or funding does not prioritize Tribal programs and/or programs that serve communities that have been left out of previous programs or efforts.

This paper focuses on OHA and ODHS roles in supporting CBOs and additional partners. For additional considerations regarding CBO and additional partner participation in CIE, see [Recommendations: Support for CBOs to Participate in CIE](#) and [Recommendations: Support for Additional Partners to Participate in CIE](#).

5. OHA and ODHS participation and support in coordination

OHA and ODHS role: The Workgroup recommends that OHA and ODHS support and participate in coordination around statewide CIE efforts. This would include bringing people together for best practice and knowledge sharing, education, and/or coordination of efforts.

Workgroup members recommend that OHA and ODHS fill some important gaps in current convening and coordination, keep health equity a priority, help CBOs, align efforts, and potentially be a neutral entity to lift voices involved in and impacted by CIE efforts. Learning collaboratives would build sustainable knowledge and support throughout the state. OHA and ODHS could support and participate in convening and coordination in the following ways:

- Health equity is an important focus for OHA and ODHS participation and support in convening and coordination.
 - OHA and ODHS can support culturally specific partners to access assistance and ensure their needs are considered in CIE efforts.
 - OHA and ODHS can provide financial support to CBOs for participation in convening and coordination. Smaller organizations often do not have sufficient

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resources to allow staff to participate in convening and coordination as doing so reduces staff available for providing services.

- Funding continues to be of critical importance for OHA and ODHS roles. OHA and ODHS could be contributors of funding for convening and coordination efforts.
- OHA and ODHS can also facilitate communication, learning, and sharing to ensure CIE partners are up to date on resources, and services provided are timely and culturally relevant.
- OHA and ODHS could also help build awareness by sharing information around metrics and outcomes to improve service provision overall.
- OHA and ODHS can also participate in learning and coordination opportunities, such as:
 - Internal OHA and ODHS staff learning collaboratives or participation in staff learning collaboratives with CBOs and partner organizations
 - Information sharing and bringing learnings from other states
 - Leading and supporting collaboratives or communities of practices that support best practice sharing
 - Using contacts and resources to source input on topics and find suitable speakers to address the needs of collaboratives
- OHA and ODHS can be a neutral entity bringing people together to shape and align efforts.
- In addition, OHA and ODHS can further extend the use of CIE by coordinating between OHA and ODHS agencies and local public health to encourage adoption of CIE platforms to connect people with services (e.g., WIC).

Potential benefits: The benefits of OHA and ODHS participation and support in coordination and convening of groups around CIE include:

- Ensuring the voices of all are heard, not just large systems and established vendors and organizations within the CIE space
- The ability to provide funding for smaller and less well-resourced groups to participate
- Expression of a global perspective to resolve issues and address common concerns statewide
- Providing infrastructure to promote statewide CIE success.

OHA and ODHS participation in convening and coordination can also bring necessary leadership and funding; increase the visibility and legitimacy of CIE efforts for those that are not as familiar with the technology; and support the creation or increase in capacity for learning and coordination through learning collaboratives and other opportunities for all organizations.

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Ultimately, OHA and ODHS may have greater ability to convene and coordinate across efforts to increase capacity, programming, and statewide adoption than if CBOs and local partnerships had to complete this on their own.

Potential risks: OHA and ODHS participation in convening and coordination may have some drawbacks and risks. Some organizations and participants may feel that OHA and ODHS involvement means a top-down rather than a collaborative approach to CIE. As efforts are already underway, there may be a preference for OHA and ODHS to join existing coordination efforts or some may not see a role for OHA and ODHS in convening and coordination. To mitigate this, OHA and ODHS should join existing conversations and support or create space for conversations that are not being convened. It will also be important to find a balance between statewide efforts that would benefit from standardization and the unique local efforts that already exist.

OHA and ODHS may not be well-suited to convene partners at very local levels as they may miss key local partners and should instead focus on convening and coordinating with counties and across the state. If OHA and ODHS do not engage in the appropriate ways, (e.g., by maintaining sensitivity to local needs) their needs could engulf CBO needs. OHA and ODHS involvement may also encourage local partners to increase reliance on OHA and ODHS to communicate and/or deliver care as part of the coordinated approach, leading to a less adaptable and responsive network.

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