

**Health Information Technology Oversight Council**  
**Community Information Exchange Workgroup**  
Chartered 10/7/21

**Overview**

**Objective:** The Community Information Exchange (CIE) Workgroup (WG) is chartered to provide recommendations to the [Health Information Technology Oversight Council \(HITOC\)](#) and the [Oregon Health Authority \(OHA\)](#) on strategies to accelerate, support, and improve CIE across the state. Recommendations should reflect perspectives from all interested parties and partners, with an emphasis on community and those organizations on the forefront of providing services to communities who face health inequities. The CIE WG recommendations will inform HITOC's Health Information Technology (IT) Strategic Plan for Oregon and OHA efforts.

**Problem statement:** OHA seeks to [eliminate health inequities by 2030](#) and to create a more equitable, culturally, and linguistically responsive health care system, including through the [Oregon 2022-2027 1115 Medicaid Demonstration waiver](#). A critical component of achieving this goal is addressing social determinants of health, such as food and housing insecurity, since research has shown that what improves health is largely what happens outside of a medical setting.

Siloed systems of care and difficulty accessing information and resources are barriers that contribute to poor health outcomes and exacerbate health inequities. Today, CIE efforts are developing across Oregon to address these issues. Given the rapid development there is considerable risk of confusion, duplication, inefficiencies, and reinforcement of systemic inequities. HITOC has not yet set strategic direction related to CIE and opportunities may arise quickly for statewide coordination.

**Purpose:** The CIE WG will bring together community-based organizations (CBOs), health care, and governmental entities whose aligned work is essential to address these issues and achieve the goal of eliminating health inequities. Coordinated care, supported by electronic exchange of information, is vital to improving the overall health and well-being of individuals.

CIE allows for common language, a shared resource database, closed-loop referrals, and an integrated technology platform to deliver community care planning. CIE also maximizes a person-centered approach to support and minimizes potential trauma by ensuring sensitive information is collected only as needed and is stored safely. This occurs through: 1) streamlined access to health enhancing non-clinical services (e.g., social services and supports), which is a core underpinning of value-based payment models; 2) helping to coordinate care across a variety of clinical and non-clinical partners; and 3) using data on existing community resources, needs, and gaps to drive policy change.

Community adoption and active participation by organizations serving those with social needs are key to the success of CIE. However, participating in CIE takes significant resources for these groups, many of which already face resource constraints. CIE strategies must incorporate the voices of community especially those organizations that are on the forefront of providing services to communities who face health inequities.

There is an opportunity to build off existing CIE efforts across the state and explore the following goals through the CIE WG:

- Identify a shared strategic vision and common goals, leading with health equity
- Identify if legislative or policy changes are needed to support the CIE 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

**Authority:** The CIE WG is established by HITOC, which reports to the Oregon Health Policy Board (OHPB), to provide recommendations to HITOC and OHA. This charter defines the objectives, responsibilities, and scope of activities of the CIE WG. The workgroup may identify additional areas of inquiry or otherwise can modestly expand the scope as additional input is received. The CIE WG will provide a written report to HITOC with recommendations, that may include legislative implications.

The CIE WG is advisory and not a decision-making body. Recommendations will be consensus-based where possible. Identifying areas where consensus is not reached is also informative to HITOC and OHA. This group is not tasked with the details of CIE implementation, creating technical solutions, or identifying funding streams.

**Additional Partner Engagement:** OHA will engage external partners outside of the CIE WG membership to inform the process and provide input to the CIE WG’s discussions and recommendations. OHA will convene CIE focus groups/interviews with individuals, CBOs (especially those who serve specific culturally and linguistically specific populations), and other interested parties to hear the challenges and barriers they face, and the solutions and incentives that would help in their adoption and participation in CIE. The resulting information will be shared with the CIE WG to inform the recommendations.

For further information please see the Background section and [OHA’s CIE Issue Brief](#).

**Panel**

**Sponsor:**

- Susan Otter, Director of Health IT, OHA

**HITOC Liaison(s):**

- TBD

**Key Staff:**

- Lisa Parker, Director of Health IT Policy, OHA
- Hope Peskin-Shepherd, Policy Analyst, Office of Health IT, OHA
- Karen Hale, Lead Policy Analyst, Office of Health IT, OHA

**Other Staff:**

- Keith Falkenberg, Strategic Initiatives Director, Oregon Department of Human Services (ODHS)

**Members:**

- TBD

**Scope**

The CIE WG will provide recommendations to HITOC and OHA on strategies to accelerate, support, and improve CIE. The CIE WG will discuss the following questions and provide recommendations that complement existing CIE efforts in Oregon.

1) **Current state of CIE and context**

- a) What is the current state of CIE in Oregon and how is CIE used today?
- b) How is CIE currently governed? How is community voice regarding CIE needs, goals, and future opportunities elevated in governance?
- c) What privacy and security protections are in place for CIE?

- d) How is CIE meeting the needs of communities in Oregon? What lessons can we learn from the COVID-19 pandemic about the use or need for CIE?
- e) What are the strengths and challenges of CIE in Oregon for each type of entity that CIE is meant to support (e.g., individuals, CBOs, providers, coordinated care organizations (CCOs)/payers, governmental agencies such as public health)?
- f) What are other states or communities outside Oregon doing around CIE?

**2) Future state**

- a) What do we see as the shared strategic vision and common goals for CIE in Oregon?
- b) How can CIE support health equity, including for culturally and linguistically specific populations and organizations?
- c) How can CIE support emergency preparedness in the future?
- d) How can data from CIEs best be utilized to inform policy and funding decisions?

**3) Gaps and strategies**

- a) What are the main gaps between the current and future state vision?
- b) What statewide strategies would best accelerate, support, and improve CIE to effectively address health inequities and social needs? In particular (but not limited to):
  - i) What support is needed to accelerate adoption, support participation, and address unintended consequences?
  - ii) What critical resources do organizations need for participation in CIE?
  - iii) In particular, what types of support are needed for those organizations that serve populations most likely to face health inequities (e.g., technical assistance, funding or incentives, broadband/internet, equipment, staff)?
  - iv) Is statewide coordination needed between multiple CIE efforts?
  - v) What governance is needed to oversee statewide CIE efforts and which types of efforts?
  - vi) How can the state participate to accelerate, support, and improve CIE (e.g., funding, providing data, governance, direct participation in CIE by state programs)?
  - vii) If ODHS and OHA were to participate in CIE, are there specific ways that would be most beneficial? How can CIE efforts support or align with state data collection processes (e.g., REALD)?
- c) What statewide strategies would leverage CIE data for broader policy and funding purposes, and how should data equity principles be applied?
- d) What, if any, legislative or policy changes are needed to accelerate, support, or improve CIE?

**Meetings**

The CIE WG will launch at the beginning of 2022 and is anticipated to meet 2.5 hours monthly for the duration of the year. The meetings may vary according to the needs and priorities of HITOC and OHA. OHA reserves the option to convene the CIE WG as needed outside of this schedule and request member participation outside of the meetings. All meetings will be available virtually and may resume in person at some point.

Meetings will be open to the public, allow for public comment, and follow public meeting and public records rules.

**Membership**

The CIE WG is comprised of representatives from a variety of organizations, characteristics, and organizational roles representing Oregon’s diverse health care, social services, and community landscape. The CIE WG is expected to include 10-15 representatives and up to two designated liaisons from HITOC, including:

1. Representatives of social service organizations and CBOs

2. Representatives of organizations that advocate for or serve communities who face health inequities
3. Representatives of organizations implementing or using CIE
4. Consumers of health care/social services or representatives from organizations that advocate for consumers of health care/social services
5. Representatives of health care, such as health systems, CCOs, local public health agencies, clinics, and/or health care providers
6. Representatives of behavioral health, such as behavioral health providers or behavioral health organizations
7. Representatives of oral health, such as oral health providers or oral health organizations
8. Up to two HITOC members designated to serve as HITOC liaisons (it is possible additional HITOC members may be selected to participate under other categories)

Technology vendors are not eligible to participate as CIE WG members.

It is expected that CIE WG members will attend and participate consistently in meetings and will notify staff if unable to attend. Members are expected to review materials ahead of the meeting and come prepared to discuss and participate.

The key deliverable of the CIE WG is to provide a written report to HITOC with their recommendations, as referenced in the scope. Members will be asked to provide feedback on the draft report. If the CIE WG has legislative recommendations, the WG will aim to finalize those by September 2022.

#### Guiding Principles

- The CIE WG will prioritize health equity.
- As a WG under a committee of OHPB and OHA, this segment of CIE work is focused on the linkage of healthcare and social services, focusing on health equity and the social determinants of health. The WG acknowledges that CIE encompasses an entire community and benefits from the involvement of additional sectors, such as education and corrections, as efforts grow.
- OHA is vendor-neutral and will therefore not endorse any vendor.
- The CIE WG may not advertise, market, or endorse products on behalf of vendors.

#### Background

**CIE Description:** CIE is a network of healthcare and human/social service partners using a technology platform with functions such as a shared resource directory, “closed loop” referrals, reporting, social needs screening, and other features to electronically connect people to social services and supports.

**Context:** CIE adoption in Oregon has been driven by health system transformation with CCOs and health plans investing and participating in CIE to assist with care coordination across systems. COVID-19 increased the need, and accelerated CIE throughout the state. Communities, CBOs, clinics, and local public health authorities (LPHAs) are also participating across Oregon.

OHA efforts to date include:

- CIE 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).
- OHA coordination and resources include:

- An OHA [CIE website](#)
- Coordination and education on the availability of CIE to support Oregon COVID-19 CBO Grantees, CBOs, LPHAs, and Tribes [OHA CIE Flyer \(Español\)](#)
- Public CIE webinar (April 2021) explored what CIE is, how it may be valuable, and community representatives shared about successes and challenges ([Slides](#) and [Recording](#))
- Legislative coordination related to [House Bill 3039](#) (2021)
- Coordination across OHA related to CIE to support health system transformation objectives
- Coordination with ODHS started in 2019 and continues to include discussions of strategies, communications, and monitoring CIE efforts

For further information please see [OHA's CIE Issue Brief](#).

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