Recommendations: Support for Additional Partners to Participate 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 first discussed how to best support community-based organizations (CBOs), given they are key partners in the success of CIE. The Workgroup met in May 2022 to discuss strategies on how to best support additional partners outside of community-based organizations (CBOs) to participate in CIE (see Recommendations: Support for CBOs to Participate in CIE). Following the meeting, Workgroup members provided additional input via a post meeting survey. This concept paper is a result of that discussion and survey 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.

Problem

To successfully support whole person care, a wide variety of organizations must coordinate. CBOs play an integral role in this, and the Workgroup prioritizes CBO support, however additional partners are also necessary for creating a strong integrated social care system. A CIE network can support this coordination and the technology can be a tool for additional partners to send or receive referrals. However, these additional partners may face barriers similar to CBOs and also need support to participate in CIE. CIE participation takes time, financial investment, and human resources for any organization; they must manage the adoption of technology and new workflows. These additional partners may have varying levels of capacity to adapt to these changes. Support for additional partners to participate in CIE is needed to accelerate, support, and improve successful statewide CIE.

> **Who are additional partners?**
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> For the context of this paper additional partners include:
> - Behavioral health organizations
> - Oral health organizations
> - Physical health organizations
> - Safety net clinics (e.g., federally qualified health centers (FQHCs), rural health centers, free clinics)
> - Coordinated care organizations (CCOs)
> - City or county government (e.g., local public health or county social services)
> - And others (e.g., early childhood, school-based social supports)

Summary of Recommendations

When widely adopted across different types of organizations, CIE helps eliminate many of the barriers between people and the services designed to support them. CIE enables a broad

variety of service providers to connect easily and quickly, which is essential to supporting Oregon in addressing health inequities and the overall well-being of individuals.

The CIE Workgroup recommends that legislation support additional partners in CIE. Support should include sustainable funding, grants, and offsetting costs; technical assistance; coordination and convening; and education. The Workgroup's top priorities within these areas are:

1. <u>**Sustainable funding, grants, and offsetting costs**</u>**:** Priority recommended areas for funding, grants, and offsetting costs are staff capacity, incentivizing CIE use, supporting organizational infrastructure, increasing overall services, and leveraging Medicaid funding.

2. <u>**Technical assistance**</u>**:** Priority recommended technical assistance (TA) areas are privacy, workflow, data support for funding, data integration, and user training.

3. <u>**Coordination and convening**</u>**:** Priorities for coordination and convening are best practice sharing, governance and alignment of efforts, and research and evaluation.

4. <u>**Referral coordination center**</u>**:** The Workgroup recommends a referral coordination center to help address issues that may arise in service navigation.

5. <u>**Education**</u>**:** The Workgroup recommends education to support additional partners that is tailored to organizational needs, focused on CIE platforms, supports using CIE for data collection and payments, and involves diversity, equity, and inclusion training. In addition to education for additional partners, the Workgroup members recommend a range of supportive education for other parties involved in CIE.

In the context of the above recommendations, the CIE Workgroup recommends prioritization of the types of additional partners across all areas of support. Overall, the Workgroup recommends considering organizational size and capacity, communities and populations served and their needs, and the types of services provided by the organizations.

Recommendations

The following recommendations and details are written in ranked order according to the priorities set by the CIE Workgroup.

Prioritization of additional partners

The CIE Workgroup recommends that:

1. Culturally and linguistically specific organizations be prioritized, and support should be tailored to their needs.

2. Organizational size and capacity be considered as a factor in providing support for additional partners. Often small organizations lack resources, but medium and large organizations may as well. In considering size and capacity, prioritize organizations that need more support.

Holding size and capacity the same, the CIE Workgroup recommends the following prioritization for supporting additional partners across all areas of support:

1. Behavioral health organizations
2. Safety net clinics (e.g., FQHCs)
3. City or county government (e.g., local public health or county social services) and CCOs (tied)
4. Physical health organizations
5. Oral health organizations

The Workgroup considered a subset of additional partners for the purposes of this concept paper and did not prioritize all types of organizations. Note that the above ranking is across all types of support recommended below. The Workgroup had more nuanced thoughts on additional partners' funding support needs, which is explained in the first section.

1. Sustainable funding, grants, and offsetting costs

CIE is an investment in a changing health and social support ecosystem that runs the risk of not achieving the benefits if it is not sustainable. Participating as a collaborative partner in a CIE network impacts organizations at multiple levels, and many types of partner organizations are needed for successful CIE.

To support additional partner participation in CIE, the Workgroup recommends sustainable funding, grants, and offsetting costs focus on the following areas.

1. **Support staff capacity:** A critical priority for any partner organization adopting CIE will be supporting staff capacity. Specifically, hiring new or retaining current staff to increase overall service provision, provide training time, manage the CIE platform, and meet CIE referrals. Additional capacity is needed for adopting and long-term engagement in a CIE network.

2. **Incentivize use:** A second priority to focus funding support is to incentivize adoption and use of CIE. For example, organizations could receive incentives for closing the loop or documenting the outcome of a referral. Incentives will urge partner organizations to prioritize implementation of CIE and could reduce organizational burden thereby supporting sustained CIE use. Another strategy to incentivize use of CIE is to incorporate payments for services into CIE.

3. **Support organizational infrastructure:** Sustainable funding or grants could support organizational infrastructure for additional partners. As part of CIE implementation, organizations may need to update information technology (IT) equipment and/or integrate with existing IT systems. Some organizations may already use existing referral systems.

4. **Increase overall services and resources:** While the technological infrastructure to support ease of referrals is critical, so are the underlying resources to address the need. For CIE to be successful, it is also a priority that additional partners are appropriately resourced to provide services.

5. **Leverage Medicaid funding:** Federal Medicaid funding could also be leveraged to offset costs for additional partners. This, coupled with incentives, would be useful as funding is required to establish and maintain systems. One member noted this is necessary for sustained CIE use.

CIE Workgroup members had nuanced recommendations on what types of additional partner organizations to prioritize for sustainable funding, grants, and offsetting costs. Behavioral health organizations and safety net clinics need funding support the most. A majority said oral health organizations need this type of support as well. The group was split on this need for physical health and city/county government. Funding support was perceived as a lower priority for CCOs and large health systems.

2. Technical assistance

Technical assistance (TA) and training can cover a wide variety of areas and can support additional partners in adopting and leveraging CIE. Effective TA may have the added benefits of supporting resource-constrained or culturally specific organizations to focus more of their time on the communities they serve and may support organizations to expand their current programs. The Workgroup believes some TA topic areas are a high priority for additional partners, though all topics should be available to partners in order to meet unique organizational needs for adopting and using CIE.

1. **Privacy:** TA and training on privacy will be a vital component of CIE participation for additional partners. Many organizations need support in understanding and complying with privacy rules and regulations. This TA should include a security and privacy assessment for readiness and strategies for mitigation of risks to ensure data integrity. TA on client privacy and consent will also be an important topic for organizations and individuals. This may encourage organizations who are hesitant to engage with CIE due to privacy concerns.

2. **Workflow:** Additional partners may need specific TA around workflow to effectively incorporate CIE use into their existing processes. TA should involve workflow mapping

to align with the needs of organizations of all sizes, and to determine the best CIE workflow fit for an organization.

3. **Data integration:** TA for additional partners should also include skill building on interoperability, integration, and information exchange. Integration or interoperability with systems already in use may support more organizational buy-in.

4. **Data support for funding:** TA on how best to use data to support funding and reporting efforts can demonstrate the value in CIE and enable additional partners to better identify community needs, demands, and service gaps. This can be used to plan service provision by leveraging CIE data.

5. **Training:** There are a range of CIE training needs for additional partners. Training should be simple and easy to navigate and consist of both general and tailored training options. High quality accessible trainings may have particular importance for reducing burden for small organizations or those with staff capacity challenges that could impact CIE uptake.

3. Coordination and convening

The CIE Workgroup recommends coordination to support alignment across various efforts and organization types. This is needed to ensure that CIE is usable and useful across sectors and leveraged by policymakers. In order to coordinate, the different players need to convene for best practice sharing and governance. Research and evaluation should also be coordinated.

1. **Best practice sharing:** Best practice sharing would be useful for sharing information and lessons learned across organizations and may be especially beneficial for new partners to CIE who can learn from the experiences of similar organizations. One member shared the idea of a cohort model to group organizations based on factors such as readiness, implementation stage, or expertise. This could also be combined with IT support or education.

2. **Governance:** Governance must ensure all voices will be heard and curtail power imbalance and exclusionary practices. It is needed to make decisions and set standards. Governance is critical to success and consistency for the experience of people being served. It will support organizational engagement through clear agreements and policies, and a space to resolve issues.

3. **Research and evaluation:** There are several areas that can be supported by research and evaluation, which can demonstrate the value of CIE use and social determinants of health (SDOH) screening. Research and evaluation can also support the need to address gaps in services. Evaluations should be leveraged for quality improvement as well as ensuring CIE meets established goals. It can also support additional partners' CIE use by building confidence in the technology and eliciting feedback. Lastly, it can support establishing a value proposition for additional partners to join CIE.

4. Referral coordination center

A referral coordination center would support successful statewide CIE as well. Given the diversity of organizations and populations that may need to be served by a CIE network, a referral coordination center would help address issues that arise in finding the needed services. A referral coordination center that accepts calls and referrals would help connect people to the appropriate partner. This would especially support organizations with limited capacity as they could screen people and route them to the referral coordination center if they cannot connect them with the correct services.

5. Education

Workgroup members recommend that education be available for additional partners and that it should:

- Be tailored to organizational needs
- Involve diversity, equity, and inclusion training (e.g., unconscious bias or cultural responsiveness trainings)
- Support use of CIE for data collection and payments
- Focus on use of CIE platforms

In addition to education for additional partners, the Workgroup members recommend a range of supportive education for other parties involved in CIE. Notably, they recommend that education involve the creation of client-facing materials to support the use of consistent messaging about CIE, thereby reducing burden on partners to develop materials independently and promoting client/consumer confidence. They also recommend providing education to community leaders to support CIE engagement and as an avenue for professional development. In addition, direct promotion can be used to support public awareness via mainstream and social media to support community access to information about CIE.

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