

5 Facts

About Civitas Members

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RHICs are geographically based nonprofit organizations that serve as trusted, neutral convenors governed by multi-stakeholder boards. They support community stakeholders within health care and across sectors in identifying opportunities to improve the health of their communities and facilitate planning and implementation of scalable strategies and innovations to improve outcomes. A few examples include but are not limited to implementing Accountable Health Communities, Comprehensive Primary Care Plus regions or Practice Transformation Networks. In some case RHICs are federally designated quality improvement organizations (QIOs) or qualified entities (QEs).

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HIEs and RHICs are actively forging connections with each other and national networks to innovate and create solutions, such as HIEs and RHICs becoming All-Payer Claims Databases (APCDs) for their states. They also work on other critical issues, including quality measurement, health care affordability, and addressing social determinants of health. HIEs and RHICs are established regional and statewide entities that are making nationwide health improvement a reality. By working together under Civitas, RHICs and HIEs have the potential of not only having the right data at the right time but also having the trusted community relationships that bring together diverse stakeholders and sectors.

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HIEs are unbiased data trustees in their communities, where they manage and provide for the secure digital exchange of clinical, claims, and other health data by to improve the health and well-being of the communities they serve. They also capture information about referrals and care with social service organizations and share data with health care providers, insurers and public health entities to make sure that patients' needs are met. Thus, HIEs provide a critical service to the advancement of health equity.

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HIEs and RHICs are organized in a variety of ways. Some HIEs and RHICs are statewide, while others are regional, or community based. While some HIEs are run by state governments, other HIEs and all RHICs are organized as nonprofit, multi-stakeholder entities. One important organizing principle for our full members is that they are nonprofit organizations with multistakeholder governance models. Regardless of organizational size and scope, they build and sustain the trusted relationships needed to bring about change.

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HIEs and RHICs are funded by a variety of sources. Dues and fees from participants, such as hospitals and health systems, fund some of our member organizations, while others derive income from data and analytics services, technology, or transaction fees. As an example, most HIEs benefited from access to CMS HITECH 90/10 funding over the last decade. Many of our member organizations partner with state Medicaid agencies to build provider-facing technology and systems that support care coordination in Medicaid programs, and receive matching funds through CMS' Medicaid Enterprise System program, an interoperable, modular approach to managing states' Medicaid information systems.