Civitas Networks for Health Current and Past Performance – Grant Funded Programs and Projects

What is Civitas Networks for Health?

Civitas Networks for Health is a national collaborative of member organizations that are working to use health information exchange, health data, and multi-stakeholder, cross-sector approaches to improve health. Collectively, we represent more than 95% of the United States.

Today, our health improvement collaboratives, which include health information exchanges (HIEs), regional health improvement collaboratives (RHICs), all payer claims databases (APCDs) and quality improvement organizations (QIOs) are bringing together health care providers, purchasers, payers, and patients to advance data-driven progress. Civitas stands with and champions these local health care innovators – amplifying their voices at the national level and supporting the exchange of resources and ideas among their programs.

Civitas was formed by the legal affiliation of two well-established national networks – the Network for Regional Healthcare Improvement (NRHI) and the Strategic Health Information Exchange Collaborative (SHIEC) – which were incorporated in 2011 and 2014, respectively. Civitas (and formerly NRHI and SHIEC) has long-standing experience supporting its member through grant funded programs which seek to leverage the diverse expertise of the membership to provide training, technical assistance, tools, and resources to regional partners and share best practices and lessons learned through national, multi-site learning collaboratives. Examples of these programs are listed below.

Current Programs

Health Data Utility Framework – A Guide to Implementation

In partnership with the Maryland Health Care Commission, Civitas is leading a project building on the extensive research and collaborative convenings we have previously completed in partnership with MHCC and our network of health data organization members to develop the *Health Data Utility Framework – A Guide to Implementation*. The framework will include evidence from the literature, actionable steps for states and other HDU organizations, key technical and governance conditions, and potential barriers to implementation. Framework development is being informed by an advisory council and MHCC leadership.

During this project Civitas, MHCC and the national advisory will further the understanding of the HDU model by outlining key components and will develop a framework for implementation allowing ready organizations and communities to have future success with model adoption. Output from the work will be in the form of white papers, virtual events, and eventually a framework for implementation.

COVID-19 Immunization Data Exchange, Advancement and Sharing (IDEAS) Program

In partnership with the Association of State and Territorial Health Officials (ASTHO), Civitas supports the ONC IDEAS Program to provide technical assistance and capacity building support to cross-sector state teams to build and expand partnerships between state, regional, or local health information exchanges (HIEs) and state and territorial immunization information systems (IIS). Improved partnerships and data sharing between these entities can support improved vaccine reporting, identification and prioritization of vulnerable populations, adverse event

monitoring, longitudinal study and review, and further data analysis to inform decision-making and targeted allocation of resources/intervention efforts.

High-level activities to support program aims include:

- National landscape assessment of existing resources and challenges impacting HIE and IIS data sharing;
- Development of a technical assistance (TA) framework to support states and territories in expanding IIS and HIE partnerships and data sharing;
- Providing ongoing Subject Matter Expertise (SME), TA, and implementation assistance to ASTHO grantees, and assessing program impact and sustainability.

COVID-19 Vaccine Learning Initiative

Civitas serves as a lead partner on an Institute for Healthcare Improvement (IHI) COVID-19 Vaccine Learning Initiative. In Phase 1, this project undertook a rapid innovation cycle to learn from early experiences, scan emerging best practices and challenges, and develop a model for mounting a rapid local response to the US vaccine crisis. Initial research conducted by IHI, The Health Collaborative, and Cincinnati Children's Hospital Medical Center produced a vaccine implementation and delivery model as well as a set of change ideas for testing and scaling vaccine distribution in defined local populations. The rapid innovation cycle identified three key objectives to guide efforts at the local level:

- Establishing a coordinated local delivery system
- Fostering public trust and pursuing equity
- Harnessing data and learning

Recognizing the need to test this change theory and support local implementation of equitable vaccine distribution, IHI engaged Civitas and identified five locally led collaboratives, including four Civitas members, to participate in shared learning through virtual forums to further define successful activities that support public health response, with a goal of increasing vaccine access and uptake in vulnerable communities. The five partners participated in virtual peer-to peer learning sessions, developed case stories, and shared lessons learned through a national virtual event.

In Phase 2, the Initiative engaged in qualitative interviews with health departments and HIEs (Nebraska, North Carolina, Maryland, Indiana) to better understand how data has been used to support public health efforts during the Covid-19 pandemic. Through the work done in Phase 1 and Phase 2, a prototype tool has been developed to support data sharing. This tool will be further refined through workshops with two Civitas member organizations. Results from this project will be shared at IHI Annual Conference and in upcoming journal articles.

Past Programs

Governance and Oversight Models for Advancing Electronic Health Information Exchange as a State Data Utility Roundtables

Civitas, the Maryland Health Care Commission (MHCC) and the Association for State Health IT Leaders designed, implemented, and reported on a four-part virtual roundtable series to provide a forum to convene HIE and state health leaders to learn, share, and advise on key considerations for a health data utility model and gather information to inform the development of a health data utility framework. Participants engaged in shared learning and discussed HIE governance and the role of states in overseeing operations and evaluating HIE use cases and funding to sustain such efforts. Sessions garnered significant interest from key decision makers across the states, with registration and attendance over 100 for all session.

The roundtable sessions were structured as follows, and the final session used an interactive Miro board for live brainstorming. Most sessions included dynamic breakout rooms for small group ideation:

January:
Topic: Governance and Oversight Models for Advancing Electronic Health Information Exchange as a State Data Utility
February:
Topic: HIE as a State-Level Data Utility to Advance Clinical and Public Health Use Cases
March:
Topic: Approaches to Securing Public and Private Funding
April
Topic: A Path Towards Health Data Utility

Review of promising practices for testing vulnerable populations at off-site COVID-19 Testing Centers

Between March 20th and August 10th, 2020, NRHI and research partners conducted qualitative research of off-site COVID-19 testing centers (OSCTCs) in more than twenty states across the country.

Many NRHI members supported the work by serving as advisors to shape the project approach and to support connecting the research team with OSCTC leaders in their communities.

Phase I (March-April 2020) was a rapid assessment of the then promising practices for off-site testing for COVID-19. A summary of the findings was published in *Healthcare: The Journal of Delivery Science and Innovation* and a more detailed report was also published. The major considerations were organized in an easy-to-follow infographic and disseminated broadly to support sites looking to establish or improve testing center operations.

During Phase II (June – August 2020), the research focused on questions addressing access to testing among vulnerable populations, the alignment of OSCTCs with public health entities, community-based organizations, governmental agencies, and other health systems to effectively address the testing needs, limitations, and opportunities across the population. After an extensive qualitative analysis, the findings were organized in a comprehensive Off-Site Testing Toolkit. Findings were also published in *Healthcare: The Journal of Delivery Science and Innovation*.

Throughout the project, the team also curated existing tools and resources, provided summaries of the tools, and developed a webpage to house the resources. All resources, reports, toolkits, and blogs were disseminated broadly via newsletters, social media, through network members and partners, and during national virtual events.

COVID-19 Testing to Support the Reopening of Schools: A National Forum for Regional Leaders

Between February and July of 2021, NRHI, with support from The Rockefeller Foundation, held a twelve-part Innovations Series- *COVID-19 Testing to Support the Reopening of Schools: A National Forum for Regional Leaders.*

The Innovation Series was developed to support school leaders and their cross-sector partners working to implement onsite screening testing programs to identify and contain cases of COVID-19. Each of the twelve events in the series highlighted the work of specific schools and their partners, and/or showcased tools and resources developed by national thought leaders such as The Duke-Margolis Center for Health Policy, The Rockefeller Foundation, Chiefs for Change, and COVID Response Advisors.

The series reached 621 attendees representing many different sectors and organization types including regional health improvement collaboratives, public health, colleges/universities, community-based organizations,

government, health systems/medical practices, K-12 schools, and social services. Key takeaways were summarized after each event, and all takeaways and event recording were disseminated broadly. Blogs were also produced and published in local and national media outlets.

The NRHI High Value Support and Alignment Network (NRHI SAN), Transforming Clinical Practices Initiative (TCPi)

Led by NRHI, the NRHI SAN worked with eight regional health collaborative members and with national partners to advance the goals of Practice Transformation Networks (PTNs) across the country. It provided educational resources, tools, and TA to PTNs through a variety of learning programs. RHICs served as expert faculty offering programming with QI at the foundation to support practices in preparing for the transition to APMs.

The programming was broad and customized based on PTN needs, offering foundational skills for QI Advisors in a number of areas. The NRHI SAN has delivered nearly 40 learning modules (Webinars) and over 60 learning labs (live PTN-specific sessions) to more than 5,000 TCPi community members on high-value care topics. Many resources were "bundled" and made available through easy to access online modules. Programs yielded strong evaluation results with 90% of attendees reporting plans to share the program information with others including the practices that they are working with.

Getting to Affordability (Total Cost of Care, or TCoC)

TCoC highlights NRHI's success in accelerating regions' ability to advance healthcare cost transparency. Six regions participated in producing three national benchmarks reports providing insights into the cost drivers of healthcare variation. Drill down reports were also provided to primary care practices in 5 states to identify opportunities for price and utilization interventions for improved quality and reduced costs.

Production and dissemination of comparative reports at the practice, community and national levels identify regional cost drivers and provide physicians with the data to change practice patterns, thereby reducing overutilization and total cost. Most notable is the activation of key players in these regions to act on total cost of care information.

This project sparked policy changes in CO, increased the focus on hospital pricing impact in Oregon, pointed to the all-payer hospital rate regulation program in Maryland having a positive impact for the commercially insured population and prompted St. Louis to launch a community collaborative to reduce avoidable emergency room utilization. Over 200 participants engaged in this work *via* the G2A online learning platform where resources and learning modules were made available.

Healthcare Delivery Systems Analysis (HDSA)

The Network for Regional Healthcare Improvement and regional health improvement collaborative (RHIC) members in Colorado (CIVHC), Massachusetts (MHQP), and Oregon and Utah (Comagine Health) partnered with the National Bureau of Economic Research (NBER) and Harvard University in the Comparative Health System Performance Initiative Study funded by the Agency for Healthcare Research and Quality (AHRQ).

The RHICs developed methods to comparatively study eight quality measures across systems and geographies, in addition to cost across geographies by standardizing measurement for disparate regional databases.

They also developed a Uniform Data Structure (UDS) file format that can be scaled across populations, measures, and research dimensions to provide a consistent method of producing comparable findings across regions. Their research was published in the May 2019 issue of The American Journal of Managed Care: "Producing Comparable Cost and Quality Results from All-Payers Claims Databases."

Examination of the impact of health system structure on healthcare costs (resource utilization and price) in Oregon and Utah.

Quality Payment Program Small, Underserved, and Rural Support (QPP SURS)

Network of Regional Healthcare Improvement partnered with two of its members – Comagine Health (formerly HealthInsight) and Mountain-Pacific Quality Health – to provide technical assistance to small practices in Utah, Oregon, Nevada, Montana, Wyoming, and Alaska.

Network for Regional Healthcare Improvement was 1 of 11 organizations chosen by the Centers for Medicare & Medicaid to provide technical assistance and support to eligible individual or small group practices of 15 or fewer to support their transition of Medicare payments from a fee-for-service system to one based on performance and patient outcomes under the Quality Payment Program (QPP) Small, Underserved, & Rural Support (SURS) program.

The QPP-SURS program was established in 2017 as part of the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) to enable local, experienced organizations help individual Merit-based Incentive Payment System (MIPS)-eligible clinicians and small practices:

- Select and report on appropriate measures and activities to satisfy the requirements of each performance category* under MIPS
- Engage in continuous quality improvement
- Optimize their health information technology (HIT)
- Evaluate their options for joining an Advanced Alternative Payment Model (APM)

* *Quality, Cost, Improvement Activities, and Advancing Care Information*

Providing this support to clinicians is helping them to navigate the Quality Payment Program, while making sure they are able to focus on the needs of their patients.

The HealthDoers Network (HDN)

Between 2014 and 2019, with funding from the Robert Wood Johnson Foundation, NRHI hosted the HealthDoers Network, a premier network for health and health care changemakers to come together to connect, collaborate, and accelerate their work. Throughout the course of the project, we convened over 1,000 organizations and 5,000 individuals through in-person and virtual events, online learning communities, and dissemination of relevant curated content.

At the heart of HealthDoers was an easy-to-use online platform that supported tailored collaboration and shared learning. HealthDoers fostered strong community connections to accelerate health improvement, bringing together groups and individuals with shared goals.

The partnerships and expertise gained through HealthDoers offerings such as a customizable newsletter, in-person and virtual convenings, and curated content using innovative technology to package complex information into easy-to-use formats continues to be critical to organizational success.

Pathways to Population Health

NRHI partnered on this Institute for Healthcare Improvement (IHI)-led initiative along with Stakeholder Health, American Heart Association, and Public Health Institute to develop a framework, tools, and resources to help health care leaders chart the path towards progress in population health. NRHI supported scale and spread by using its HealthDoers online platform and engaged five of its members and like partners to adopt and/or distribute the tools. NRHI also provided national virtual training on the framework developed.