

# Collaboratives in Action: The Health Data Utility Framework, A Milestone in the Health Data Utility Movement

Thursday, April 13, 2023

## **Housekeeping Reminders**

- This is a Zoom webinar
- All webinar participants are automatically muted, and your video is not displayed
- If you would like to ask the presenters a question, please use the Q&A function on the task bar
- Use the chat feature to introduce yourself name, organization, and location; share resources, etc.
- If you have any questions following the webinar, please reach out to <u>contact@civitasforhealth.org</u>

## Agenda

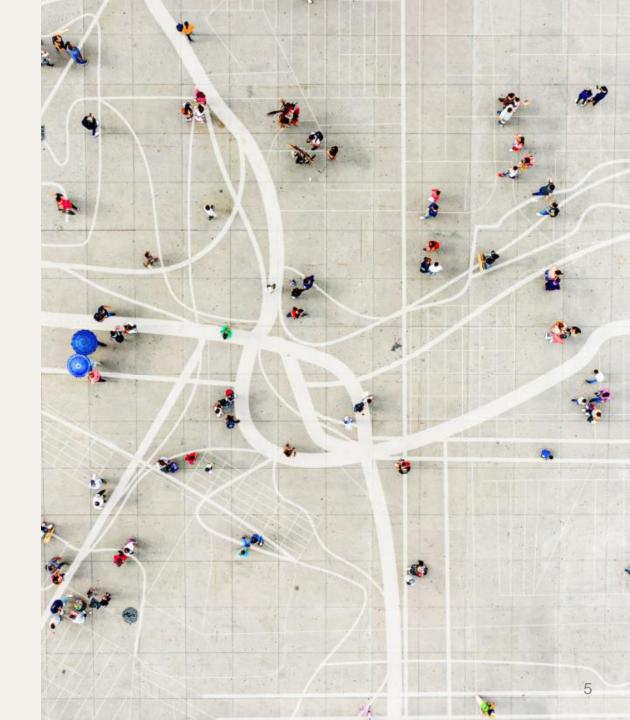
- Welcome Lisa Bari, Civitas Networks for Health
- HDU in Maryland Anna Gribble, Maryland Health Care Commission
- Highlights from the Framework Kate Ricker, Civitas Networks for Health
- Health Data Utilities and Community Partnerships Meredith Roberts, Comagine Health
- Civitas Member Case Studies Jaime Bland, CyncHealth; Craig Behm, CRISP
- What does the Framework Mean for the National Health Data Ecosystem? – Kevin McAvey, Manatt Health
- Moderated Q&A/Closing Jolie Ritzo, Civitas Networks for Health

# Introduction to Civitas Networks for Health



# Regional innovation, national impact.

Our vision: Communities across the country are thriving and healthy, realizing the full potential of data-driven, multi-stakeholder, and cross-sector approaches to health information exchange and health improvement.







Education, networking, and multi-site programs and learning communities that support the needs of Civitas members, their communities, and align with national goals



#### Who We Serve



**Civitas Networks for Health** 

is a national member and mission-driven organization with 160+ members providing

critical organizational, governance, and

technical infrastructure for health improvement and information exchange

Health Information **Exchange Organizations** 



#### **Members**

160+ member organizations nationwide providing critical infrastructure support for their local health and healthcare stakeholders



Patients. Families, & Communities

Community Based Organizations



& Health Data Repositories

Physicians, Clinicians, & Staff

Hospitals & Health Systems

Safety Net Providers & Health Centers

Quality Improvement **Organizations** 



Community Health

Improvement

**Organizations** 



# Emergence of Health Data Utilities



## **Health Data Utilities**

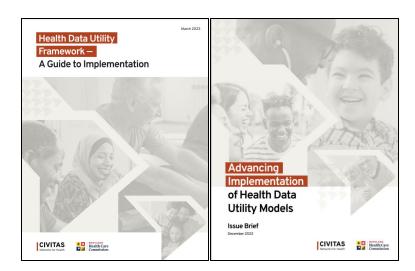
#### **Civitas' Emerging Definition**

Health Data Utilities (HDUs) are "statewide" entities that combine, enhance, and exchange electronic health data across care and services settings for treatment, care coordination, quality improvement, and public and community health purposes. They enable specific, defined use cases, with extra protections to ensure patient privacy and protection. They should build on existing technical, organizational, and trust infrastructure in states and regions.





## A Unified Framework for Health Data Utility



https://www.civitasforhealth.org/resources

- With generous support from the Maryland Health Care Commission, Civitas and our national advisory council set out to develop authoritative health data utility resources to define and provide implementation support to organizations, regions, and states.
  - **Issue Brief** collected relevant research, publications, and resources.
  - HDU Framework detailed guide to implementation for stakeholders.
  - Next: maturity model, expanded versions of the framework, pilot states/communities. Civitas is seeking partners and additional funding!



Health Data Utility in Maryland and MHCC's involvement and support of the development of the HDU Framework





## Health Data Utility in Maryland



Maryland Health Care Commission

April 13, 2023



## **About the Maryland Health Care Commission**

- ► The Maryland Health Care Commission is an independent regulatory agency whose mission is to plan for health system needs, promote informed decision-making, increase accountability, and improve access in a rapidly changing health care environment
- ► The Center for Health Information Technology and Innovative Care Delivery implements programs and initiatives that support advancing health information technology statewide.

## **Maryland Law**



- ► House Bill 1127/Chapter 296, Public Health State Designated Exchange Health Data Utility (2022)
- ► Requires the State-Designated Health Information Exchange to operate as an HDU for certain purposes
- Key components of the law
  - Collect, aggregate, and analyze clinical information, public health data, and health data, and health administrative and operations data to assist the Maryland Department of Health, Local Health Departments, MHCC, and the Health Services Cost Review Commission in the evaluation of public health interventions and health equity;
  - o Communicate data between public health officials and health care providers to advance disease control and health equity; and
  - o Enhance and accelerate the interoperability of health information throughout the State





## **Background**

- ► A Roundtable Series hosted by MHCC, Civitas, and the Association of Health IT State from January – April 2022 confirmed the need for an HDU Framework.
- ▶ In July 2022, Civitas was competitively selected to develop an HDU Framework that could serve as the basis for implementing an HDU in Maryland and serve as a model for other states.





#### For more information about MHCC visit:

mhcc.maryland.gov

#### **Contact**

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410-764-3379

## **Health Data Utilities**

- Drivers
- Multiple models
- Community governance
- HDU Framework highlights (conditions, components, consideration)

State, regional, and community data, interoperability, and infrastructure is critical for addressing health priorities





## **Drivers for HDU**

## Multistakeholder data needs

Health data is often siloed and managed by different entities with restrictive data sharing policies challenging the using data for shared interests and goals

## Statewide health data infrastructure

Disparate and disconnected information systems across and networks geography, settings, providers, and populations

## Data-informed public health services

Increasing data and infrastructure needs for public health jurisdictions for preparedness, infectious disease, health indicators, disease burden, and equity

#### Social data needs

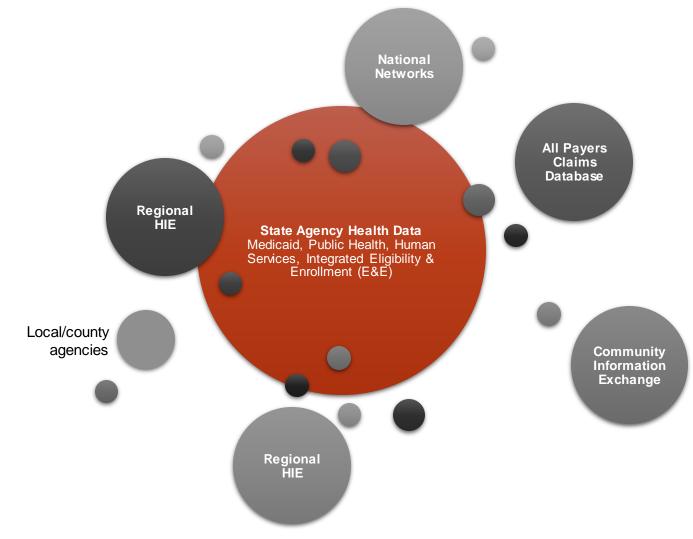
Lack of integrated infrastructure supporting standardized social data capture, data interoperability across sectors, and integrated data aggregation and advanced analytics addressing individual and community health-related social needs

## Standards for data privacy and security

Aligning of data privacy and security controls that keep pace with a rapidly evolving health-data and technology landscape addresses gaps and ambiguities in consent, protection, and access



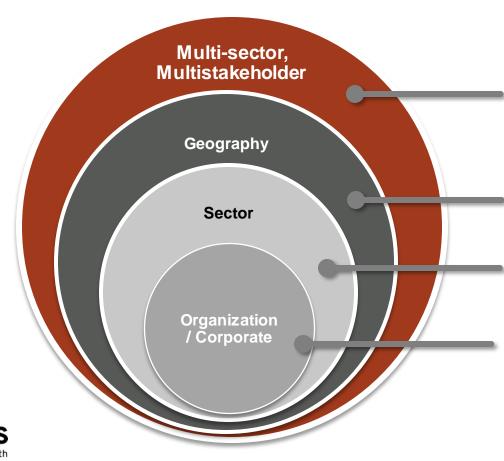
## **Multiple Data Networks and Governance**





## Collaborative, Community Governance

Flexible governance to support expanding use cases across geography and settings



#### MULTI-STAKEHOLDER GOVERNANCE

#### **Statewide**

- Leadership and coordination
- Public-private partnership
- Serving all settings across statewide geography
- Defined roles, responsibilities, and requirements
- Broad cross-sector stakeholder engagement
- Accountability and metrics

#### Geographic

- Community relationships
- Community health improvement priorities

#### **Sector**

Specific population or sector (e.g., housing)

#### Organizational/Corporate

- Business objectives
- Operations
- Community Engagement
- Specific services and scope

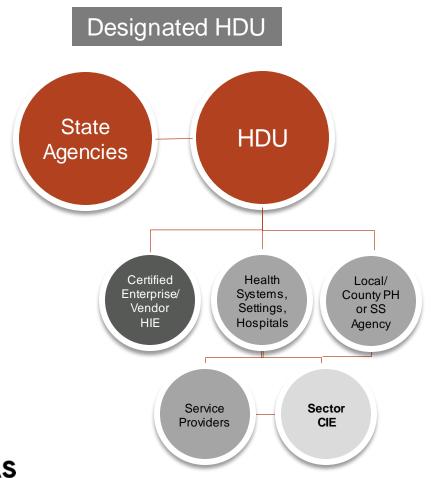
## HDU Characteristics

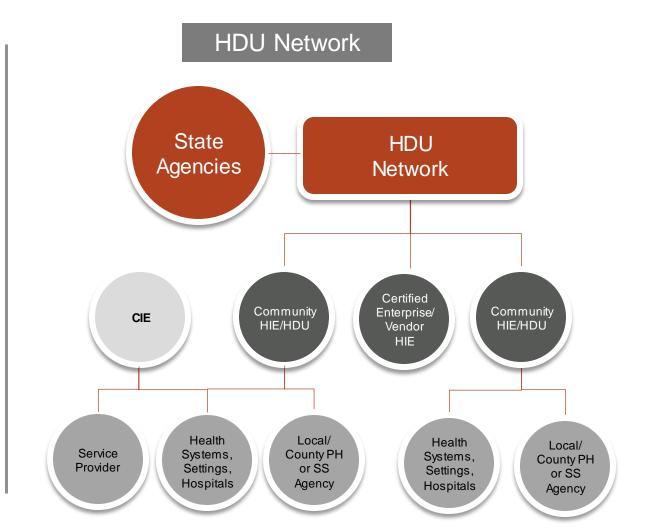
- Neutrality and flexibility.
- Serve a geography (state or connected region).
- Cooperative state and local leadership, public-private governance.
- State policy levers including designations, incentives and/or mandates.
- Multistakeholder, community partnership and participation.
- ✓ Inclusive and transparent governance.
- Sustainable financing through public and private revenue sources and value-added services.
- ✓ Modular infrastructure and advanced technical services.
- High standards for data privacy and security going beyond the baseline of state and federal laws.



### **Multiple Models**

Multiple HDU Models can exist based on political will, community readiness, and digital maturity.







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Multiple HDU Models can exist based on political will, community readiness, and digital maturity

Organization		Community		State	National
◀					
Vendor- Mediated HIE	Enterprise/ Private HIE	Community, Regional, or Statewide HIE	HDU Network	State-Designated HDU	National-level Health Information Networks
Supported by an electronic health record (EHR) vendor, whereby the vendor offers the technical infrastructure to facilitate data exchange between their customers.	Supported by a health system or integrated delivery network to facilitate exchange among affiliate provider organizations. May use community or state HIEs to connect to other enterprise networks.	Organizations that provide infrastructure to connect unaffiliated healthcare organizations within a specific geographic area and with shared patients.  Medicaid or state or local public health agencies may contract these organizations for exchange services, implementation services, or program-specific technical solutions.	Multiple community partners supporting data collection, exchange, reporting, and analytics.  Integrated data sets with different data types with other health data organizations (e.g., APCDs, CHNs)	State agencies or non-profit organizations granted authority by legislation, regulation, executive order to provide statewide technical infrastructure, and interoperability services.  Multi-stakeholder governance across statewide geography, community partners, and state agencies.	Network of organizations exchanging health data at a national level, with coordinated oversight and governance.



## **HDU Adoption Phases**

#### **ASSESSMENT**

Conduct an environmental scan that analyzes current conditions for achieving and maintaining HDU status and policy levers and opportunities to support planning and implementation; identify strengths and weaknesses of the current environment and needs to support ongoing innovation:

Periodic assessments should be conducted at some frequency after the initial assessment.

#### SUSTAINABILITY

Coordinate and combine resources with stakeholders to maximize efficiency, turn data exchange and analysis plans into action, and conduct ongoing assessments of progress, performance, and quality.

#### **PLANNING**

Organize activities by convening key stakeholders, establishing an oversight committee, and developing pragmatic action plans with specific and measurable goals and objectives; timelines should consider potential risks and how to mitigate risks.

#### **IMPLEMENTATION**

Secure diverse and comprehensive funding and incorporate continuous quality improvement strategies. Sustainability planning is ongoing and should be considered concurrently during each phase.



## **Transforming to HDU**

#### **Current State**



- Self Assessment Know where your state, community, and organizations are with digital maturity.
- **Stakeholder Collaboration** Who are the collaboration partners in the community? State level?
- Multistakeholder Governance What is the current governance model, and does it need to be modified?
- **Geography** What is the geographic footprint? What is the white space with no connections?

### **Strategic Priorities**

- What are the strategic priorities?
- What is the funding strategy?
- What are the policy levers available to build capacity?
- How is multistakeholder governance developing?
- How are stakeholders, community partners, and patients engaged and communicated with?

Current Data
Ecosystem, Reusable
Infrastructure,
Integrated Data &
Analytics Services

Medicaid, Public Health, PDMP, Behavioral Health, and Health Related Social Needs Policy Levers & Funding Strategy

Multistakeholder Governance, Operations & Accountability Stakeholder Engagement & Communications



Health Data Utilities, community partnerships, will-building/trust, furthering community care hubs, and health improvement efforts



Comagine Health is a national, nonprofit, health care consulting firm.

We work collaboratively with patients, providers, payers and other stakeholders to reimagine, redesign and implement sustainable improvements in the health care system.



## **Comagine Health Overview**

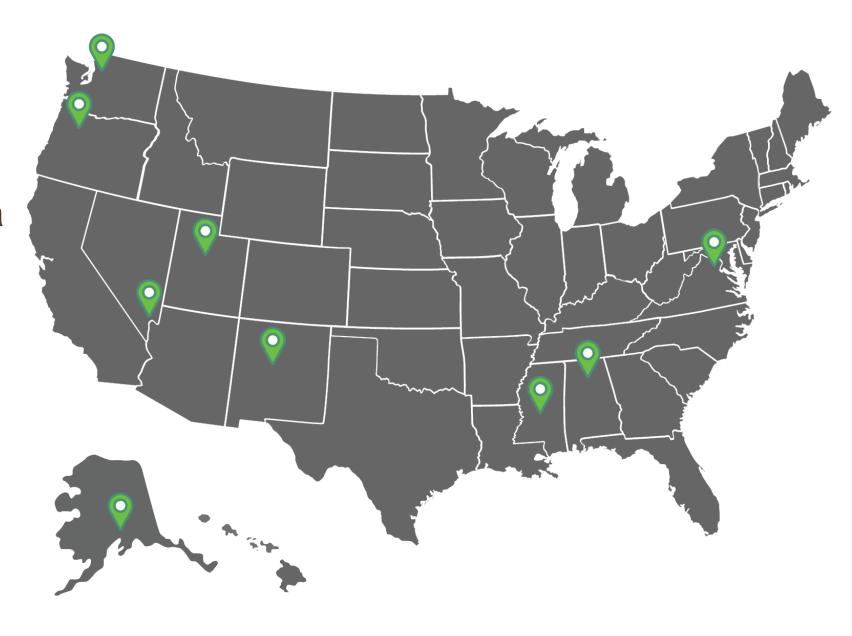
- Our Services
  - Systemwide Quality Improvement
  - Care Management
  - Research and Evaluation
  - Data Solutions

- More than 400 professional staff
  - Quality improvement experts
  - HIT specialists
  - Data analysts
  - Medical directors and nurses
  - Case managers
  - Clinical reviewers



#### **Our Offices**

- Alabama
- Alaska
- District of Columbia
- Mississippi
- Nevada
- New Mexico
- Oregon
- Utah
- Washington





#### **RHICs and HDUs**

- Governance comes first
  - RHICs are, by definition, multi-stakeholder governed and leverage existing building blocks within communities
  - For community HDUs, HIEs, APCDs, CBOs need to be at the table from the beginning to make it truly community-led and built
  - Governance should initially focus on ideal data sharing principles, and not necessarily platform or technical functionality
  - Focus on local needs and build into a utility model that can meet those needs



## Civitas member case studies featuring emerging HDUs





## CyncHealth

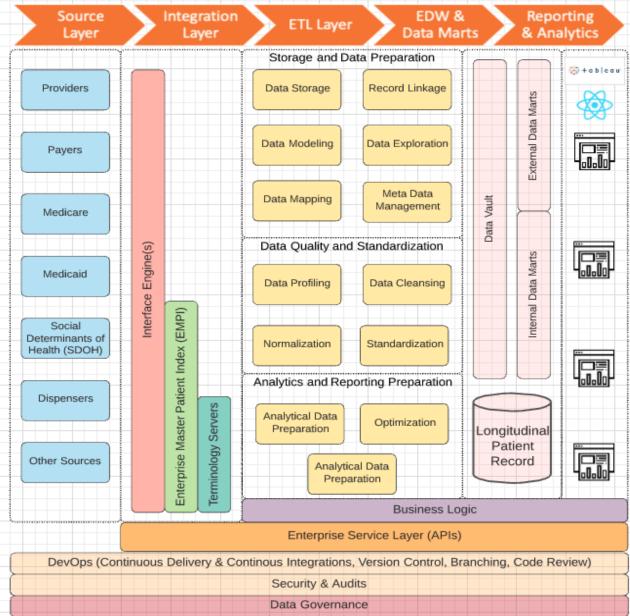
Roadmap to Health Data Utility

## CyncHealth 2023-2026

- In addition to local governance, the common purposes of health data utility are to provide reliable, affordable, trusted, not-for-profit via a public-private partnership.
- We are reinvesting back into the utility model, as well as into community programs, infrastructure and projects.
- What are the advantages a public private partnership and state designated entity (health data utility)?
  - Providers have a voice in form and function
  - Accessibility, scalable and efficient
  - Transparency, trust, reliability
  - We help providers build use cases that are high value and improve health outcomes
  - We help public health, human services and Medicaid access data that is within governance and makes sense to their environments
  - We're not for profit and serve only our designated areas
  - We reinvest in our infrastructure and the community

## CyncHealth 2021-2026



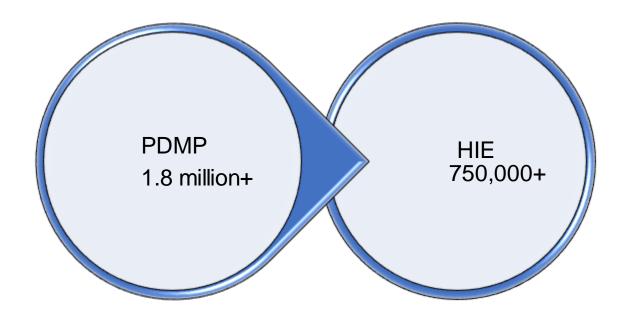


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### **Health Data Utility in Practice**

Results returned in a monthly snapshot:



## To improve health outcomes ... an HDU must include:

- Nearly 100% participation
- Frictionless components: Workflow Integration
- Robust data governance work
- Delivers on multiple use cases
- Frictionless experience for
  - Providers
  - Policymakers
  - Public Health
  - Person
  - Payer
    - Value Based Care
    - Alternative Payment Models
    - Population Health- person centered



## The Health Data Utility value proposition

#### **HEALTH DATA: Requires Acquisition UTILITY: Requires Application** Fully Connected Dependent on Dependent on Contributing 2 Continuum-of-**Data Quality** Function **Participants** Care Standards Healthcare Clinical Use Clinical Delivery Cases Adherence (Provider/Payer) Business Service Community Community **Based Orgs** Use Cases Management

## **Emerging HDU: Maryland**

#### **Current State**

- Collaboration CRISP and Maryland Health Care Commission.
- HIE Certification Required annual registration for data exchange operators in MD (12 HIE vendors).
- Geography Maryland, provides shared technical services for DC, WV, CT, and AK.
- **Size** (May 2022) ENS messages sent (3.5 million), portal users (107,000), reports accessed (2,750), report users (2,000), all MD hospitals, all Delaware hospitals.

### **Strategic Priorities**

- Push suspected overdose events to a local health department to try new outreach programs.
- Sending referrals from primary care practices to communitybased organizations.
- Include consumer advocate in advisory groups.
- Consumer Consent Management Utility (CMU).

#### **CRISP**

2009 State Designated Entity
Global budget model
Real-time hospitalization notifications to
PCPs, care coordinators, and Local
Health Departments
CRISP reporting Services using
integrated data for QI, strategic planning,
and financial modeling

#### **PDMP**

2013 In collaboration with MDH, CRISP established the PDMP to support providers and their patients in the safe and effective use of controlled dangerous substances. CRISP serves as access point for clinical licensed providers

#### COVID-19

Point of care antigen result reporting to MDH and central resource for up to date reports and data

Streamlined SNF/LTC daily reporting to MDH and NHSN

Lab and vaccine reporting Early interventions for vulnerable communities and reused referral tools for referrals to antibody infusion treatment

#### **2021 House Bill 1375**

Health Information Exchanges Electronic Health Information Sharing and Disclosure, alters the
definition of an HIE and requires
MHCC to adopt regulations for a
consumer consent management
application to be implemented and
maintained by CRISP

#### 2022 HDU Legislation

House Bill 1127, Public Health -State
Designated Exchange -Health Data Utility,
requires CRISP to operate as a HDU by
collecting, aggregating, and analyzing clinical
information, public health data, and health
administrative and operations data; requires
dispensers to submit information on
noncontrolled prescription drugs to CRISP



# What does the Framework mean for the national health data ecosystem?



## On the Edge of National Change

The national health care data landscape remains fragmented, but new federal and state mandates - and increasingly compelling private sector options for exchange - promise to reshape how health information exchange is conducted through the decade ahead.

**Health Data Utilities** present a national opportunity for HIEs and data-led entities to:

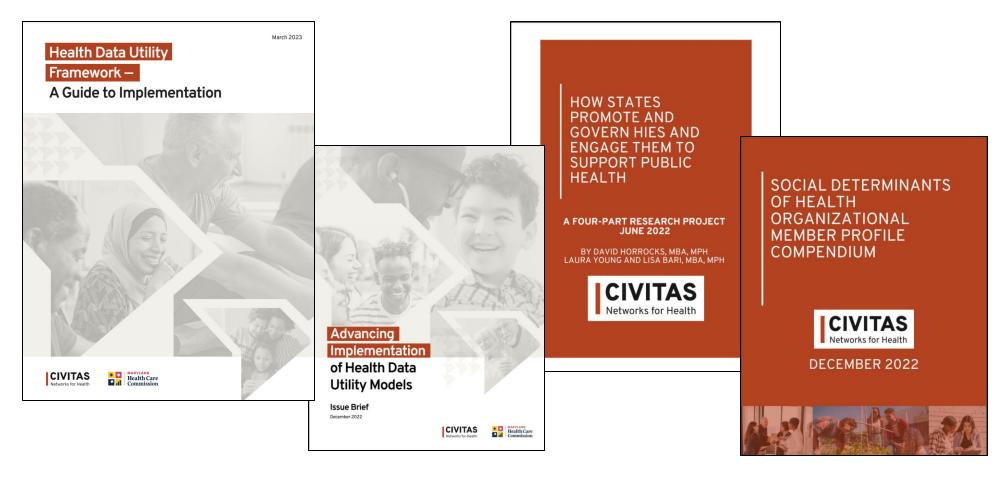
- Strengthen community engagement and build trust through multi-stakeholder, cross-sector governance
- Compete on value-add, leveraging their linkage, analytic, and reporting capabilities to address information gaps and serve critical population and public health use cases
- Deepen their technical capacity to support higher data quality and utility expectations; consume, integrate, and share new data types and sources; and meet new analytic and reporting demands
- Own their roles as public-serving enterprises, rising to meet the new demands of public agencies and mandates, and be held rigorously accountable for the public designation or investments they receive

How health information exchanges and other collaborating entities position and prove themselves today - locally and nationally - will be determinative to their role in the future national health data landscape.

## Staying engaged with Civitas



#### Civitas HDU resources now available



https://www.civitasforhealth.org/resources



# REGISTRATION IS OPEN!

THE CIVITAS NETWORKS FOR HEALTH 2023 ANNUAL CONFERENCE IN PARTNERSHIP WITH CHESAPEAKE BAY REGION MEMBERS



In Partnership with Chesapeake Bay Region Members

August 20-23 National Harbor, MD

## KEYNOTE SPEAKERS ANNOUNCED!









Judith Monroe, MD

CEO of the CDC Foundation Brian Castrucci, DrPH, MA

CEO of the deBeaumont Foundation Anne Zink, MD

Chief Medical Officer of the Alaska Department of Health and President of ASTHO<sup>3</sup>

## KEYNOTE SPEAKER ANNOUNCED!



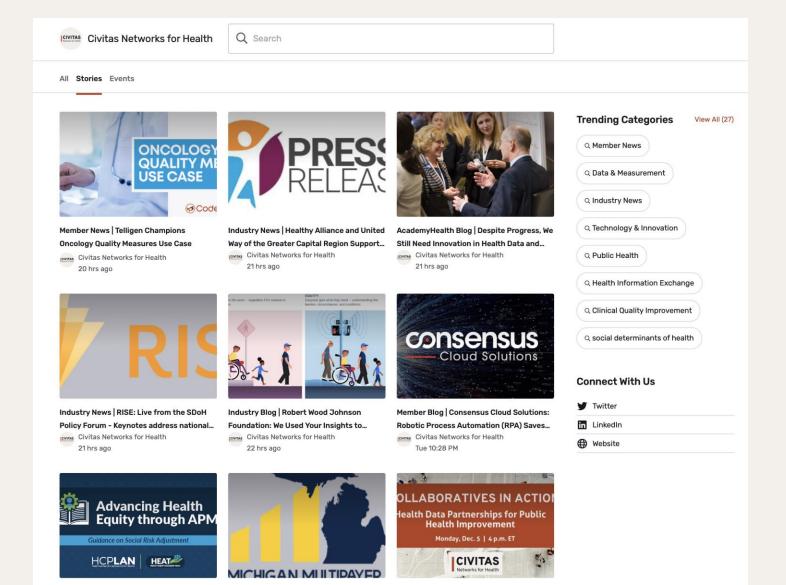
In Partnership with Chesapeake Bay Region Members



Stella Safo, MD, MPH
Founder and Executive Director
Just Equity for Health

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