September Network News

September 20, 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 contact@civitasforhealth.org

Agenda

- **Welcome and Civitas Updates** – *Lisa Bari, CEO* and *Jolie Ritzo*, Vice President of Strategy and Network Engagement

- **Workgroups and Councils Update** – *Jolie Ritzo*

- **Civitas Member News** – *Lisa Bari and Jolie Ritzo*

- **Spotlight Presentation** – Featuring the Health IT End-Users Alliance Consensus Statement on Data to Support Equity, *Andrew Tomlinson*, Director of Regulatory Affairs with AHIMA

Civitas Updates

Civitas Team at Member and Partner Events

- Alan Katz represented Civitas the Sequoia Project Taking Root Data Usability Summit on September 6.

- Lisa Bari will be moderating the keynote session at the California Data Exchange Framework Summit with Micky Tripathi (ONC) and Marko Mijic (California HHS) next week.

- Jessica Little and Jolie Ritzo will be presenting and attending the CDC Innovation Summit next week.

- Lisa Bari will be keynoting the Contexture Summit on October 3.

- Jessica Little will be presenting, and both she and Alan Katz will be attending the AHIMA conference October 8-10.

- Kate Kroell and Lisa Bari will be attending the HLTH conference October 8-11 and are hosting a Civitas member meetup on Oct. 9 – 12 pm. If you are attending and want more information, reach out to kkroell@civitasforhealth.org.

Upcoming Events

- Civitas will host our quarterly Public Policy Briefing on October 4 from 12:00 – 1:00 p.m. ET. Register Now!

- We are kicking off a Member Roundtable series on the Political Determinants of Health starting October 24. Keep an eye on your inbox for more information in the next couple of weeks!

GEAR UP FOR #CIVITAS2024 IN...

DETROIT!

October 15-17, 2024

2023 Annual Conference Recap

- We had 650+ in-person attendees throughout our 3-day conference.

- We heard your feedback! We will continue to incorporate more collaborative programming and less didactic presentations.

- Civitas published our Annual Conference recap, and we encourage members to read it!

- If you have not already, please take the time to respond to our Conference Feedback Survey! We aim to close the survey at the end of this week.
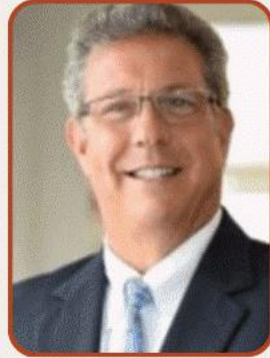
MEET YOUR 2024 CIVITAS BOARD OF DIRECTORS

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RE-ELECTED

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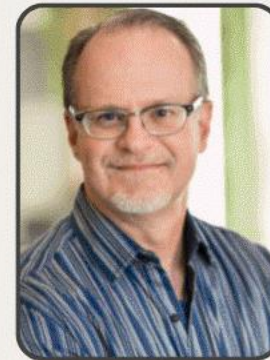
JOHN KANSKY

JAIME BLAND

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Civitas Member Renewals – What to Expect and Timeline

Member Information Update:

- In early October, Kate Kroell will send individual emails to all designated points of contact.
- You'll be asked to review and update member information, as well as agree to the terms and code of conduct.
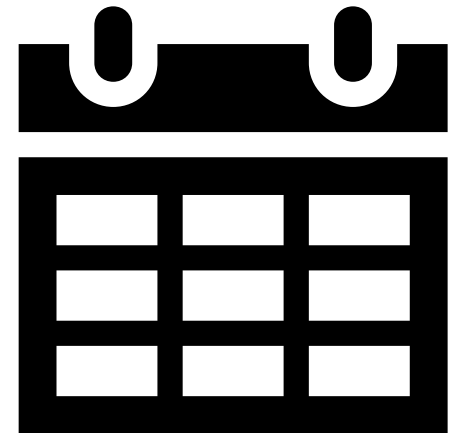
2024 Membership Dues Invoices:

- Starting in November, invoices for 2024 member dues will be sent to your designated points of contact.

Invoice Due Date:

- Please note that all invoices are due by January 31st.

Dues Unchanged:

- There are no changes to dues for the 2024 membership year.

Workgroups and Councils Update

Emerging Leaders Council

- The Emerging Leaders Council continues to meet bimonthly and hosted a successful meeting onsite at the 2023 Civitas Annual Conference. The focus was on mentorship.

- Council leadership are in the process of solidifying plans for the rollout of additional council nominations coming later this fall.

- Also, patient advocate, Erin Moore will be the ELC guest leader in October to discuss her important work and leadership journey.

Standards and Technology Workgroup

- The Standards and Technology workgroup team have started planning for 2024, including:
  - Discussing next year's goals and objectives
  - Re-evaluating the workgroup charter
  - Brainstorming what members want to get out of the workgroup
  - Reviewing Gravity Pilots progress and PCDH updates
  - Discussing the work with WG members and evaluating what they want out of programs and projects

Public Health Workgroup

- Next session in late October, invitation coming soon!

- This group meets every other month with a focus on partnerships between public health and Civitas members – APCDs, HDUs, HIEs, RHICs, QIOs.

- We will be including not only Civitas members but partners from public health associations in states throughout the country.

SDOH Annual Data Survey

- Civitas' SDOH and Interoperability workgroup has been compiling responses for the Annual SDOH Data Survey.

- We currently have 40 responses to the survey – if your organization has not yet submitted a response, please take the time to fill out a submission!

- Civitas aims to compile responses throughout the summer and then close the survey by the end of the month.

Civitas Member News

Member News

- 4medica® announced that they have assisted the East Tennessee Health Information Network (etHIN) with their management of duplicate patient records.
- The Substance Abuse and Mental Health Services Administration (SAMHSA) announced Camden Coalition as one of the winners of its Behavioral Health Equity Challenge award.
- Comagine Health announced the launch of a six-part Innovations in Opioid Use Disorder (OUD) Care learning series, intended for anyone working with people experiencing opioid use disorder.
- Contexture and Quality Health Network (QHN) are excited to announce that the two organizations have collaborated on a Letter of Intent to explore an affiliation to unify health information exchange in Colorado.
- Health Impact Ohio (HIO) is excited to announce that the state of Ohio's biennial budget for fiscal year 2024-2025 included a provision that created and funded the Ohio Center for Community Health Worker Excellence.

Member News

- HEALTHeLINK has been awarded $1 million cooperative agreement over the next two years from the Office of the National Coordinator for Health IT (ONC).
- Intrepid Ascent has rebranded and now has a new look!
- Manifest MedEx collaborated with J2 Interactive to design and implement a new electronic lab surveillance system and disease registry.
- The Michigan Health Information Network (MiHIN) has been honored as an AWS State and Local Government (SLG) Champion by Amazon Web Services (AWS).
- Secure Exchange Solutions announced its expanded collaboration with CyncHealth to support statewide health connectivity in Nebraska and Iowa.
- Serving Communities Health Information Organization (SCHIO) released a case study: Improving Behavioral Health Through Data-Driven Collaboration.
- Telligen announced that Qualitrac®, Telligen's proprietary, population health management suite of modules has earned certified status by HITRUST for information security.

Congratulations to the 2023 Community Excellence Awardees!

- Community Impact Award, **Health Impact Ohio**
- Innovation Pioneer Award, **Ciitizen**
- Moving Data Into Action Award, **Delaware Health Information Network**
- Quality Improvement Trailblazer Award, **Telligen**
- Health Equity Achievement Award, **Michigan Health Information Network**
- Governance Gold Medalist Award, **MyHealth Access Network**
- Partnership Promoter Award, **211 San Diego CIE, San Diego Health Connect**
- Emerging Leader Award, **Sarah Brinkman**
- Leadership Excellence Award, **Kat McDavitt**
- Leadership Excellence Award, **Marc Bennett**
- Dedicated Mentor Award, **Bezawit Sumner**
- Career Achievement Award, **Joe Kachelski**

Spotlight Presentation: Health IT End-Users Alliance Consensus Statement on Data to Support Equity

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Health IT End-Users Alliance

Consensus Statement on Data to Support Equity

September 2023

HEALTH IT
End Users Alliance

HEALTH IT
End Users Alliance

To advance end-user perspectives in health IT policy and standards development and provide a collective voice to move beyond end-user involvement to end-user leadership.

Mission Statement:

To advance end-user perspectives in health IT policy and standards development and provide a collective voice to move beyond end-user involvement to end-user leadership. By working together, we can establish a set of priorities for how technology should support clinical care and operations.

What We're For:

Health IT End-Users Alliance works to ensure that policy and standards development activities reflect the complex web of clinical and operational challenges facing those who use technology tools for care.

HEALTH IT
End Users Alliance

Members:
- American Academy of Family Physicians
- American College of Physicians
- American Health Information Management Association
- American Medical Association
- AMGA
- Medical Group Management Association
- OCHIN
- Premier

https://hitenduser.org

Consensus Statement on Data to Support Equity

Consensus Statement on Data to Support Equity

- As the health care system works collaboratively to ensure we have the right data to guide and evaluate programs and efforts, **we must retain as the primary goal equity in clinical care and health – outcomes that reach far beyond data collection.**

- Collection of data should be actionable, purpose-driven and supported by appropriate and accessible technology and other resources that support connection to social services and other interventions to address identified needs.

HEALTH IT
End Users Alliance

Health IT End-Users Alliance
Consensus Statement on Data to Support Equity

Summary

Achieving equity in health and health care is a key priority that requires collection of data to identify disparities and monitor efforts to improve. Current efforts to standardize and increase uniform collection and reporting of relevant data on race, ethnicity, preferred language and social drivers of health are promising but more needs to be done to support physicians, hospitals and other health care providers given the push to require to collect, use and share this data for public and private programs. Outstanding issues include agreed-upon and validated standards and instruments to support interoperability, training in how best to collect sensitive data, and the development of tools and workflows to efficiently collect data and share it in ways that respect individuals' privacy preferences, avoid redundant or inaccurate data collection, and minimize burden on individuals, clinicians and other providers. Collection of data should be actionable, purpose-driven and supported by appropriate and accessible technology and other resources that support connection to social services and other interventions to address identified needs. Ongoing research is needed to support these efforts.

Issue

A significant body of evidence indicates that access to and outcomes of health care can vary by factors such as race, ethnicity, disability, sexual orientation, gender identity, socioeconomic status, geography, and preferred language, with disadvantaged groups faring worse than others on a range of health outcomes in the United States.[1] The current Administration has prioritized equity in health and health care as a national goal and identified the need for better data on individuals served as a way to focus care improvements and identify disparities, track progress, and promote accountability. This includes, for example, recommendations to improve standardized data collection as a key element of the report from the Presidential COVID-19 Health Equity Task Force and other statements.[2]

As the health care system works collaboratively to ensure we have the right data to guide and evaluate programs and efforts, we must retain as the primary goal equity in clinical care and health – outcomes that reach far beyond data collection.

Collecting data to identify and address disparities is important and collectively the health care system is making progress in developing standards. Within the Department of Health and Human Services (HHS), the Office of the National Coordinator for Health Information Technology (ONC) has included standards to collect demographic, sexual orientation, gender identity, and social drivers of health (SDOH) data within the United States Core Data for Interoperability (USCDI). ONC

Summary Points

- Achieving equity in health and health care is a key priority that requires collection of data to identify disparities and monitor efforts to improve.
- Outstanding issues include:
  - Agreed-upon and validated standards and instruments to support interoperability
  - Training in how best to collect sensitive data, and
  - Development of tools and workflows to efficiently collect data and share it in ways that respect individuals' privacy preferences, avoid redundant or inaccurate data collection, and minimize burden on individuals, clinicians and other providers.
- Ongoing research is needed to support these efforts.

Principles 1-3

- Need for standards-based, validated instruments

- Need for alignment across government programs

1. Prioritize continued development of standardized and validated demographic and social drivers of health (SDOH) data elements to be collected in a consistent, comparable fashion for priority domains (e.g., housing stability, food security, access to transportation, utility assistance, and personal safety).

2. Align selected domains across federal and state healthcare program and reporting requirements (HRSA, Ryan-White, Medicare, Medicaid, etc.) and by commercial health plans.

3. Develop consensus on validated instruments to be used for data collection (as appropriate for a given setting, context or domain), with a preference for self-reporting of race, ethnicity and other factors.
- Develop and support adoption of validated technical tools to support collection in standardized formats and the ability to share electronically, when appropriate.
- Develop and support adoption of technical tools to protect privacy and maintain autonomy over how personal information is used, consistent with individual preferences.

Principles 4-6

- Collaboration and compensation needed for successful collection and management of SDOH data

- Prioritize patient care

- Be mindful of privacy issues

4. Recognize that there is a shared obligation to collect and appropriately share relevant demographic and SDOH data. As appropriate, public programs, payers and community-based organizations should collaborate in order to optimize the collection of these data elements, with appropriate compensation for data collection and management of health-related social needs. Data must be available to providers in support of clinical and social care and provider-based efforts to address equity.

5. Keep the primary focus for collecting demographic and SDOH data on meeting patient needs versus secondary uses of the data.

6. Individuals' privacy must be retained through the adoption of comprehensive data privacy practices by community-based organizations (CBOs) and other entities.

Principles 7-9

- Governmental funding and support for ongoing training and technology

- Efficient coordination with CBOs to ensure equity

- Humility and sensitivity to individual preferences for sharing

7. Federal, state and local governments and health plans should actively provide funding, technical resources and infrastructure to support training, hardware and software implementation and maintenance, evaluation and quality improvement, and coordination between health care organizations and CBOs to connect individuals to resources so that identified needs can be met, with a specific commitment to invest in innovators and implementers in and from historically marginalized communities.

8. The health care community needs appropriate tools and processes to close social service and CBO referral loops, including standardized approaches to data elements and screening tools (as appropriate to the setting and population) and technology to limit the need for one-off interfaces.

9. Given the primary focus on clinical care and health, policymakers must set reasonable expectations on extent of collection (when, how often, in what settings) to collect sensitive data, including focus on cultural humility and trauma-informed care. Different settings of care may require different approaches. The federal government should provide financial and technical support on how best to collect sensitive information.

Principles 10-11

- Understand views and needs of historically underinvested communities

- Significant research needs

10. Policymakers, standards developers, public/private coalitions, and others with influence on industry-wide rules, regulations, and norms related to topics such as coverage and payment, data privacy, and technological infrastructure, should proactively learn from health innovators, investors, patients, and caregivers from historically underinvested communities to inform and guide their priorities and foster accountability for impact.

11. Continue and expand research to improve SDOH data collection to optimize improved equity. This includes research on:

- How best to leverage SDOH data in ways that are clinically relevant and linked to care plans;
- How best to collect SDOH data and the workforce skills needed;
- Patient attitudes toward collection of SDOH data and preferences for how and how often data should be collected;
- The clinical validity and reliability of data collected and instruments used;
- The link between screen positive and connection made and between connection made and needs met; and
- Appropriate use of demographic and SDOH data in artificial intelligence tools to ensure that disparities are identified/addressed and bias or harm is avoided or mitigated.

Discussion

Contact

Steven Waldren – swaldren@aafp.org
Andrew Tomlinson – Andrew.Tomlinson@ahima.org

Poll: Did you learn something valuable or new, make a new connection, and/or was this a valuable use of your time?

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