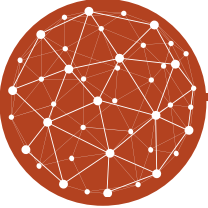

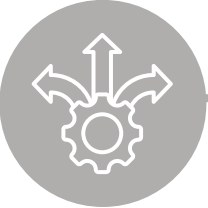




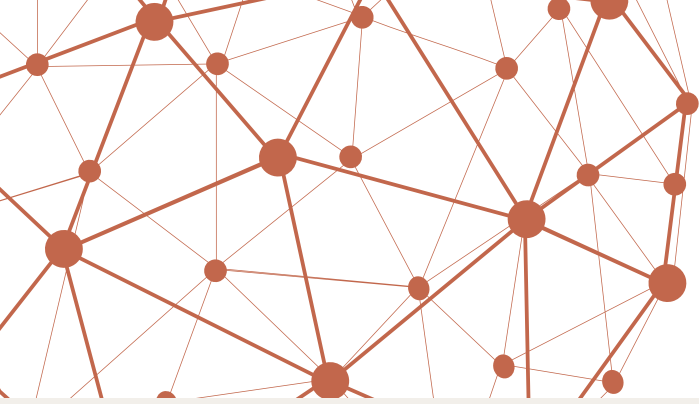
2024 ADVOCACY AGENDA

Civitas Networks for Health seeks to affirm the role of our members—nonprofit and community benefit health information exchanges (HIEs), regional health improvement collaboratives (RHICs), quality improvement organizations (QIOs), all-payer claims databases (APCDs), data collaboratives, as well as their public and private-sector partners—in developing critical health infrastructure and offering unique expertise in the national health data, interoperability, and health improvement space.

Our Advocacy Agenda seeks to advance our shared commitment to an American health system that is as dynamic and innovative as it is economically efficient and equitable, grounded in the imperative to deliver quality whole-person and value-based care.

AGENDA AT A GLANCE

-  1. Promote greater digital interoperability across the health system, including between different types of provider organizations, community-based organizations, public health authorities, and social service agencies.
-  2. Promote the continued development and operationalization of social determinants of health (SDOH) data, and its integration into public health programming at all levels.
-  3. Promote greater flexibility and adaptability in the use of public funds for health data infrastructure, partnerships, and related activities.
-  4. Promote practical health data privacy and consent frameworks that are responsive to the needs of patients and providers as technology continues to advance.
-  5. Promote the development and recognition of health data utilities (HDUs) to advance the HDU model across the country.



1. **PROMOTE GREATER DIGITAL INTEROPERABILITY ACROSS THE HEALTH SYSTEM, INCLUDING BETWEEN DIFFERENT TYPES OF PROVIDER ORGANIZATIONS, COMMUNITY-BASED ORGANIZATIONS, PUBLIC HEALTH AUTHORITIES, AND SOCIAL SERVICE AGENCIES.**

Civitas advocates for continuous development and consistent implementation of:

- Laws and regulations that enable trusted exchange of health information and prevent information blocking.
- The use of data standards, such as USCDI and Gravity Project standards, and the further development of standards-based APIs.

And we support:

- Maintaining and expanding programs that incentivize providers of all types to increase connectivity and exchange.
- Building networks at the local, regional, and national levels to create community health data resources for many use cases and stakeholders.
- Improving data exchange for improved health outcomes, better disease surveillance, academic research, and accountable care models.



2. PROMOTE THE CONTINUED DEVELOPMENT AND OPERATIONALIZATION OF SOCIAL DETERMINANTS OF HEALTH (SDOH) DATA, AND ITS INTEGRATION INTO PUBLIC HEALTH PROGRAMMING AT ALL LEVELS.

In recent years, the medical community has increasingly recognized that non-clinical factors profoundly affect health outcomes, especially for the most vulnerable populations. While many of these challenges fall outside the scope of health policy alone, the health system has an essential role in developing ways to measure the impact of health-related social needs on patients and building referral networks that connect clinical and non-clinical aspects of care.

Many Civitas members operate these referral networks as multi-stakeholder partnerships; other members design and implement direct services “on the ground” that use them intensively, such as care coordination and community care hubs that deploy community health workers as a critical part of the community care workforce.

Civitas encourages federal and state governments to continue to prioritize the collection and exchange of standardized SDOH data elements in programming and supporting connectivity with social service agencies.



3. PROMOTE GREATER FLEXIBILITY AND ADAPTABILITY IN THE USE OF PUBLIC FUNDS FOR HEALTH DATA INFRASTRUCTURE, PARTNERSHIPS, AND RELATED ACTIVITIES.

Mandatory 2023 federal spending through Medicare and Medicaid exceeded \$1.7 trillion, while the discretionary budget for the Department of Health and Human Services was \$227 billion the same year, and state health departments spent tens of billions more. Despite these activities' impact in driving down total cost of care, improving patient outcomes, and enhancing the overall efficacy of federal and state health programs, a small fraction of this overall spending finds its way into programs that directly or indirectly support HIE, community-based care coordination and screening, quality improvement, and evaluation.

At a time when the public health enterprise and care delivery pipeline stakeholders are cognizant of limited taxpayer resources, and the need to drive down costs, Civitas and its members seek to leverage existing public partnerships and capabilities of members across the country to make a case for a larger share of current funding streams, and for expanding the scope of funding eligibility under existing program authorities. As the use cases for health data grow and diversify, the nation's HIEs, RHICs, QIOs, APCDs, data collaboratives, community-based organizations and community information exchanges, and safety net providers are critical components of the ecosystem working towards public health goals.



4. PROMOTE PRACTICAL HEALTH DATA PRIVACY AND CONSENT FRAMEWORKS THAT ARE RESPONSIVE TO THE NEEDS OF PATIENTS AND PROVIDERS AS TECHNOLOGY CONTINUES TO ADVANCE.

Many Civitas members operate successfully as business associates within the federal Health Insurance Portability and Accountability Act (HIPAA) framework, which has governed the treatment of individually identifiable health information for nearly 30 years. However, over the past decade, the sheer volume of data collected across the health system (and beyond) and the increasing variety of digital data sources have raised new and important questions about patients' control over their information.

An uncertain legal landscape on both the federal and state levels has created a complex series of interlocking laws and regulations that stakeholders must navigate at the same time as they adapt to breakthrough technologies such as artificial intelligence (AI), which promises to dramatically increase the utility of health information even as it further complicates individuals' data agency and tribal data sovereignty.

In navigating these issues, Civitas is committed to a system that maintains HIPAA's baseline of federal protection and expands it to cover PHI handled by non-provider community-based organizations while accommodating more stringent state designations of sensitive health data and statewide consent management rules.



5. **PROMOTE THE DEVELOPMENT AND RECOGNITION OF HEALTH DATA UTILITIES (HDUS) TO ADVANCE THE HDU MODEL ACROSS THE COUNTRY.**

Increasing digitization coupled with the expanding reach of stakeholder-governed, state-designated health information exchange networks and the proliferation of public health, payer, and SDOH use-cases for these networks has led to the emergence of the health data utility (HDU) model as the evolution of health data infrastructure.

HDUs are single nonprofit entities (single statewide HIEs) or flexible nonprofit coalitions of HIEs, RHICs, QIOs, and community-based organizations that pool their capabilities and expertise under the HDU banner. HDUs are more than big HIEs; they are defined by a broad spectrum of clinical and non-clinical applications and mechanisms of accountability to patients, providers, and policymakers that large vendor-based EHR systems alone typically lack, as well as a higher degree of financial self-sufficiency within their geographies that is based on the provision of value-added services.

Civitas seeks to elevate the HDU model in policy discourse at all levels, working closely with our members and partners to encourage state-level designation of HDUs and formal recognition of those designations by federal agencies.