Care Coordination Workgroup

June 13, 2022
Virtual Only

Agenda

- **Welcome**
- **Workgroup Membership Level Set**
- **Statewide SHIE Landscape**
- **Data Governance Framework Options**
- **Wrap-up and Public Comment**

Welcome!

Workgroup Membership Roles and Responsibilities

Why Restructure Now?

- **RFP coming up in the fall**
  - Lots of work to do!
  - Incorporate perspective from across care delivery spectrum into RFP requirements → Make sure folks doing the work on the ground get what they need
  - Ensure equity and fairness in RFP process

- **New leadership is an opportunity to refresh, re-engage, and re-energize!**

- **Community-based infrastructure development approach**

Roles & Responsibilities

OeHI — Office of eHealth Innovation

eHealth Commission
- Develop and lead statewide strategy and Health IT Roadmap implementation
- Provide strategic oversight to OeHI and Workgroups
- Spin up/down workgroups as needed

Care Coordination Workgroup
- Approve OeHI CC strategy
- Provide subject matter expertise
- Report out to eHealth Commission
- Spin up/down "strike forces" as needed

OeHI Project Team
- Develop strategy
- Lead implementation
- Manage contracting, procurement, etc.
- Ensure vendor accountability

Vendors & Other Partners
- Provide technology/ solution expertise
- Apply for RFPs, other procurements
- Implement work
- May join strike forces

Strike Forces/Subgroups: Spun up as needed to solve a specific problem, speak to a specific subject area, or loop in experts from outside the workgroup to weigh in on an issue.

OeHI Refresh & Workgroup Goals

- Develop S-HIE "branding"

- Prioritize use cases for S-HIE

- Develop action plan for data governance

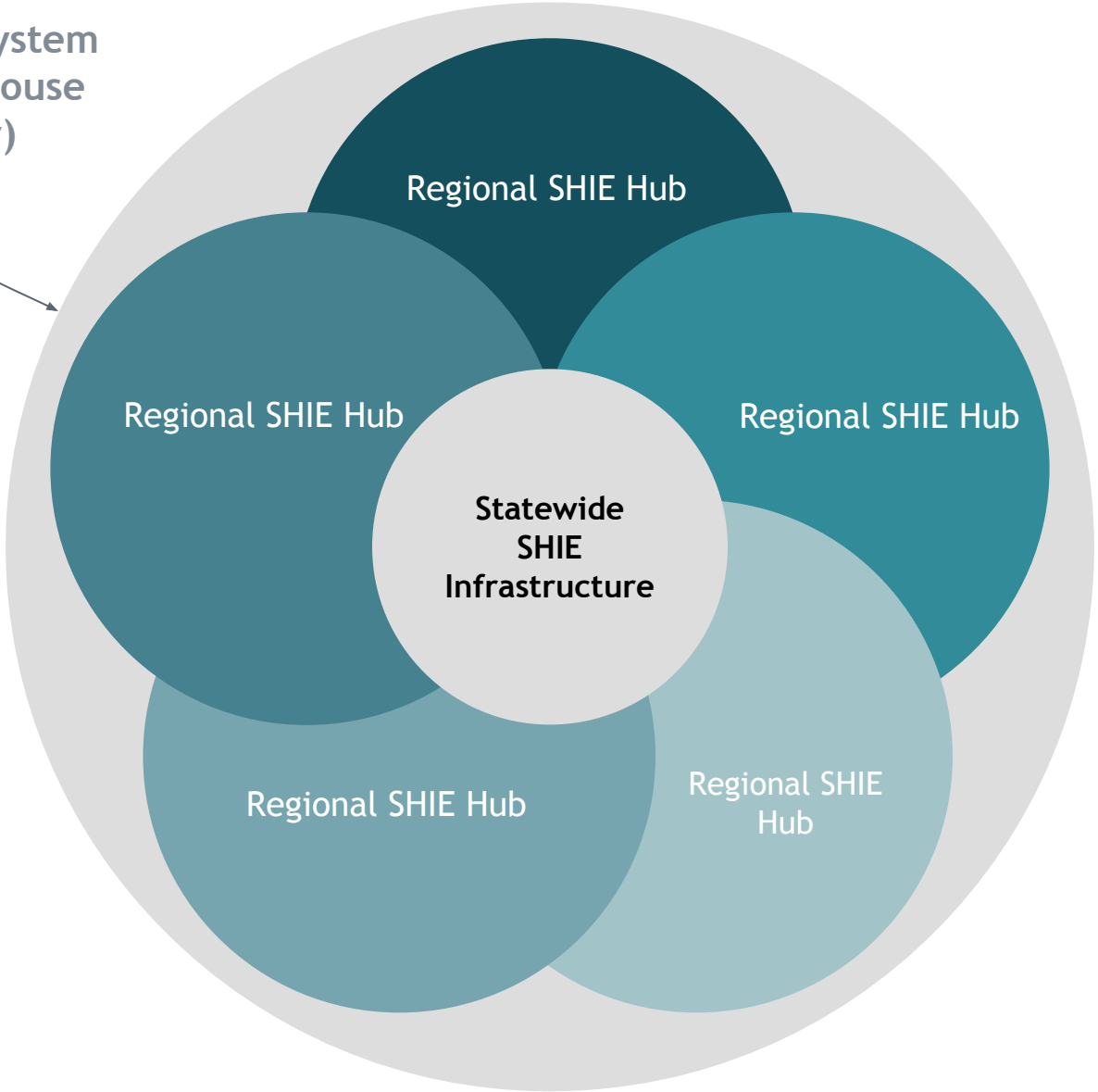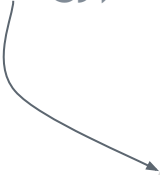- Strategize integration of identity management and consent into S-HIE

Reminder: Two-Pronged Approach

OeHI
Office of eHealth Innovation

The SHIEcosystem
(Data Lakehouse
Strategy)

Regional SHIE Hub

Regional SHIE Hub

Regional SHIE Hub

Statewide
SHIE
Infrastructure

Regional SHIE Hub

Regional SHIE
Hub

Existing SHIE-Like Work in CO

Project	Lead Organization(s)	Use Case(s)	Regional	Statewide
Collaborative Community Response Initiative (CCR)	University of Colorado		X	
Community Care Team Model	CCMCN	Behavioral Health, Chronic Care Management, Prenatal Care, Others	X	
Metro Denver Partnership for Health	CHI	Maternal & Child Health, Chronic Disease, Others	X	
Pueblo County	LPHA	Behavioral Health	X	
Boulder County	County Human Services	Behavioral Health, Homelessness	X	
Mesa County	QHN CCR support	Family homelessness	X	

- Contexture/CORHIO
  - Architecture for SDoH notifications

- QHN - Community Resource Network (CRN)
  - Expanding CRN tool for increased adoption

- CCMCN
  - Continued tech architecture to support a state Social Health Information Exchange, focused on referral interoperability.

What other SHIE-like systems did we miss?

Governance

An organization-wide framework for managing health information throughout its lifecycle—from the moment a patient's information is first entered in the system until well after they are discharged.[1]

[1]AHIMA: https://www.ahima.org/media/pmcb0fr5/healthcare-data-governance-practice-brief-final.pdf

Social Determinants of Health Information Exchange Foundational Elements

Governance

Governance consists of several levels of decision-making, including:

- **Institutional governance**: Context in which the terms of participation are established, including the processes by which leadership and service providers are organized, administered, and removed;priorities are set and adjusted; rulemaking processes are established and changed; outcomes are evaluated; and institutional conflicts are resolved.

- **Administrative governance:** Context in which policies, as prioritized by institutional governance, are designed, implemented, monitored, and enforced—including those pertaining to regulatory compliance, agreements for information sharing and use, and operational standards.

- **Data governance:** Context in which policies established by administrative governance are implemented and enforced through processes of data stewardship, such as rules for technical standards and data collection, management, storage, exchange, verification, validation, contestation, and deletion.

Questions to consider

- **Institutional governance:**
  • How will the terms of membership and participation in the system be established?
  • Who will decide the terms of membership and participation, and who will decide the rules of the system?

- **Administrative governance:**
  • How will the policies pertaining to information sharing, incentives, and evaluation be made and changed?
  • Who will be responsible for facilitating policy making, implementation, and enforcement? Who should be subject to mechanisms of accountability?

- **Data governance:**
  • What data standards and technical system design will your initiative adopt, and how will those standards be implemented and monitored?
  • To what extent will the initiative's infrastructure be "vendor-agnostic," and what provisions should be in place to ensure such terms?

OeHI Office of eHealth Innovation

HealthierHere
Working Together to Make Health More Equitable

King County: Large, Complex, Inequitable

2 million+ People

Half Million Medicaid Beneficiaries

23% of the State's Medicaid Beneficiaries

170 Different Languages

39 Municipal Governments

29 Fire Districts/Departments

17 Hospitals + Regional Trauma Center

Thriving Economy & Great Wealth

COSTCO   Microsoft   amazon

Starbucks   Expedia

High Rates of Poverty & Homelessness

Residents in wealthy zip codes live 10 years longer than those in the poorest

3 Governance Structure Options

Option 1: Board Governance (the "Full Democracy" model)
- Representatives from participating CBOs, other agencies comprise board and come to decisions through consensus
- Pro: Opportunities for community perspectives, relationship building, shared responsibility
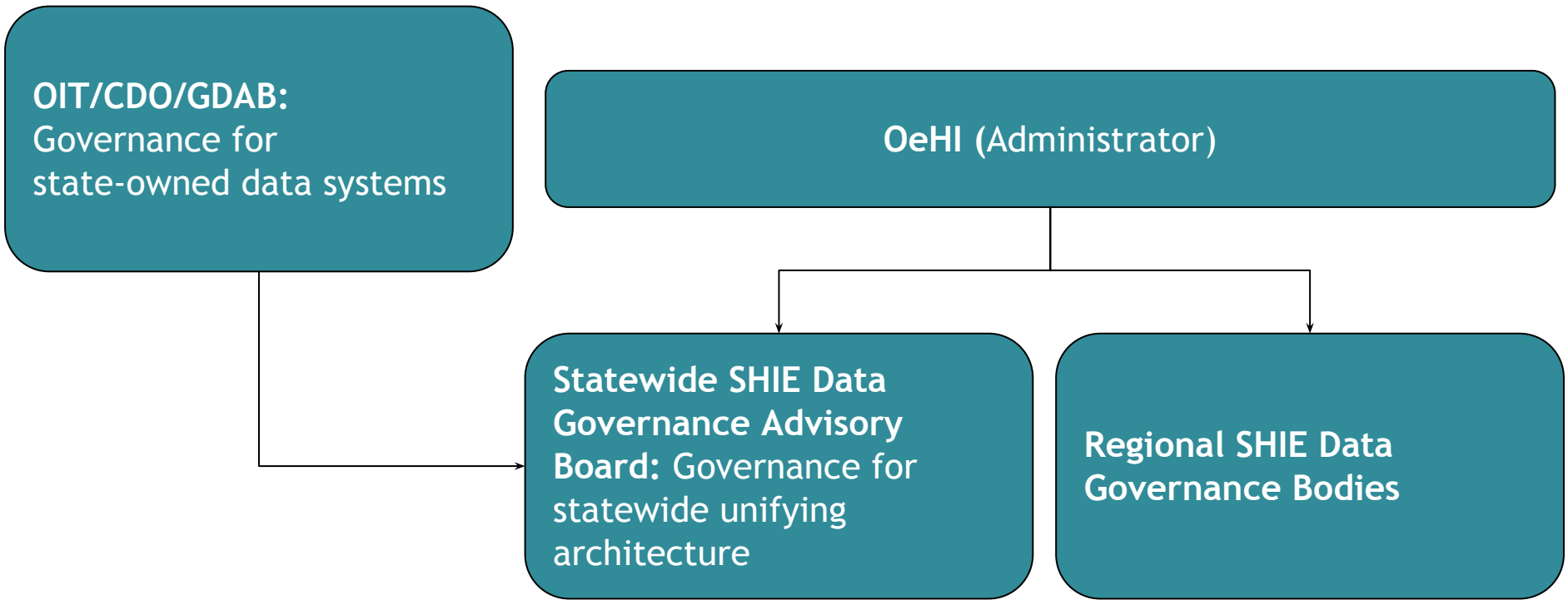- Con: Potentially slow decision-making

Option 2: Hybrid Governance (the "Representative Democracy" model)
- Same board structure as above, with administrative functions delegated to an Administrator
- Pro: Administrator can act quickly if needed, while still seeking board consensus for more complex issues
- Con: Selection of an Administrator could cause controversy

Option 3: Administrator Governance (the "Dictatorship" model)
- Single entity establishes framework without additional input
- Pro: Work can progress quickly
- Con: Limited input, no diversity in perspectives, limited opportunities for relationship building

OeHI Governance Model Proposal

OIT/CDO/GDAB: Governance for state-owned data systems

OeHI (Administrator)

Statewide SHIE Data Governance Advisory Board: Governance for statewide unifying architecture

Regional SHIE Data Governance Bodies

Requirements

- **Each governance body should have:**
  - Representation from OIT and OeHI (except regional entities - only when appropriate)
  - Representation from statewide unifying architecture RFP-awardee
  - Expertise on legal/privacy or ability to spin up a subgroup to manage these concerns
  - Community representation, including individuals with knowledge of care delivery model to speak to client experience and burden

- **Key Tasks**
  - Integration of consent and identity
  - Data sharing/privacy standards
  - Identification of performance management and evaluation outcomes for statewide architecture
  - Development of data standards for linked systems (regional hubs, national vendors, etc.) → in collaboration with community partners!

Regional SHIE Governance

- **Allow flexibility for specific membership based on use case, region, and technologies**
- **Key Tasks**
  - Development of screening and rescreening standards
  - Workflows for data collection across system lifecycle
  - Data sharing/privacy across region and between region and state, other regions
  - Relationship building across regional network

- **Administrator:**
  - Ensure workgroups are on track
  - Report to Care Coordination Workgroup and eHealth Commission
  - Align with statewide strategy and goals
  - Provide TA/facilitation support/subject matter expertise to regions (either from OeHI team or bring in experts)
  - Lead statewide governance group
  - Ensure appropriate connection with OIT/GDAB/ other state-led efforts

References for Later Review
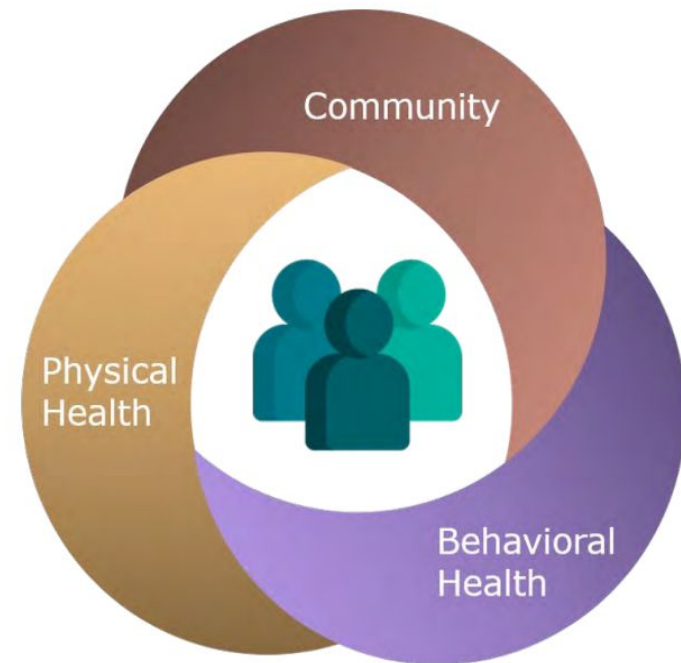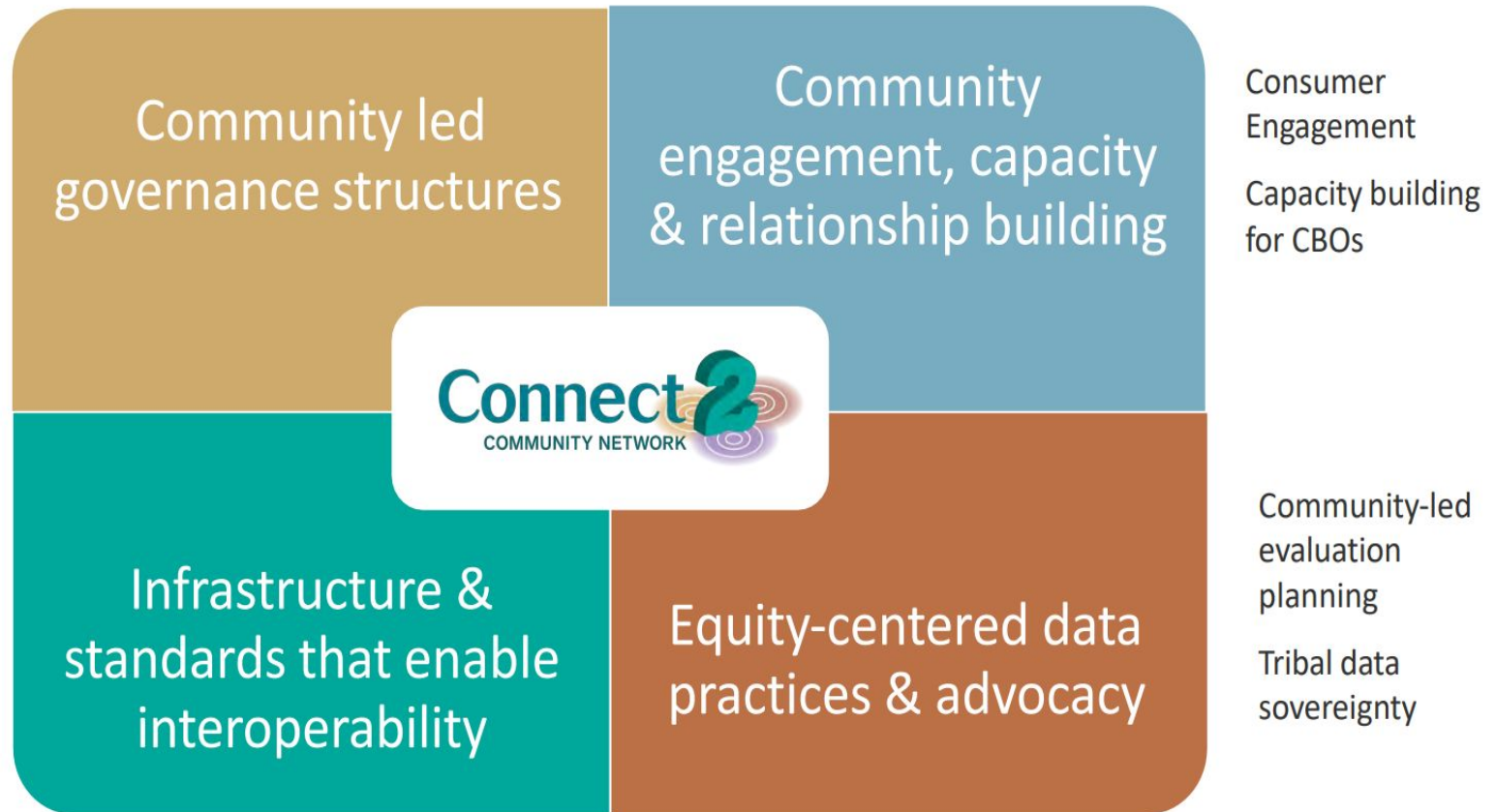
What is the Connect2 Community Network?

A community information exchange (CIE) for King County, WA:

- A unified network for community and clinical organizations to share data and coordinate care
- Built on relationships, enabled by technology
- Community-led by a multi-sector Advisory Group
- Co-designing tools and policies
- Dedicated to reducing health disparities and improving outcomes

Building a Unified Network

Community led governance structures

Community engagement, capacity & relationship building

Infrastructure & standards that enable interoperability

Equity-centered data practices & advocacy

Connect 2 COMMUNITY NETWORK

Consumer Engagement

Capacity building for CBOs

Privacy and RFP process that engaged community partners

Community-led evaluation planning

Tribal data sovereignty

Connect2 Community Network Governance

Advisory Group

Network Partner Workgroup	Legal, Data & Technology Workgroup	Unite Washington Workgroup	Other Workgroups as needed
Develop recommendations on the design and implementation of the network	Develop recommendations on privacy and technology	Support partner participation and the growth of the Unite Us network	Examples: ▪ Policy ▪ Population-specific ▪ Service type

Advisory Group Composition

A 20–30-member governing body comprised of subject matter experts from sectors critical to the network's success:

Community-based organizations *(3 seats)*

Social service support/delivery organizations *(4-5 seats)*

Information and referral providers *(2 seats)*

Consumer/community coalitions *(2 seats)*

Tribal entities/organizations *(4-6 seats)*

Corporate/philanthropic foundations *(2 seats)*

Federally Qualified Health Center

Health system

Behavioral health agency

Medicaid Managed Care Organization

Private insurer

King County government

City of Seattle government

Suburban government

Community-based organization serving criminal justice involved individuals

First responder

Organizational sponsor

At-large member

Note: Each sector has 1 seat unless otherwise noted.

What We Have Heard from Our Community

- Unified network of platforms that connect, communicate and cooperate, not one technology

- Built on relationships, enabled by technology

- Co-design is critical to gain trust, and the success of the Connect2 Community Network hinges on the trust we have with providers and the trust they have with community members

- Community-led and operated governance structure that includes multi-sector Advisory Group to ensure that decisions are reflective of and responsive to the community, including functionality, privacy and technology

What We Have Learned…So Far!

- Values need to be shared at all levels

- The work is ongoing – and it takes time

- Technology is the enabler, not the end goal

- Our work is built on relationships and trust

- Community engagement improves privacy and data governance design