



2024 WISHIN Summit Keynote Address

Lisa Bari

Civitas Networks for Health

September 4, 2024





Lisa Bari, MBA, MPH

Chief Executive Officer Civitas Networks for Health

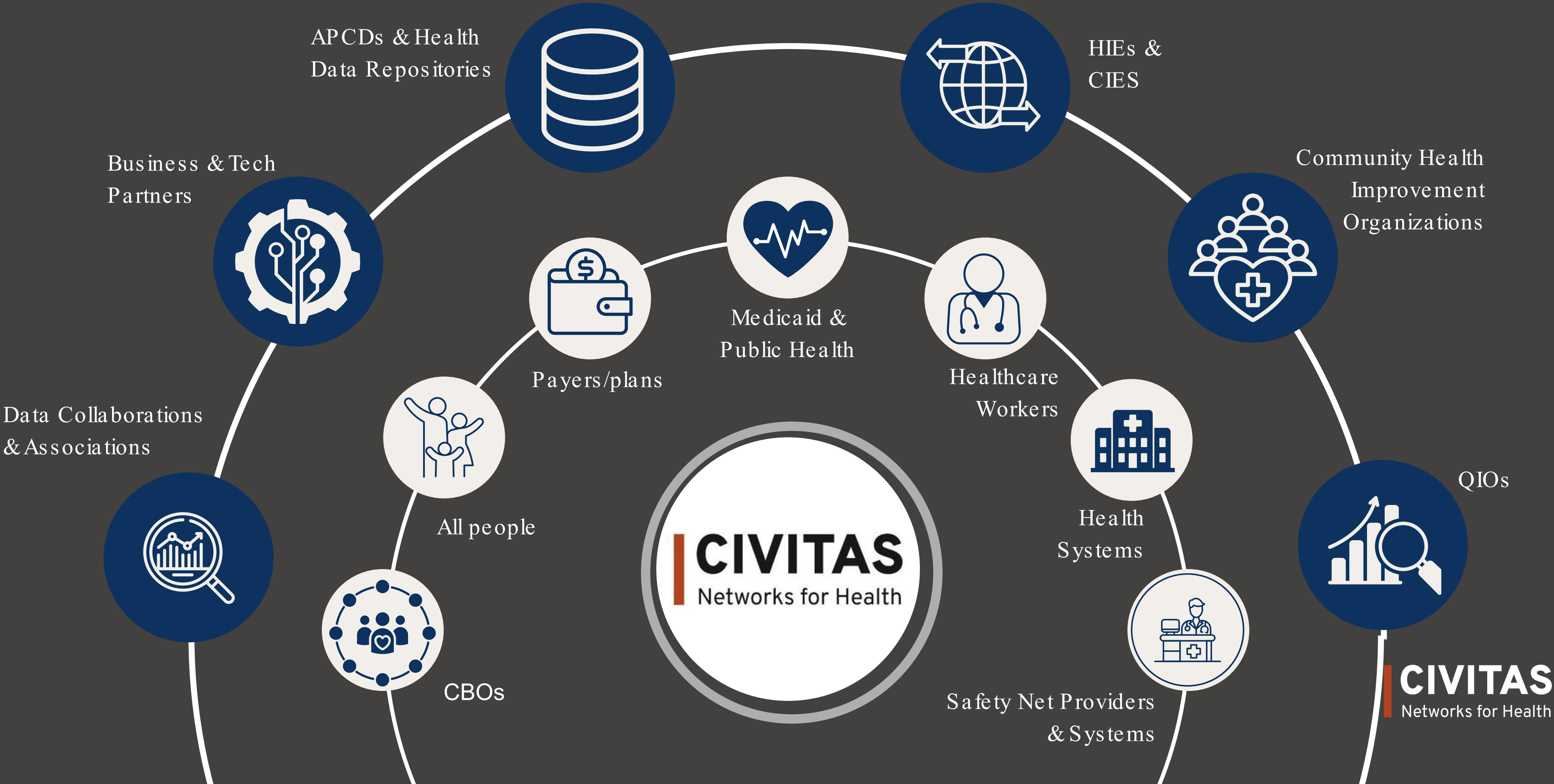
- Founding CEO of Civitas Networks for Health, a national nonprofit member and mission driven organization. Advocate for and speak on behalf of nonprofit, multistakeholder governed, data led, health improvement and health information exchange organizations.
- Prior experience in the US Department of Health and Human Services/CMS Innovation Center leading health IT and interoperability policy for primary care payment models, as and executive in health IT companies, and as a digital health/health tech advisor.
- Serve on the Boards of Directors of the Zorya Foundation and eHealth Exchange.



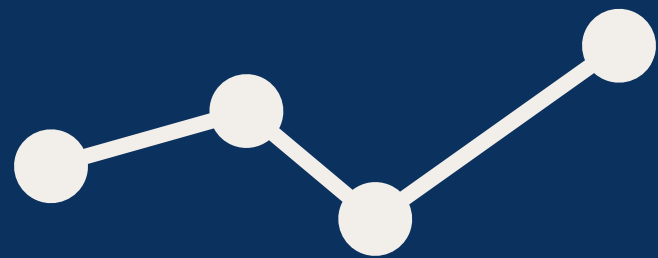
Regional innovation, **national impact.**

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.

WHO CIVITAS SERVES



WHAT IS CIVITAS NETWORKS FOR HEALTH?



DATA



DOING

WISCONSIN CIVITAS REPRESENTATION



**WHIO was a member of
predecessor organization NRHI**

**Thank you to WISHIN Summit
sponsors and Civitas members:**

- **Bamboo Health**
- **Secure Exchange Solutions**
- **Health Catalyst**
- **4Medica**



MEMBERS PARTNERING ON 'DATA TO DOING'

QIO + HIE Partnership



RHIC + HIE Partnership



RHIC + HIE Partnership



QIO + HIE Partnership



QIO + HIE Partnership



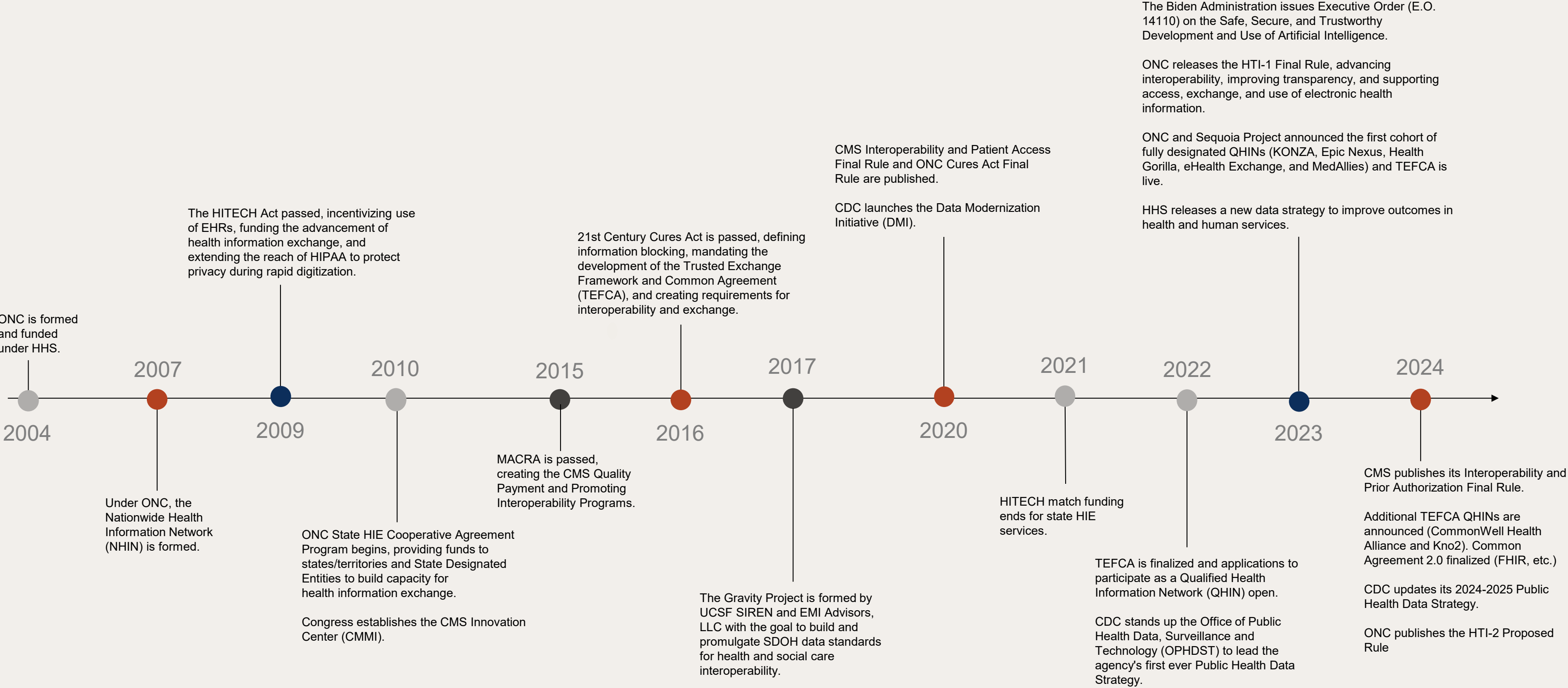
HIE + RHIC Merger



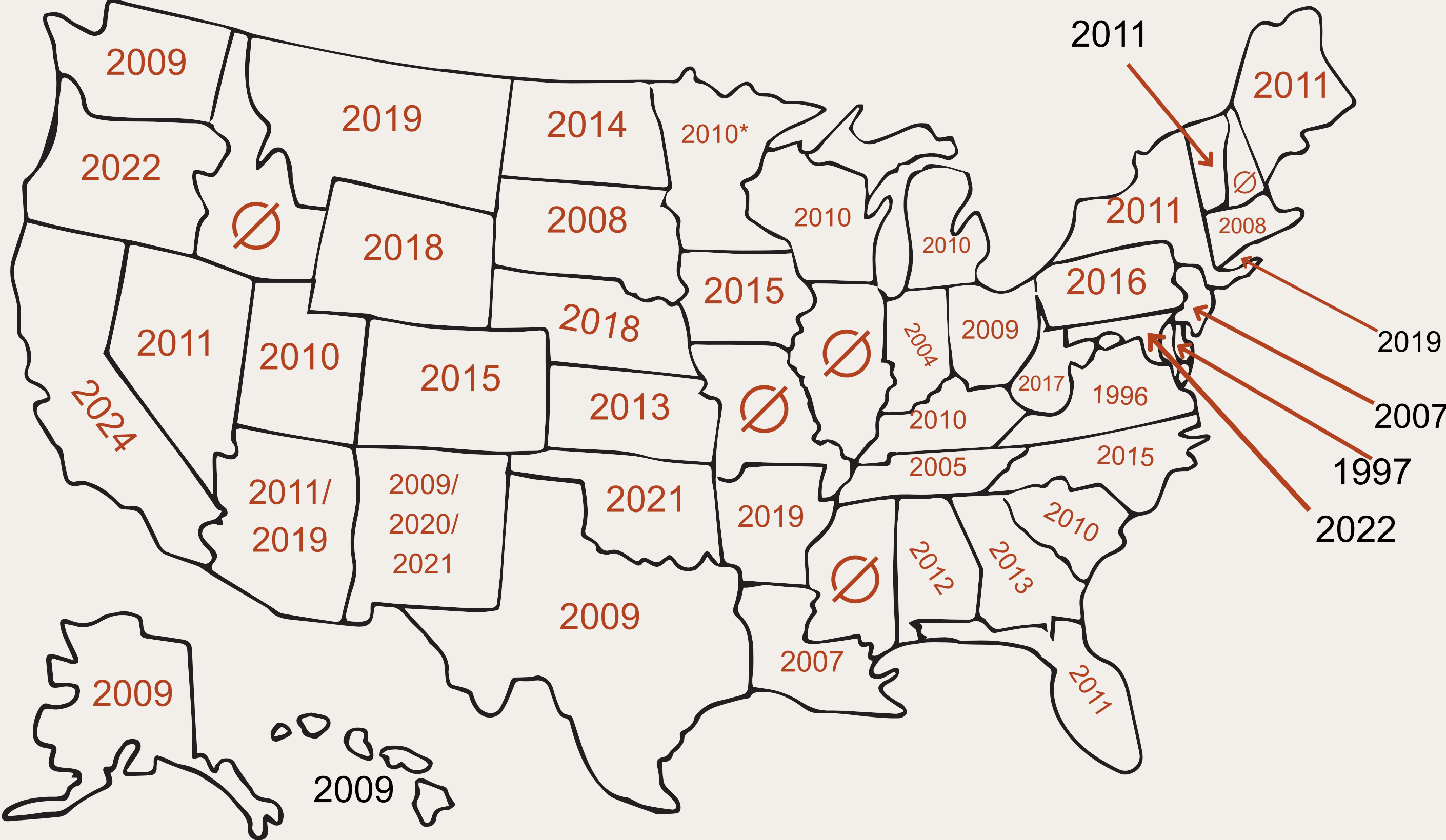
CIVITAS
Networks for Health

20 YEARS OF HIE NATIONWIDE...

National



20+ YEARS OF HIE STATE POLICY DEVELOPMENT





THE EMERGENCE OF HEALTH DATA UTILITIES

HDUs are regional or statewide entities that combine, enhance, and exchange electronic health data across care and service settings for treatment, care coordination, quality improvement, and public and community health purposes. They serve as health equity infrastructure and enable specific, defined use cases with extra safeguards to ensure patient privacy and protection.

They build on existing technical, organizational, and trust infrastructure in states and regions.

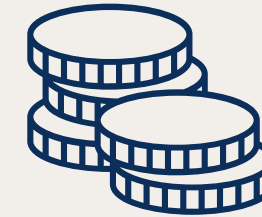
EMERGING HDU CHARACTERISTICS



Neutrality and flexibility in meeting stakeholders' goals



Designated Authority for specific services



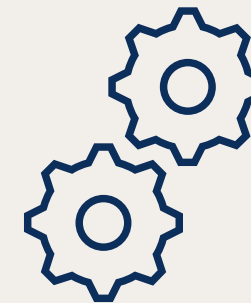
Sustainable financing



Connected region or state geography



Multi-stakeholder, cross-sector participation



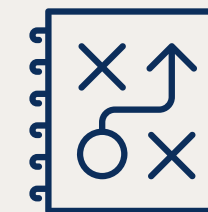
Modular infrastructure and advanced technical services



Public-private partnerships



Inclusive governance strategy



Leverage state and local program and data authority

SOME QUESTIONS...

- What about the national networks, private networks and national interoperability frameworks?
- Will data exchange issues be solved at the national level?
- Why do states, HIEs, local data collaboratives, and emerging HDUs matter?



HEALTH CARE SYSTEM ADOPTION OF HIE

	2021	2023
% of acute care hospitals using state, regional HIEs	79%	78%
% of acute care hospitals using national networks	66%	65%

- **57% are using both--there is no single solution for interoperability in a complex health care landscape.**
- **Further progress is stalled with 14% of hospitals participating in no HIE/interoperability networks.**

Source: 2023 AHA Annual Survey Information Technology Supplement

WHY COMMUNITY GOVERNANCE?

Nationwide Interoperability
Networks & Frameworks



Community Governed HIE/HDU
Organizations

Progress over the last two decades points to nationwide centralization, consolidation, and an EHR-centric view of interoperability and data exchange...

BUT

Data governance must happen at the community level with local stakeholders, in line with state laws and local needs. These organizations can co-exist with national exchanges and frameworks.



National networks and frameworks are like the interstate highway system.

Without state and local networks, you'd exit the I-90 onto a field.

THE RIGHT EQUATION FOR NATIONAL, STATE, REGIONAL, AND LOCAL HDU INFRASTRUCTURE

Robust HDUs
covering every
region and state
in the nation

+

High adoption of
national networks
and frameworks

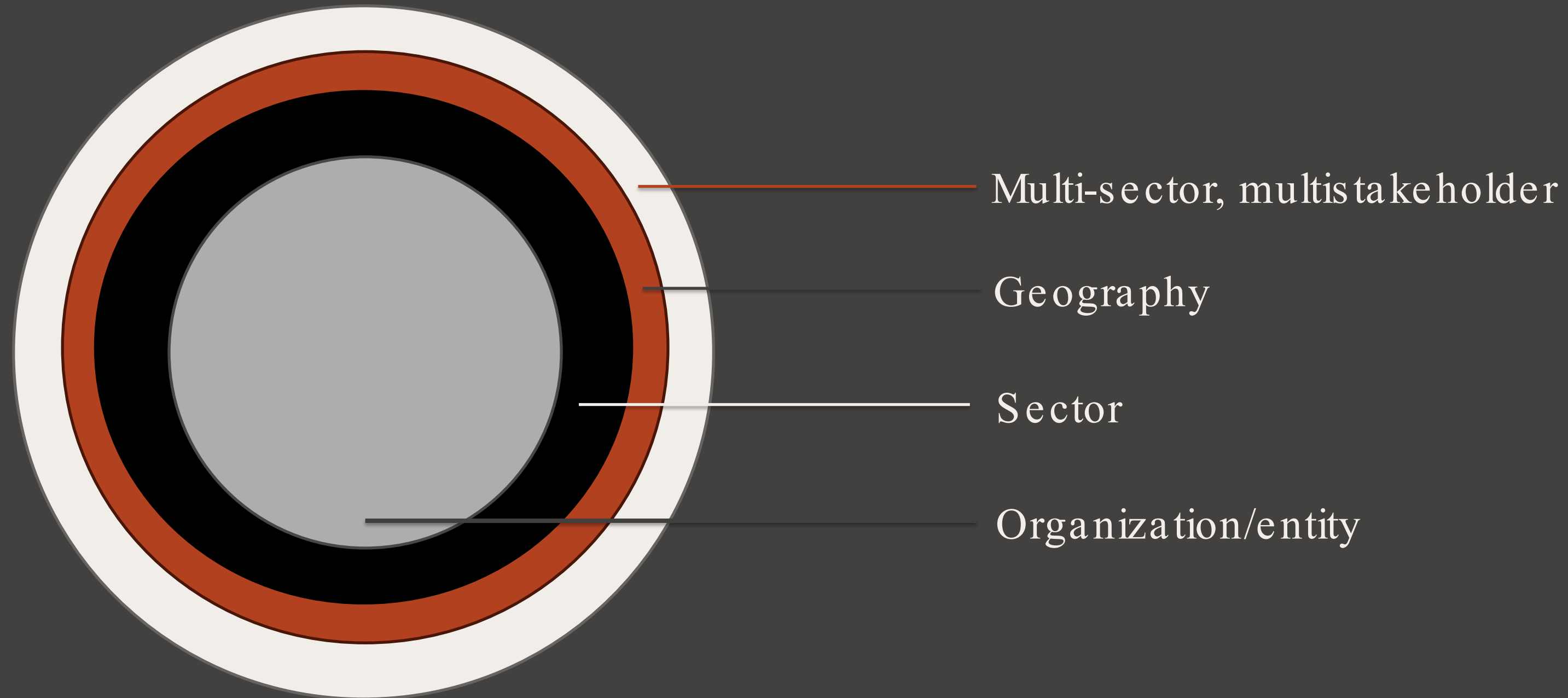
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Meeting health,
quality, equity, and
interoperability
needs for the
US...and beyond?

HDU COMMUNITY GOVERNANCE

Collaborative, flexible community governance to support expanding use cases across geographies and settings.



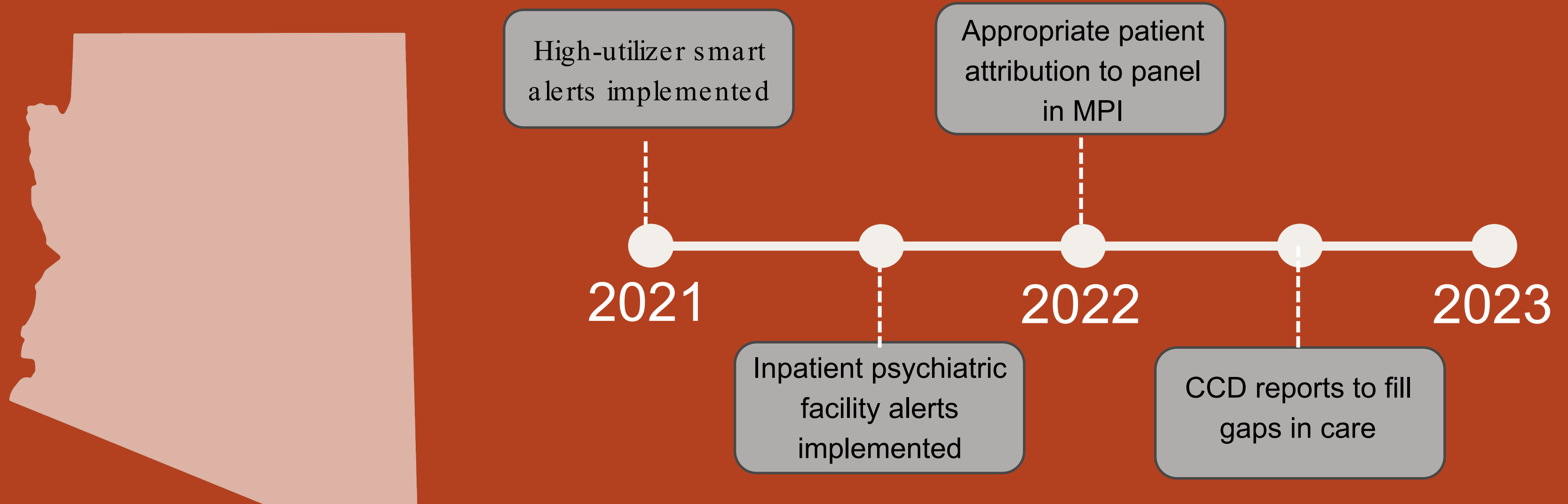
WHAT CAN HDUs DO FOR THEIR COMMUNITIES?

- Enable value-based care and quality improvement
- Data sharing for health-related social needs
- Public health data modernization
- Advancement of health equity



VALUE-BASED CARE ENABLEMENT

In Arizona, the public health and Medicaid systems are utilizing Contexture to improve value-based care delivery. This enables providers to take on risk arrangements for their patient populations because they have more comprehensive quality data that supports whole person care.



VALUE-BASED CARE ENABLEMENT

In Arkansas, through its partnership with HCP-LAN's State Transformation Collaboratives (STC) and the State Health Alliance for Records Exchange (SHARE), different alignment strategies have enabled providers to have a comprehensive view of patient care encounters and patterns. Payers receive comprehensive performance data more quickly rather than having to reconcile data from different practices, helping the state achieve progress toward its national value-based care arrangement.

36.4% RURAL
POPULATION

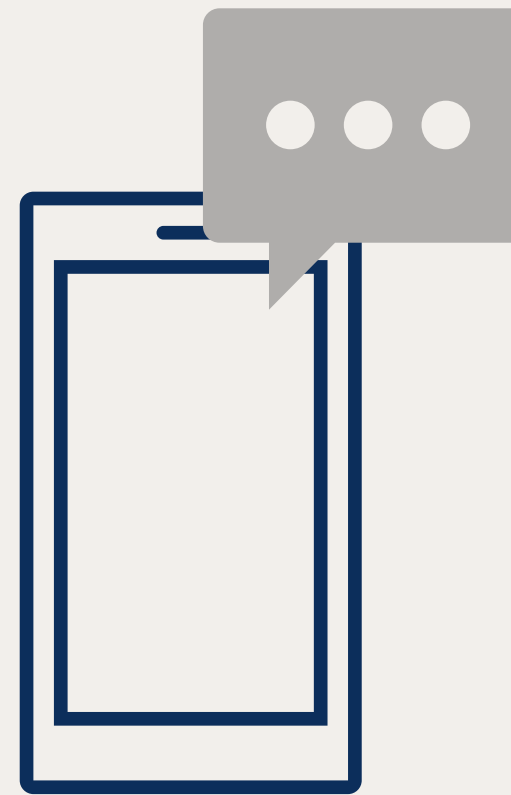
29.7% MEDICAID
COVERAGE



In 2023, the Arkansas STC will build on CPC+ and Primary Care First Model alignment efforts to form an aligned quality measure set. Their immediate focus is to increase payer representation in quality measure discussions.

HEALTH-RELATED SOCIAL NEEDS DATA

In Oklahoma, MyHealthAccess Network, a Gravity Project pilot site, utilized its existing HIE infrastructure to enable HDU for health-related social needs data sharing in a number of settings statewide. The organization did so by implementing an easy-to-use patient survey delivered via text message prior to every appointment with a provider.



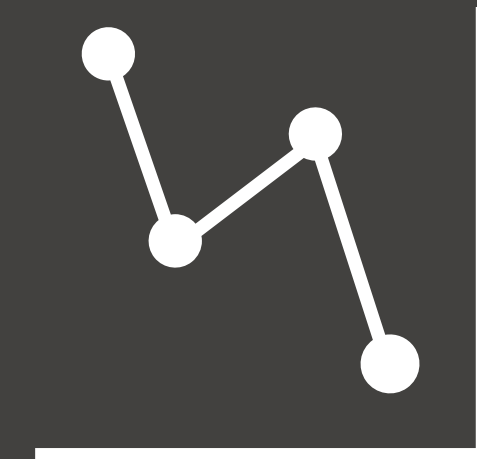
This work helped to reduce healthcare professional burden while still collecting vital data to improve care coordination and delivery. The Gravity Project has supported the rollout by providing technical assistance for the past eight months.

PUBLIC HEALTH DATA MODERNIZATION

The California Department of Public Health needed a better way to collect, organize, track, and report lab result registry data. They expanded the original Electronic Lab Reporting data to create SaPHIRE in 2020. By 2022, with mass amounts of data coming in from COVID-19, SaPHIRE's success required further data modernization efforts. To make this a reality and migrate participating labs to the upgraded system, the state partnered with Manifest MedEx and J2 Interactive.



The two organizations mobilized a team of solution architects, Rhapsody engineers, and HIE subject matter experts to build the necessary interoperability framework to enable secure inbound and outbound data feeds for over 350 participants.

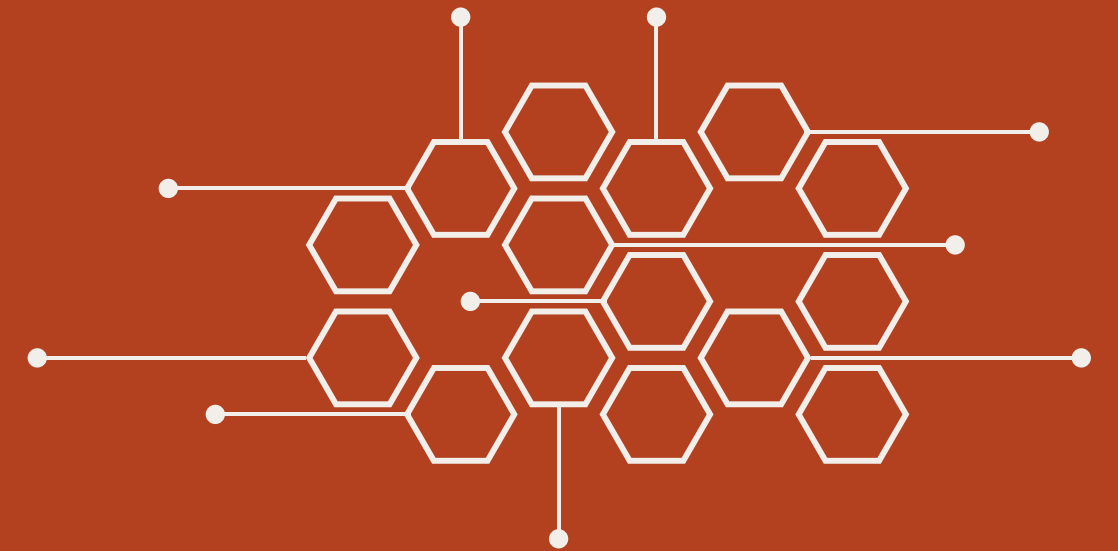


PUBLIC HEALTH DATA MODERNIZATION

To improve hypertension rates statewide, Bronx RHIO partnered with the New York State Department of Health to enhance data intake, tracking, and reporting. By modernizing the systems, they were able to increase the identification of patients with undiagnosed hypertension using electronic health data and explore and test innovative ways to engage non-physician team members.



This enabled them to generate zip-code, county or regional data reports for a measure to support the community health assessment process and development of Community Health Improvement Plans.



HEALTH EQUITY DATA

In Nebraska and Iowa, CyncHealth is using its HIE/HDU designation to help health care teams identify at-risk mothers and infants to enable improved and informed care coordination before, during, and after delivery. The data is used to address gaps in care, ensure mothers are receiving the appropriate referrals at every step, and advance health equity among BIPOC populations.



This work is focused on supporting Black, African American, American Indian, and Alaska Native parents with high-risk conditions who participate in Medicaid/CHIP

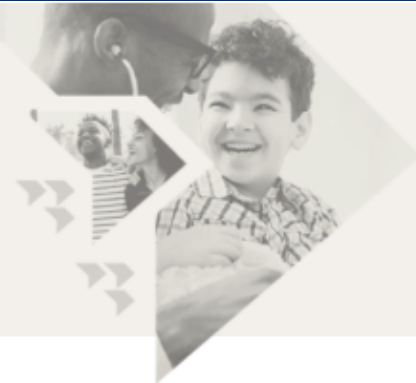
CIVITAS HDU RESOURCES



What are Health Data Utilities?

Health Data Utilities represent a new paradigm to support community-centric health data exchange. They serve as a resource to multiple stakeholders within a defined region with expanded purposes beyond clinical data exchange such as public health, social determinants of health, quality improvement, and value-based care.

Explore resources for Health Data Utilities.












Defining Health Data Utilities

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

Key Characteristics of Health Data Utilities

Health Data Utilities, despite their diverse implementations, share several key characteristics:

 Neutrality and flexibility in meeting stakeholders' goals	 Designated authority	 Sustainable financing
 Connected region or state geography	 Multi-stakeholder, cross-sector participation	 Modular infrastructure and advanced technical services
 Public-private partnerships	 Inclusive governance strategy	 Leverage state and local authority



ATTEND THE CIVITAS 2024 ANNUAL CONFERENCE

We hope you'll consider attending the Civitas Annual Conference in Detroit, Michigan this coming October 15-17, 2024.

Learn more via the Civitas website and sign up for our personalized newsletter –

www.civitasforhealth.org.

THANK YOU! PLEASE KEEP IN TOUCH

SCAN

