

CIE: Talking Points for 2022 Legislative Session

What is community information exchange (CIE)?

Community information exchange (CIE) is a network of healthcare and human/social service partners using a technology platform with functions such as a shared resource directory, “closed loop” referrals, reporting, social needs screening, and other features to electronically connect people to social services and supports.

When people’s needs are met, such as housing, food, and transportation, it leads to improved health outcomes. CIE enables healthcare and social service organizations to coordinate more efficiently in order to address these needs.

Chair Williams, Members of the Committee, for the record my name is Carly Hood-Ronick, and I’m the Executive Director of Project Access NOW, a non-profit in the tri-county area. I am also a member of the Oregon Health Policy Board’s Health Information Technology Oversight Council and will be serving as chair of the newly formed Community Information Exchange Workgroup.

1. For 15 years, Project Access NOW has served as a central access point for health system navigation, Medicaid enrollment, and non-medical social needs administration.
 - a. We have built a network of vendors and clinical partners to support the uninsured. As a community based organization that sits squarely between our 5 big health systems, community clinics, and social service partners, **we stand to gain a lot by having a cohesive referral infrastructure.**
 - b. Today roughly 65% of our clients identify as Black, Indigenous, or people of color, all fall below the federal poverty level, and most are immigrants and/or undocumented. **Health equity and social determinants of health are at the front of the work we do.**
 - c. With the advances in technology that are available today, **we could be much more efficient in our referrals through participation in a CIE.** We, like many of our community-based partners, could serve more clients, act swifter on acute needs, and save clients both time and potential shame in answering questions about their eligibility for services over and over again.
 - d. We could also use aggregate data from a CIE to better inform not only who we serve, but the gaps in services and our reach. **The potential policy making implications for the data that would be housed by a CIE are substantial.**
 - e. But CBOs face very real challenges to onboarding on any CIE including: technological training, capacity and the competing demands for grant funded work, privacy and data concerns from communities historically harmed by health systems, and resources to address additional referrals.



- f. Health systems are referring out to the same CBOs, without clear coordination. On the front lines, community based entities are at risk of being overtaxed without additional support to accept referrals. **It's important that part of the vision for this work is both support for the IT infrastructure itself, but ALSO exploration of how to support the social needs that exist underneath those referrals.**
 - g. CBOs have been a leading voice in the fight for health equity, and have substantial trust in the community. These entities are often best positioned to provide culturally- and linguistically- appropriate outreach to communities, particularly those who are not currently engaged in the healthcare system.
2. From the perspective of HITOC, we see the **CIE Workgroup** as an opportunity to bring together individuals representing Oregon's diverse landscape of community, health care, and social services partners.
- a. Personally, having worked with community clinics and on EMR platforms, in health services research, and now for a social service entity, I can see how complex the development of a CIE is.
 - b. There is an opportunity for the Workgroup to build off of existing CIE efforts across the state and explore various goals to support a shared strategic vision **leading with health equity.**
 - c. We have the opportunity to build **more than a glorified resource directory** through true information exchange and the ability to see a closed loop referral within the CIE.
 - d. We also have the opportunity to **connect disparate information sources** to ensure alignment between multiple existing federal, state, and locally funded initiatives.
 - e. But to do this, we need to understand where CIE is working well, what challenges exist, and where to focus our efforts. Fundamentally, we're looking at: "what are the gaps between the vision, where we are now, and how do we minimize those."
 - f. The health world understands the importance of this work, but as I mentioned, community-based organizations face resource and financial constraints that are a barrier to using CIE. **This will be a main focus for the Workgroup.**
 - g. We plan to come up with concrete next steps, tease apart the biggest areas to focus on to successfully make CIE statewide, and determine how coordination at a state level through an entity like OHA can help us all move forward with one cohesive vision.

Thank you for the opportunity to share.