



Community Information Exchange Planning – CIE strategy options workshop

October 2022

Washington State
Health Care Authority

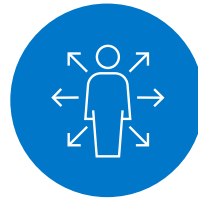
The Washington Health Care Authority is considering a statewide CIE solution as part of the objectives under MTP 2.0

■ Goal relating to the implementation of a statewide CIE solution

The Washington Health Care Authority (HCA) has submitted a Medicaid Transformation Project (MTP) waiver renewal application. With MTP 2.0, the focus is on continuing to improve health outcomes and reducing health disparities through three key goals:



Expanding coverage and access to care through strategic expansion of Medicaid coverage across life stages and for high-risk and historically marginalized populations



Advancing whole-person primary, preventive, and home- and community-based care beyond the clinical setting through innovative policy and funding mechanisms



Accelerating care delivery and payment innovation focused on HRSN (health-related social needs) like nutrition, housing, transportation, education, and social supports

What is a CIE and how might help Washington communities?

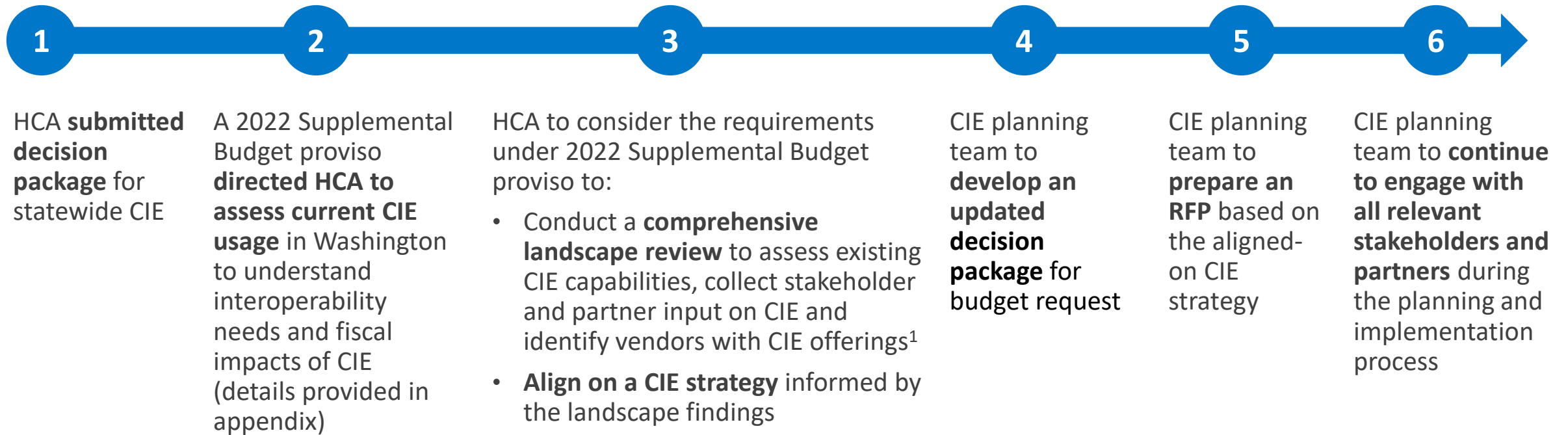
To guide this work, HCA is using the following CIE definition

A Community Information Exchange (CIE) is a network of cross-sector partners – social service, community, tribal, government, physical and behavioral health organizations – who commit to coordinating care so that patients have better access to the care and supports they need to improve their health. Partners access a shared network database where they contribute to a single longitudinal client record, share information, and make bi-directional closed-loop referrals¹

The CIE solution could be used to

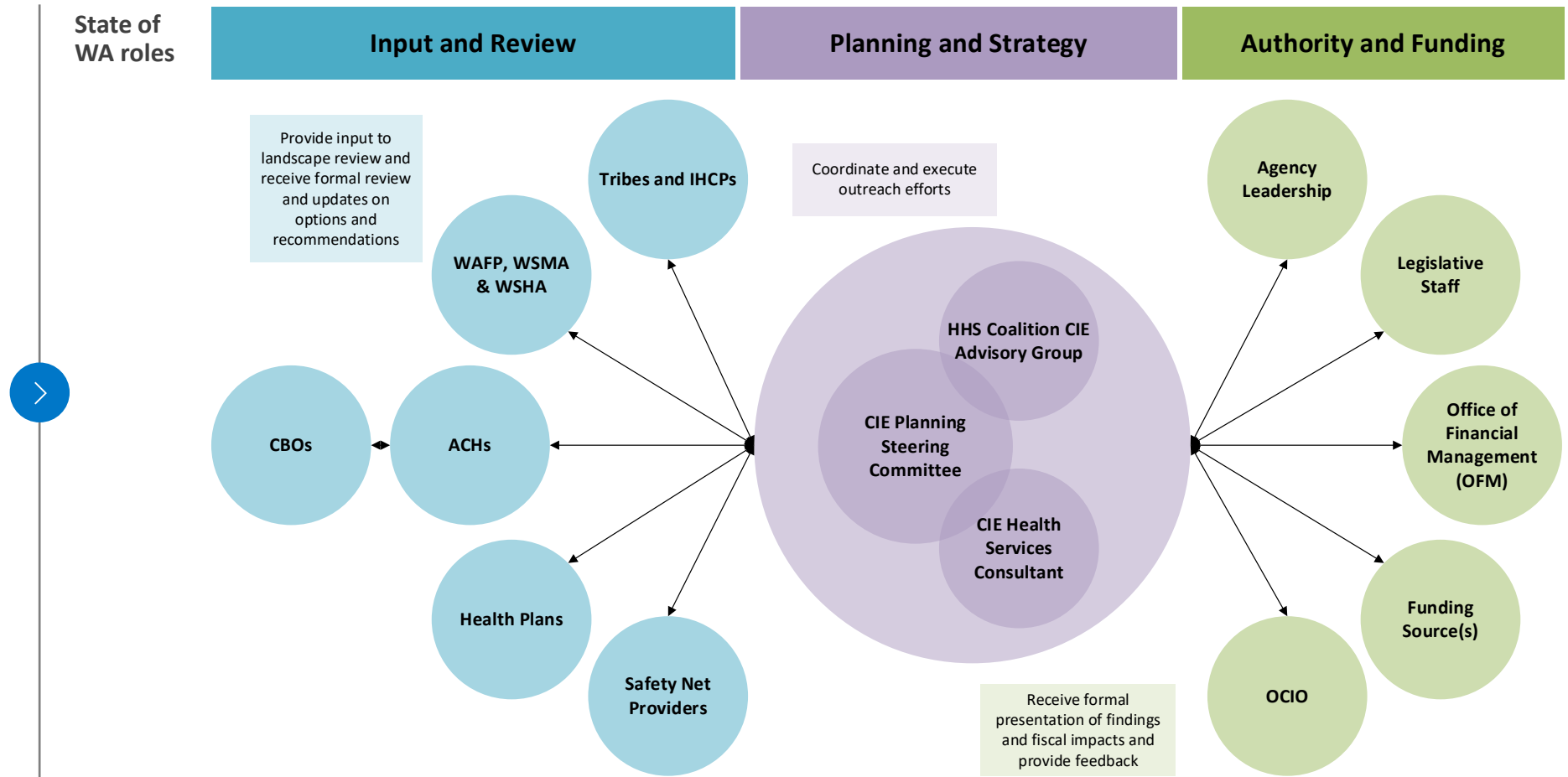
- ▶ Support coordination of and connection to necessary community resources
- ▶ Provide a network of partners to identify and screen for HRSN, share data, and close referrals
- ▶ Assist with data analytics of health-related services

Timeline and approach for CIE strategy development



HCA approach to stakeholder consultation for CIE project

- ▶ **Statewide scope**
- ▶ **Identify individual organizations for information gathering**
- ▶ **If possible, use existing forums and meetings for updates**



CIE landscape in Washington: current usage

Multiple groups in Washington have invested in CIE technology using several platforms; these groups include Accountable Communities of Health (ACHs), Managed Care Organizations (MCOs), and HHS coalition agencies. Groups without formal technology investments have also taken other approaches to build and improve community-based care coordination ecosystems.

Category of investment		ACHs	MCOs	HHS coalition agencies
Investments in CIE technology platforms	Unite Us	1	1	
	Findhelp		4	
	Coordinated Care Systems (CCS)	2		1
	Innovaccer	1		
	Help Me Grow			1
Investments in other non-technology care coordination initiatives	Investment in network of community-based workers to coordinate care	4		
	CIE exploratory phase (e.g., landscape reviewed, roadmap created, etc.)	3		

CIE landscape in Washington: pain points

Stakeholders and partners in Washington identified multiple challenges facing community-based care coordination and CIE...

The five most reported pain points from the landscape review were:

1. **Resource and capacity burden** from running community-based care coordination processes
2. **Lack of access to information** on currently available local resources
3. **Difficulty complying with data-sharing regulations** and standards
4. **Low buy-in** from key stakeholders and partners
5. **Low availability of care resources** in local communities

... as well as **pointing out top-priority roles for HCA** to play in a future statewide CIE ecosystem

Potential roles for HCA included:

- **Provide sustainable funding** support for a CIE solution and programmatic infrastructure (e.g., workforce development)
- **Set statewide standards** (e.g., patient data standards, HRSN screening norms, etc.)
- **Invest in interoperability** between CIE ecosystems
- **Analyze statewide data** to identify care gaps
- **Act as a convener** across the ecosystem to empower cross-sector interaction, build statewide data-sharing agreements, etc.

CIE strategy framework

Washington CIE strategy

5 key strategy questions

1 What CIE platform archetype does HCA intend to utilize?	2 How can HCA enable interoperable data infrastructure across different CIE solutions?	3 What features will HCA consider including as part of the initial CIE rollout?	4 What are populations and/or geographies that HCA focuses on as part of the initial CIE rollout?	5 What is the level of programmatic support that HCA would like to provide as part of the initial CIE rollout?
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Each strategy question will have 2 – 3 options that can be compared to each other based on three factors:

- A** Ability to meet the objectives and vision for a statewide CIE
- B** Potential for adoption and buy-in from statewide partners
- C** Feasibility to implement (e.g., cost, technical feasibility, governance feasibility)

4 key enabling factors

- Establishing levers to drive cross-CIE interoperability at the state level
- Choosing statewide data standards
- Making decisions related to CIE solution governance
- Aligning on objectives, goals, and success factors for CIE

1 What options are there for CIE platform archetypes?

CIE platform – commonly used options

■ Hub with HCA governed CIE solution ■ Hub with independently administered CIE solution ↔ Data being shared between hubs

CIE platform option characteristics	I. Single state-wide solution used by all stakeholders and partners	II. Opt-in state-governed solution with mandated cross-CIE data interoperability	III. Opt-in state-governed solution with opt-in inter-CIE data interoperability – some non-HCA hubs may choose to connect with the HCA CIE solution	IV. Opt-in state-governed solution with no data interoperability	V. State-funded but regionally governed solutions with no data interoperability
Would HCA invest in and govern a CIE solution?	Yes	Yes	Yes	Yes	No
Would all stakeholders and partners be mandated to use a single CIE solution?	Yes	No	No	No	No
Would there be any cross-CIE data interoperability?	Yes	Yes	Partially Yes	No	No

1 What options are there for CIE platform archetypes?

■ HHS Coalition preferred option¹

Score on potential comparison factors

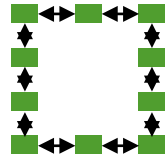
High Medium Low

CIE platform – commonly used options

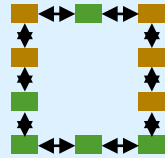
■ Hub with HCA governed CIE solution ■ Hub with independently administered CIE solution ↔ Data being shared between hubs

Options are compared with each other based on three factors:

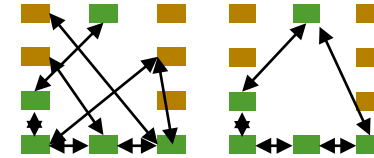
I. Single state-wide solution used by all stakeholders and partners



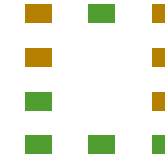
II. Opt-in state-governed solution with cross-CIE data interoperability



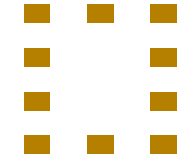
III. Opt-in state-governed solution with opt-in inter-CIE data interoperability



IV. Opt-in state-governed solution with no data interoperability



V. State-funded but regionally governed solutions with no data interoperability



<p>A Ability to meet the stated objectives and vision for a statewide CIE</p>	<p>High</p> <p><i>Provides the best access to patient data to coordinate care</i></p>	<p>High</p> <p><i>Provides the best access to patient data to coordinate care</i></p>	<p>Medium</p> <p><i>Lack of complete cross-CIE interoperability may limit ability to coordinate care</i></p>	<p>Medium</p> <p><i>Lack of complete cross-CIE interoperability may limit ability to coordinate care</i></p>	<p>Low</p> <p><i>Some populations may not have any available CIE platform</i></p>
<p>B Potential for adoption and buy-in from statewide stakeholders and partners</p>	<p>Low</p> <p><i>Will require stakeholders/partners to move away from their existing CIE investments and ways of working</i></p>	<p>Medium</p> <p><i>While it allows stakeholders/partners with flexibility to continue with their existing CIE investments, the mandated interoperability may lead to lower buy-in</i></p>	<p>High</p> <p><i>Allows flexibility for stakeholders/partners to continue with their existing CIE investments and to benefit from inter-CIE interoperability</i></p>	<p>Medium</p> <p><i>Allows flexibility for stakeholders/partners to continue with their existing CIE investments; lack of data interoperability may lead to lower buy-in</i></p>	<p>Low</p> <p><i>The lack of HCA support and no data interoperability may lead to lower buy-in (stakeholder/partners stated interoperability as a one of the priority needs)</i></p>
<p>C Feasibility to implement (e.g., cost, technical feasibility, governance feasibility)</p>	<p>Low</p> <p><i>Likely to be higher cost than other options; Convincing all stakeholders to shift to one solution may come with governance challenges</i></p>	<p>Medium</p> <p><i>Likely to be higher cost than other options; Cross-CIE interoperability with multiple solutions may pose technical & governance challenges</i></p>	<p>Medium</p> <p><i>Likely to be lower on cost, technical and governance challenges as interoperability is limited to hubs with a HCA-governed CIE solution</i></p>	<p>High</p> <p><i>Likely to be lower on cost, technical and governance challenges as there is no cross-CIE interoperability</i></p>	<p>Medium</p> <p><i>Likely to be lower on cost, technical challenges as there is no cross-CIE interoperability; Lack of HCA support may pose</i></p>

2 How can HCA enable interoperable data infrastructure across different CIE solutions?

HHS Coalition preferred option¹

Score on potential comparison factors

High Medium Low

Interoperable data infrastructure – commonly used options

Options are compared with each other based on three factors:

I. A centralized data repository integrates data across all regional CIE solutions in a standardized format

II. A query-based system allows regional CIE hubs to request patient data as needed from other CIE ecosystems

III. A manual process for reporting patient data allows periodic data sharing between regional CIE Hubs

A Ability to meet the stated objectives and vision for a statewide CIE

High
Allows both patient data sharing across CIE systems for improved point-of-care support, and central access to population level data in a standard format for analysis

Medium
Allows similar point-of-care information access as (I), but has less ability to aggregate population-level data across CIE solutions

Low
Does not allow care organizations to see patients' recent care history in real-time. Enables some level of population HRSN analysis, but less than that of (I) or (II)

B Potential for adoption and buy-in from statewide partners

Medium High
Potential hesitation over data sharing and data ownership at a central level; However, system may create lower capacity strain and may offer more timely access to population-level HRSN data compared to (II) and (III)

Medium High
Creates least amount of interference for current CIE ecosystems, and less concern over data ownership than (I). However, it may offer a reduced value proposition compared to (I) due to lack of aggregated data access

Low
Creates most burden for partner organizations due to regular, manual data reporting

C Feasibility to implement (e.g., cost, technical feasibility, governance feasibility)

Medium
Tech investment needed to develop platform, but less complex or expensive than (II) due to fewer systems needing interoperability; some governance challenge in establishing stewardship over repository

Low
Most expensive and technologically complicated to implement; multiple data agreements may be needed between different CIEs; Largest governance challenge in ensuring cooperation between regional systems

High
No tech investment needed; some governance challenge in ensuring consistent data reporting

3 What features will HCA consider including as part of the initial CIE rollout?

HHS Coalition preferred option¹
 Score on potential comparison factors
 High Medium Low

Feature mix for statewide CIE solution– commonly used options

Options are compared with each other based on three factors:	I. The statewide CIE solutions offers the complete list of 14 features as initially identified by HCA	II. The statewide CIE solutions offers a prioritized list of 4-5 features based on input gathered during landscape review ¹	III. The statewide CIE solution prioritizes a single feature e.g., HCA partners with HHS Coalition Agency to create a statewide resource directory ¹
A Ability to meet the stated objectives and vision for a statewide CIE	<p style="text-align: center;">High</p> <p><i>More information for organizations to improve care (e.g., ADT notifications), leading to better patient experience</i></p>	<p style="text-align: center;">Medium</p> <p><i>Multiple core challenges addressed to enable community-based care coordination, but with less specific support than (I)</i></p>	<p style="text-align: center;">Low</p> <p><i>Least amount of support to stakeholders and partners; may cause continued dependence on multiple systems leading to fragmented care</i></p>
B Potential for adoption and buy-in from statewide partners	<p style="text-align: center;">Low</p> <p><i>Most amount of burden on partners organizations, and unclear value proposition for features that organizations may currently have mechanisms for</i></p>	<p style="text-align: center;">High</p> <p><i>Responsive to priority needs stated by stakeholders, while creating lower burden for partner organizations than (I)</i></p>	<p style="text-align: center;">Medium</p> <p><i>Responsive to some core needs, but will not be able to meet all the priority needs stated by stakeholders; building statewide alignment on a single feature may pose challenges</i></p>
C Feasibility to implement (e.g., cost, technical feasibility, governance feasibility)	<p style="text-align: center;">Low</p> <p><i>Higher cost and technological barriers than other options to implement more features.</i></p>	<p style="text-align: center;">Medium</p> <p><i>Less expensive or technologically complex to implement prioritized features than (I), but more so than picking a single feature</i></p>	<p style="text-align: center;">High</p> <p><i>Least complex or costly implementation due to smaller scope; may face funding challenges as it would be hard to justify how it can meet all the goals stated under the MTP waiver application</i></p>

1. In the landscape review section – the top 5 features identified include resource directory, referral platform, case management functionality, SDOH patient record, and population level analytics

4 What are populations and/or geographies that HCA focuses on as part of the initial CIE rollout?

HHS Coalition preferred option¹

Score on potential comparison factors

High Medium Low

Population mix for statewide CIE solution – commonly used options

Options are compared with each other based on three factors:

I. The statewide CIE solution is **rolled out for all populations and geographies** at the same

II. Statewide CIE solution is rolled out using a **pilot approach starting with select populations and/or geographies** – as identified in consultation with statewide stakeholders/partners

A Ability to meet the stated objectives and vision for a statewide CIE

High

Supports community-based care coordination for more people than option (II); The wider network of partner organizations may also result in better data exchange and availability

Medium

Smaller population impacted or supported than for option (I) but the quality and scope of services provided for this selected group may be better than in Option (I). Progresses HCA in its goal to create equitable access by directing funds towards biggest care gaps

B Potential for adoption and buy-in from statewide partners

Low

More partners/ stakeholders need to adopt platform for it to be effective, compared to (II), and buy-in is needed for a broader range of organizations (as opposed to just providers for specific HRSNs), increasing the difficulty of convincing groups to adopt the platform.

High

Fewer organizations need to buy-in, and those organizations are more targeted, making it potentially easier to achieve a network effect. Further, the option can create a proof-of-concept to encourage buy-in on a future population-wide solution.

C Feasibility to implement (e.g., cost, technical feasibility, regulatory feasibility)

Low

More expensive and technologically challenging to rollout a platform with more users. More difficult to ensure consistent standards and governance in a larger-scale solution

High

Less expensive and technologically complex due to fewer organizational users. Easier to establish governance given fewer stakeholders involved.

5 What is the level of programmatic support¹ that HCA would like to provide as part of the initial CIE rollout?

■ HHS Coalition preferred option¹

Score on potential comparison factors

High Medium Low

Level of programmatic support – commonly used options

Options are compared with each other based on three factors:

I. Direct funding earmarked for specific use-cases² (e.g., funding staff members at Hubs to manually update resource directories)

II. Funding for programmatic support allocated for regions to use as-needed, with HCA guardrails and oversight on use

III. No programmatic support for regional / local CIE solutions

	I. Direct funding earmarked for specific use-cases ² (e.g., funding staff members at Hubs to manually update resource directories)	II. Funding for programmatic support allocated for regions to use as-needed, with HCA guardrails and oversight on use	III. No programmatic support for regional / local CIE solutions
A Ability to meet the stated objectives and vision for a statewide CIE	<p>Medium</p> <p><i>Addresses some shared challenges to CIE support across regions; may not address all region-specific needs.</i></p>	<p>High</p> <p><i>Most flexibility for regions to address priority gaps in local, on-the-ground programmatic support infrastructure</i></p>	<p>Low</p> <p><i>May leave some regions with gaps in programmatic support (e.g., workforce capacity limits) that make CIE less effective</i></p>
B Potential for adoption and buy-in from statewide partners	<p>Medium</p> <p><i>May incentivize some regions to adopt CIE platform; potential for some resistance due to lack of regional autonomy around use of funds</i></p>	<p>High</p> <p><i>Creates most autonomy for regions to use funding as-needed to support CIE; allows local decision-making</i></p>	<p>Low</p> <p><i>Without programmatic support, partners and stakeholders may not be able to implement CIE/CIE like solution for their communities</i></p>
C Feasibility to implement (e.g., cost, technical feasibility, governance feasibility) ³	<p>Medium Low</p> <p><i>Similar implementation cost to (II); HCA is likely to face challenges in raising funding for programmatic support, but if funding is secured, this option will have a less complex governance compared to (II) given the defined nature of use cases</i></p>	<p>Low</p> <p><i>Most difficult to govern (e.g., tracking use of funds and determining appropriate regional uses for funding); Similar cost to (I)</i></p>	<p>High</p> <p><i>No cost required, and no need to establish governance over funding use</i></p>

1. Programmatic support involves support for non-technological aspects of a CIE ecosystem (e.g., workforce-related support, regional data analysis, etc.)

2. Use-cases selected as informed by dialogue with statewide stakeholders and partners

3. Technological barriers may not present a significant difference across options

Each strategy question may impact a different subset of the “pain points” identified during the landscape review

11 common “pain point” themes around community-based care coordination <i>(identified as part of landscape review)</i>	1 What CIE platform archetype does HCA intend to utilize?	2 How can HCA enable interoperable data infrastructure across different CIE solutions?	3 What features will HCA consider including as part of the initial CIE rollout?	4 What are populations and/or geographies that HCA focus’s on as part of the initial CIE rollout? Some options include?	5 What is the level of programmatic support that HCA would like to provide as part of the initial CIE rollout
I. Availability of care resources in local community				✓	✓
II. Access to information on currently available local resources	✓	✓	✓	✓	✓
III. Prioritizing care for the highest need groups				✓	✓
IV. Access to information about care received from other organizations	✓	✓	✓		
V. Compliance with data-sharing regulations and standards	✓	✓			
VI. Availability of up-to-date data on population health and needs	✓	✓	✓	✓	✓
VII. Technological and logistical barriers to creating CIE system	✓	✓	✓		✓
VIII. Buy-in from key stakeholders	✓	✓	✓	✓	✓
IX. Care coordination processes creating resource and capacity burden for partner organizations	✓	✓	✓	✓	✓
X. Securing sustainable, long-term funding for community-based care coordination	✓				✓
XI. Prioritizing patient experience and relationships	✓	✓	✓	✓	

¹⁵ SOURCE: COMMUNITY INFORMATION EXCHANGE LANDSCAPE REVIEW IN WASHINGTON; See the landscape review document for more details on the current state of CIE in Washington. Stakeholders and partners in the outreach process included ACHs, MCOs, HHS Coalition Agencies, Tribes, Community Based Organizations (CBOs), professional organizations, safety net providers, and others

In addition to strategic questions, it may be important to consider enabling factors for implementation of the statewide CIE strategy

- **Establishing levers to drive cross-CIE interoperability at the state level:** Obtaining stakeholder and partner buy-in for cross-CIE interoperability or CIE platform adoption may require additional encouragement to use the platform. HCA can potentially gain that lever through four pathways – securing legislative authority, establishing contractual agreements with ACHs and MCOs, convening a coalition of partners and stakeholders or setting a standard on data exchange and interoperability to create a market participation lever
- **Choosing statewide data standards:** As part of the CIE strategy, HCA may need to pick one data standard from the different options available/emerging at present. This could include data standards around different use cases such as data captures to identify a social need (e.g., Z-codes), data to be shared as part of closed-loop referral data, and data to be captured and updated for resource directories. In this process of setting standards, HCA may need to consult statewide stakeholders and partners on any region-specific needs and/or gaps.
- **Making decisions related to CIE solution governance:** HCA may need to establish governance structure and operating model for the ongoing monitoring and support for a CIE solution e.g., criteria for membership and participation, accountability norms, cadence for review of CIE platform and strategy
- **Aligning on objectives, goals, and success factors for CIE:** HCA may need to align statewide partners and stakeholders around a common purpose of the CIE planning work and establish agreed-upon success metrics to measure performance against the stated purpose

Recap: CIE strategy framework

HHS Coalition preferred option¹

Washington CIE strategy

5 key strategy questions					4 key enabling factors
<p>1</p> <p>What CIE platform archetype does HCA intend to utilize?</p>	<p>2</p> <p>How can HCA enable interoperable data infrastructure across different CIE solutions?</p>	<p>3</p> <p>What features will HCA consider including as part of the initial CIE rollout?</p>	<p>4</p> <p>What are populations and/ or geographies that HCA focuses on as part of the initial CIE rollout?</p>	<p>5</p> <p>What is the level of programmatic support that HCA would like to provide as part of the initial CIE rollout?</p>	<ul style="list-style-type: none"> Establishing levers to drive cross-CIE interoperability at the state level Choosing statewide data standards Making decisions related to CIE solution governance Aligning on objectives, goals, and success factors for CIE
<p>Option II. Opt-in state-governed solution with cross-CIE data interoperability</p>	<p>Option II. A query-based system allows regional CIE hubs to request patient data as needed from other CIE ecosystems</p>	<p>Option II. The statewide CIE solutions offers a prioritized list of 4-5 features based on input gathered during landscape review¹</p>	<p>Option II. Statewide CIE solution is rolled out using a pilot approach starting with select populations and/or geographies – <i>as identified in consultation with stakeholders/ partners</i></p>	<p>Option II. Funding for programmatic support allocated for regions to use as-needed, with HCA guardrails and oversight on use</p>	

Background: 2022 supplemental budget proviso language (CIE)

Section 211 (113)

(a) \$500,000 of the general fund—state appropriation for fiscal year 2023 and \$1,500,000 of the general fund—federal appropriation are provided solely for the authority, in **consultation with the health and human services enterprise coalition, community-based organizations, health plans, accountable communities of health, and safety net providers, to determine the cost and implementation impacts of a statewide community information exchange (CIE)**. A CIE platform must serve as a tool for addressing the social determinants of health, defined as nonclinical community and social factors such as housing, food security, transportation, financial strain, and interpersonal safety, that affect health, functioning, and quality of-life outcomes.

(b) Prior to issuing a request for proposals or beginning this project, **the authority must work with stakeholders in (a) of this subsection to determine which platforms already exist within the Washington public and private health care system to determine interoperability needs and fiscal impacts to both the state and impacted providers and organizations that will be using a single statewide community information exchange platform.**

(c) This subsection is subject to the conditions, limitations, and review requirements of section 701 of this act.

Current investments in CIE (1/2)

Multiple groups have implemented elements of CIE infrastructure (e.g., closed loop referral systems, patient information exchanges, care coordination platforms, etc.) and/or planning CIE alternatives to care coordination

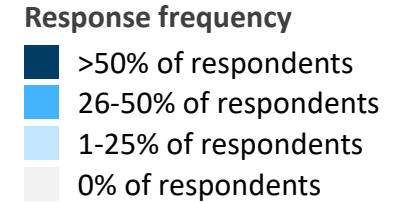
Stakeholder group	Snapshot of current investments in CIE tech platforms ¹
ACHs	<ul style="list-style-type: none">▶ Better Health Together: Conducted care coordination landscape review; emphasis on SDOH screenings for providers▶ Cascade Pacific: Pathways Hub using CCS, with emphasis on trainings for partners; Unite Us available in the region at low/ no cost▶ Elevate Health: Pathways Hub using Innovaccer, with a custom closed-loop referral tool; referral partner of Unite Us in the region▶ North Central ACH: Established working groups on care coordination tools and resource directories▶ North Sound: Implemented pilot program for patient information exchange established in Whatcom county▶ Olympic Community of Health: Conducted a landscape assessment on care coordination needs in the region▶ SWACH: Pathways Hub using CCS to share care information and connect the hub to other care services (e.g., Care Connect WA, Humana)▶ HealthierHere: established a CIE system called Connect2 Community Network with functionality such as data interoperability, bi-directional closed-loop referrals, a shared resource directory; In 2021, set up Catalyst Fund, which offered funding to partner organizations to support adoption of the Unite Us platform

Current investments in CIE (2/2)

Multiple groups have implemented elements of CIE infrastructure (e.g., closed loop referral systems, patient information exchanges, care coordination platforms, etc.) and/or planning CIE alternatives to care coordination

Stakeholder group	Snapshot of current investments in CIE tech platforms ¹
MCOs	<ul style="list-style-type: none">▶ Amerigroup: Findhelp tool used nationally; pilot closed-loop referral program in WA for select HRSNs; PreManage for automatic ADT event notification and HRSN analysis▶ CHPW: Social network hub built on Unite Us in 9 WA counties to identify resources, make closed-loop referrals and share care updates▶ Coordinated Care Health: National Findhelp tool for resource directory; implemented Availity for ADT event notification; PreManage used for integrating information across providers, proprietary system for tracking health outcomes▶ Molina Health: Molina Help Finder tool (contracted with Findhelp) available to providers to enable data exchange and care updates between providers and CBOs▶ United Health Care: Findhelp used to identify resources; PreManage implemented to access HRSN population data and share care notes
HHS Coalition Agencies	<ul style="list-style-type: none">▶ DOH: Investment in CCS, initially for COVID response, making the license available to regional Pathways hubs▶ DSHS: Internal database of care resources used to support statewide call center▶ DCYF: Help Me Grow tool used for care directory and referral platform

"Pain points" described by ACHs and MCOs



"Pain points" described by ACHs and MCOs	ACHs (9 interviews)	MCOs (5 interviews)
Resource and capacity burden from running care coordination processes	7	5
Access to information on currently available local resources	7	3
Compliance with data-sharing regulations and standards	7	3
Buy-in from key stakeholders and partners	8	2
Availability of care resources in local community	5	2
Access to information about care received from other providers	4	3
Technological and logistical barriers to creating platform	6	0
Prioritizing patient experience and relationships	4	2
Prioritizing care for the highest need groups	3	2
Availability of up-to-date data on population health and needs	3	1
Securing sustainable, long-term funding for care coordination	4	0

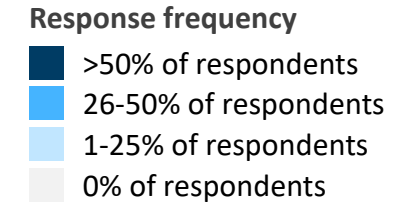
Observations

- >50% of ACHs and MCOs noted access to information on currently available local resources, compliance with data sharing regulations and standards, and added burden on partner organizations from community-based care coordination systems (e.g., multiple data entry) as pain points
- Additionally, more than 50% of ACHs highlighted availability of care resources, technology barriers, and stakeholder/partner buy-in as pain points
- More than 50% of MCOs also noted access to information about care received from other providers as a pain point. In interviews, MCOs did not mention technological barriers or funding as potential pain points

Source methodology: ACH and MCO interviews as of August 22, 2022. "Pain points" were assessed based on interviews with representatives from each stakeholder group and include all "Pain points" mentioned at least once. Data from 2 ACHs (Healthier Here and Greater Columbia ACH) to be gathered. The "Pain points" are ordered by frequency of mentions in interviews



"Pain points" described by surveyed stakeholders











Survey question	"Pain points" described by surveyed stakeholders	CBOs (30 responses)	Professional organizations (18)	Safety net providers (14)	Other (19)
Current barriers to connecting patients with appropriate care (top 3)	Lack of closed-loop referral	14	9	5	12
	Lack of a consistent system / process for connecting patients to appropriate care	12	11	6	8
	Ineffective data sharing capabilities across the health and social services ecosystem	12	11	4	8
	Limited number of community-based health and social services available	13	8	5	8
	Health disparities for vulnerable populations	11	3	2	4
	Lack of awareness of resources available	8	3	1	2
	Other "pain points" ¹	4	2	3	6
	Ineffective matching to community resources based on identified needs	2	3	1	3
Anticipated barriers to implementing CIE	Resources to support a CIE	18	14	7	15
	Adequate and consistent funding to support a CIE implementation	18	13	6	15
	Organizational adoption of a CIE in the local community	16	8	4	15
	Privacy or security concerns for patient data sharing	12	9	5	9
	Other implementation barriers ²	4	1	2	0

SOURCE: COMMUNITY INFORMATION EXCHANGE LANDSCAPE REVIEW IN WASHINGTON. "Pain points" and implementation challenges based on CIE survey results as of August 18, 2022 (81 completed responses); List includes all "Pain points" with at least one survey respondent; The "Pain points" are ordered by frequency of mentions in survey

1. Others includes – identifying a local network of providers within a health plan, administrative burden from maintaining accurate resource information and to coordinate referrals, data interoperability, funding to staff care navigators, lack of employees, HIPAA and 42 CFR Part 2 limitations, lack of resource capacity, lack of awareness and promotion, duplication of data entry
2. Others includes – duplicative data entry across care coordination systems, building a system responsive to stakeholder needs vs. expecting them to modify their workflows, alignment and integration with existing systems, and networks adequacy to make and receive referrals

Stakeholder inputs on the potential role of HCA

Across all the interviews conducted, stakeholders were asked about the role HCA could play in implementing a statewide CIE solution in support of the Medicaid Transformation Project (MTP)

-  **Provide sustainable funding support to build and maintain a CIE solution/technology platform**
-  **Provide funding to build and develop a strong community-based workforce** at the local level
-  **Set and disseminate statewide standards** on data security, data capture and reporting in compliance with all key regulations (e.g., HIPAA, FERPA, 42 CFR Part 2)
-  **Analyze statewide data** to identify care gaps based on a co-designed strategy with local stakeholders (e.g., state vs. local ownership of data, frequency of data share)
-  **Build statewide data sharing agreements** to help reduce the expense and effort of local organizations negotiating individual contracts (e.g., Community Based Organizations noted needing separate contracts with each of the MCOs)
-  **Act as a convener across the ecosystem** to actively engage stakeholders, set a shared language around CIE, and create opportunities for cross-sector interaction (e.g., sharing of best practices)
-  **Invest in interoperability as a key feature of care coordination** given the current ecosystem of multiple care coordination systems in use across different stakeholder groups
-  **Provide statewide guidance and standards on HRSN screening** to promote consistency in case management and referrals

Appendix

Landscape Review Participants

The following list of stakeholders and partners participated in the landscape review process:

- HHS Coalition
- Department of Health (HHS Coalition member)
- Department of Children, Youth, and Families (HHS Coalition member)
- Department of Social and Health Services (HHS Coalition member)
- The Washington Health Benefit Exchange (HHS Coalition member)
- The Office of the Chief Information Officer (HHS Coalition member)
- Washington's Tribal Partners
- Washington's Indian Health Care Providers
- Washington's Accountable Communities of Health
- Washington's Managed Care Organizations
- Washington's Community Based Organizations
- Washington's Rural Health Clinics
- Washington Association for Community Health
- Washington State Medical Association
- Washington State Hospital Association