GREATER COLUMBIA ACCOUNTABLE COMMUNITY OF HEALTH

Leadership Council Meeting Minutes
Thursday, Sept 16th, 2021 | 9:00 AM to 11:30 AM
Teleconference

Italicized: GCACH Board Member
Bold: Speaker

WELCOME & INTRODUCTIONS	
Welcome & Introductions Dr. Patrick Jones	Dr. Patrick Jones of Eastern Washington University facilitated the meeting. There were approximately 63 attendees calling into the meeting.
	Meeting attendees volunteered and read through the land acknowledgement with respect to the region.

Thank you for your engagement with GCACH!

DISCUSSION ITEMS	
Review CIE Survey by Carol Moser *GCACH*	Carol Moser presented the results from the CIE survey that the participants were asked to take at the end of the April 2021 Leadership Council. 37 people were surveyed. These results help GCACH interpret the largest needs Key Outcomes from Survey: - Overall impression is there is a HIGH need for a Community Information Exchange in our region - There is a high need for a resource directory, referral management, and integration with EHR systems including social needs - The top most needs was Privacy Protection followed by Reporting/Analytics GCACH will use the feedback received from the survey as a guide as we move forward with the CEI project for our region.
2-1-1 App by Skyler Young, *Sitesavvy*	Skyler Young presented the app his company Sitesavvy created for 211. Skyler walked through the functionality of the app showing the user interface, how the information gets managed, and shared how organizations can update their information and use it to help refer patients. The goal was for both 211 and their partner agencies to be able to use the ap, and use it as a standardized data schema for human resources. This does not replace any existing infrastructure and does not require an organization to build their own app. Sitesavvy can manage this for organizations. Anybody in Washington State who wants to share their data with patients can use this. If any organization wants to check their information or update it, you can go to wa211.org → select provider and then either update or add information. The form then gets sent to 211 and they add or update the information for your organization. To favorite a resource, you will need to create an account (does not track or store your information). Once you login you can favorite items. This enables you to have a list already stored making it easy for organizations quickly access those lists and print them off in order to refer patients.

Thank you for your engagement with GCACH!

	Organizations do not need to create multiple listings for their separate services, they can list all their services under their organization so when people search for resources the organization pops up if that service is listed as something they provide.

Time-limited Information: Within 2-1-1 there is not a current Calendar system to manage time-bound events. In order to add a resource that is time-bound, the organization would have to submit the event to 211 that has the start and end date. The app should automatically take down an event once it ends if that information was entered originally.

The app has the ability to enter your insurance field. However, currently not all the data fields for every site is entered.

For more information or to reach out to Skyler you can contact him through www.Connect211.com |
| **Community Information Exchange** by Michael Arnis *HCA* | Michael Arnis presented on behalf of HCA as to what their priorities and plan are for a CIE.

Michael did emphasize a state-wide system. HCA has three funding options all being actively worked on get a CIE funded. HCA acknowledges that this project is foundationally important which is why there are three contingency plans to fund the project.

The funding source will determine if this will be for all payers. The ideal outcome is this will be for all payers, but some of these sources might limit who is included.

HCA's vision says that not every community *has* to have this system. If a community has already built a system we don't want to ask them to walk away from the work they put into it. The goal would be for inter-operability. We don't want to bring CIE to just one county but we also don't want to ask regions to step away from something they have already invested so much into. HCA doesn't want to impose upon the state one way of doing things. However, we know whatever CIE we build, has to have inter-operability to the other systems. HCA doesn't want to waste the time and resources that already exist but rather leverage those resources.

This package does not propose expanded broadband to rural communities. However, there are some other efforts in the works that are likely to address this issue.

Assignment/Attributions: this is referring to the electronic medical documents having the ability to assign/attribute. |

Thank you for your engagement with GCACH!

| **Community Information Exchange** by Gena Morgan *HealthierHere*	Gena Morgan presented on HealthierHere's, the ACH for King County, approach to building a CIE for their community.
	HealthierHere is in the process of building their CIE, it is not complete. The goal of today's presentation is to share what they have learned in their journey and update on their status.
	They were charted to create a system that was less fragmented to help the community access better care.
	For HealthierHere, CIE was one of the foundational aspects of defining and creating integrated, whole-person care. HH learned that CIE is a technology tool that undergirds the relationship between our social and health care providers.
	Our goals were to de-silo mini CIE's. We gained some momentum by creating a CIE monthly Network Partner Meeting, including both small and large organizations – we convene virtually which actually makes is easier for more people to participate.
	Our vision is to be cross-sector between social and health care.
	Over the past 15 months, we have prioritized listening and engaging our entire community. This has to be built from the ground up, by a coalition of the willing. From this, we have prioritized goals that must come from this project.

What We Have Heard from Our Community — Connect2 COMMUNITY NETWORK

- **Unified network** of platforms that connect, communicate and cooperate, not one technology
- **Equity and community focused**, not product focused
- **Co-design** is critical to gain trust required for data sharing and participation
- **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
- The success of the Connect2 Community Network hinges on the **trust we have with providers and the trust they have with community members.**

Thank you for your engagement with GCACH!

HH formed an advisory group for this project that involves 20-30 members from multiple key stakeholder groups:
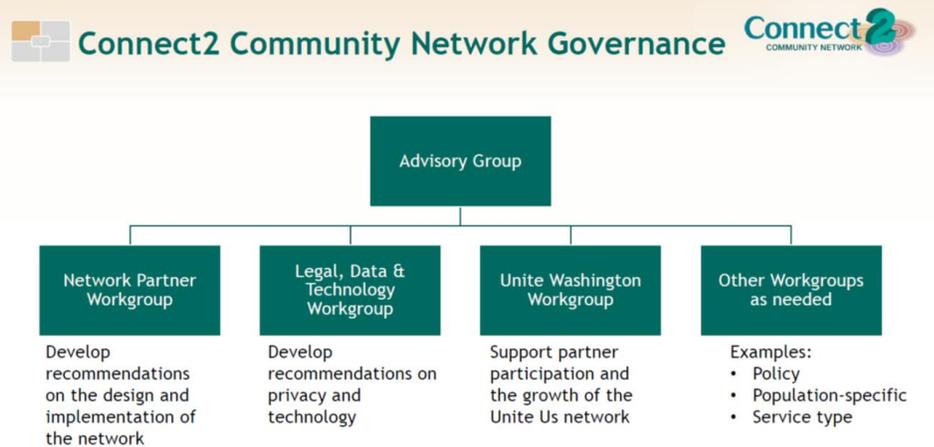
Community and Consumer engagement: We are currently paying our direct service providers to interview their patients to get information from the community to hear what they want/need from a system. Another priority that come about through this work was language accessibility and building a system that allows people from multiple language to access and utilize the tool.

HH's privacy framework/network has been an iterative process as we learn more from our various committee and consultants, such as Tribal experts and Legal experts.

HH's priorities for functionality:

Thank you for your engagement with GCACH!

Currently, we have an RFP out to receive bids for a company to build our technology structure, the goal being interoperability throughout our region.
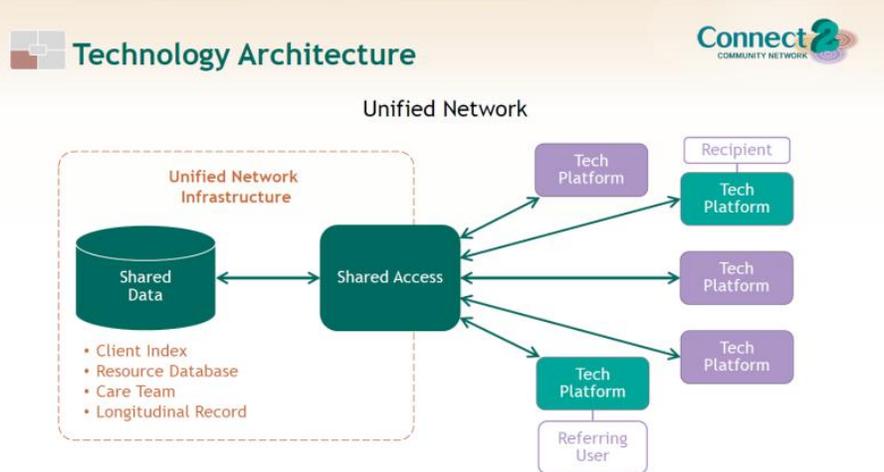
HH's key learnings so far during this project:

Questions:

Q: Relating to bi-directional integration and you working with the UniteUs platform, does that build in those privacy agreements and MOU's or do you need new ones?
A: we are building those standards as we go through this process. This will be driven by the community driven privacy and data standards of agreement and part of HH's technology RFP is that the system that gets developed meets those standards.

Thank you for your engagement with GCACH!

	Q: Is Collective Medical feeding into this structure?
	A: The unified technology structure has not been built yet. That will be work that gets done in 2022 and we will work with our community to identify those systems to prioritize which get connected in.
	
	Q: How many staff are working on this project?
	A: CIE team has four full-time staff members, not including Gena who functions as an executive sponsor of the project.
	    o Associate Director
	    o Project Manager
	    o Community Engagement Manager
	    o Network Manager
	We also utilize consulting groups for technology, legal advice, and communications.

	CLOSING DISCUSSION

Closing Discussion by Dr. Patrick Jones	Questions for GCACH and the Greater Columbia region to consider as they approach this project
	
	Q: Our region should be asking: who should be driving the bus and deciding who is going to lead the roll-out of this technology?
	    Should GCACH be leading this effort?
	
	    Comments from open discussion:
	        Q: We already have trouble keeping 211 updated not to mention other resources, why would this be any different?
	            ▪ UniteUs has staff connected to multiple arms of community agencies, has the funding, support and staff to ensure it works smoothly.
	            ▪ HH is working with their 211 provider to not have the updating of the directory fall on any one organization, but rather to create a community driven process to navigate a connected community network.
	        A: How does HIPAA privacy compliance work with HH's system?

Thank you for your engagement with GCACH!

	▪ We are working with our BH and SUD providers to understand what their requirements are for privacy. We are holding the network which has agreed to hold itself to the highest standards to be most inclusive to all those who want to participate. This means that HH is not building a database that everyone has access to, rather you have to comply in order to participate in the network as well as us asking what they need from the system so they are allowed to participate. Our legal team are aware of Federal & State privacy laws as well as Tribal to meet privacy requirements. Q: Why were the groups listed to start our community engagement work were chose? ▪ When we started to look into this work we looked for who had expertise elsewhere in the country so we could learn from them. We pulled from San Diego 211 and our structure is based on their toolkit and governance structure as a starting point for ours. Should we proceed with this project? And How should we proceed with this project? ○ GCACH is seen as a valuable resource for providers to know what next steps are and supporting providers in navigating changes. ○ One initial idea was to lean on LHINs for help proceeding with this project as they are the boots on the ground and have a lot of insight to local needs.
ADJOURNMENT	
Adjournment	Meeting adjourned at 11:20 am. Minutes taken by Stacey Davis. Find the meeting recording here: https://www.youtube.com/watch?v=-2IMCL6u8L4

Thank you for your engagement with GCACH!