

May 7, 2021

## **GCACH Begins its Journey on Community-Based Care Coordination (CBCC) and Community Information Exchanges (CIE)**

*By: Wes Luckey, GCACH Deputy Director*

Previous research has shown that American patients see an average of 18 different doctors over their lives. For patients over 65, this average increases to 28 doctors. Without coordination, different providers may prescribe medications that are contraindicated, duplicate lab tests or procedures and more. Unfortunately, patients are not always able to communicate critical, relevant health information to their providers at the point of care, which is made worse when there are cultural barriers between provider and patient. Increasingly, information in clinical practice is being captured through computers in the form of electronic health records (EHRs). But even these systems often fail the test of interoperability or cross-communication within a system or across different systems.

Health Information Exchanges (HIEs) are systems that electronically transfer clinical or administrative information across diverse and often competing healthcare organizations. Ideally, these systems fully integrate into EHRs. Community Information Exchanges (CIEs) expand upon the work of HIEs by including social service providers, public health agencies, state-based systems and registries, and more.

The Accountable Communities of Health across the state have continued to advance their own initiatives relating to HIEs and CIEs. While this happens, they continue to collaborate together on developing the concept of Community Based Care Coordination (CBCC) and an associated framework that can be implemented statewide. CBCC is broader than medical care coordination and includes the integration of the social determinants of health. While CBCC is reflective of local infrastructure, crosses systems and is implemented across conditions, services and settings, it must also integrate with statewide systems and agencies. CBCC is also more than simply initiating referrals between organizations; it includes actively facilitating and leveraging trusted community partners, such as community health workers and peer supports. When it is effective, it can bridge historically siloed community and clinical organizations, leading to a transformation of care delivery that focusses more on the whole-person.

This process is also facilitated by HIEs and CIEs, which are a consequence of CBCC and follow along its success. During its April Leadership Council meeting, GCACH received presentations on Community Information Exchanges from outside speakers, including the Health Care Authority. HCA views HIEs as important tools to improve the patient's experience. Accordingly, HCA supports the ACHs' efforts in these areas and is aiming to develop interoperability standards that can be adopted statewide. They are also looking for funding from the American Rescue Plan that may lead to contracting with an HIE vendor that supports functionality across the state. Ideally this would link with existing systems, such as state registries and OneHealthPort. While this continues to unfold at the state level, the ACHs continue to collaborate on their framework for CBCC and expect to develop a more formal program for implementation by the fall of 2021. GCACH is also looking at opportunities to partnering with other individual ACHs who may be farther along in their development of technological infrastructure.