



Community Information Exchange (CIE) Advisory Board Meeting

April 20, 2021

CIE Advisory Board Meeting

AGENDA

April 20, 2021 • 8:30 AM – 9:30 AM



Time	Agenda Item	Presenter
8:30 – 8:35am	Welcome and Introductions & Agenda Overview	Mathew Packard Chair 2-1-1 Advisory Board
8:35 – 8:45am	COVID-19 Highlights	William York Chief Executive Officer Camey Christenson Chief Business Development Officer
8:45– 9:00 am	CIE Trends and Utilization <ul style="list-style-type: none">RWJF Updates to Commission	Karis Grounds VP of Health and Community Impact
9:00-9:25 am	Workgroups Update <ul style="list-style-type: none">MembershipOutcomesSustainability	Mathew Packard Chair 2-1-1 Advisory Board Karis Grounds VP of Health and Community Impact Camey Christenson Chief Business Development Officer
9:25-9:30 am	Other Updates & Meeting Adjournment	Mathew Packard Chair 2-1-1 Advisory Board

WELCOME & INTRODUCTIONS



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CIE UTILIZATION UPDATE



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CIE TRENDS AND METRICS DASHBOARD - Fiscal Year: July 1, 2020 - June 30, 2021

The trends dashboard highlights the established fiscal year metric goals for the CIE. These goals are specific to utilization, including how many partners and clients are in the network and how partners use the network to view clients, refer them to appropriate resources and share data to enhance records. This utilization allows us to better assess and understand the overall impact the CIE has on client outcomes.

Goal	Current Numbers	% to Goal	Monthly Trends										
105 Partners	101 Partners	96% of Goal											
Adoption Metrics													
30,000 Logins	19,447 Logins	65% of Goal	2,122	1,806	1,829	1,940	1,523	2,704	2,353	2,645	2,525		
			Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
205,000 Consents	195,104 Consents	95% of Goal	5,515	7,096	5,462	5,533	4,471	4,472	4,926	3,966	8,297		
			Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
40,000 Searches	16,572 Searches	41% of Goal	2,205	1,556	1,727	2,321	1,617	1,928	1,507	1,819	1,892		
			Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
Engagement Metrics													
100,000 Records with Shared Data	103,879 Records with Shared Data	104% to Goal	5,356	5,754	4,894	4,657	3,768	7,183	4,604	4,014	8,388		
			Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
30,000 Profile Views	12,635 Profile Views*	42% of Goal	1,762	1,613	2,486	1,872	1,227	1,219	689	936	831		
			Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
Intervention Metrics													
25,000 Direct Referrals	14,085 Direct Referrals	56% of Goal	1,627	1,544	1,436	1,503	1,650	2,003	1,675	1,428	1,219		
			Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		

* 10 days of profile view data were lost in January and February 2021 and are not retrievable; number for these months appear lower than actual utilization.

Data Source: 211/CIE Information Systems | Reporting Period: 7/1/2020 - 3/31/2021



**Metrics seem low increased number of integrations and delay in capturing bidirectional data points into our metrics*

Insights:

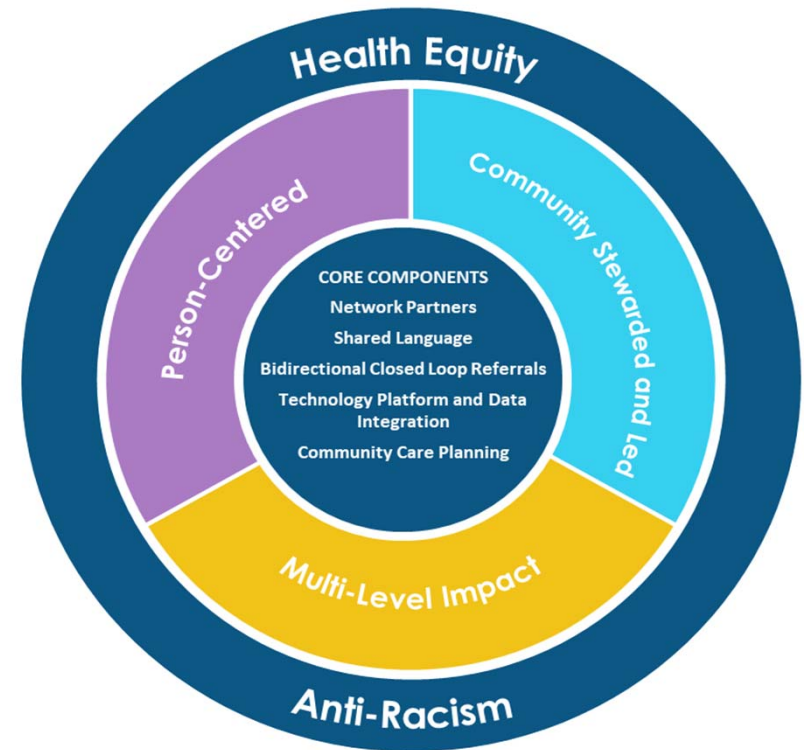
- *Significant increase within consents and shared records*



RWJF Recommendations:

- **CIE Case Study**
- **Data Equity Framework**
- **Community Profiles**

A CIE is a community-led ecosystem comprised of multidisciplinary network partners using a shared language, a resource database, and integrated technology platforms to deliver enhanced community care planning. A CIE enables communities to have multi-level impacts by shifting away from a reactive approach towards proactive, holistic, person-centered care. At its core, CIE centers the community to support anti-racism and health equity.



RWJF Recommendations:

A CIE...	Assumptions	A CIE Is Not...
<p>Cultivates trust and capacity within the community</p> <ul style="list-style-type: none"> Coordination and collaboration among community members and the sectors that serve them (healthcare, social services, government, for-profit, etc.) is key to ensuring more equitable access, often facilitated through technology. 	<p>Social Determinants of Health cannot be solved by:</p> <ul style="list-style-type: none"> "Off the shelf" technology that cannot adapt to and grow with local community needs Electronic referrals alone; referrals may be a modality used to address someone's needs but not a solution in and of itself 	<p>...a specific technology or platform, nor is it dependent solely on technology to connect others to services.</p>
<p>Cultivates individual agency and understands root causes of resource gaps.</p> <ul style="list-style-type: none"> The CIE aims to incorporate a person or families' wants, priorities, capacity, culture into care planning while also being sensitive to the trauma and systemic oppression customers endure. The CIE hopes to facilitate customer empowerment throughout the CIE experience, ranging from care coordination to data usage, to address root cause issues while aiming to reduce potential harm and exploitation. 	<p>Social Determinants of Health cannot be solved by:</p> <ul style="list-style-type: none"> The healthcare sector's approach to addressing SDOH focuses on referrals, especially closed loop referrals, are the goal. This paternalistic approach focuses on diagnosing SDOH resource gap problems without addressing root causes of these resource gaps. 	<p>...referral centric or created in a fashion that focuses on a one-size-fits-all solution</p>

A CIE...	Assumptions	A CIE Is Not...
<p>Drives systems change</p> <ul style="list-style-type: none"> The focus of CIE is on the individual/family, institutions, and the community at large. Its role in the community is to support the local infrastructure, create sharing and coordination across sectors and share data to push change policy and investment. The CIE is accountable to the community. 	<p>Social Determinants of Health cannot be solved by:</p> <ul style="list-style-type: none"> Individual care planning with the goal of getting patients to services A collective of well-funded non-profits and healthcare organizations alone 	<p>...intended to solve one issue. The goal should not be on solving for one organization or sector, but for the entire system of care.</p>
<p>Is a community-led collaborative</p> <ul style="list-style-type: none"> Health equity is a core tenet Core values assign control to community members and the system is designed to value the best interests of community members. Financial gain is shared with the people that CIE services and power shifts to the community, and requires investment by all sectors, at all levels. 	<p>Social Determinants of Health cannot be solved:</p> <ul style="list-style-type: none"> Without community or focus on equity By a mandated system of care driven by power or money. There must get buy-in by the community. 	<p>...led by one organization. The CIE is not led by healthcare, and it is not dictated by outcomes set by the healthcare system.</p>
<p>Designed to uplift and assist in providing agency to the communities who experience the starkest disparities and inequities.</p> <ul style="list-style-type: none"> Outcomes/Impact are defined by the community The community can set the terms of how SDOH are addressed and who they are addressed for. 	<p>Social Determinants of Health cannot be solved by:</p> <ul style="list-style-type: none"> Addressing social needs in the same way as healthcare needs are addressed. Currently, healthcare systems determine the mode, investment, and needs in which SDOH should or can be addressed. 	<p>...centered around institutional goals or interests.</p>



Tale of Two Cities

City A Snapshot

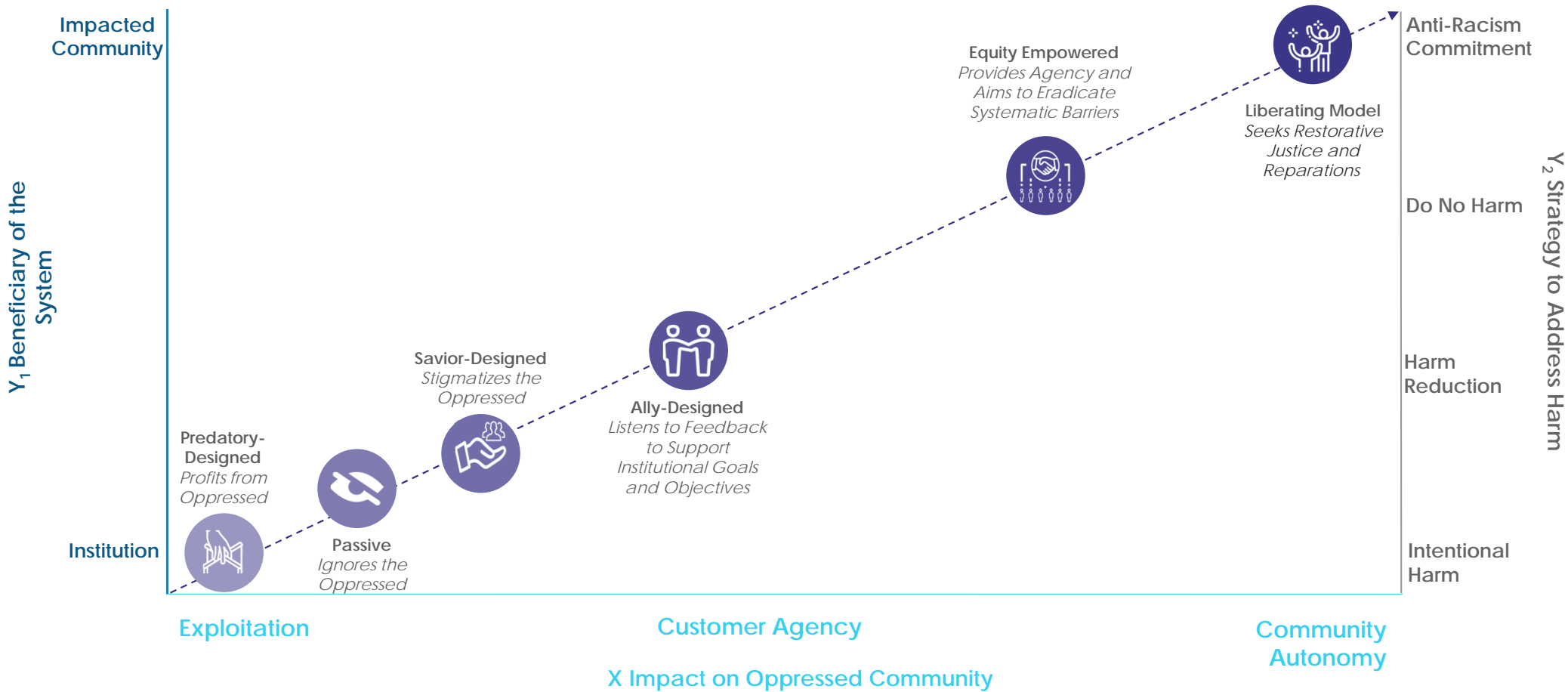
- **Value Proposition:** Systems change through individual, cross-sector communication and community at large
- **Impact:** Address social needs prioritized by the community and institutions and reinvest money back into the community
- **Design:** Led by the community via human-centered design
- **Governance:** Shared governance by community members and key stakeholders from non-profit, government, healthcare and for-profit sectors
- **What are you Solving for?** Health equity, shifting the current model of care through a comprehensive and upstream approach
- **Peak:** COVID-19 hit, responsive with community support and coordination with social services, and had a lasting impact on value of systems for City A

City B Snapshot

- **Value Proposition:** Healthcare interest to address SDoH and potential impact on cost-savings
- **Impact:** Address social needs and save money for the healthcare system
- **Design:** Led by the healthcare system
- **Governance:** Primarily led by healthcare, with some big CBO engagement
- **What are you Solving for?** Closed loop referrals to address healthcare identified needs, often based on health conditions vs. patient identified needs
- **Peak:** COVID-19 hit, not responsive, no community support, overburdened social services, and limited impact



Landscape of System Design



RWJF Recommendations:

Topics explored included:

- Strategies for and examples of meaningful engagement of community members in the development and maintenance of community data systems;
- Approaches to community engagement;
- Challenges and opportunities for community member engagement;
- Compensation;
- Tools and resources to cultivate relationships with community members; and
- Policy and resources that could support continued growth in this area.

CIE Communities



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CIE Summit Update



Leading with Community to Drive Systems Change

Historically, our health systems and social service delivery infrastructure have not been responsive to or inclusive of the true needs of communities and vulnerable populations, especially people of color. Community Information Exchanges have the potential to promote equity and inclusivity through their community-led model. Drawing from current events, including the COVID-19 pandemic, CIE Summit 2021 sessions will thoughtfully analyze and discuss how to move CIE planning and implementation forward using community-led strategies that enable inclusive and equitable community input and participation.

Summit Tracks



**Governance
and Power**



**Data Ownership
and Technology**



**Sustainability
and
Monetization**

Working Groups



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Workgroups

- Membership Workgroup Meeting
 - Second Monday of the Month
- Sustainability Workgroup Meeting
 - Second Tuesday of the Month
- Outcomes Workgroup Meeting
 - 1st Tuesday of the Month



Workgroup Updates



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Membership Workgroup



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Membership Workgroup

- **Workgroup 1: Current Membership**
 - Review workgroup purpose and outline of topics
 - Review Current Charter
 - Review Current Membership
 - Discuss Membership Approach “Seats” vs. “Individual” approach

- **Workgroup 2: Number of AB Seats and Optimum Representation**
 - Review best practices to define number of AB members
 - Based on outcome of “seats” vs. “individual” discussion begin discussion of what stakeholder representation will best serve CIE

- **Workgroup 3: Potential Membership**
 - Confirm number of seats and stakeholder groups to be represented on AB
 - Review current membership to align with stakeholder groups
 - Define terms of membership
 - Discuss structure for allowing for other than AB members to participate in meetings and working groups

- **Workgroup 4: New Member Outreach**
 - Define outreach plan for potential new members, who within a stakeholder group should be approached, who should conduct the outreach
 - Review Charter and determine if any changes are advised based on the work of the Membership Workgroup

Outcomes Workgroup



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CIE Impact Survey

- Request for completion by at least one member at each organization

Survey Completed: 64

Themes

- Efficiency of Service Delivery
- Effectiveness of Interventions
- Collaboration/Coordination
- Equity-Disparities
- Changes in Interventions

Partner Community Pop-Up Survey

We are adding a pop-up survey feature to the Partner Community to measure the value, impact, and effectiveness of upcoming enhancements.



Feedback: Question 1

Objective: Measure the value/impact of new alerts

SAMPLE

I found the alerts...

- Not Helpful
- Somewhat Helpful
- Helpful

Ideally: thumbs up with text

Feedback: Question 2

Objective: Identify how CIE information influences decision making in care coordination.

SAMPLE

The information in the client profile... (check all that apply)

- Influenced the referrals I offered
- Influenced care decisions or care plan I made with my patient/client
- Provided a comprehensive understanding of my patient/client
- Strengthened my relationship with my patient/client

- Didn't affect my decisions or understanding of this patient/client

- Other: (Fill in large area text box. "Tell us how this information influenced you today!")

Feedback: Question 3

Objective: Identify if tailored resources were found and provided

SAMPLE

I located resources that were... (Check all that apply)

- Culturally appropriate (culturally competent)
- Relevant based on health conditions and/or clinical indicators
- Relevant based on social and/or demographic information

- Unable to locate a resource (if checked, please explain why)

Comments (open text field):

Feedback: Question 4

Objective: Identify benefits from the panel management list views

The Dashboard views of my clients and referrals helped me... (check all that apply):

- Identify new individuals for outreach or program enrollment
- Prioritize existing clients or patients in my program
- Make decisions about my program design and/or implementation
- Save time when processing direct referrals

- None of these apply to my experience today

Feedback: Question 5

Objective: Collect open-ended feedback on helpfulness and usefulness of CIE platform/survey.

SAMPLE

What was the impact of using the CIE with this individual today? If the CIE was particularly helpful, tell us more about how the CIE helped or shaped the care you provided today. (fill in blank box response).

Enter text here...

Sustainability Workgroup



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Recommendations:

MEMBERSHIP COSTS

1. The CIE Membership price points for each sector should be socialized, publicized to support transparency. Pricing should detail benefits of CIE access.
2. Continue in-kind charges (not direct) only to community-based, not for profit organizations.
3. Improve tracking and reporting in-kind support for community-based social service organizations and community health clinics (FQHCs).
4. Work with the Outcomes Workgroup to align membership costs and in-kind calculations with different levels (micro/mezzo/macro) of outcome contributions.
5. Recognizing CIE's capacity for outcomes tracking and reporting expand role of philanthropy/government in underwriting CBO service provider and targeted sector for BOTH onboarding and ongoing expenses including integration efforts and technology costs.



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Recommendations:

GENERAL AWARENESS

1. Develop strategy for sharing public story of CIE San Diego - a mechanism (annual report, event) to share stories about the totality of work that goes into producing and sustaining CIE as a community infrastructure.

Potential Publications:

- CIE SD Annual Report
 - Value Propositions
 - Share Communitywide SDoH Indicators CIE SD provides
 - CIE Movement – National
 - State of the Region and CIE's role
2. Consider separate report of the "Value Proposition" (by sector) to accompany newer level of transparency; highlighting agency/provider values and larger community value.
 3. Host annual "State of CIE" - Bringing together the executives of the partnerships we have and potential funders and key stakeholders



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Recommendations:

DATA

1. Increase the publication and sharing of CIE data for all users to tell story (partners, community).
2. Identify opportunities for comparison data sharing (providers/sectors/communities).
3. Prioritize data integration CIE partnerships and prioritize partners who are contributing data into the system.



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Recommendations:

THOUGHT LEADERSHIP

1. Monetize thought leadership/consulting expertise with the right price points to account for opportunity cost and to support local efforts.



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OTHER UPDATES & NEXT MEETING

May 18th, 2020 8:30-9:30 AM



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