February 24, 2021

To: Oregon House Committee on Human Services
RE: HB 3039

Dear Members of the House Committee on Human Services,

Comagine Health is a national, nonprofit, health care consulting organization. We work collaboratively with patients, providers, payers and other stakeholders to reimagine, redesign and implement sustainable improvements in the health care system. In 2017, HealthInsight and Q Corp approved a merger of the two organizations and their operations in Oregon. In 2018, HealthInsight announced a merger with Qualis Health. For more than 40 years, Qualis Health and HealthInsight (Q Corp) independently engaged in health care quality consulting and provided care management and quality improvement services in Oregon. Today, we are Comagine Health.

We are committed to identifying, measuring, and working with our partners to improve the social determinants of health that affect a wide range of health risks and outcomes (Centers for Disease Control and Prevention, CDC). Together with our Oregon Community Board, we recently developed a *Social Determinants of Health Strategic Vision* based on the CDC's place-based framework that outlines five key areas: Economic Stability, Education, Social and Community Context, Health and Healthcare, and Neighborhood and Built Environment.

The three pillars of this vision include Convening, Data Linkage, and Technical Assistance.

We believe House Bill 3039 is very well aligned with these pillars and would lay the groundwork for collaboration between stakeholders and data systems in the state to better address the social determinants of health of all Oregonians.

Convening

As a neutral third party with a long history and expertise in convening, we understand the effectiveness of bringing stakeholders together to address shared aims using data, data systems, and improvements in workflow design. Ensuring that stakeholders and experts have the opportunity to study and make recommendations regarding electronic referral system for social services and statewide health information exchange is critical to this initiative's success. Addressing the social determinants of health through social service provision, capacity to meet the need, and coordination cannot occur in silos – we must come together in a neutral space to do the hard work of designing a scalable, equitable system that accounts for the diverse needs of the complex systems we are seeking to coordinate and connect.

Data Linkage - Electronic Referral System

The predominant electronic referral system, Connect Oregon, which uses UniteUs as the backbone technology, is a critical data system for enhancing care coordination in the state. It also has incredible potential to be used as

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a population health management tool if it is designed to fully realize its capacity to link with other data systems. Other data systems could include claims or clinical information, or a wide variety of other human services data.

Ensuring that the right stakeholders and experts are convened to discuss the options and implications of a linkage is critical to the success of any linkage effort. Through years of experience convening around data in Oregon, Comagine Health has seen firsthand the importance of ensuring that the patients, providers, community based social service agencies and systems whose data would be included are comfortable with the movement, storage, and use of their data. This can be accomplished by ensuring stakeholder agreement around data design, variable collection including personal health information (PHI), interoperability, data governance and access and use, and reporting.

Technical Assistance - Statewide health information exchange

Establishing a data system to streamline social service data and a statewide health information exchange that is capable of producing complete and accurate data on services provided to Oregonians relies on high quality data entry and management. Optimally, the system would ingest data from other large data systems managed by OHA to reduce the burden on front line organizations. However, if that is not feasible, the data system(s) must facilitate easy manual data entry or easy data merges/uploads. If manual entry is required, the individuals performing data entry must be trained in both the data system and best practices to ensure high quality data are collected. They will also need support with workflow development and implementation to minimize the burden of duplicate data entry on their staff and ensure consistent quality of data. Community based organizations will also need assistance with realizing additional, sustainable resources for services to ensure they can meet the demand created by the new system. If data uploads are required, there must be a process in place to ensure submitted data files are complete and all variables populated with allowable values. Stringent security protocols must be in place at every step of the way. Through our deep experience with convening around data and quality improvement, we understand the importance of providing technical assistance to all the partners and collaborators involved.

In summary, Comagine Health is very supportive of HB3039, which requires OHA, in coordination with Department of Human Services, to convene one or more groups of stakeholders and experts to study and make recommendations regarding electronic referral system for social services and statewide health information exchange. The opportunity to link clinical and community based services and analyze outcomes for patients who these services is significant. It will be important to ensure equity is a leading principal throughout from the framing of the issue and questions posed for study, as well as in the selection of representation in the process and at key tables as this work unfolds. Comagine Health has spent many years working with diverse clinical and community stakeholders to solve complex systems issues to improve community health. This bill aligns with the need to identify, measure, and work with partners to improve the social determinants of health for Oregonians.

Thank you,

Meredith Roberts, MPH
Executive Director, Governance and Community Engagement