The Oregon Health Leadership Council (OHLC) is pleased to submit these comments in response to the Strengthening Community Health Through Technology RFI released by the White House Office of Science and Technology Policy. (Comments submitted by Liz Whitworth, MPH, Managing Director, OHLC, March 31, 2022.)

Background
The Oregon health care community has a history of collaboration around strategic initiatives, including efforts to reduce early elective newborn deliveries, advanced care planning education and conversations, reducing ineffective and low value care, and administration simplification efforts. The Oregon Health Leadership Council (OHLC) has facilitated many of these initiatives with the support of its members, which include the major commercial, Medicare, and Medicaid health plans, acute care hospitals, and health systems across the state. With the advent of Oregon's Medicaid reform in 2012 and the development of the Coordinated Care Organization (CCO) model (akin to ACOs for Medicaid), physical, behavioral, and oral health providers developed new models of care delivery to improve health and maintain cost growth for the Medicaid population. Leveraging the federal Health Information Technology for Economic and Clinical Health (HITECH) Act funding from 2009-2021, Oregon initiated a series of health information technology (HIT) investments to support broader health care transformation, which led in part to the creation of a HIT funding "utility model." This model, developed to launch a statewide hospital event notification system, evolved into a formal public/private partnership to advance HIT across the state. The partnership known as "HIT Commons" is permitted by Oregon statute and jointly managed by the Oregon Health Authority (OHA, the state's Medicaid and Public Health agency) and OHLC (a private sector, voluntary statewide collaborative organized as a 501c(6)). In 2019, HIT Commons initiated exploration of social determinants of health (SDOH) technology strategies and emerging tools to facilitate "community information exchange" (CIE)—to enable care coordination across health care and social service providers.

Investing in Social Care Infrastructure
As the COVID-19 pandemic emerged, OHA workgroups, task forces, and other advisory bodies not directly related to the pandemic were suspended to allow resources to be dedicated to COVID response. HIT Commons, given its partnership with OHA, formally suspended its development work in CIE technology systems and structures. As was the case nationwide, social needs in Oregon skyrocketed in the early days of the pandemic. Oregon's 211info call center experienced a tripling in call volumes overnight, with high volumes persisting throughout the pandemic and during Oregon's historic wildfire season of 2020. As OHA and front-line providers were head-down on COVID response, the private sector health plans—led primarily by those plans with Medicaid CCO lines of business—accelerated their interest in addressing social needs, and recognized the value of statewide alignment as a strategy for reducing change management burden on community-based organizations (CBOs).

At the request of its members, OHLC facilitated a process to review, vet, and select a technology vendor to implement closed-loop referrals. Given the pace of efforts to address SDOH at the national, state, and local levels, and in recognition of a quickly developing CIE footprint in Oregon, OHLC and its partners leveraged existing resources and efforts in its selection of a technology vendor. These included the HIT Commons 2019 CIE environmental scan, the HIT Commons CIE Advisory Group—2020 Preliminary Report, OHLC member organizations' CIE vendor selection processes (including Samaritan Health Services/IHN CCO and Kaiser

Permanente), input from the OHLC Board, OHLC Council and the HIT Commons Governance Board, and various one-on-one stakeholder meetings as requested.

Further, OHLC facilitated six "CIE Whiteboard Sessions" (in person, and then virtually) from October 2019-October 2020 for discussion, engagement, and continual feedback on CIE systems and vendors. The objectives of the CIE Whiteboard sessions were to:

- **Coordinate engagement and discussion on CIE systems** among health care partners interested in funding implementation;
- **Develop an initial statewide pricing model** (modeling previous statewide HIT utility approaches) to achieve savings across health care partners and offer the system at no-cost to CBOs, while preserving the ability for organizations to contract on their own timelines; and
- **Develop an initial governance structure** to guide early CIE efforts.

The year-long process led to health care partners contracting directly with Unite Us in 21 out of 36 Oregon counties as of the launch date for "Connect Oregon" in October 2020. As of March 2022, contracting is in place to spread Connect Oregon to all 36 counties by the end of 2022. Hundreds of CBOs have joined the network, more are onboarding each week, 211info serves as a Coordination Center in multiple counties, and individuals in Oregon are served every day by closed-loop referrals. OHLC and its members view this aligned investment as "social care infrastructure" akin to existing statewide "health care infrastructure," and see this work as an initial investment in addressing SDOH and health equity at scale in Oregon. As of March 2022, an initial governance structure is in place for Connect Oregon which includes two formal statewide bodies (balanced by health care and CBO representation) and multiple, regional bodies (some which leverage existing tables) to support the planning and implementation of Connect Oregon in counties across Oregon. As the network matures, development of a mature governance structure is contemplated to include more formal roles for state agency partners, philanthropy, and others.

Leveraging Infrastructure for Community Health
Oregon continues its journey of health care transformation through submission of the next Medicaid 1115 Waiver, implementation of a statewide Sustainable Health Care Cost Growth Target, and public and private sector innovation in value-based payment and care delivery models. In 2022, Oregon legislators passed a "CIE bill" (HB 4150) to study existing Oregon efforts and make recommendations for future legislation to strengthen and expand CIE systems in the state. Connect Oregon partners are actively supporting these efforts and have made engaging state agencies (health, human services, education, housing, etc.) in CIE systems a key priority for 2022. Evolving the discussion from "advancing CIE" to "supporting social care" is also a priority, in recognition of the need for more than simply a technology platform. Connect Oregon partners envision a future with social care payment models, CBOs supported with capacity training and funding, investments and training in a new community-rooted workforce (including Traditional Health Workers, Community Health Workers, Doulas, and Peer Support Specialists), evolving community benefit strategies to use a data-driven and health equity approach, and robust metrics and ongoing evaluation to track progress and identify areas for improvement.

With Connect Oregon entering its second year of implementation, several lessons learned have emerged:

- **Trust and collaboration built over years of effort** show their value during emergencies.
- **The COVID-19 pandemic created a unique moment** for alignment and acceleration toward decision-making.
- **Building new systems and models of care takes a "learn as you go approach."** Begin the work, learn from successes and challenges, and continue moving forward.
- **Alignment and scale of social care infrastructure supports long-term social needs fulfillment and creates a nimble and widespread network** to leverage for future public health emergencies, wildfire response, and other emergent situations.
- **While data and scale matter, it is crucial to remember the power of helping one person at a time.** Over the last year, Connect Oregon has generated many powerful success stories—a few are highlighted below:

*"During one of my first experiences with Connect Oregon, I was working with a member who was part of a large family. **This member was the sole provider for the family but lost his job due to layoffs around COVID 19.** I decided to try out Connect Oregon and was able to get this family the support they needed and watched it happen in real time. **I was able to secure food, clothing, utilities, and rent assistance for them and all in 2 days! When I followed up with the family a week later to check in they were so happy and thankful that they cried happy tears."* – Member Support Specialist, PacificSource Health Plans

*"At **Mosaic Medical a dietician sent a referral** to see about getting their patient baking pans to roast vegetables. **They referred the patient to Furnish Hope via Connect Oregon** and Furnish Hope promptly called the patient, going through a checklist of every item they had available to see if the patient might need it. The patient has lived in their home for quite a few years and didn't have hardly any furniture, has never owned a dresser, or a coffee table had two knives to cook with and a pan. **After an easy assessment process, Furnish Hope is delivering a truckload of furniture to the patient in early January. The patient was in tears** and said they couldn't believe anyone would do that for them!"* – Lindsey Stailing, Mosaic Medical (FQHC)

*"**A family all tested positive for COVID-19 while their father was on a long-haul truck job.** He was unable to return home because he was the sole provider for the family and they could not risk exposing him to COVID-19. **We were able to refer this family for wrap-around support through Unite Us**, and we were also able to temporarily house the father in a free shelter with food provided until the family was through their isolation period."* – Isabel Dreyfus, Human Services Coordinator, Clackamas County Public Health Department