Strategic Recommendations from the Stewards of Change Institute's 9th Annual Symposium: Advancing HHS Interoperability: From `The State of the Art" to the "Art of the Possible"

Accelerating Information-Sharing to Streamline Processes, Save Money and Improve Lives

The ninth annual Stewards of Change Institute National Symposium, in collaboration with the Johns Hopkins University Bloomberg School of Public Health, School of Medicine and the Health and Social Policy Institute brought together 100 leaders from across the country representing governments at all levels, private industry, academia, foundations, nonprofit organizations and national associations. Their common denominator: They are all committed to improving the health and well-being of children, families and communities – through improved information sharing and interoperability – by optimizing connections, coordination, financing, service delivery and, ultimately, outcomes.

We are proud to report that participants left the invitation-only event saying that they had not only acquired important knowledge, but also were inspired to put that knowledge to use. Indeed, over 95 percent said in a survey that the information they received at the symposium would help them initiate or expedite progress toward interoperability within their own organizations.

The SOC Institute firmly believes the time to achieve the "Art of the Possible" is now, and we are dedicated to enabling and assisting governments, industry, associations, nonprofits and other organizations to make it a reality. Toward that end, we offer a series of strategic recommendations for near-term, achievable next steps that evolved from the three day SOC Institute's 9th Annual Symposium. All these recommendations are within the context of these core beliefs: that the health and well-being of our country's population is both a critical element to its national security and a concrete indicator of its commitment to its people; that the key to success in this realm, especially at a time of vision-blurring technological advances, is bold innovation and not incremental change; and that any successful effort to accelerate interoperability will result primarily from leadership and action at the local and state levels, but will necessarily require support, collaboration and resources from the federal government. Our initial recommendations, all of which can be implemented with minimal if any new legislation or spending, include:

- Reprogramming a small amount of funds to create an HHS-focused Project Interoperability Environment, with its own program manager, thereby communicating the issue's high priority and creating a system for learning from and leveraging what has been learned in ISE. Creating a Health and Human Services Interoperability Center of Excellence to build a national agenda for information-sharing," perhaps as an extension of the ACA. This COE would begin by convening top experts (across content, party and

state lines) to gather information and create consensus for next legislative and financing steps at all levels. It would also focus on:

- o Building a dedicated "Community of Interest" in support of Health and Human Services Interoperability and information sharing;
- o Fostering the adoption of national standards for information sharing that drive the creation of innovative solutions;
- o Reprogramming funding streams to encourage information sharing that connects silos rather than maintaining their isolation;
- o Promoting systems that pilot/utilize evolving technologies, promote best practices, encourage early intervention, supports innovation, and helps aggregate services that focus on individual clients/families, among other changes.

- Issuing guidance to states and localities explaining the reasons for implementing and/or accelerating interoperability and providing knowledge-based best-practice guidelines for areas including but not limited to:
  - o Sharing by relevant (but often varied) entitites a broad range of data including administrative information, case records, dependency tracking, outcomes, and operational management practices, etc.
  - o Reimbursement models incorporating HHS and tying payments more directly to outcomes.

- Creating and providing materials to relevant personnel at all levels to help/enable them to understand the interoperability models, including a focused HHS interoperability curriculum – comprising "how-to" training instructions, templates/models from already-successful initiatives, and certifications/credentialing programs.

- Creating and implementing a media-focused public information, education and advocacy campaign about the need for and benefits of interoperability, with an emphasis on greater efficiency and financial savings.

More details, actionable recommendations and summary of all sessions (videos, presentations and graphic murals) from the SOC Institute's 9th Annual Symposium are available at http://www.stewardsofchange.com/what-we-do/pages/9th-conference.aspx.