# FHCQ | Social Needs and Health Equity Steering Committee

Storing and Sharing Data Workgroup June 14<sup>th</sup>, 2022 | 8:00 – 9:00 a.m. Virtual

# **MEMBERS PRESENT**

Karie Nicholas, MSc, Washington Association of Community Health

Ryan Williams, MBA, Molina Healthcare

## STAFF AND MEMBERS OF THE PUBLIC

Nick Locke, MPH, Bree Collaborative Ginny Weir, MPH, Bree Collaborative

### **WELCOME**

Nick Locke, Bree Collaborative, welcomed the group to the first meeting of the Storing and Sharing Data workgroup, an ad-hoc workgroup of the Social Needs and Health Equity Steering Committee. Members introduced themselves and their current work in health data and social needs.

#### **DISCUSS: WORKGROUP PRIORITIES AND DELIVERABLES**

Mr. Locke shared the priorities for storing and sharing data that had been identified by the steering committee. Workgroup members were invited to provide comments and suggest additional priority areas.

- In addition to developing ethical data infrastructure, data storage strategies, and interoperability, members suggested adding liability and regulatory concerns preventing data sharing.
  - Regulations such as HIPAA and FERPA make it difficult to effectively share data across sectors and within organizations. We may want to catalogue existing legislation to help inform organizations on how to properly share data without liability concerns.
- Beyond the need for data storage infrastructure is the need for shared data architecture across organizations.
  - This goal is difficult to accomplish, because each sector (health, community organizations, schools) has wide diversity in data vendors and tools.
  - o It may be useful to provide a recommendation or an endorsement of a single data architecture that would facilitate standardization.

Mr. Lock also invited comments on what would be useful as a final deliverable from the workgroup. Members developed an initial plan that would scale up from a simple data guide to a full recommendation for data architecture.

- Initial phase: develop a data guide that includes a common shared data file across healthcare
  organizations. We could propose a standard file type and file attributes. Additionally, this
  workgroup can develop a guide around the policies and regulations that govern data sharing
  and capture.
- Preparation phase: develop data architecture recommendations that involve how to build data infrastructure and *how* to share data across organizations.
- Supplemental material: create a guide for data ethics for healthcare organizations, potentially building off data ethics for healthcare research

#### **DISCUSSION: ADDITIONAL OUTREACH AND RESOURCES**

Based on the discussion for priorities and deliverables, Mr. Locke asked workgroup members who else should be invited to the table. Further outreach will be conducted to:

- One Health Port to share expertise with the Clinical Data Repository
- Jail systems, schools systems, and tribal healthcare to represent non healthcare data use cases
- Epic/Cerner/Other EHR vendors who represent the current data architecture in healthcare settings.
- WA Department of Health which currently manages Care Connect and WA Verify registries
- WA Health Care Authority, which is currently working with Microsoft on health care data and planning on providing a free version of Epic for WA health centers.
- Other big tech companies including Microsoft, Salesforce, Amazon Web Services, or Google which may have insight on both the technical aspects of data sharing and limited experience with healthcare data as purchasers.

Following the recommendations for initial outreach, Mr. Locke shared the workgroup's next steps. Mr. Locke will work with workgroup members to conduct outreach to new potential partners. Mr. Locke will also draft a document detailing the deliverables and priorities discussed at this meeting, for review as a launching point for our next conversation. In the future, the workgroup is interested in learning more about partnering with One Health Port as a data "pipeline" and with the Gravity Project for standard resources for social need in the healthcare setting.

# PUBLIC COMMENT AND GOOD OF THE ORDER

Mr. Locke invited final comments, then thanked everyone for attending. The workgroup will plan on meeting every second Tuesday, with the next meeting to be held on Tuesday, July  $12^{th}$  from 8:00-9:00 AM.