Background:

- Cambia Grove is a health care innovation hub focused on bridging the gap between entrepreneurs and the traditional health care sectors to drive system-wide transformation

- One of Cambia Grove's core goals is to break down barriers to innovation in response to the needs of the health care changemaker community

- Health data often presents a barrier to innovation for the community, and was therefore selected as a focus area

Approach:

- Health data is a complex topic, and challenges and opportunities in this space vary greatly depending on perspective

- To understand the full scope of opportunities, Cambia Grove embarked on a community exploration project, interviewing 74 stakeholders representing 55 unique organizations

- Detailed feedback was distilled down to common themes, specific challenges and community initiatives - - all stakeholder interviews were conducted in confidence to enable candid discussion and open dialogue; feedback has been anonymized and summarized

Initial Results: Cambia Grove to select projects based on feasibility and impact

ID.	Top Theme Areas	Specific Challenges	Potential Community Initiatives
1.	**Clarification & Education**	■ There is a need to bridge the gap between data needs and abundant data resources; questions exist around scope and if/how datasets can be leveraged ■ Inconsistencies in data literacy (i.e. data types & differences in data across each of the "5 Points")	1. Shine a light on existing data resources & tools accessible to changemakers in health care (**COMPLETE** – Data Resource Directory) 2. Develop online "Wiki" resource to describe data types prevalent in health care 3. Facilitate a "5-Points" style training to teach basics of health care data
2.	**Collaboration & Coordination**	■ Existence of siloed/disparate data sources and warehouses ■ Collaboration and synergy across data collection entities exists, but with limitations ■ Multiple factors contributing to lack of interoperability (e.g. trust, resource requirements, competitive advantage) ■ Need for solutions to 1) span the entire state and 2) cover all populations ■ Integration between/within EHRs is a massive hurdle	4. Provide a convening space to 1) drive alignment across stakeholder groups and 2) select projects to tackle (**In Progress**) – Include 1) data experts, 2) diverse "5 Points" representation & 3) technology leaders (e.g. Microsoft, Amazon) – Ensure statewide coverage (rural, urban, public, private) – Leverage collaboration to coordinate existing resources and get all stakeholders on same page – Support existing national efforts to make EHRs interoperable (CareEquality, 21st Century Cures, CARIN etc.)

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3.	Inclusion of Diverse Datasets	▪ Behavioral health data is not easily incorporated with medical data ▪ Broader linkages are needed between traditional health care data and social determinants of health	5. Ensure solutions address behavioral/social data and can distill down to disparities 6. Translate learnings from DSHS for use with commercial populations 7. Drive towards inclusion of diverse measures in performance monitoring (see project #10)
4.	Enhanced Use of Existing Data Resources	▪ Opportunity for individual data collection entities to broaden horizons and expand scope	8. Leverage community to identify synergies and expansion opportunities between existing data resources

5.	Meaningful Application	▪ Lack of alignment on why the data is truly needed – what will we use it for?
		
		▪ Limitations in ability to apply massive amounts of available data in a universally meaningful, actionable way
		
		▪ Multiple disparate methodologies across individual payers, provider organizations, etc. (e.g. attribution, quality, etc.)
		
		▪ Heavily relied-upon algorithms might not truly be human-centered
			9. Apply data sets to tangible/high-priority use cases (**In Progress**)
			
			10. Leverage community to align upon common set of measures, algorithms, methodologies
			   – Consider inclusion of diverse data-sets
			   – Ensure diversity of approaches to accommodate differences in circumstance (e.g. rural health)
			
			11. Drive towards government-mandated gold standards

6.	Health Data Laboratories & Portals	▪ Robust/easily accessible databases are limited, from the perspective of being able to conduct meaningful analyses, quantify opportunity, conduct demonstrations, etc.
		
		▪ Barriers exist for entrepreneurs to obtain data for testing, demonstration or business use
		
		▪ People have great ideas, but no way to show them
			12. Create "data lake" with real, de-identified data
			   – Provide data infrastructure to enable stakeholders to develop hypotheses and answer critical questions
			   – Start with a specific use case (e.g. cancer/HICOR)
			
			13. Develop dummy databases for entrepreneur access; divide by data type (e.g. claims, clinical, outcomes, SDH) for innovators to easily plug in to & use
			
			14. Develop a public utility to make all data available to those who need it; must be able to follow the patient

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7.	Patient Identification & Tracking	▪ Lack of unified patient identifier ▪ Inability to obtain real-time information around patient location, utilization, etc.	15. Drive efforts to initiate alignment on a master patient identifier 16. Highlight need for innovations in patient utilization tracking and report-out to care management entities

8.	Pathway to Data Access	▪ Change-makers could benefit from access to existing data sources, but either 1) cannot afford access or 2) have a difficult time navigating associated processes
		▪ Patients do not have easy access to their own information
		▪ Without clear incentives, data-sharing is difficult to drive/enforce
			17. Create streamlined pathways to existing data resources (e.g. purchasing subscriptions, securing discounts, etc.)
			  − Local health data resources
			  − National general data warehouses (e.g. IDC, Gartner, etc.)
			18. Tap into existing pathways - - identify organizations interested in sharing subsidized data licenses
			19. Identify potential financial incentives to drive data providers to share information (e.g. providers, data warehouses, even patients [via crowd-sourcing])

Please submit questions and comments to:

Julie Panek Anderson, Assistant Director of Strategic Initiatives, Cambia Grove, julie@cambiagrove.com