

# Network News

*April 15, 2026*



# Housekeeping Reminders



- This is a Zoom webinar.
- All webinar participants are automatically muted, and your video is not displayed.
- Please refrain from using any AI notes
  - AI notetakers will be removed from the meeting.
- Use the chat feature to introduce yourself (name, org, location), share resources, etc.
- If you would like to ask a question, please use the Q&A function on the taskbar.
- This webinar is being recorded, and the recording will be shared after today's event.
- For questions following the webinar, please reach out to [contact@civitasforhealth.org](mailto:contact@civitasforhealth.org).

# Agenda

- Civitas Welcome and Updates
  - Jolie Ritzo, CEO, Civitas Networks for Health®
  - Jessica Little, Chief Operating and Programs Officer, Civitas
- Civitas Program Updates
  - Demri Henderson, Grants and Program Manager, Civitas
- Civitas Government Relations and Policy Updates
  - Karen Ostrowski, Director, Health Policy and Partnerships (Consultant)
- Civitas Member News
  - Jolie Ritzo
  - Jessica Little
- Spotlight Presentation: Scaling Whole Health Strategies in Primary Care
  - Karen Johnson, Vice President, Practice Advancement, American Academy of Family Physicians (AAFP)
  - Hannah Luetke-Stahlman, Director, Market Innovation, American Academy of Family Physicians (AAFP)

# Upcoming Workgroup Meetings

Register for all Council and Workgroup meetings here

- **April 24, 12-1 p.m. ET** - Equity and Quality Workgroup
- **April 24, 12-1 p.m. ET** - Marketing and Communications Workgroup
- **May 8, 1-2 p.m. ET** - SDOH and Interoperability Workgroup
- **May 13, 12-1 p.m. ET** - Rural Health Workgroup
- **May 19, 3-4 p.m. ET** - Standards and Technology Workgroup
- **May 20, 3-4 p.m. ET** - Behavioral Health/Substance Use Disorder Workgroup
- **June 11, 4-5 p.m. ET** - Public Health Workgroup

Want to sign up for a workgroup? Fill out the [interest form](#)

# Upcoming Events

- April 20, 9 am - 4 pm ET – [Technology's Role in Making America Healthy Again: A Discussion on Mental Health & Substance Use Care Presented by ONC | Virtual Event](#)
- April 21, 1-2 pm ET – [Civitas Member-Led Webinar | Making Population Health Data Trustworthy at State Scale Presented by Clinical Architecture](#)
- April 22-23 – [Catalyst for Health 2026, Sacramento, CA](#)
- April 27-30 – [InterSystems: READY 2026, Gaylord National Resort & Convention Center National Harbor, Maryland](#)
- April 29-30 – [Wyoming 211: 2026 SDOH Summit, Bridging the Gap – Amplifying Your Connection, Casper College, Casper, WY](#)
- May 6-7 – [NAHDO's 40th Anniversary Celebration – 2026 Annual Meeting & In-Person Networking Sessions, Miami, FL](#)
- May 14, 3-4 pm ET – [Civitas Member-Led Webinar | NCQA DAV for HIEs: The Journey and What to Expect, Hosted by J2 Interactive](#)
- May 19 – [Save the Date: Contexture 2026 Summit, Phoenix, AZ](#)

Want to see more upcoming events? Click here [events](#)



# Civitas Annual Fly-In: Washington, DC – May 20

Leaders from Civitas full and affiliate member organizations will convene in Washington, DC, as part of our third annual Fly-In on May 20th. Attendees include members of Civitas' Government Relations & Advocacy Committee (GRAC), Board of Directors, and additional members interested in advancing Civitas' federal advocacy efforts. This event provides a critical opportunity to:

- Engage directly with leaders from the House and Senate, including Congressional Committees of Jurisdiction
- Elevate the role of Civitas members as critical national infrastructure for health
- Advance key policy priorities impacting data sharing, interoperability, and public health

We are excited to share more at the next Network News following the Fly-In!

# April Updates: Civitas 2026 Annual Conference

Join 750+ leaders from across the health data and improvement ecosystem. Hosted in collaboration with our Mid-Atlantic Host Committee, just minutes from Washington, D.C. in Arlington, VA.

**Plan early and save with discounted hotel and flight options.** These discounts are secured specifically for our conference attendees. Booking early ensures best rates, hotel availability, and smoother travel planning! [Learn more.](#)

**Interested in sponsoring?** Get in front of a national audience shaping interoperability, data exchange, and health transformation. An early commitment = maximum visibility and engagement opportunities. Review the [Sponsorship Prospectus](#) and connect with Kate Kroell ([kkroell@civitasforhealth.org](mailto:kkroell@civitasforhealth.org)) to learn more.

**CIVITAS NETWORKS FOR HEALTH®**  
**2026 ANNUAL CONFERENCE**  
SPONSORSHIP OPPORTUNITIES

ARLINGTON, VIRGINIA  
SEPT | 22-24 | 2026

**WHY SPONSOR?**  
The conference presents a targeted and highly engaging opportunity to collaborate and network with leaders from organizations around the country that are advancing efforts to improve health and health care, data interoperability, community information exchange, and more.

**WHAT DOES MY SPONSORSHIP SUPPORT?**  
Your sponsorship helps make the whole event possible! From providing meals to discounting hotel rooms, partnering with speakers, and more, funding from our sponsors is poured back into the conference to make it the best event it can be.

**THE CIVITAS TEAM LOOKS FORWARD TO WORKING WITH YOU TO FACILITATE A PRODUCTIVE AND MEANINGFUL SPONSORSHIP EXPERIENCE FOR YOU AND YOUR TEAM. THANK YOU FOR YOUR SUPPORT!**

# Thank You to Our Proposal Selection Committee

We extend our sincere gratitude to the dedicated members of our Proposal Selection Committee who **reviewed 146 conference abstracts** to help shape the Civitas 2026 Annual Conference program. Committee members include:

- Heidi McPherson – UTHealth Houston School of Public Health
- Kelley Gallagher – CRISP
- Phil Beckett – Texas Health Services Authority
- Darlene Carr – New Jersey Innovation Institute
- Anne Santifer – Arkansas SHARE
- Stephanie Brown – CRISP DC
- Shana Phares – WVHIN
- Ben Hamlin – IPRO
- Craig Behm – CRISP
- Brittane Wise-Goddard – CRISP
- Jenn Searls – Connie
- Keela Shatzkin – Shatzkin Systems
- Van Le – PeLEX
- Sue-Ann Villano – Healthix
- Ashley Humienny – Camden Health
- Jessica Iben – DHIN
- Melanie Cavaliere – Maryland Health Care Commission
- Gabrielle Rude – Wisconsin Collaborative for Healthcare Quality
- Kelly Richards – VHI
- Elizabeth Amato – Health Connections
- Tara Cramer – Velatura
- Erica Coletti – Healthy Alliance
- Crystal Dawkins – Healthy Alliance

# Civitas Program Updates

- **Patient Centered Data Home® (PCDH):** The PCDH Governance Council has completed a restructuring process and recently issued a call for nominations. The new Council will include one representative from each region (Heartland-Western, Central, Eastern, Midwest) plus up to seven at-large members; at-large seats are open to PCDH members actively exchanging data bi-directionally and who represent a Civitas HIE in good standing. [Nominations](#) will close April 17, 2026, at 5:00 PM ET.
- **Demographic Data Element Modernization (DEMo) Initiative:** The [DEMo Initiative](#) is a multi-phased collaborative effort between Civitas, AHIP, and HL7 to modernize demographic data content and standards. The effort has been sponsored by HL7's Cross Group Projects Workgroup and the final content is being guided through the HL7 standards development process.
- **State Health Technology Commons:** Civitas recently published a [final report](#) that outlines findings and recommendations related to the grant, "Assessing the Changing Landscape of Public Health Data".
- **Supporting Implementation of Gravity Standards Across New York State:** Civitas, in partnership with the Gravity Project, is continuing to provide technical assistance in the implementation of Gravity standards to the New York eHealth Collaborative (NYeC).
- **National Health Information Organization (HIO) Survey:** Civitas, in partnership with ONC and UCSF, is continuing to support the development and dissemination of the next iteration of the National HIO Survey.

*If you are interested in learning more about Civitas programs or are interested in partnering with Civitas, please reach out to Madelynn Valu at [mvalu@civitasforhealth.org](mailto:mvalu@civitasforhealth.org)*

# Government Relations and Advocacy in 2026

- ASTP/ONC is now....ONC
- CMS Health Tech Ecosystem – April milestone event including Connexus, SYNCRONYS, other Civitas members
- CMS Quality Conference
- Federal 2027 FY Budget
  - President's budget request
  - Public Health Funding Appropriations
- Agency Meetings
  - ONC – information blocking
  - CMCS – HR1, RHTP
  - CDC – Public Health Data Modernization
- Regulatory Activity
  - New CMMI [ASPIRE model](#) *policy brief coming soon*
  - Claims Attachment [Final Rule](#) *policy brief coming soon*
  - Drug Interoperability [Proposed Rule](#) *policy brief coming soon*



# Civitas Members News

- [Connie was Awarded One of Only Nine ONC Pilot Grants to Support Electronic Consent Management for Behavioral Health Patients](#)
- [CareQuest Innovation Partners and Kno2 Launch National Initiative to Integrate Dental into Health Information Exchange Infrastructure](#)
- [Rhapsody released its State of Interoperability Report, which highlights insights from a survey of healthcare executives, IT leaders, and data decision-makers across the U.S.](#)
- [DirectTrust® Announces Artificial Intelligence v1.0 Accreditation Criteria Available for Public Review](#)
- [4Medica Launched IdentiMatch Worklist Automation, a breakthrough solution that reduces manual patient matching by up to 90% while integrating seamlessly with any Master Patient Index \(MPI\) or matching engine](#)
- [Converge Health Iowa Begins Operational Transition As Iowa's HIE](#)
- [Civitas Publishes Blog by Madelynn Valu in Partnership with CSRI – Local Accountability, National Connectivity: A Blueprint for Trustworthy Health Data Sharing](#)

# Civitas Members News

- [Health Impact Ohio Published It's 2025 Impact Report](#)
- [Data Across Sectors for Health Launched the DASH Knowledge Database \(DKB\)](#)
- [Verato Received an Honorable Mention in the 2026 Gartner® Magic Quadrant™ for Master Data Management](#)
- [Civitas Team Member, Demri Henderson, Authored and Published a Blog About Reimbursement, Data Sharing, and the Future of Whole-Person Care \(featuring a recent discussion in our SDOH and Interop WG\)](#)
- [Randy Farmer, CEO, Published Learnings and Reflections from His First 90 Days at VITL](#)
- [eHealth Exchange Demonstrates Real-World Patient Access Capability, Advancing CMS-Aligned Network Goals](#)
- [San Diego Health Connect is Hiring an Executive Director](#)

# Spotlight Presentation: Scaling Whole Health Strategies in Primary Care

*Karen Johnson, Vice President, Practice Advancement, AAFP*

*Hannah Luetke-Stahlman, Director, Market Innovation, AAFP*



# Scaling Whole Health Strategies in Primary Care

04.15.2026

**ACTION BRIEF | KEY FINDINGS & RECOMMENDATIONS**

*Supported by Ardmore Institute of Health & Healing Works Foundation | November 2025 Summit, Alexandria, VA*

# Why AAFP is doing this work?

*Family medicine is whole health — but the system isn't built for it.*

## **GROWTH IN CHRONIC CONDITIONS**

3 out of 4 Americans have at least one chronic condition. More than 90% over age 65 have at least one chronic condition.

## **<5% OF TOTAL HEALTH SPENDING ON PRIMARY CARE**

The U.S. chronically underinvests in primary care — the foundation most capable of delivering whole health.

## **PAYMENT & TRAINING ARE CORE BARRIERS**

FFS payment rewards procedures over relationships; training still tilts toward symptom management over lifestyle and behavioral care.

# Building on National Consensus & Evidence

2021

## Implementing High-quality Primary Care: Rebuilding The Foundation<sup>1</sup>

- Defined primary care as whole-person, integrated, accessible, and equitable care by interprofessional teams through sustained relationships.
- Confirmed primary care as the cornerstone for addressing the majority of health and wellness needs across the lifespan.

2023

## Achieving Whole Health: A New Approach For Veterans And The Nation<sup>2</sup>

- Defined whole health as physical, behavioral, spiritual & socioeconomic well-being — as defined by individuals, families & communities.
- Outlined a framework of foundational elements, contextual conditions, and critical infrastructure for a whole health system.



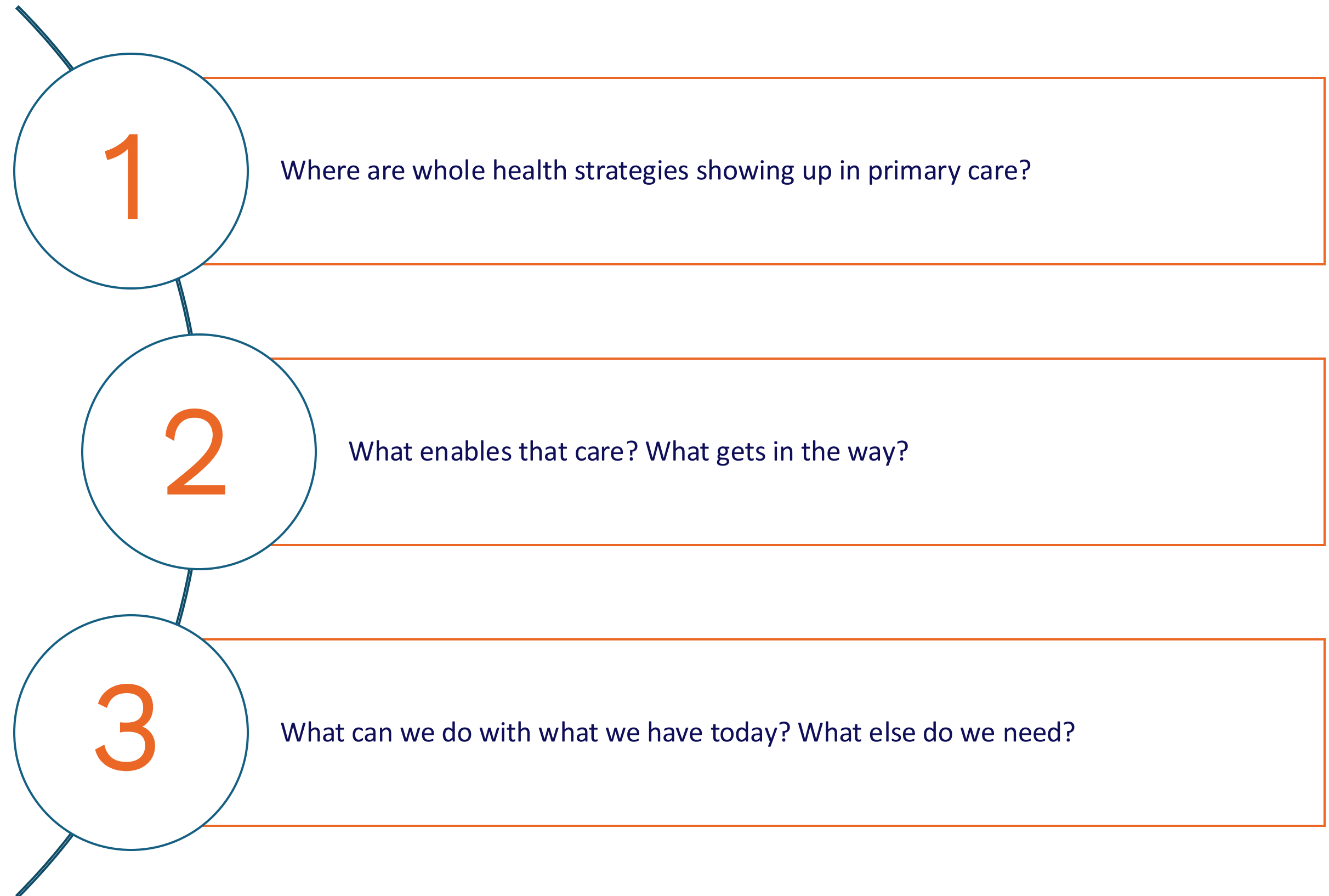
1. National Academies of Sciences, Engineering, and Medicine. Implementing High-Quality Primary Care: Rebuilding the Foundation of Health Care. Washington, DC. National Academies Press; 2021.

2. National Academies of Sciences, Engineering, and Medicine. Achieving Whole Health: A New Approach for Veterans and the Nation. Washington, DC. National Academies Press; 2023.

# From Evidence to Road Map

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A deliberate process connecting evidence to action across a wide range of diverse stakeholders.



# AAFP as Convener

## *Bringing Broad Expertise to the Table*

### **PHYSICIAN LEADERS**

Family physicians & primary care champions from diverse practice settings

### **FEDERAL & STATE POLICY LEADERS**

Officials shaping the regulatory and payment landscape for primary care.

### **HEALTH PLANS**

Public and private payers whose payment decisions determine what care is possible.

### **RESEARCHERS & SYSTEM INNOVATORS**

Academic experts and model implementers driving evidence-based change

### **EMPLOYERS**

Major purchasers of health coverage with a stake in workforce well-being

### **PATIENTS & COMMUNITY PARTNERS**

Voices of those the system must serve — centering lived experience

# Transform How We Pay for Whole Health

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Payment must shift to recognize **the essential role that behavior change plays** in addressing the chronic disease crisis

## **INCREASE PRIMARY CARE INVESTMENT**

Establish clear accountability for investing in whole health approaches in primary care across all stakeholders

## **LEVERAGE WHAT WE HAVE**

Ensure existing payment mechanisms, such as time-based billing and Advanced Primary Care Management codes are implemented.

## **LEVERAGE NEW CARE MODELS**

Consider implementing shared medical appointments (aka group visits) to deliver high quality care using a billable service.

## **BUILD (AND SHARE) THE BUSINESS CASE**

Show the value of whole health strategies in financial (revenue and/or shared savings) and non-financial terms (patient satisfaction/loyalty) to motivate change.

# Preparing the Whole Health Workforce

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Training must evolve to equip physicians and care teams with the knowledge, skills, and tools to deliver comprehensive, person-centered whole health care.

## **INTEGRATE LIFESTYLE & BEHAVIORAL MEDICINE**

Embed nutrition, physical activity, sleep, stress management, and behavioral health into medical education curricula and residency training standards.

## **TRAIN FOR SOCIAL HEALTH & EQUITY**

Establish a unified leadership coalition across disciplines to align and work together toward shared educational goals.

## **EXPAND INTERPROFESSIONAL TRAINING**

Develop team-based care skills so physicians, nurses, and community health workers can collectively deliver whole health in practice.

## **SUPPORT CONTINUING EDUCATION**

Facilitate opportunities for practicing clinicians to receive training and gain experience in whole health strategies.

# A Shared Roadmap for Scaling Whole Health in Primary Care

## PAYERS & PURCHASERS

- Adopt prospective, relationship-based primary care payment
- Expand coverage for whole health services
- Align with federal payment models

## EDUCATORS & TRAINING PROGRAMS

- Integrate lifestyle & behavioral medicine into all clinician curricula
- Build social health and behavioral health competencies
- Expand accessible CME in whole health

## HEALTH SYSTEMS & COLLABORATIVES

- Champion whole health in care delivery design
- Leverage data & HIE infrastructure to track outcomes
- Partner with community organizations to address upstream drivers

*"Family medicine is whole health — and the system must be built to support it."*

# A Blueprint for Value-Based Care Data Success



Actions to Enable High-Quality Primary Care	Essential Data	Data Holders
<ul style="list-style-type: none"> <li>Proactive patient outreach to facilitate transition to ambulatory care</li> </ul>	<ul style="list-style-type: none"> <li>Admission, discharge and transfer notifications</li> </ul>	<ul style="list-style-type: none"> <li>Hospitals</li> </ul>
<ul style="list-style-type: none"> <li>Care coordination</li> <li>Patient diagnosis</li> </ul>	<ul style="list-style-type: none"> <li>Referral feedback and closure</li> </ul>	<ul style="list-style-type: none"> <li>Other physicians and clinicians</li> </ul>
<ul style="list-style-type: none"> <li>Diagnosis and condition management</li> </ul>	<ul style="list-style-type: none"> <li>Lab and imaging results</li> </ul>	<ul style="list-style-type: none"> <li>Labs and imaging centers</li> </ul>
<ul style="list-style-type: none"> <li>Care management</li> </ul>	<ul style="list-style-type: none"> <li>Medication fill notifications</li> </ul>	<ul style="list-style-type: none"> <li>Pharmacies and pharmacy benefit managers</li> </ul>
<ul style="list-style-type: none"> <li>Clear accountability for value-based payment contracts</li> <li>Proactive identification of patient needs and outreach as needed</li> <li>Informs quality improvement opportunities</li> <li>Supports high-value (i.e., high-quality/low-cost) referrals</li> </ul>	<ul style="list-style-type: none"> <li>Accurate and timely patient lists</li> <li>Comprehensive patient demographic information and health status (risk level or score)</li> <li>Timely and frequent contractual performance feedback</li> <li>Cost and quality information on network referral options</li> </ul>	<ul style="list-style-type: none"> <li>Health plans</li> </ul>



to a payment system that persists in underfunding and overburdening primary care. Ensuring primary care payment is essential to reversing this trend.

For value-based payment, the American Academy of Family Physicians issued a brief that describe how stakeholders can play a role in supporting primary care's essential data for care delivery. In the [information sharing call-to-action brief](#), the AAFP details the steps to take to facilitate a more effective information-sharing ecosystem. The Primary Care Information Blueprint uses the following recommendations from the brief:

Agreements include a minimum viable description of the type, frequency and volume of data shared, including clear delineation of the information-sharing responsibilities.

Information-sharing requirements that reflect actual primary care information needs in order to meet compliance standards.

Applicable to a broad cross section of stakeholders, including public policymakers, employers and union trusts), owners of primary care practices (including large health systems), technology vendors and health information exchange organizations.

**INFORMATION BLUEPRINT**

To create an information-sharing environment that enables value-based primary care, the AAFP convened a series of meetings with family physicians. It also convened an advisory group comprised of stakeholders representing payers, health IT organizations and academics for a series of sessions to develop the Primary Care Information Blueprint. The advisory group was tasked with the following questions:

- What do primary care teams do that is different than traditional, fee-for-service-based care?
- What are the barriers to value-based care physicians and their teams need to be successful?
- How can payers, employers and health plans support the primary care physician and/or team?
- How can we ensure equitable access to the information they need in today's environment?

# Physician and Practice Data Resources



## Getting VBC right with the right data

Aggregators, enablers, HIEs and HDUs can produce actionable data and decrease burdens.

**DATA TECHNOLOGY GUIDE** >



## Data sharing in value-based payment contracts

Follow a checklist to ensure essential data sharing provisions are included in your value-based contracts.

**DATA SHARING CHECKLIST** >



## CME: VBC, data and technology

AAFP members can earn CME for free while learning to leverage health information technology.

**LAUNCH CME COURSE** >

Primary care is whole health  
— and the system must be  
built to support it.

*- Convening Participant*

Questions?  
Contact us.

 [aafp.org](https://www.aafp.org)



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Thank you

# Keep in Touch with the Civitas Networks for Health Team

Scan me!

