Co-Designing Trusted CIEs: Privacy, Coordination, and Data Systems for Whole Person Health

Civitas 2026 Annual Conference: Virtual Preconference Session

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Housekeeping Reminders

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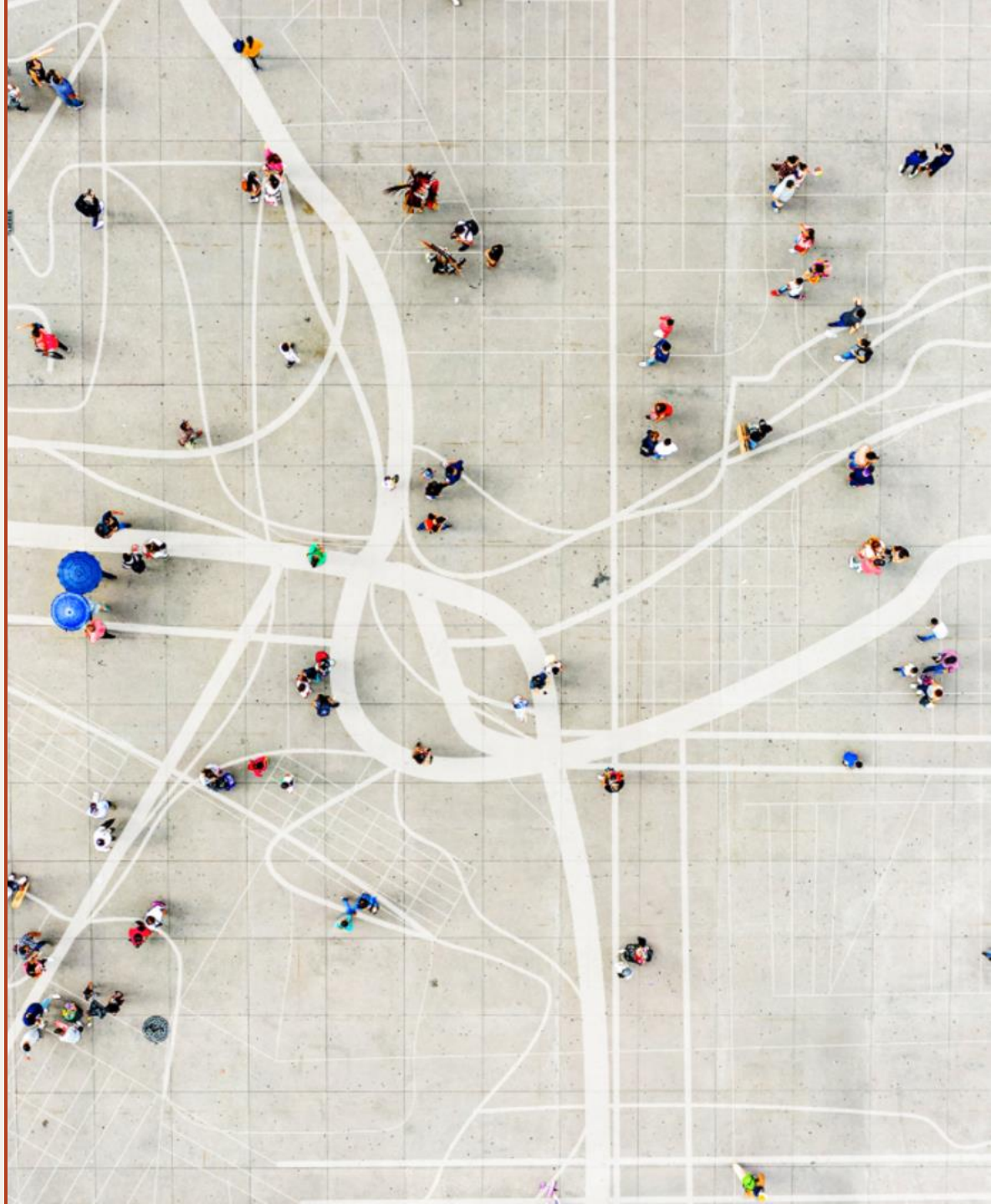
- Please note that AI notetakers are not permitted and will be removed.
- This webinar is being recorded, and the recording will be shared after today's event.
- For questions following the webinar, please reach out to contact@civitasforhealth.org.



Agenda

- Welcome
  - Jolie Ritzo, CEO, Civitas Networks for Health ®
- Opening Remarks
  - George Bosnjak, Co-Founder and Head of Growth and Partnerships, Morph
- Michigan CIE Coordinating Entities in Action
  - Samantha Cornell, COO, Access Health
  - Ayse G. Buyuktur, Associate Director, Health Strategies and Innovation, Center for Health and Research Transformation
  - Esperanza Cantú, Senior Director, Integrated Care and Stewardship, United Way for Southeastern Michigan
- Building Trust: A Community Co-Designed CIE
  - Dan Renfroe, CIE Program Manager, Washington State Health Care Authority
  - Nick Faulkner, Vice President, Consulting, Comagine Health
- Building Trust in CIEs: Translating Privacy
  - Ellen Clewett, Privacy and Security Officer, Chicago Regionwide CIE
  - Melissa Soliz, Health Data Privacy, Interoperability, & Technology Attorney, Coppersmith Brockelman PLC
- Discussion + Q&A

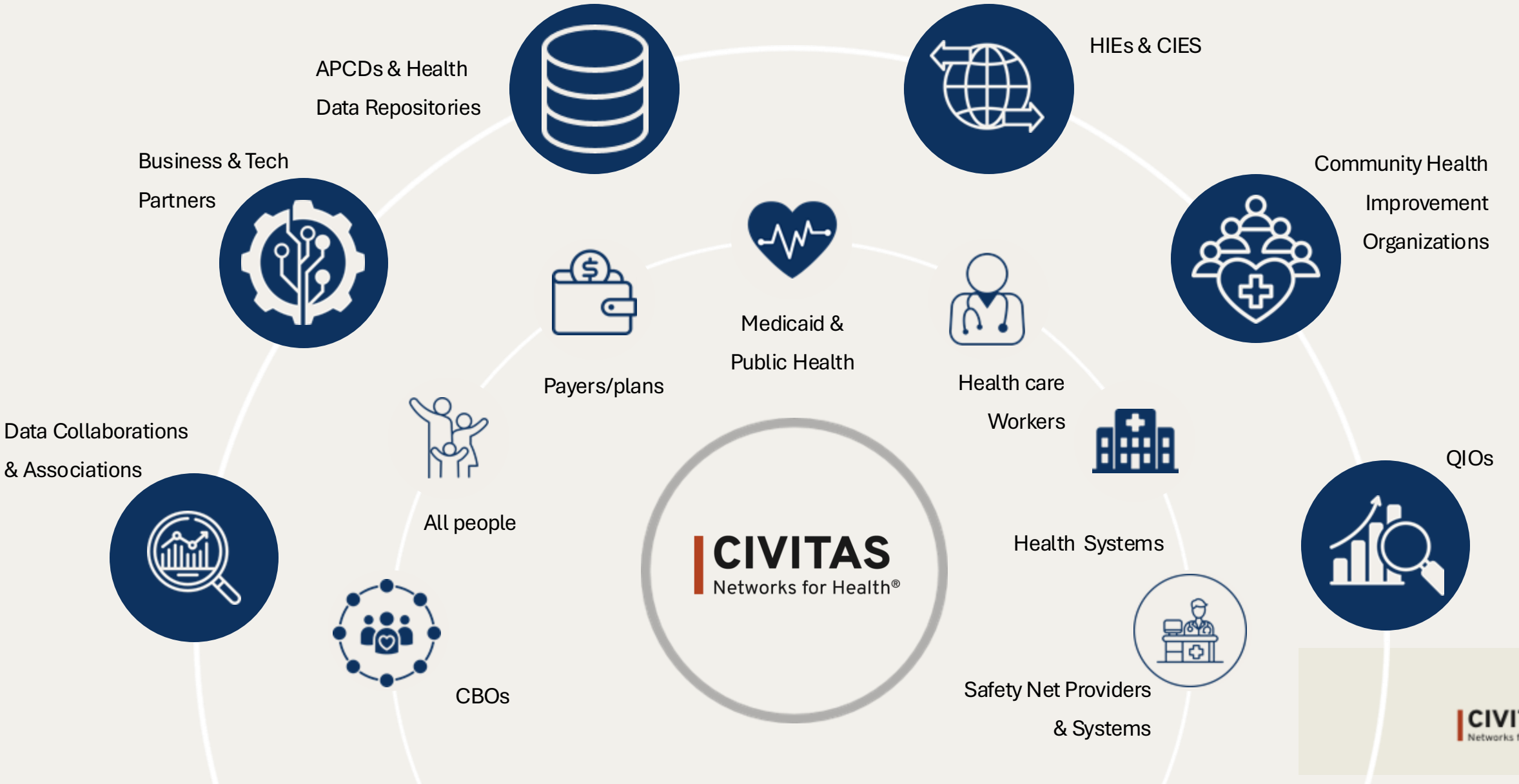
About Civitas Networks for Health®

Who we are, who we serve, and about what we do

Who We Are

- Civitas members include a wide range of organizations:
  - Health Information Exchanges (HIEs)
  - Health Data Utilities (HDUs)
  - Community Information Exchanges (CIEs)
  - Regional Health Improvement Collaboratives (RHICs)
  - All-Payer Claims Databases (APCDs)
  - Quality Improvement Organizations (QIOs)
  - Strategic Business and Technology Partners
  - Affiliated Associations
- We work together at the local, regional, state, and national levels
- Together, we invest in data-driven multistakeholder collaboration to enhance health, addressing cost, equity, quality, and safety

Who We Serve


APCDs & Health
Data Repositories
HIEs & CIES
Business & Tech
Partners
Community Health
Improvement
Organizations
Medicaid &
Public Health
Payers/plans
Health care
Workers
Data Collaborations
& Associations
All people
QIOs
CIVITAS
Networks for Health®
Health Systems
CBOs
Safety Net Providers
& Systems

Expert Convenors

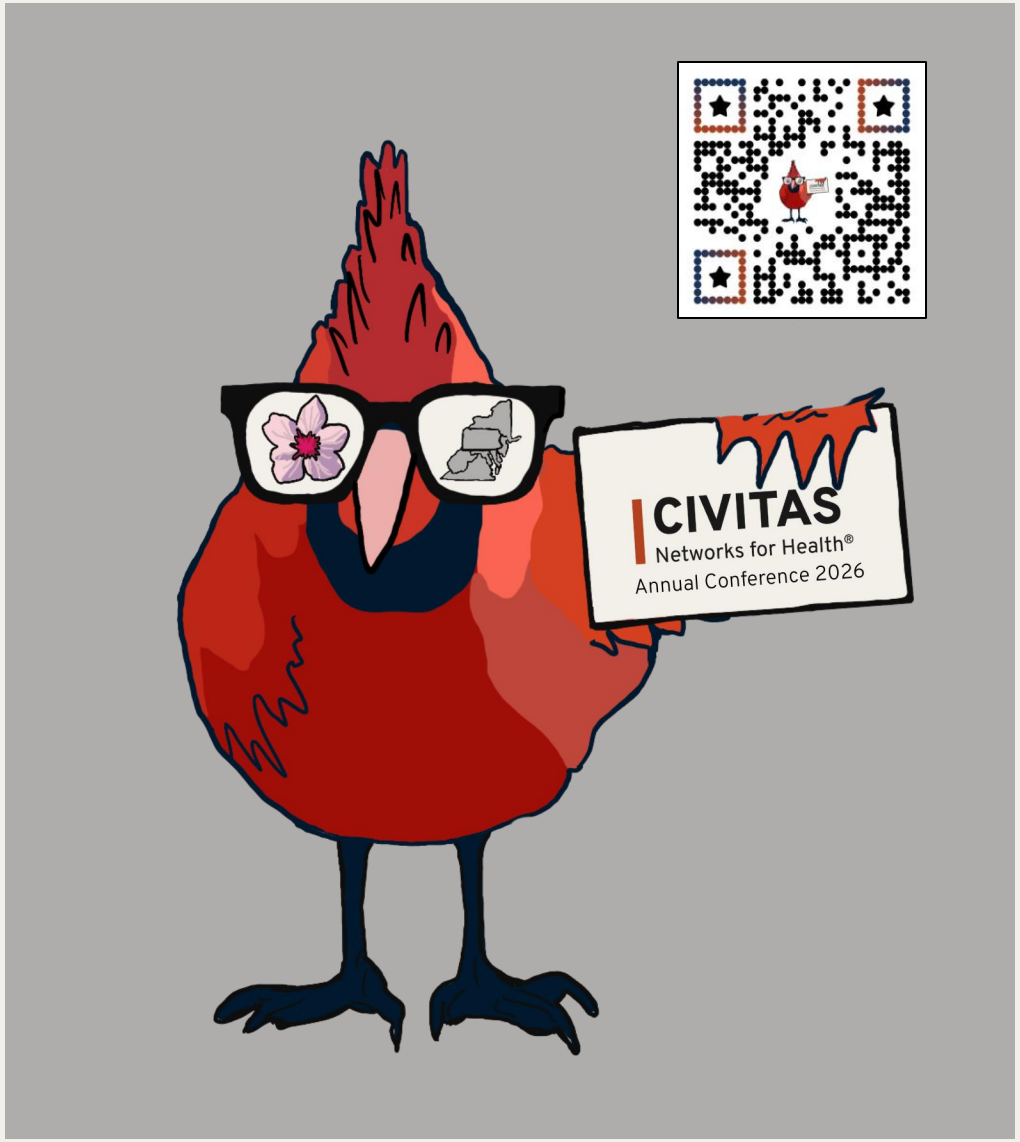
- Civitas provides a unique platform that connects collaborators working on health improvement across the country
- We believe that local communities should lead and influence national progress on health
- We offer forums for shared learning, education, networking, and advocacy, and have proven our strength at helping our members in the ever-changing health landscape

CIVITAS
Networks for Health®

Join Us at the 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.

- Registration is open – secure your spot today!
- Plan early and save with discounted flight options.
  - *Please note that our room block is sold out! Visit our conference hotel & travel page to see other hotel options in the area.*
- Get your Civitas merchandise before the conference – 100% of proceeds go to Doorways for Women and Families Virginia.
- Interested in sponsoring? We still have a select few opportunities available for you to get in front of a national audience shaping interoperability, data exchange, and health transformation. Review the Sponsorship Prospectus and email contact@civitasforhealth.org if you're interested in learning more.



Conference Keynotes: Don't Miss Them!

- **Tuesday, September 22** –
  - *Bridging Federal and State Policy with Local Implementation for Transformation*
    - Dr. Ayanna Bennett (DC Department of Health)
    - Dr. B. Cameron Webb (Virginia Department of Health)
    - Dr. Joseph Kanter (Association for State and Territorial Health Officials; Panel Moderator)
  - *Driving the Next Wave of Value-Based Care Through CMMI*
    - Abe Sutton (CMMI; CMS)
    - Theresa Dreyer (Health Care Transformation Task Force)
- **Wednesday, September 23** –
  - *Advancing the Future of Rural Health*
    - Carrie Cochran-McClain (National Rural Health Association)
  - *Real World Considerations for Deploying AI in High-Stakes Environments*
    - Dr. S. Craig Watkins (IC^2 Institute, University of Texas at Austin)
- **Thursday, September 24** –
  - *Putting Patients at the Heart of Health Care and Health Technology*
    - Anthony Polizzi (CMS)
    - Regina Holliday (Walking Gallery & the Medical Advocacy Mural Project)
    - Sarah DeSilvey (Gravity Project)
  - *Public Policy Briefing* fireside chat
    - Dr. Tom Keane (National Coordinator for Health IT)
    - Craig Behm (CRISP)

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Chesapeake Regional Information System for our Patients

Connie

IPRO
Better healthcare, realized.

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DHIN
Delaware Health Information Network

Camden Coalition

BronxRHIO
Connecting for Better Health

MARYLAND
Health Care Commission

THSA
The Authority for HIE and HIT

vhi
Virginia Health Information

WVHIN
WEST VIRGINIA HEALTH INFORMATION NETWORK

MORPH

Solution Overview

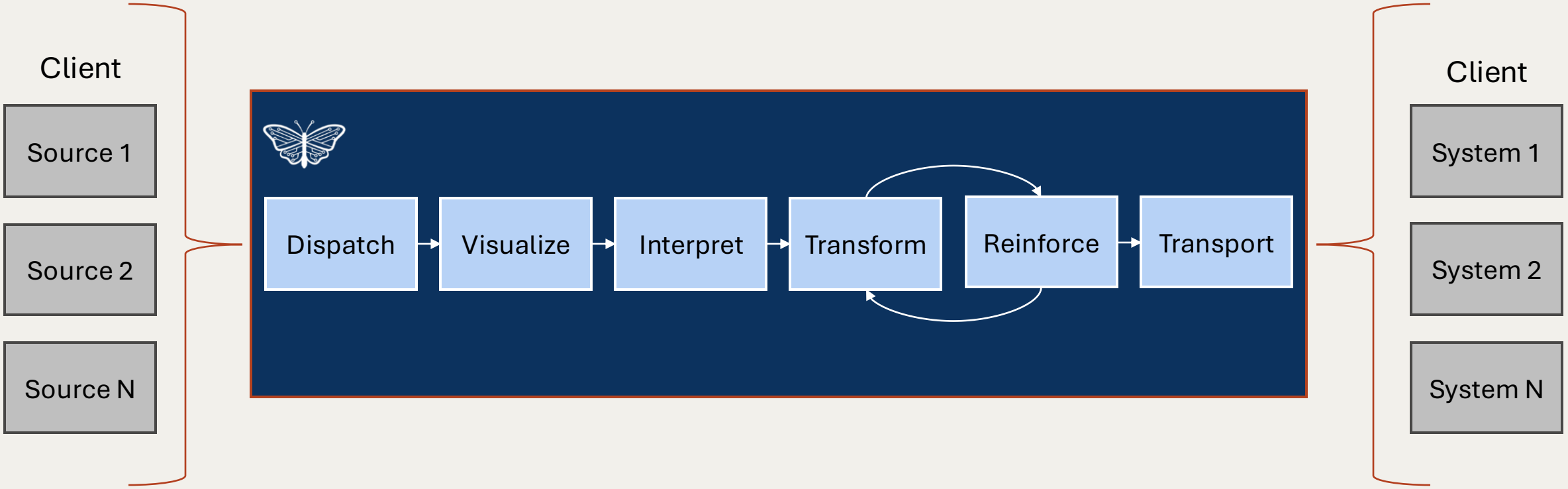
September 2026

Reliable data where you need it:

Problem

- Organizations amass documents that trap critical information because these assets are not standardized and the content is unstructured. Systems that lack interoperability create similar barriers.
- Manual data entry, OCR, NLP, AI extraction, and systems integration projects have attempted to solve this problem but lack the accuracy, speed, ROI, and ease of adoption to effectively solve the problem.
- Some organizations leave documents dormant and abandon powerful data. Others accept the unnecessary business risks that comes from low accuracy rates, inefficiency, or high processing expenses. ***The result is a lack of reliable discrete data needed to power operations and deliver critical insights*.**

How It Works


Client
Source 1
Source 2
Source N
Dispatch
Visualize
Interpret
Transform
Reinforce
Transport
Client
System 1
System 2
System N

Module Description

Dispatch	Visualize	Interpret	Transform	Reinforce	Transport
Connects Morph to your document sources and manages automatic ingestion of your documents and data into Morph	Prepares your documents for data extraction by evaluating their “readability” and applying a series of enhancement protocols such as increasing / decreasing contract and content layer analysis	Extracts a draft version of raw data utilizing OCR and NLP. Utilizing these tools alone does not produce the discrete data that fulfills client accuracy and quality requirements, so draft data advances to the next module	Enhances raw data by applying LLMs to contextualize the data using syntax and semantic analyses, apply data classifications, and performs initial QA	Grades the intermediate structured data using Morph’s proprietary deterministic governor. Data iterates between Transform and Reinforce until all accuracy and quality specs are achieved	Final data is organized into target data model and transmitted to client’s desired target system(s)

Differentiation

ACCURATE
Proprietary design delivers +97% accuracy

SCALABILITY
Scalable processing at over 100,000,000 documents per year

LOW COST
Service optimized for efficiency drives affordability

FULLY AUTOMATED
No human interaction needed from source ingestion to data delivery

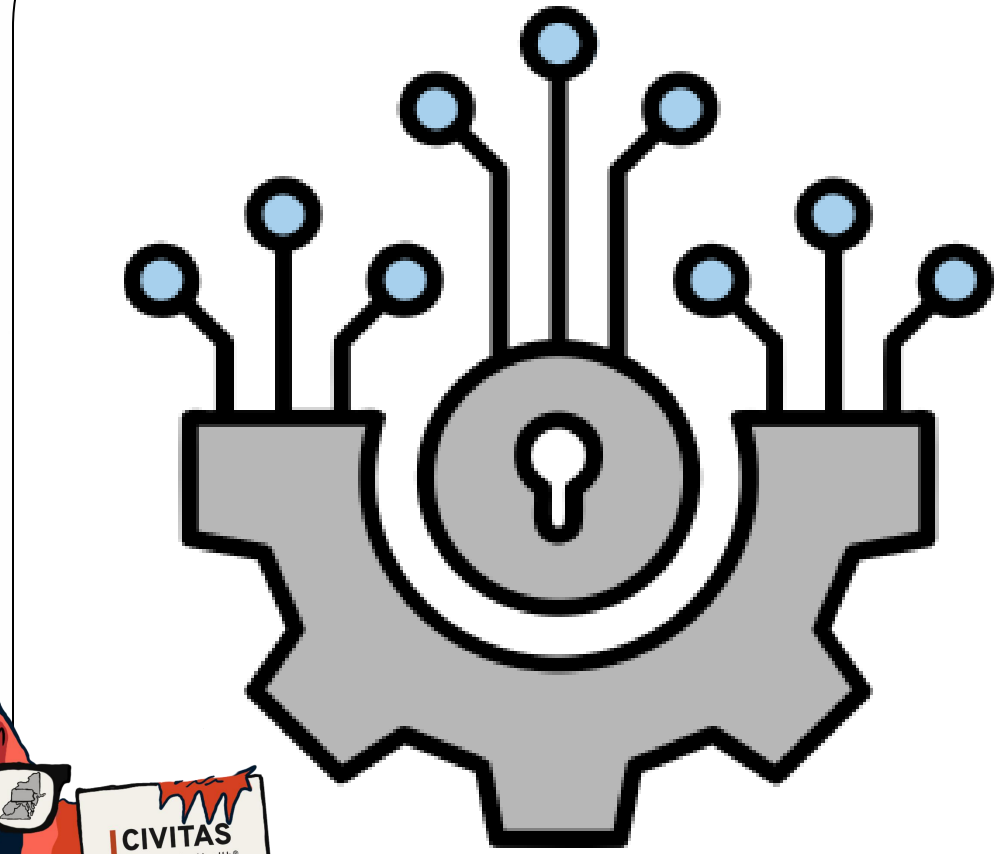
RESPONSIBLE DATA MGMT
Never retain your data or use it to train the solution

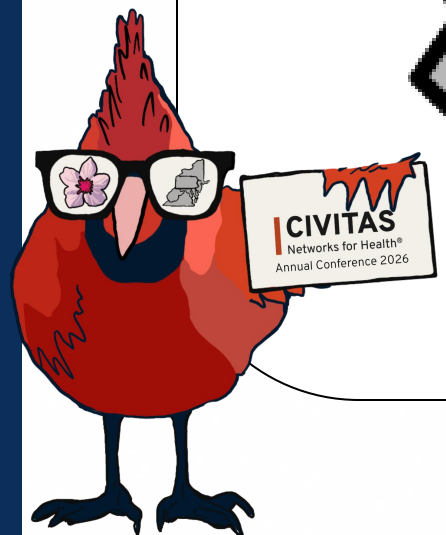
REAL SERVICE
Morph takes care of every aspect of the program– no human or IT support needed

DOCUMENT AGNOSTIC
Effective across paper, fax, scan, digital files, data, complex formats, etc.

RAPID IMPLEMENTATION & ROI
Built for easy connection to partners and business systems, fast configuration, tangible results begin immediately

QA PROCESS
Proprietary approach pairs statistically significant manually QA and machine review for comprehensive quality review





Thank You

MORPH

Michigan CIE Coordinating Entities in Action

Civitas Networks for Health®

September 16, 2026

CHRT

- The Center for Health and Research Transformation (CHRT) is a nonprofit health policy center housed at the University of Michigan.
- We use applied research, mixed-methods evaluation, and implementation support to inform policies and practices that improve the health of people and communities.
- CHRT has over a decade of experience in health and social care integration.
  - **Administrative hub** for a coordinating entity serving two counties in Southeast Michigan.
  - **Convener** of coordinating entities to advance peer learning and alignment.
  - **Fiduciary lead** for coordinating entities participating in a CMS-funded, multi-site initiative.
  - **Technical assistance provider** to coordinating entities across Michigan.
  - **Consultant to MDHHS**, including participation on the CIE Advisory Committee to the Michigan Health Information Technology Commission.

CHRT

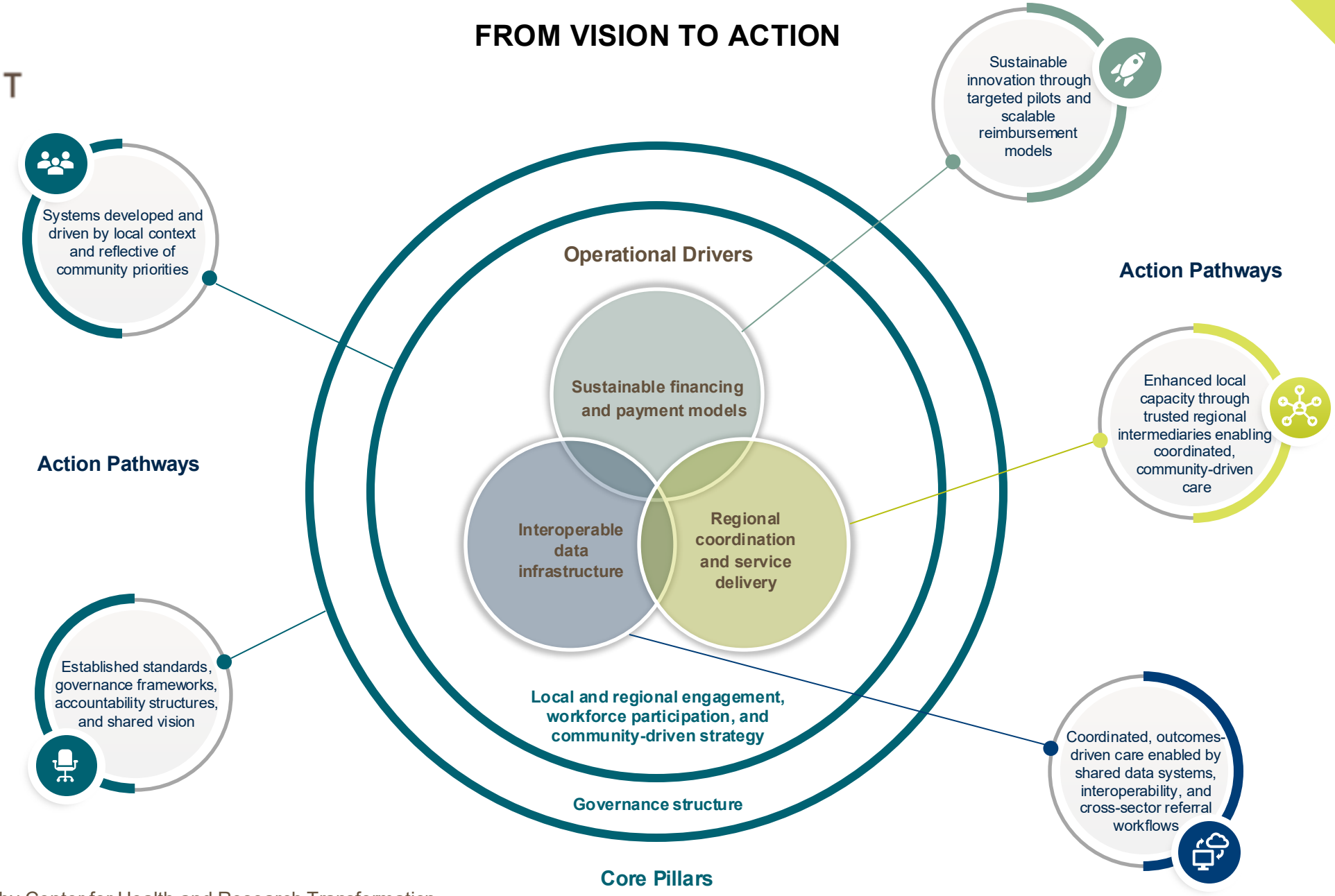
Foundational Definitions

- **Community Information Exchange (CIE):** According to 211/CIE San Diego, a CIE is community-governed infrastructure that facilitates effective and responsible information sharing among various organizations. By integrating data from multiple sectors, a CIE supports holistic care coordination and promotes equitable systems change.

- **Coordinating Entity (CE):** A Coordinating Entity is a local or regional intermediary that organizes and supports a network of health and social care partners, often providing the governance, administrative, contracting, technology, data-sharing, and network-support infrastructure necessary for community organizations to participate effectively in CIE and engage with health care.

FROM VISION TO ACTION

CHRT



CHRT

Thank you for joining us! Let’s connect.

Ayse G. Buyuktur
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Center for Health and Research Transformation
abuyuktu@med.umich.edu

https://chrt.org/

UNITED WAY
Southeastern
Michigan

Connect4Care CIE

Michigan CIE Coordinating Entities in Action

Esperanza Cantú, MPH

Sr. Director, Integrated Care & Stewardship

Supporting Our Community: From Crisis to Stability and Prosperity

WHO WE SERVE

Our first responsibility is to serve families who fall under the ALICE threshold.

OUR CHARGE

To lift individuals and families above the ALICE threshold, we must increase financial resources and reduce household costs.

WE WILL ACHIEVE THIS THROUGH

United Way Client Services

Connect4Care & Partner Network

Youth Opportunity

Community Capacity Building

UNITED WAY Southeastern Michigan

211

United Way Carries Co-Design into Implementation

Build Capacity & Foster Collaboration

- Educate and provide training programs for community partners
- Convene partners through collaborative governance to align on strategy, standards, etc.

Support & Develop Integration Projects

- Identify opportunities for CIE to be supportive and work with partners and client services to implement projects
- Partner with Michigan 211 to align on core capability development and mutual projects

Steward the CIE Model & Future Work

- Support partner engagement, technology uptake, and fundraising
- Support local, statewide, and national elevation of the work to strengthen the model and mobilize resources

UNITED WAY Southeastern Michigan

211

Co-Design is an Ongoing Practice

Partner and Client Voice

Connect4Care Committees (4)

- 4 Committees made up of partner organizations
- Decision-making about standards and priorities for Connect4Care

United Way Partner Network

- Connects nonprofits in SE Michigan to share best practices and resources
- Regular space for Connect4Care at quarterly meetings

Workgroups and Affinity Groups

- Groups of partners launching and supporting different integration projects
- Some groups meet regularly with UWSEM support
- Decision-making on their org's integration projects
- Recommendations on Connect4Care's development
- Sync & collaboration with Michigan 2-1-1

Thought Leaders

- Remaining connected with other CIE efforts to use lessons learned locally, statewide, and nationally to best inform our CIE work.

Community Voice

UNITED WAY Southeastern Michigan 211

Shared Standards Turn Community Direction into Accountable Practice

Structure

- Who leads
- Who can contract
- How responsibilities are assigned

Network Principles

- Community and client voice
- Accountability and transparency
- Shared outcomes and learning

A shared north star, not a one-size-fits-all model

Administrative Functions

- Governance and agreements
- Partner support
- Technology, security, and exchange
- Sustainable operations

What is Michigan Technical Assistance for Health Information Exchange?

UNITED WAY Southeastern Michigan

211

Why Shared Standards Matter in Michigan

Michigan Hub

Regional 2-1-1s

Public Sector Partners

Regional Health Collaboratives

Community-Based Organizations

Health Systems

Statewide 2-1-1

Coordinating Entity

Statewide HIE

Closed-Loop Referral System

Community Care Hubs

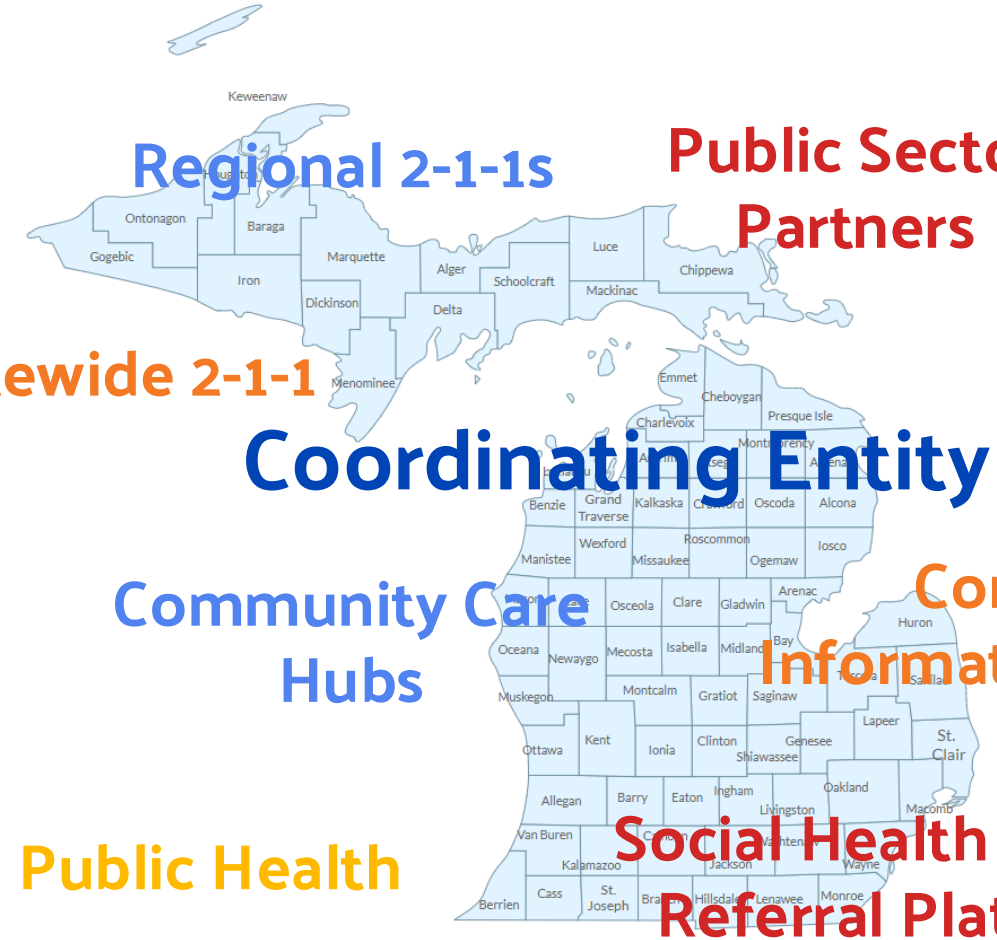
Community Information Exchange

Statewide United Way

Local United Ways

Local Public Health

Social Health Access Referral Platform



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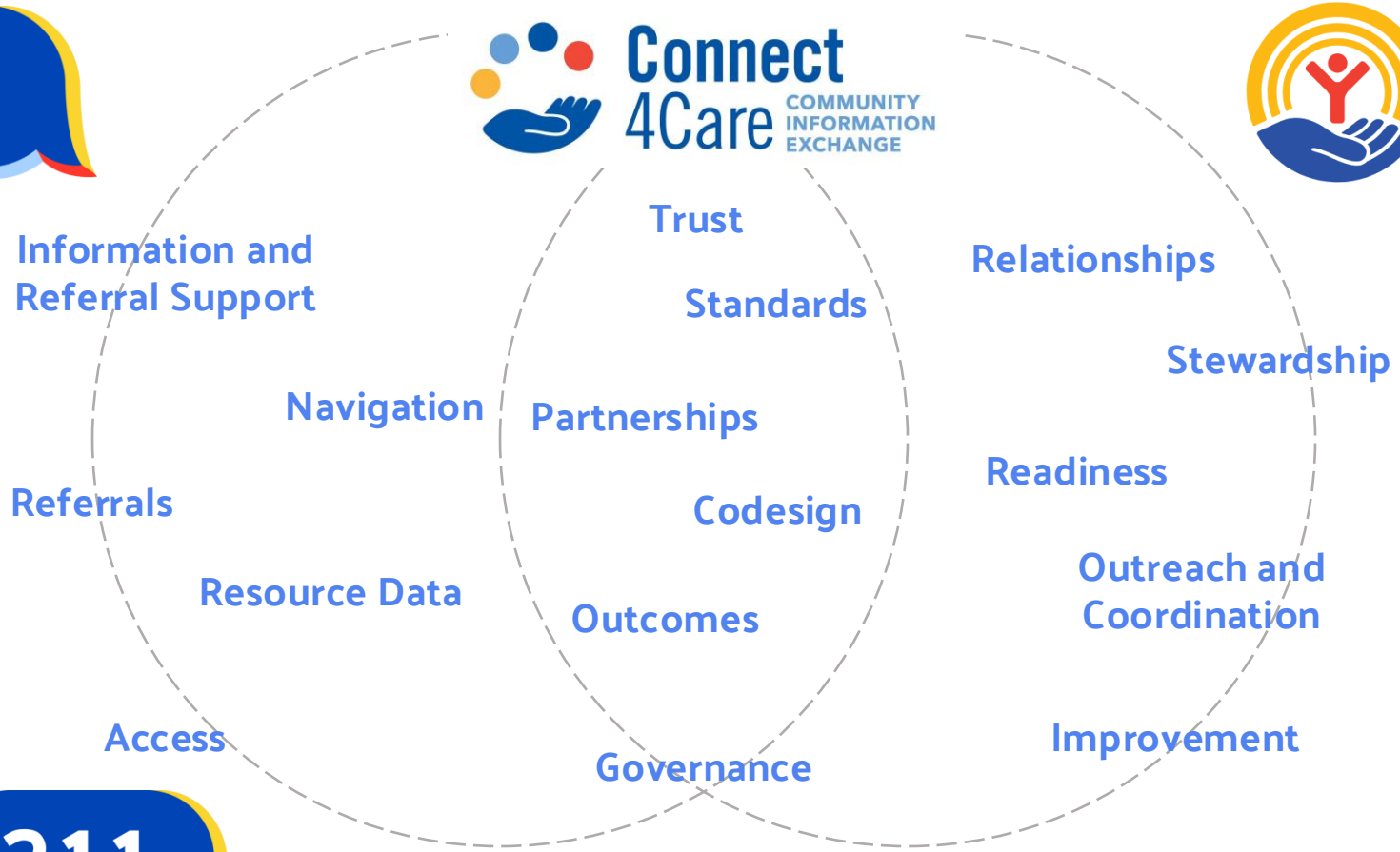
Shared Standards Clarify Complementary Infrastructure



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Community Partners

Co-Design and Standards are Tested in the Workflow

Contact Information

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Sr. Director, Integrated Care & Stewardship

esperanza.cantu@unitedwaysem.org

UNITED WAY Southeastern Michigan

Muskegon Community Information Exchange

Michigan Coordinating Entities in Action

Co-designing shared community infrastructure for whole-person health

access HEALTH

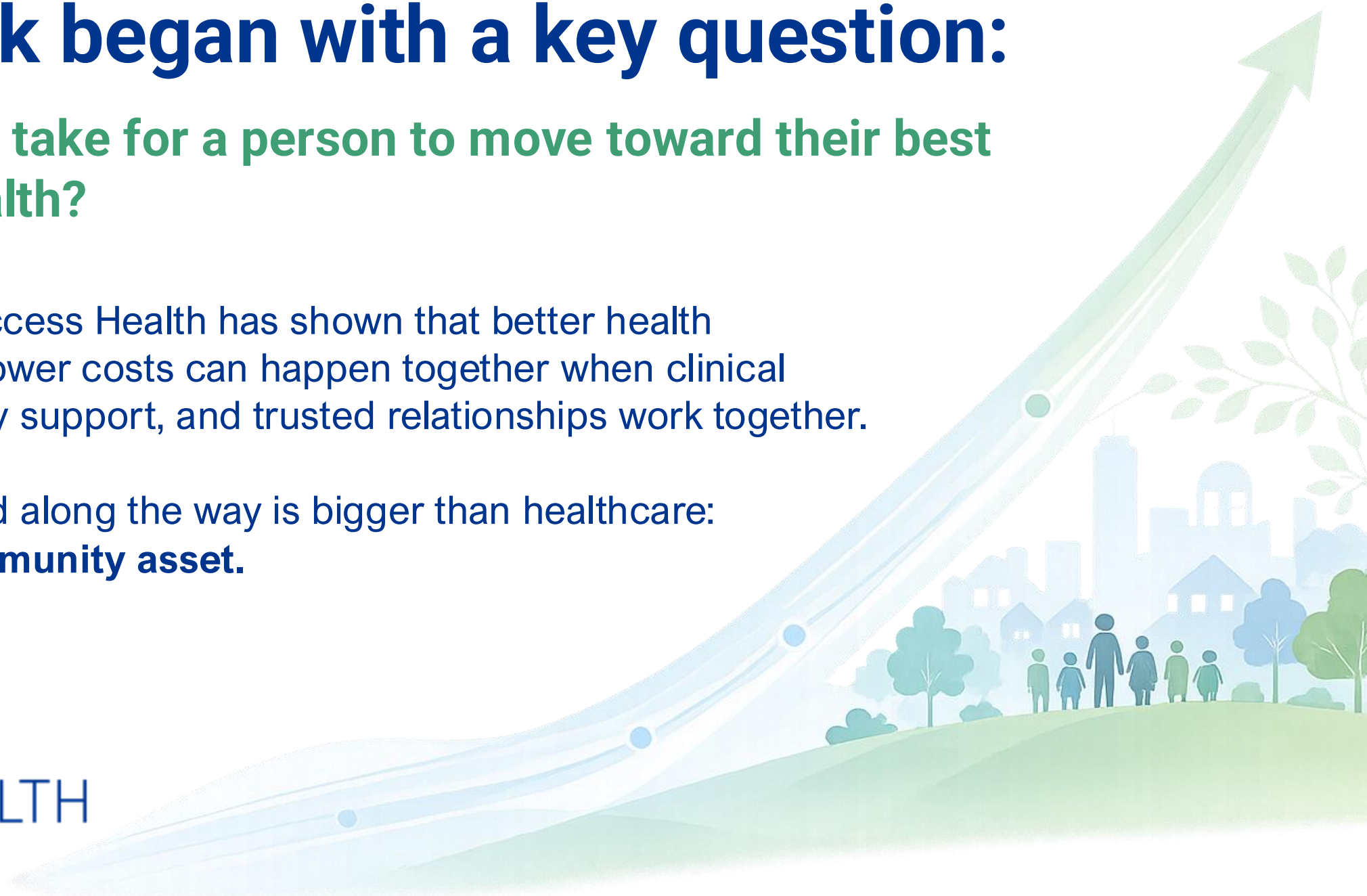
Samantha Cornell, JD
Chief Operating Officer

Our work began with a key question:

What does it take for a person to move toward their best possible health?

For 27 years, Access Health has shown that better health outcomes and lower costs can happen together when clinical care, community support, and trusted relationships work together.

What we learned along the way is bigger than healthcare: **health is a community asset.**



access HEALTH

Muskegon CIE: A Shared Community Network

Bringing together community, clinical, and technology partners
to meet real needs through iterative co-design

What Co-Design Made Possible

Iterative, continuous co-design created a strong foundation for how the CIE works, learns, and evolves over time.

GROUNDED IN PRACTICE

Workflows reflect how partners actually work.

Shaped by frontline expertise and operational realities.

SHARED OWNERSHIP

Partners shape decisions, workflows & implementation.

The model is built together, not handed down.

DURABLE & ADAPTABLE

Relationships, infrastructure & governance can evolve with changing needs.

The foundation is steady as the work evolves.

CIE In Action: Emergency Food Boxes

Screening partners identify the need and send a referral for the service with the attached screening questionnaire to Access Health through the Muskegon CIE.

Within this one interaction with a trusted partner, all necessary information is captured: eligibility, consent, delivery information, additional support needs.

Access Health provides the screening and client information via secure message to Food Bank Council daily at 4:00 p.m.

Food Bank Council provides shipping partner with list of distributions at 4:30 p.m. each business day.

Shipping partner directly sends emergency food box to client based on provided address.

Access Health has access to shipment information for coordination.

CHW support as requested.

access HEALTH

TANDEM

food BANK COUNCIL OF MICHIGAN

2·1·1

BRIGHTSTREET GROUP

CIE In Action: MATCH Reimbursement Pilot

Partnership with FQHCs, Medicaid partners, and CBOs to demonstrate integrated referral and reimbursement pathways

FQHC CHWs and other staff refer Medicaid patients to CBOs for reimbursable services

CBOs work with client and indicate what services were provided

CBOs submit invoices for fulfilled reimbursable services

mpca THE VOICE OF COMMUNITY HEALTH CENTERS · access HEALTH · TANDEM · MDHHS · MOLINA HEALTHCARE · MICHIGAN STATE UNIVERSITY

Let’s Continue the Conversation

access HEALTH

Samantha Cornell, JD
Chief Operating Officer

scornell@access-health.org

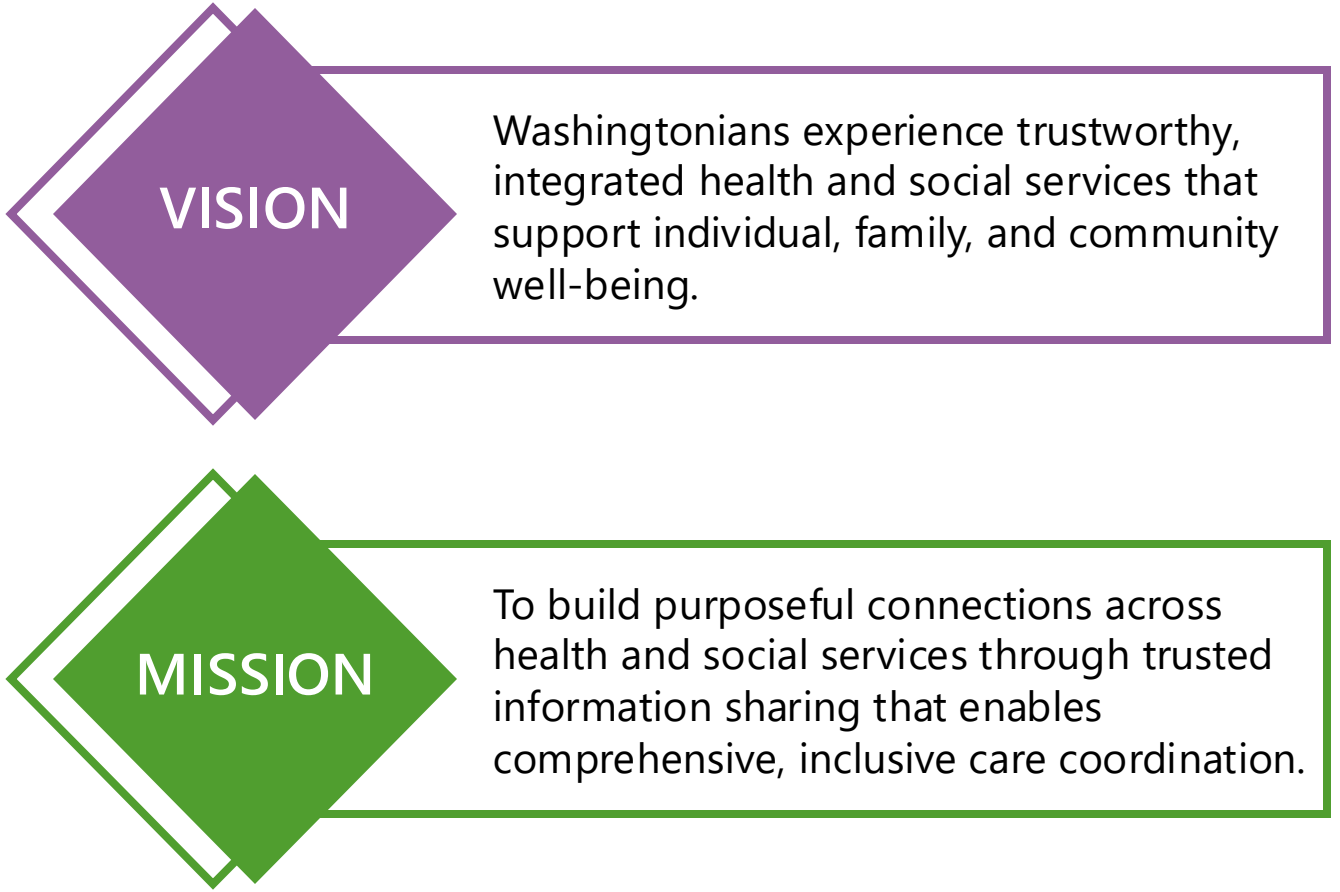
LinkedIn

Washington State Community Information Exchange (WA CIE)

September 2026

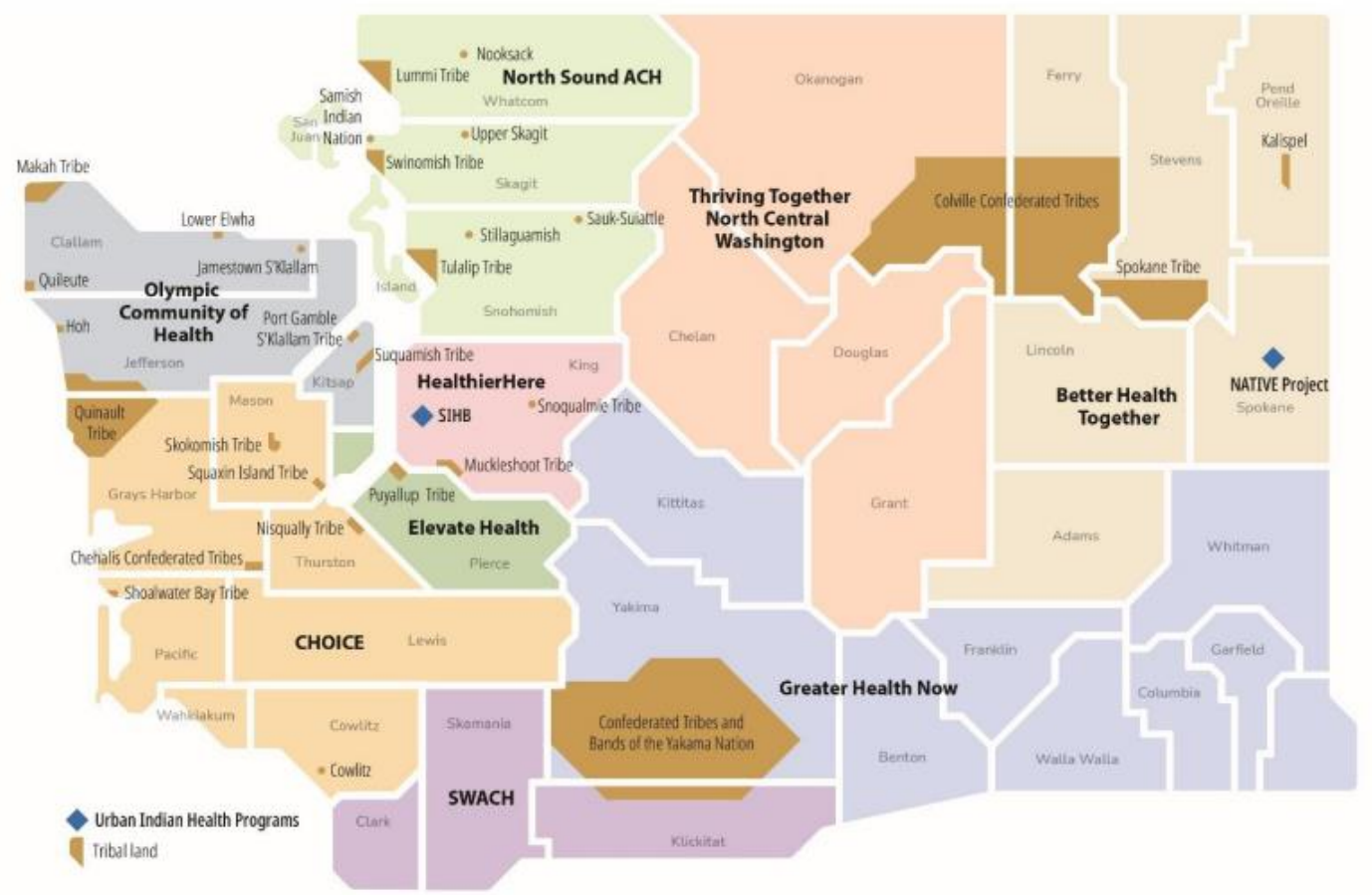
Washington State Health Care Authority

WA CIE vision and mission



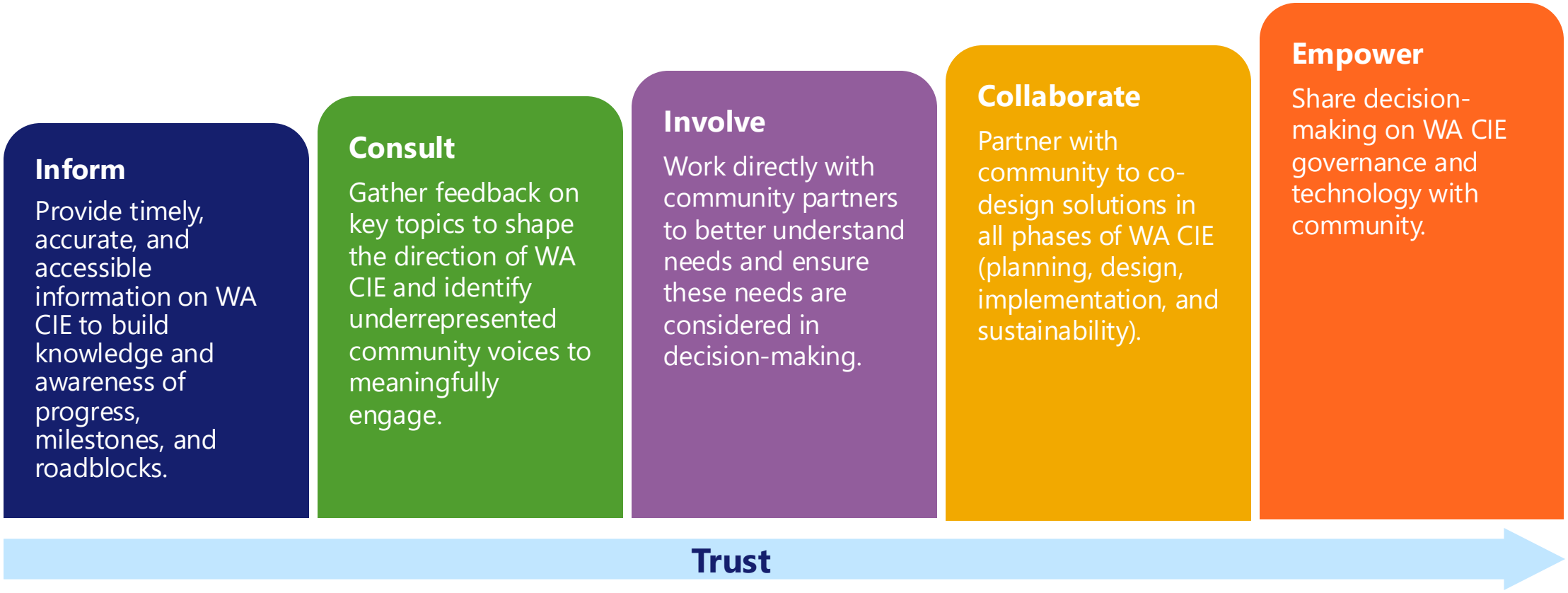
Washington State Health Care Authority

Accountable Communities of Health (ACHs) Community Care Hubs (CCHs)



Washington State Health Care Authority

Community engagement framework



Adapted from the International Association for Public Participation. Visit IAP2's website for more on the Spectrum of Public Participation.

Washington State Health Care Authority

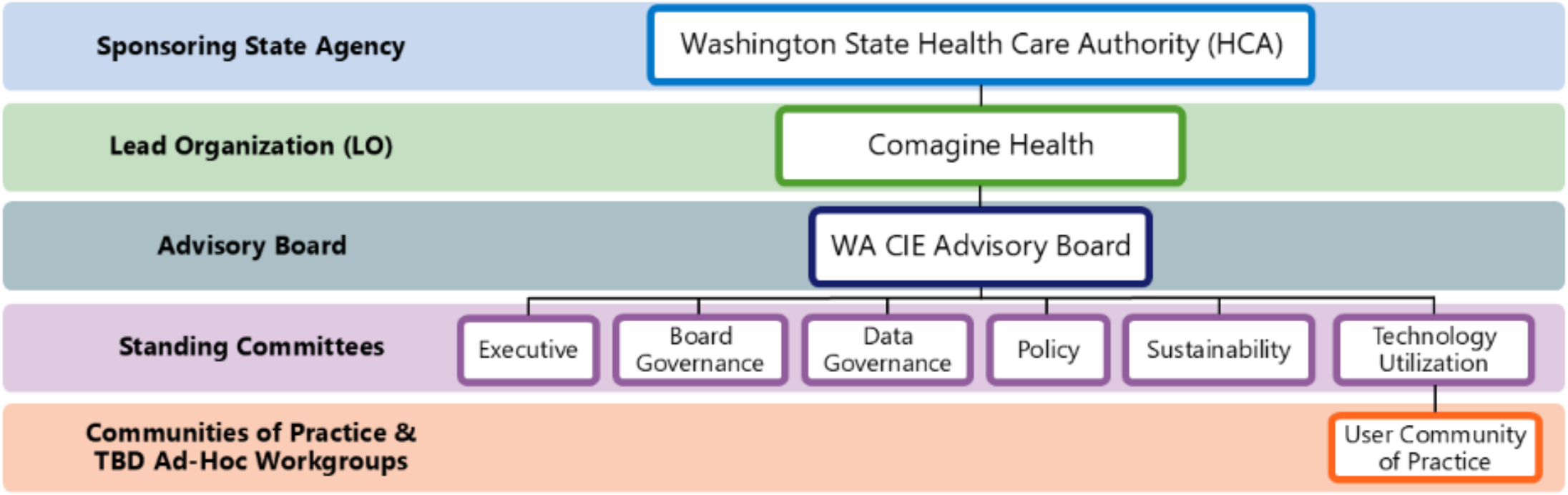
Journey to shared governance

Community engagement + **Community co-design** = **Shared governance**

Sectors represented across the journey

- Community Care Hubs and referral network partners
- Direct service providers for health and social care
- Health care
- Government
- People with lived experience
- Payers
- Policy advocacy
- Public safety and first responders
- Third places
- Tribal

WA CIE governance structure



Washington State Health Care Authority

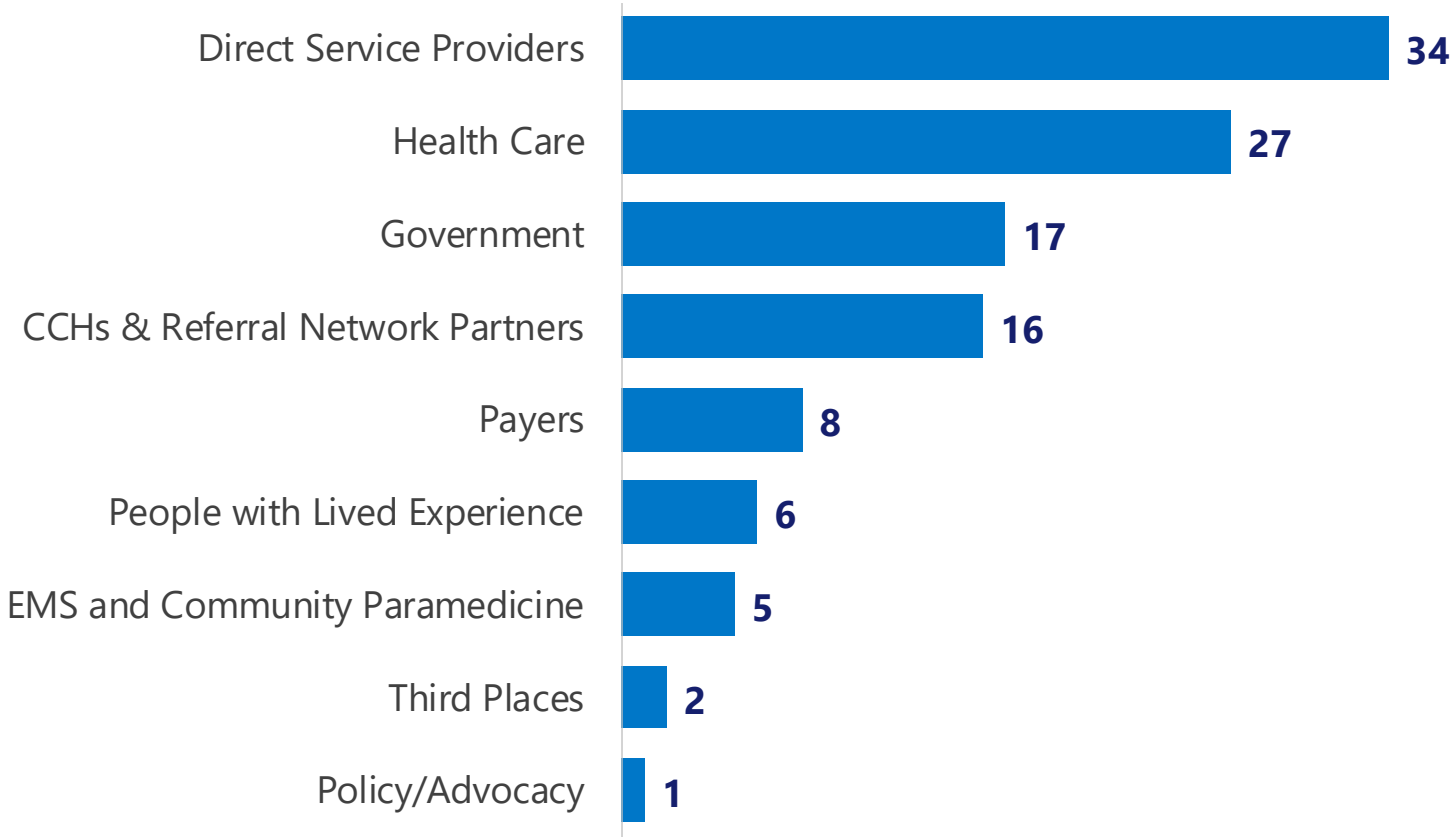
User research by the numbers

117 people

All regions and counties in Washington

Participants in focus groups, human-centered design sessions, and key informant interviews.

Participants could serve more than one area type, so counts exceed 117.



Washington State Health Care Authority

What we've learned so far

Effective coordination is built on relationships

Technology alone cannot replace the contextual understanding and trust that exist within current networks.

— MCO focus group

The greatest need is shared visibility

One agency needs to plant the seed, and another one needs to nourish that seed but it's hard to see what seeds were planted.

— Aging focus group

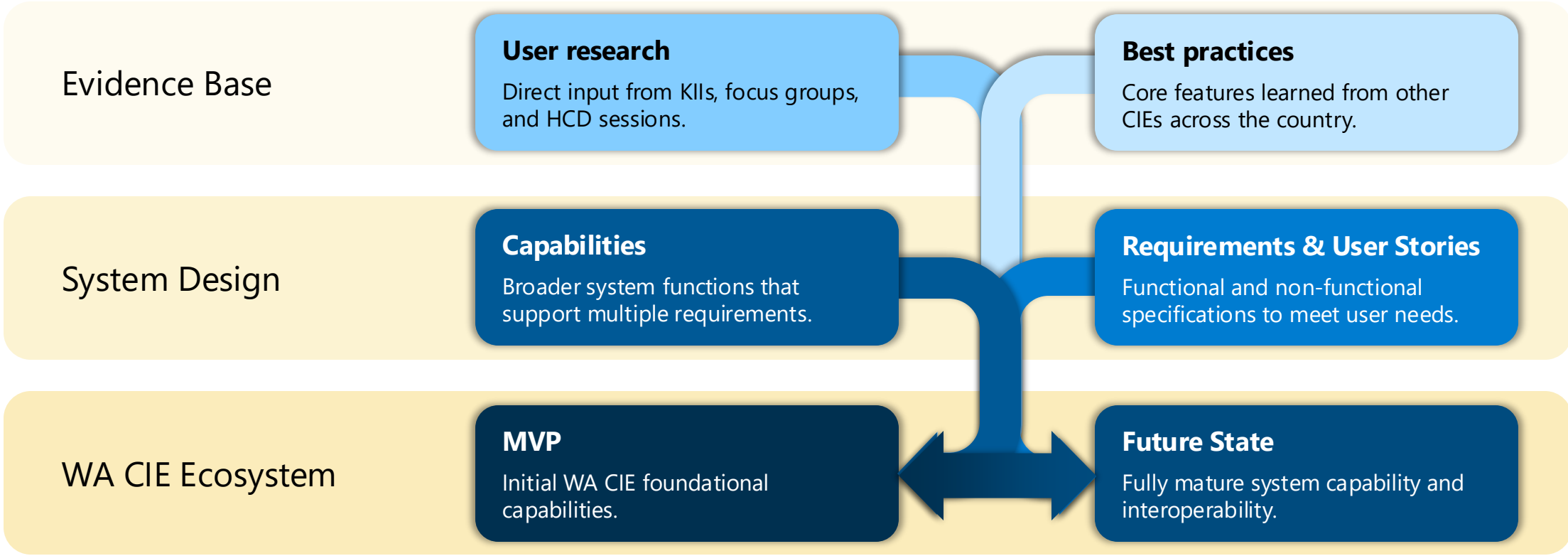
The preferred future state is connection, not replacement

If [only] we could pull up every treatment they have been through, diagnosis and supports for the family… without jumping through a million hoops.

— Program manager supporting youth, children, and families

Washington State Health Care Authority

From evidence base to WA CIE ecosystem



Washington State Health Care Authority

Contact information and website

- Get in touch!
  - Dan Renfroe, CIE Program Manager, dan.renfroe@hca.wa.gov
  - Email WACIE@comagine.org with any questions or comments

- Get the facts!
  - Visit the WA CIE website
  - Sign up for the WA CIE newsletter

Thank you!

Washington State Health Care Authority

CHICAGO REGIONWIDE
Community Information Exchange

SEPTEMBER 16TH, 2026

Building Trust in CIEs: Translating Privacy Through Co-Design

Ellen Clewett
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CRCIE
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Melissa Soliz
Legal Counsel
Coppersmith Brockelman PLC
msoliz@cblawyers.com

Agenda

Continuity Delivery Philanthropy Government Data Outcomes Accessible Continuity Delivery
nance Interconnected Care Experience Community Delivery Network Governance Interconnected
Delivery Philanthropy Government Data Outcomes Accessible Continuity Delivery Philanthrop
n Health Workflow Equity Referral Interconnected Governance Evaluation Health Workflow

1. Why We Chose Co-Design Over a Top-Down Legal Build
2. The Governance & Consent Framework Itself
3. The Legal Foundations It Had to Satisfy
4. What Didn't Work — and How We Adapted
5. Takeaways You Can Apply in Your Own Region

CHICAGO REGIONWIDE
Community Information Exchange

The Problem

Policy on paper isn't policy in practice. HIPAA, HMIS, and other federal and state confidentiality laws tell partners what's required, but not how to agree on consent language and workflow.

Why Co-Design

Two things had to be true from day one:

- Partners help shape the process, not just react to a finished draft.
- PWLE input carries the same weight as legal or technical input.

Our Co-Design Process

We walked every partner through the same design process before any legal language was finalized, so the framework reflected how people work.

Built With Partners, Not Handed to Them

Involving partners and people with lived experience (PWLE) at every step was the difference between a framework people tolerate and one they trust.

Legal Foundations

Before we could design anything, we had to know the rules we were designing inside of.

Initial Use Case

We grounded the legal review in a single use case: supporting people experiencing homelessness across a cross-sector network of hospitals, shelters, and social service providers.

Why Start Here

A concrete use case kept the legal review focused on real workflows instead of abstract compliance.

Key laws that shaped every framework decision:

- HIPAA
- 42 CFR Part 2 (behavioral health & substance use records)
- HUD Privacy Standards and other federal laws
- The Illinois Mental Health and Developmental Disabilities Confidentiality Act (MHDDCA) and other Illinois state and local laws (*e.g.*, genetic information, HIV/AIDS, substance use disorders)

From Statute to Operations

The point where most CIE legal frameworks stall is the handoff from legal research to daily operations. We built four deliberate steps to survive that handoff.

Legal Research

Identify applicable federal and state confidentiality laws for the use case at hand.

The legal requirements drive the business/risk decisions that impact CIE governance and operations.

Governance Design

Translate legal requirements into a governance structure, technical system configuration, and operational requirements.

Signed Agreement

Turn governance decisions into a signable Participation Agreement and supporting policies and procedures.

Co-Design Review

Route everything back to operational partners for review — before anything is treated as final.

Designing the Consent Model

The consent model didn't come out of a first legal draft — it came out of partner workshops. What we landed on is a two-sided model.

Centralized Opt-Out Model

For general data sharing, participants' client data are included by default, with a clear and accessible way to opt out that is operationalized by the CIE.

General Data Sharing

This keeps the network usable for everyday cross-sector care coordination.

For sensitive categories, the model flips: Decentralized Opt-In Model

- *Affirmative opt-in (consent) required for any sensitive data that is more stringently regulated by law or participant policy.*
- This exact split emerged from partner workshops — not a first legal draft.
- Participant data suppliers are responsible for identifying, determining, and implementing the level of consent they deem necessary based on the laws and policies that apply to them and the CIE functionality that they are using to share that data.

Co-Design in Practice

Workgroups

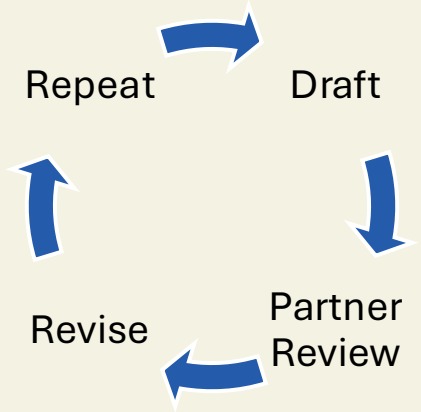
We continuously went back to our partners and people with lived experience to test and validate

Before Any Language Was Drafted

Cross-sector workshops came first: hospitals, FQHCs, and shelters in the room together before a single word of consent language was written.

Not Just Leadership Sign-Off

We built in frontline staff input, not only leadership approval, on every consent artifact.



What Didn't Work

Three places where our first version didn't hold up in practice.

Consent

One-Size Consent

A single consent form didn't hold across partner types — a hospital, a shelter, and a food pantry needed different language for the same idea.

Takeway: flexibility is critical

Timeline

Legal Ran Long

Legal review cycles among the co-designers ran longer than the pilot timeline could absorb, creating bottlenecks right when partners needed answers.

Takeaway: involve legal early in the process

Workshops

Extra Unpaid Work

Co-design workshops felt like unpaid extra work to some partners, especially without a clear near-term benefit.

Takeaway: establish reasonable expectations early with clear, measurable outcomes

Course Corrections

Paired directly against what didn't work.

Parallel

Parallel Tracks

Legal, technical, and onboarding tracks now run in parallel instead of in sequence.

Templates

Template Contracts

A reusable Participation Agreement cut execution time for every new partner.

Partner Value

Partner Benefit

Workshops are now framed around what partners get up front, not just what we're asking of them.

Results & Signals of Trust

Adoption Signals

We're tracking how many partners have signed on across sectors as the first signal the framework is usable in practice.

Trust Signals

We're also watching opt-out rates and partner feedback themes as early signals of trust, not just adoption.

PARTNERS SIGNED ON

OUT OF 1000+ PARTICIPANTS OPTED OUT

Takeaways for Your Region

Four things worth stealing if you're building, or rebuilding, trust in your own CIE.

Bring Legal In Early

Don't wait for a finished technical design before legal is in the room.

Build Templates

Build reusable contracting templates before you need them, not after.

Budget Real Time

Partner feedback loops need real time on the project plan, not an afterthought.

Lead With Partner Benefit

Frame co-design around what partners gain and not just what you're asking of them.

CHICAGO REGIONWIDE
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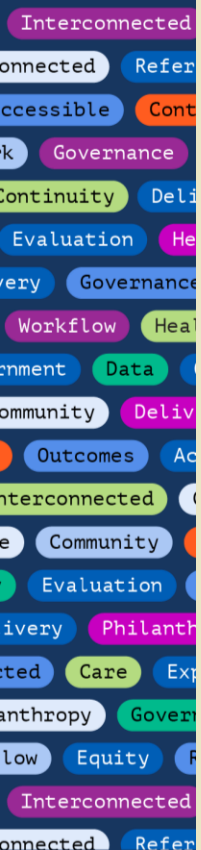
Thank You

Questions?



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Discussion + Q&A

Please use the Q&A feature on the right hand side task bar to ask questions of our presenters if you haven't already!