The National Interoperability Collaborative Charter

Overview, Background and Purpose

The National Interoperability Collaborative is a “community of networks” designed to promote greater information-sharing, interoperability, and collaboration in health, human services, public safety, childhood development and education, education more broadly, public health, and other relevant realms related to and including the Social Determinants of Health and Well-Being. NIC’s intent is to enable more and better partnerships, collaborations, relationships, and linkages at the local, state, and national levels; as well as to catalyze, support, and sustain positive, systemic changes throughout the United States, especially for underserved individuals, families, and communities.

A number of health policy groups and coalitions are already working to integrate the social determinants with health care information. They are reaching out to community-based organizations to get a fuller picture of the lived experience of the people they serve, so they can provide more-coordinated and personalized care. NIC starts with the social services side of care systems to learn how they can improve processes and outcomes by sharing and integrating data about the people they serve, and to capture best practices in their information exchange with health care and related systems.

NIC was conceived by the Stewards of Change Institute (SOCI) and is co-led by SOCI and AcademyHealth. Seed funding to launch the initiative was provided by the Kresge Foundation; the Microsoft Corporation, IBM, and the Annie E. Casey Foundation subsequently provided additional grants. NIC’s current partners are the California Health and Human Services Agency, the Connecticut Department of Social Services, and the Virginia Department of Health and Human Services – these three states are the sites of initial NIC efforts – as well as the Healthcare Information and Management Systems Society (HIMSS) and the Silicon Valley Regional Data Trust (SVRDT).

Participants are integral parts of the NIC community. They are connected to projects and leaders of innovative interoperability efforts nationwide. They also receive access to a broad array of cutting-edge information, training, tools, and best practices – from across sectors – to enhance their efficiency, save money, improve outcomes, and advance their own interoperability goals. In turn, participants share their own experiences in advancing interoperability (both their success stories and challenges) through online and in-person discussions. They also provide: (a) expertise to inform NIC efforts such as the environmental scan, trainings, and case studies; (b) vital content for the online community portal to expedite learnings across sectors; and (c) guidance to steer NIC in directions that serve its stakeholders. Ultimately, the value of involvement is being on the frontlines of accelerating progress to get further faster.

Mission, Core Values and Principles

NIC’s mission is to advance information-sharing and interoperability in health, human services, and other relevant domains to improve the lives of everyone in our country, especially underserved individuals, families, and communities. To accomplish its mission, NIC adheres to these values and principles:
Better services to and outcomes for patients/clients are the ultimate goals of our work.
Information-sharing and interoperability are integral to better policies, practices, and outcomes.
Privacy and confidentiality are essential, but they should not be roadblocks to progress.
Education, dissemination, and advocacy are critical to achieving our organizational aims.
Transparency, accountability, and innovation are fundamental elements of our operations.
Consistent standards and integrated assessments/measurements are critically important.
The use of innovative and proven methods, tools, and technologies accelerates progress.

Functions and Activities to Enable Progress

NIC will expand, strengthen, coordinate, and leverage existing public and private networks of individuals, agencies, and organizations to promote and optimize information-sharing, interoperability, and collaboration among health, human and social services, and other relevant systems at the national, state, and local levels. Its activities will include governance, promotion of standards, and:

- Enabling a community of practice through a collaborative web platform; sponsoring and partnering on webinars; organizing and participating in conferences; and through additional means.
- Convening stakeholders regularly to share information, generate new ideas to further this work, shape specific projects, and provide feedback.
- Operating a learning portal/hub to link networks and aggregate/disseminate knowledge, including by serving as a clearinghouse of materials, guidance, MOUs, white papers, and other documents relating to interoperability strategies and information-sharing practices.
- Providing case studies, education, and technical assistance at all levels (community, state, federal), including to better-address health crises such as the opioid epidemic and through SOCI’s InterOptimability Training Curriculum and Certification (ITCC) program for individuals, agencies, and organizations.
- Serving as a multi-sector, multi-disciplinary voice for NIC’s diverse public and private membership, including by educating the public, stakeholders, and policy leaders.
- Identifying, developing and disseminating knowledge and core measures relating to standards, measures, progressive policies, promising and effective programs, and best practices (including through an environmental scan), all with the aim of enhancing outcomes and improving lives through improved interoperability, information-sharing, and collaboration.

Membership and Structure

NIC’s objective is to enable and support a community of practice that facilitates ongoing communication and collaboration among a diverse cross-section of individual and organizational stake-holders – from the public and private sectors – to instigate, promote, and cement progress in health, human services and related realms. Consequently, NIC’s membership model is designed to be broad and inclusive, both to accomplish those goals and to build/maintain a deep understanding of the needs of those it serves.

The types of networks, agencies, businesses, and other organizations that join and interact with NIC therefore include key players from: all levels and branches of government; industry; private foundations; academia; organizations expert in various aspects of technology, management, and service provision; patient and consumer groups; and representatives from HHS-related realms that fall under the umbrella of Social Determinants of Health and Well-Being, such as child welfare, education, social services, public health, behavioral health, homeless services, juvenile justice, law enforcement, and courts.
NIC’s stakeholders are integral parts of the “community of networks,” thereby both providing and receiving the benefits of connections and information exchange with fellow participants. Importantly, stakeholders also provide feedback on NIC activities as they progress. This helps ensure that their success stories can be shared and replicated. Those facing interoperability challenges can also utilize NIC for discussion, feedback, and assistance from fellow participants.

Organizationally, NIC consists of:

**Senior Leadership Team**
Stewards of Change Institute and AcademyHealth constitute the NIC senior leadership team. The team is creating a community of networks within and outside the U.S. in order to broadly advance interoperability, information-sharing, and collaborations/partnerships, especially to benefit vulnerable and underserved populations. The team is also planning and shaping other formative elements of NIC, including infrastructure, governance, and network components. The team works closely with NIC’s inaugural partners (see below) to actively engage in activities to build NIC and carry out its mission.

**Advisory Committee**
NIC’s Advisory Committee consists of senior leaders from key agencies and organizations within government, academia, industry, nonprofits, and philanthropy. These leaders represent domains in which NIC operates, including human services, education, criminal justice, child welfare, and program areas that reflect the Social Determinants of Health and Well-Being. Among other contributions, advisors provide consultation on NIC’s strategic partnerships, review and advise on NIC’s work products, and contribute their expertise to NIC’s symposia and ways to increase its relevance and sustainability.

**Sponsors**
Sponsors are foundations, organizations, and companies that enable NIC’s work through financial or in-kind support. The Kresge Foundation was NIC’s inaugural underwriter (the highest level of sponsorship), with a two-year grant of $1.2 million. Other sponsors to date are the Chan Zuckerberg Initiative, which provided underwriting for a California NIC Symposium in early 2018; and (at other levels) Microsoft, IBM, and the Annie E. Casey Foundation, which have enabled NIC to broaden and deepen its reach with funds that support NIC’s work, such as conferences, webinars and technical assistance to jurisdictions with which we are working.

**Participation**: NIC offers four levels of annual sponsorships; they are Underwriter, Gold, Silver, and Bronze. Specific terms for each level, including contributions and benefits, are detailed in a separate NIC Structure, Participation and Sponsorship document.

**NIC Participant Levels**
Participants at all levels gain insights from NIC’s on-the-ground initiatives and benefit from its activities as a catalyst for organizational collaboration and information-sharing within and across domains. Examples of the ongoing benefits are better, real-time information about emerging and best practices (as well as projects that didn’t succeed); involvement in a professional community in which relationships are developed that enhance the participants’ short- and long-term work; and ongoing learning – and teaching – to improve efficiency and effectiveness, while saving time and money. Participants help to shape and grow NIC’s structure and operations so it evolves to benefit its Partners and Members; descriptions of these two levels follow. To become a NIC participant, contact NIC@stewardsofchange.com.

**Partners**
Partners are state agencies, local jurisdictions, associations, organizations, and other entities engaged in planning and implementing funded interoperability projects. NIC and its Partners provide each other
with various types of support – such as financial, in-kind, resources or opportunities to work together – determined on a case-by-case basis to address each Partner’s specific needs/realities. NIC serves as a resource to its Partners in a variety of ways, including by aggregating and sharing knowledge relating to interoperability and other project components; developing and promoting awareness of metrics and best practices; and other technical assistance activities negotiated with each Partner to meet specific project needs. NIC’s current Partners are the health and human services agencies in the states of California, Connecticut, and Virginia, the Silicon Valley Regional Data Trust (in California), and the Healthcare Information and Management Systems Society (HIMSS).

**Participation:** Partners share the learning and insights from their interoperability initiatives with NIC; how that is achieved is decided on a case-by-case basis. In turn, NIC shapes a companion project (such as a case study) informed by each Partner’s work; shares the companion project and provides technical assistance to enhance the Partner’s initiative; and shares the learning from both the Partner initiative and the companion project with the broader NIC community. Partners gain access to a private learning platform for sharing ideas, accessing resources, and receiving additional support. Partners are recognized on the NIC website and in other communications, and are asked to recognize their partnership with NIC on their own sites and in other appropriate venues. Partners may receive NIC financial or in-kind support to further an individual project; specifics are determined on a case-by-case basis. Each Partner may also nominate a member of NIC’s Advisory Committee.

**Members**  
Members are organizations and individuals who contribute knowledge and emerging/best practices to NIC – among other activities – but are not necessarily planning or engaged in an interoperability project under NIC’s “umbrella.” Members share publications and resources that can benefit the broader NIC community through its website, and can collaborate with each other through NIC’s portal. They have the opportunity to become Partners if they implement an initiative that aligns with NIC’s priorities and helps to build NIC’s capacity; specifics are determined on a case-by-case basis.

**Participation:** Members regularly provide content, or access to content, on NIC’s website; participate in and/or attend NIC events, such as symposia and webinars; and engage in other appropriate activities, including on the NIC Collaboration Portal. Membership provides the opportunity to gain knowledge and make connections to advance progress in interoperability and information-sharing efforts. There are no financial stipulations for Members. Members are recognized on the NIC website and in other communications, and are asked to recognize their membership in NIC on their own sites and in other appropriate venues.

**Measures and Outcomes**  
As an integral part of its work over the long term, NIC plans to develop an approach to assess the viability and impact of interoperability on health and social programs and projects. NIC’s activities will include identifying promising and innovative practices for promoting interoperability based on information-sharing and collaboration across provider systems and programs. Ultimately, the result of NIC’s interoperability work will be to identify sustainable business models for social and health care integration that improve the efficiency and effectiveness of delivery systems and benefit clients.