Sharing Data for Whole Person Care

Alameda County
Health Care Services Agency

Alameda County Board of Supervisors Health Committee - October 8, 2018

Social and health info sharing is becoming the norm in California…

Alameda County is taking a giant step toward joining that movement.

Marin
San Francisco
San Mateo
Santa Cruz
Contra Costa
San Joaquin
Santa Clara
Los Angeles
Inland Empire
San Diego

Current state

Physicians serving low-income communities believe **social needs are as important** to address as medical conditions. Information about shared clients between providers is now transmitted by hand-carried documents, by fax, by two way sharing, or (often) not at all.*

We must move from fragmented, episodic care to transformative care.

Legal Services

Medical Care

Crisis Response

Substance Use

Social Care

Mental Health

Housing

*Robert Wood Johnson Foundation

Alameda County
Health Care Services Agency

SHIE-CHR state endorsed and funded

… The County's vision is that the Social Health Information Exchange / Community Health Record will stitch together multiple, incomplete, disconnected, siloed Electronic Health and Service Records to display a ***more complete, whole person view with one central access point…***

… This advance will relieve much of the frustration currently felt by providers and consumers.*

*County of Alameda Health Care Services Agency Request for Proposal (March 2018)

November 2015 Whole Person Care Proposal* funded. State endorses Data Sharing system as part of funded program.

August 2017 Data Sharing Workgroup formed to develop Data Sharing Agreement and Policies and Procedures.

December 2017 Technical Work Group formed to develop system specs.

March 2018 RFP released. Bidders conferences include reps of 38 vendors.

May 2018 Nine bid responses received. Review committee comprised of HCSA, ITD, Alliance, and AHS Info Systems leaders is assembled.

***WPC proposal included SHIE/CHR**

Why now? Timing is everything

- ✓ **Whole Person Care Pilot brings funding and State direction**
- ✓ **Medi-Cal Expansion** reaches nearly 1 out of 3 Californians*
- ✓ Increasing **value placed on integration of** services and recognition of **social determinants of health**
- ✓ **Technical advances** make it easier; **interoperability** is more reachable
- ✓ **Many established HIE models maturing and showing value**; we've applied lessons learned
- ✓ Clinic and hospital system **Epic installations** make HIE more timely

*www.dhcs.ca.gov/Pages/Medi-CalExpansionInformation

Success depends on partnership

Alameda County Partners

- BHCS *
- County Counsel
- EMS*
- Housing & Community Development*
- ITD
- Probation*
- Public Health Department*
- Sheriff's Department*
- Social Services*

Community Partners

- Abode
- Alameda Health System*
- Alameda Alliance for Health*
- Anthem Blue Cross*
- Community Health Center Network
- East Bay Innovations*
- LifeLong Medical*
- Native American Health Center*
- Pathways to Health*
- Tiburcio Vasquez Health Center*
- Tri-City Health Center*

**Currently contributing data or in talks to do so.*

Definitions

- ✓ **Centralized Data Repository** HCSA asking clinics and hospital systems to securely contribute information from their EHR to a centralized Data Repository.
- ✓ **Social/Health Information Exchange or SHIE** A community of organizations sharing data under a set of agreements (i.e. according to federal and state regulations), and a platform to structure the data, keep it secure, manage credentialing, and perform matching to identify when different data streams describe one person.
- ✓ **Community Health Record** is the first tool drawing from the SHIE and intended to roll out in April. The CHR allows providers to view a thin, timely slice of client utilization, diagnosis, and who else is working with them.

Collaboration on a new level

Epic will be a major assist in connecting many of the physical health organizations in Alameda County.

SHIE will add specialty BH, housing, EMS, substance use treatment, jail census, and potentially other data sources.

Medical Care
Mental Health
Substance Use
Housing
Social Care
Legal Services
Crisis Response

Community Health Record

Client Demographics
Name, CIN, contact info, DOB, medical home, bundle assignment, WPC enrollment status

Total ED Visit Counts
Listed by organization

Encounter Information
Date, time, location, type of visits (ED, IP, OP), diagnosis and chief complaint

Care Team Members
Name, title, organization, contact info

Shared Care Guidelines
Tab-based, free-text fields where users can modify their section and read-only other care team member sections (e.g., behavioral, social, medical)

Curated, actionable information designed for **inter-agency and inter-sector** care coordination, **integrated into the organization's preferred system** to promote **real-time action** when consumer is in crisis

John Q. Public
DOB

Community Health Record*

Recent visits:
- 09/11/18 Highland ED
- 09/10/18 Pathways
- 07/01/18 Santa Rita
- 06/01/18 John George

Problems:
Diabetes
COPD

Primary Care: La Clinica, Dr. Murphy 555-555-5555
Behavioral: Pathways, Dr. Becton 555-555-5555

Emergency Contact: Mr. Smith 555-555-5555
Mrs. Jones 555-555-5555

Housing Navigator: Fred Jones 555-555-5555

Medi-Cal status: Active

Shared Care Plan:
- We need a driver's license to make progress on permanent housing. If you have a copy, please contact Fred Jones listed above.
- Working to mend bridges with John's mother who lives in Tracy. This was a supportive relationship until a recent falling out.
- John is proud of the progress he has made bringing his diabetes A1c count down and is motivated to work on this more.

**Intended to serve as an example of information that may be available; not an exact representation.*

How will our community benefit?

Here are examples of real problems that will be addressed through data sharing.

Forming the complete picture

"They were trying for three weeks to find a place for him when I had one all along that he almost missed out on."

Mr. C

"I work at BACS in a program with severely mentally ill and physically disabled clients. I worked with Fred for over a year getting him a permanent supportive housing apartment. He finally came up on the list, but I hadn't heard from him in a couple of months. I tried his usual hangouts, but no one had seen him.

Later I found out from his Mom that he was in the hospital from a bad injury and was stuck in the nursing home. They were trying for three weeks to find a place for him when I had one all along that he almost missed out on."

We are able to see now

"This means we have to do all the reaching out to make that connection."

Dr. M

"We are now able to see when our patients have had specialty mental health visits AND can see who their mental health outpatient clinic is. That's great, but the mental health clinics aren't able to see the reverse. They know the person is a La Clinica patient, but not who the team taking care of them is or anything else about them.

Managing readmission rate

"We could accelerate health improvement rather than repeatedly readmitting."

Dr. A

"We have a patient with poorly controlled Type 1 diabetes who is frequently admitted to our hospital. There's no doubt in my mind that he has touched behavioral health services and other primary care or case management programs through Medi-Cal managed care. He is single-handedly driving up our readmission rate."

"When he shows in the ED, our case managers are blind to other systems connected to his care, and he is incapable of stating other care providers. If we could see the most recent and relevant information, we could accelerate his health improvement rather than repeatedly readmitting."

How big a lift is this?

Technical aspects

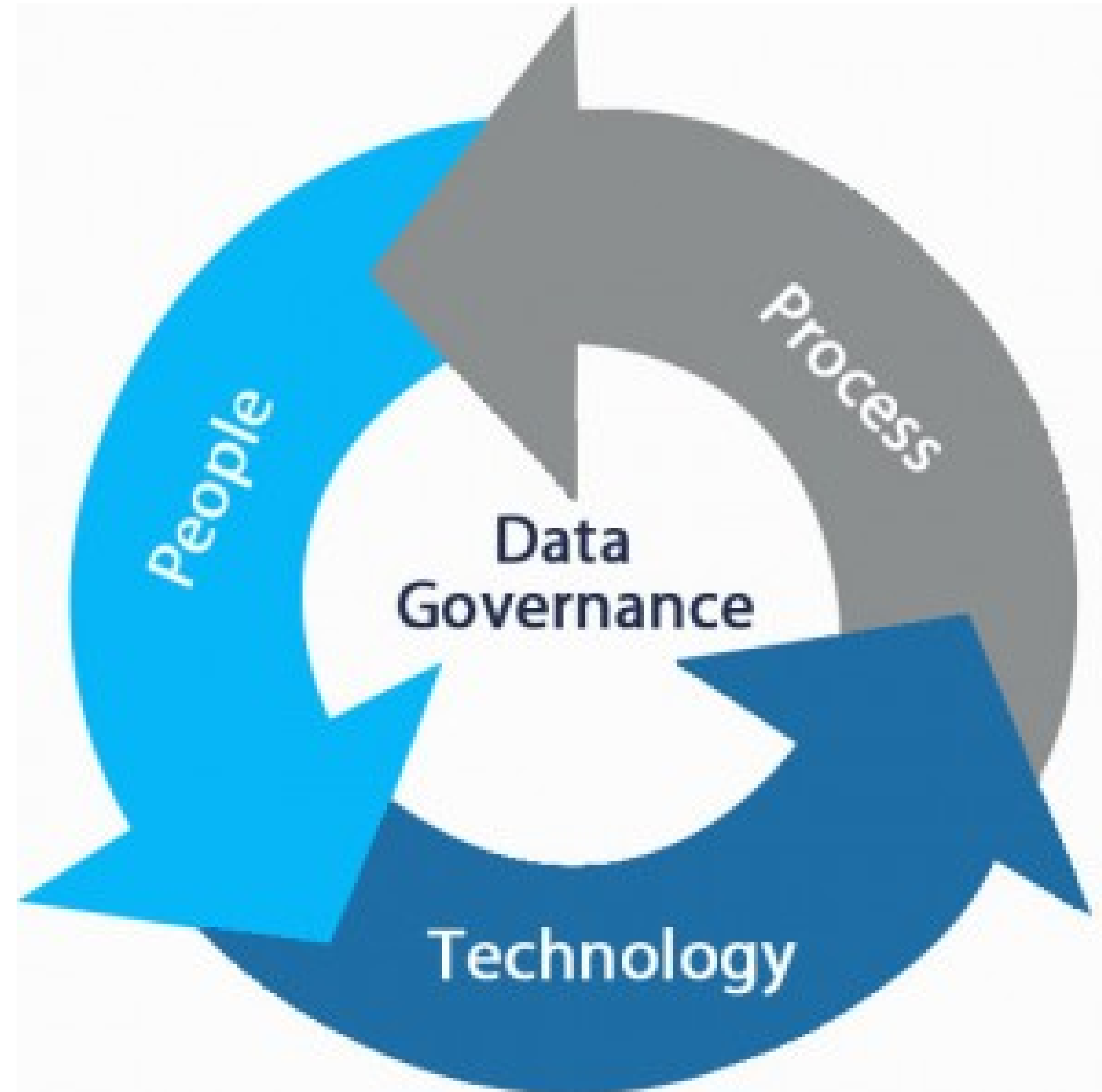
Privacy and Legal safeguards

Work flow/daily operations

Layers of privacy protection

- ✓ **Universal authorization management** to identify what the **consumer has agreed** can be shared, with whom it can be shared, and when it has expired or been rescinded
- ✓ **User authentication** creates an alert if a person accesses information on someone they aren't authorized to see
- ✓ **Legal framework** includes a health data repository data sharing agreement that governs sensitive datasets inside and outside the privacy law

Data governance / expectations



Information governance to bring clinical, administrative, technology partners together.

Quality to enable data that is complete, timely, accurate and consistent.

Usability to promote data interaction and informed decision making; understanding organizational performance.

Availability through appropriate analytical infrastructure.

Funding care connections

$8M in funding from Whole Person Care / Care Connect

Leadership is working on sustainability plan for long-term operations that will be finalized when future operating model and costs are determined.

Similar programs in other areas are sustained by a coalition of the partners benefiting from participation.

County Selection Committee identifies Thrasys based on optimal bid match

Evaluation period and Vendor Interviews May 25-Jun 22

Contract **Negotiations** Summer 2018

Board letter recommending award Fall 2018

Board consideration award date Oct

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Health Care Services Agency

Appendix

Consumer and Provider Benefits

- ✓ Shared **care planning**
- ✓ **Referral management**
- ✓ **Secure** communications
- ✓ Scanned **documentation management**
- ✓ Dashboard, reporting and self-service **business intelligence** tools
- ✓ **Consumer engagement** portal
- ✓ Universal **authorization management**
- ✓ User **authentication** and **authorization**
- ✓ **Integration** capabilities

AC Care Connect Data Repository

Core Data:
BHCS
Specialty mental health service utilization (ongoing – billing)
Substance abuse disorder treatment service utilization (ongoing – billing)
DHCS
Medi-Cal enrollment status, health plan assignment (Monthly)

Housing and Community Development
Homeless/housing services (moving towards regular sharing)

CHCN
Primary care medical home and physical health utilization – claims
Home Stretch
Prioritization for permanent supportive housing (coordinated entry)
Alameda County Sheriff
Jail discharges

Many Years | February 2016 | January 2017 | March 2017 | July 2017 | Q1 & Q22018

Alameda Alliance for Health
Primary care medical home and physical health utilization – claims (monthly)

Anthem Blue Cross
Primary care medical home and physical health utilization – claims (moving towards automated, monthly sharing)

Emergency Medical Services
Emergency transports including 5150s
LifeLong Medical Care
Detailed service utilization, clinical measures, care team members

Future State: Building on Epic

Mental Health
Substance Use Treatment
Housing
Social
Legal

Epic Care Everywhere®

AHS Epic (also John George)
OCHIN Epic (CHCN)
Sutter Epic
Kaiser Epic
Other Providers in AC

SHIE Interface Engine

AC SHIE

AC CHR & Business Intelligence Reporting

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