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Health and Social Care Systems Integration: Data, Data, Data.... How Good is Yours?

Speakers

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Speakers

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Health and Social Care Systems: Data, Data, Data … How Good is Yours

AgeSpan
Choices for Life's Journey

USAging Conference and Tradeshow

July 8, 2024

Case Study: Blending and braiding services and data

Johanna is an 83-year-old Spanish speaking woman living in an urban setting. She has type 2 diabetes, congestive heart failure, and arthritis. Her sole source of income is social security, and she has lived in public housing for more than 20 years. Her 34-year-old grandson, who suffers from substance use disorder, moved himself in and refuses to leave. Johanna is afraid of him and knows that he is stealing both pain medication and money from her. She is now 3 months behind on rent. She has no reliable family caregiver and regularly misses medical appointments due to memory and transportation issues.

After 4 emergency room visits in the last 2 months, the hospital made a referral to the local CBO to address her **nutrition and housing issues**.

Johanna is overwhelmed, depressed and not sure what to do. She tells her community health worker she just wants it all to end.

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Services and Systems For Johanna

Service	Payor
Medically Tailored Cultural Meals	OAA
Grocery shopping assistance	ACO
SNAP application assistance	Local philanthropy
Mobile Market	Agency annual appeal
Protective Services	OAA
Depression evidence-based program	Federal grant
Eviction assistance	Referral to community partner
Transportation	State grant
Rent assistance	ACO

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Data, Data, Data...at CICOA
(that you may have, too!)

Program data

- Demographics

- Assessments

- Service utilization

- Resource database

Health Information Exchange (HIE)

- Admissions, discharge, transfer (ADT) reports

Client Feedback

- Satisfaction surveys

- Pre/post surveys

CICOA's Data Environment

Multiple contracts

- State agencies (DA, BDS, OMPP, IDOH, DMHA)
- Health plans (MLTSS, independent contracts)
- Health systems (Hospitals, primary care)
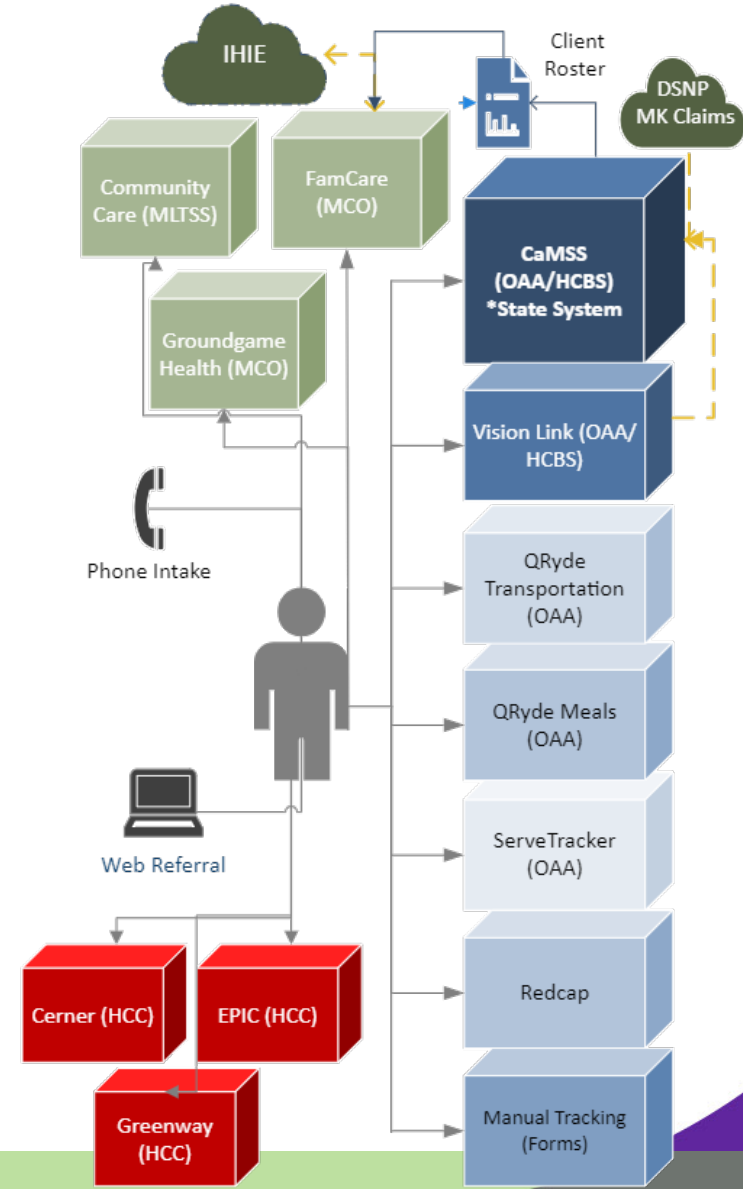
Disparate systems

- Duplicate data entry
- Minimal interoperability
- Inconsistent standards

Data quality considerations

- Consistency, validity, completeness, and accuracy

Resource constraints

- Data and technology tools
- Personnel

Progress and Achievements

Securing Funding

• Investment in Vendor Support & Data Tools

Leveraging Existing Tools and Trainings

• SharePoint and Power Automate

• Python and Tableau for data analytics and visualizations

Building Internal Capacity

• Expanded data team

• Cultivated a culture of data-driven decision-making.

• Reduced dependence on external vendors.

Impact of our Progress

Data driven programing
- Developed new programs based on data insights

Transformed Evaluation
- Defined clear objectives to improve client outcomes reporting and effectively tell agency story

Improved Data Quality and Reporting
- Automated data extraction and transformation to enhance agency-wide reporting

Enhanced Business Intelligence
- Leveraged data for innovation, new partnerships and funding opportunities

misalignment

Health Care Sector

Organized systems of care
Maturing IT resources
Deep financial resources
Clear mission
Rapid adoption of social care
(SDOH) initiatives
  Payor-based incentives
  CMS Medicare PFS changes
  NCQA quality measures
  Bespoke 'community networks'

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NCQA quality measures

Bespoke 'community networks'

Social Care Sector

Multiple 'narrow networks'

Highly variable IT resources

Challenging finances

Conflicting missions and sponsors

Limited adoption of initiatives

Multiple individual contracts

Financial risk

Scarcity model

Purpose of data exchange – to support care

- Connect health & social care providers - establish 'joint custody'
- Exchange necessary care-related info (or just read-only?)
- Track progress of individual through care
- Track 'transactions' (interventions, services)
- *Can aggregate for population health purposes*

Purpose of data exchange – to support care

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Barriers to effective data exchange

- Lack of understanding of social care workflow and use cases
- The language barrier (terminologies? codes? maps?)
- The partially-built-out landscape
- Absence of standards and governance

Making Sense of Health and Social Care Systems Integration Data, Data, Data… How Good is Yours?

National Landscape on Data and Technology Standards Slides

Brian D. Handspicker

Tuesday, July 9 1:00-2:00pm

National Socialcare Interoperability Standards Efforts

Focus: Health Related Social Needs/Social Determinants of Health Referrals

HL7 FHIR
Human & Social Services
CBCP - PACIO - SDOHCC

gravity PROJECT®
Community – Pilot - Technical

DirectTrust™
Information Exchange for Human Services
PERHLS Direct TIM+

HIMSS
SDOH

Inform USA
Services Taxonomy

wedi™
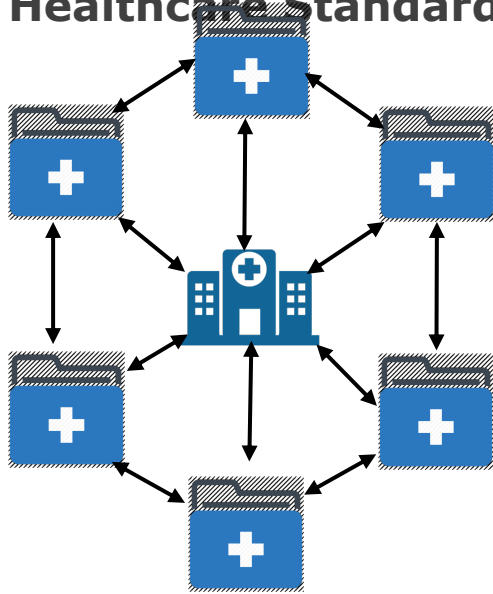SDOH

Partnership to Align Social Care

Sync for Social Needs

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Different Standards for Different Challenges
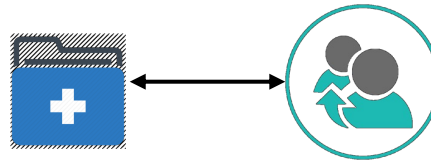
Vision: Socialcare-on-FHIR-over-Direct

EHR-to-EHR, EHR-to-HIE

Healthcare Standards

360X Referral (Direct + C-CDA)
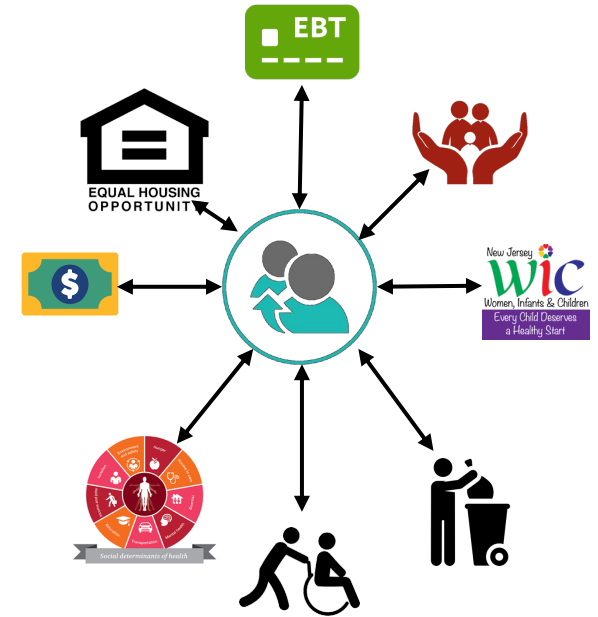**FHIR BSeR Referral** (RESTful Task, ServiceRequest)

EHR-to-AAA

Healthcare-to-Socialcare Standards

360X SDoH Referral (Direct + HL7v2)
FHIR SDoH Referral (RESTful Task, ServiceRequest)

AAA-to-CBO, CBO-to-CBO

Socialcare Standards

Community Care SDoH Referral
(Direct + FHIR Task, ServiceRequest Resources, ENS, TIM+ to close-loop)

Breadth of Needed Socialcare Standards

Coming Challenge: Many More Socialcare Standards Required

Courtesy of the Gravity Project Co-Design Report