Leveraging Community Care Hubs to Improve Care Coordination and SDOH Data Sharing

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Business Strategy and Health Systems Integration

USAging

The Business Institute

- The mission of the Aging and Disability Business Institute (Business Institute) is to successfully build and strengthen partnerships between community-based organizations (CBOs) and the health care system so older adults and people with disabilities will have access to services and supports that will enable them to live with dignity and independence in their homes and communities as long as possible.

aginganddisabilitybusinessinstitute.org

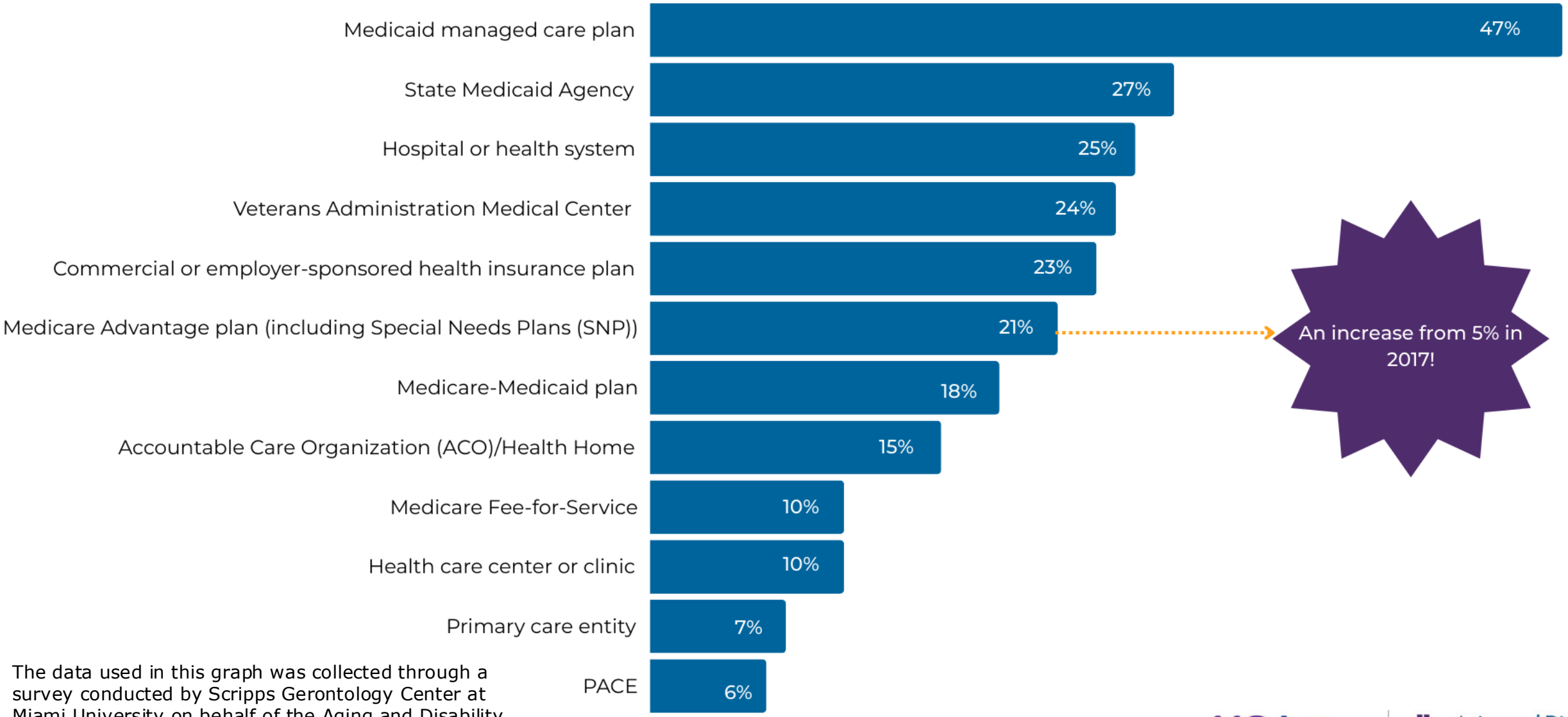
The Importance of Social Care Networks

Area Agencies on Aging (AAAs), Community Care Hubs (CCHs), Community Based Organizations (CBOs)

- Existing infrastructure is expert at serving funders & meeting their unique requirements
- Provide social care services and supports ranging from I&R, assessment, care planning, care coordination & service provision
- Expert at braiding & blending funding sources (both governmental and health system/MCO contracts)
- Manage very large networks of providers
- Provide person centered care
- Expert care for at-risk and complex care patients

2023 RFI Survey

Common Health Care Partners for CBOs with Contracts



The data used in this graph was collected through a survey conducted by Scripps Gerontology Center at Miami University on behalf of the Aging and Disability Business Institute, led by USAging. For more information, visit https://bit.ly/Nexus-of-Social-Care

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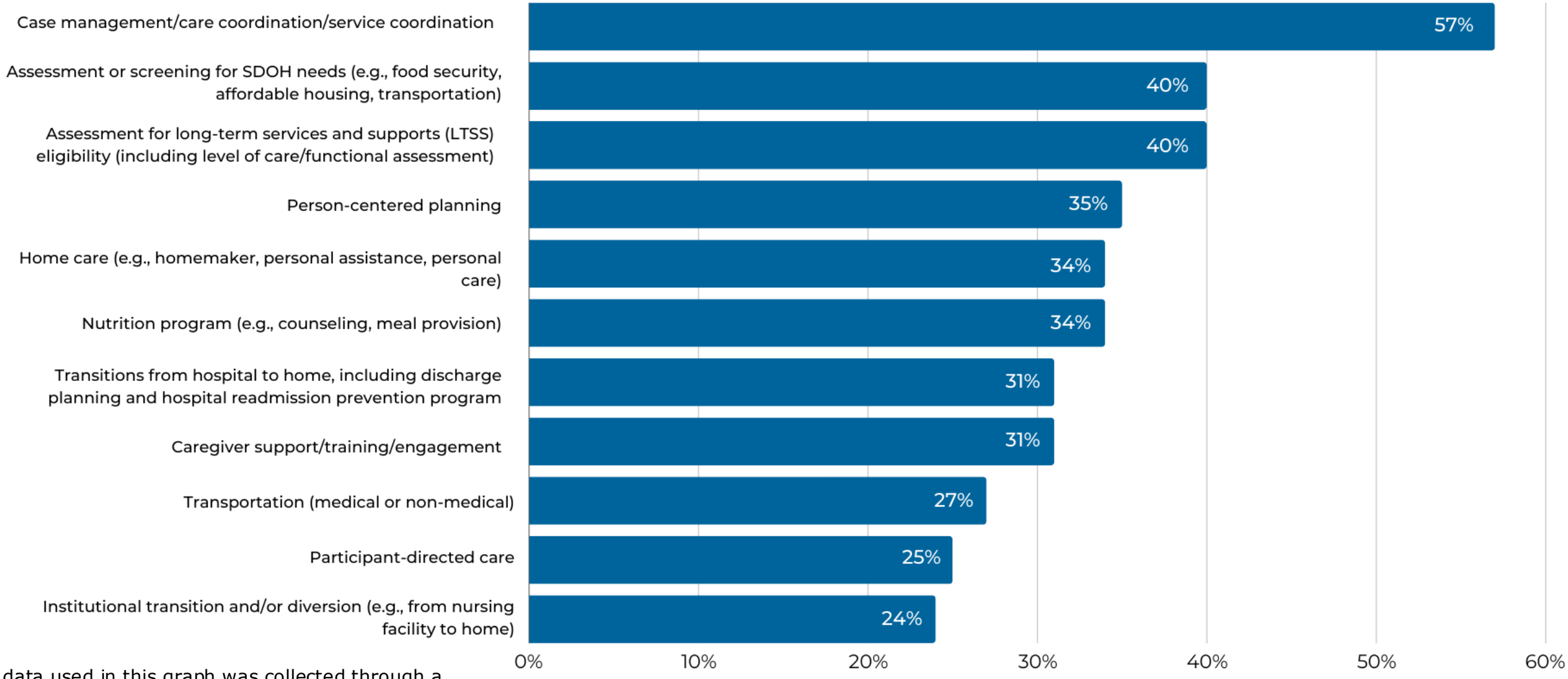
Connecting Communities and Health Care

2023 RFI Survey

Most Common Services Provided Through Contracts



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Data & Information Exchange Considerations

- **Data**
  - ✓ Data Sources (screening v assessment, quality of data)
  - ✓ Taxonomies
  - ✓ Data Alignment
  - ✓ Ownership of Data

- **Information Exchange – capacities very greatly**
  - ✓ FHIR
  - ✓ Direct Secure Messaging – *a way to securely send health information over the internet, aka Direct Exchange. This allows for a simple HIPPA compliant encrypted transmission of protected health information.*
  - ✓ Funders often have different requirements

- **Other Issues**
  - ✓ Discussion re: Automation of Eligibility, Consent, Capacities, etc.

Realities: IT Systems & Integration

CCHs, AAAs and other CBOs realities:

- **Legacy or Funder Required Systems** *(like the state's requirements under Older American's Act)*

- **Managing contracts, coded billing capacity and data sharing with HINs and others:**
  - Most partner contracts will still require AAAs to input into their portals
  - Having access to data and aligning it so it can flow from one system to another
  - Managing downstream bi-directional information exchange (often DSM)

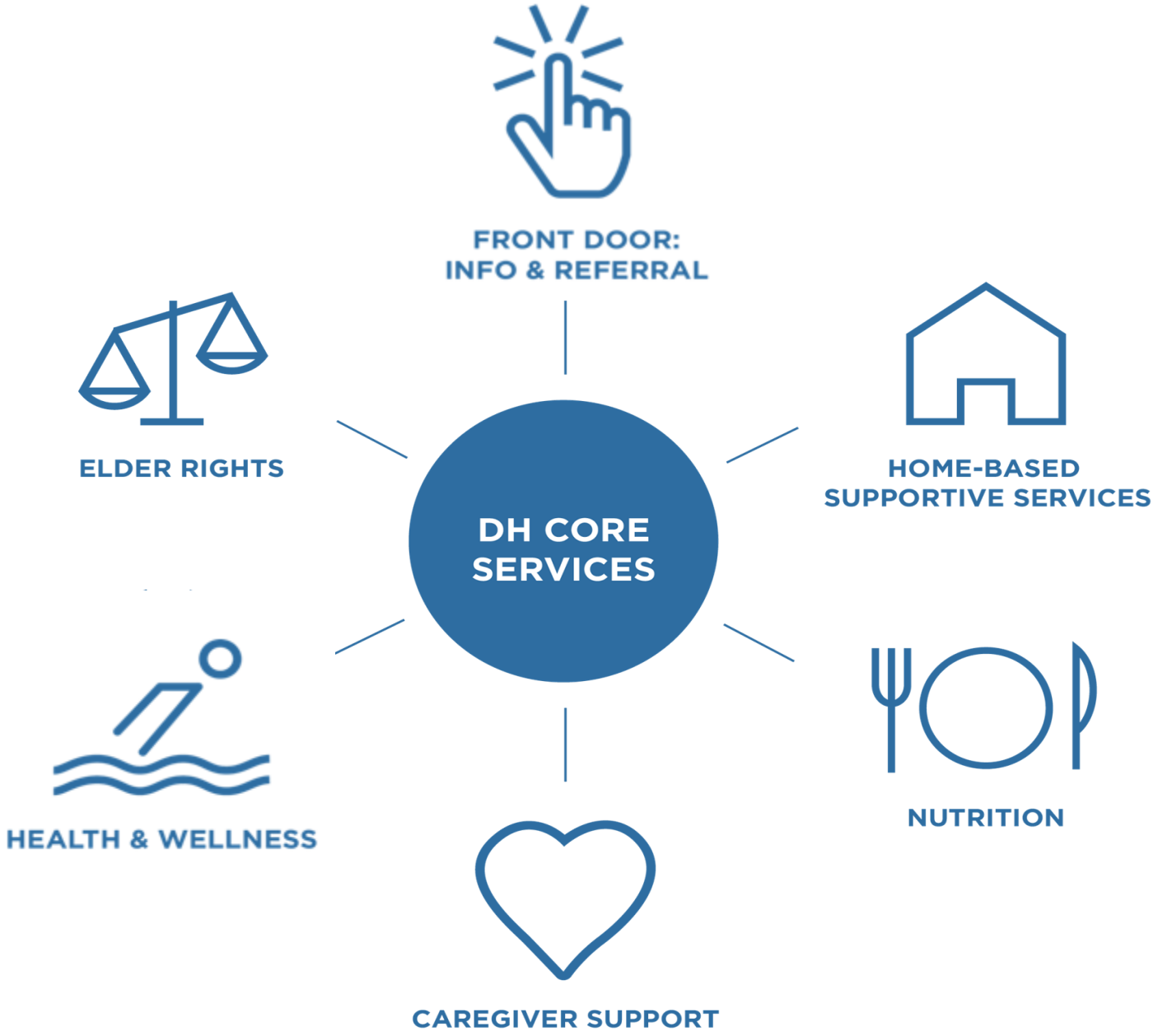
- **Systems must take referrals from health care providers/systems, and be bi-directional information exchange**
  - Prepare for a two-tiered future – contract requirements and a "coded" future
  - Do you need access to EMRs? Read only or a more active engagement?
  - Do the EMRs, other systems allow for appropriate social care workflows?

Abigail Morgan

President and CEO

Direction Home
Akron Canton

AAA Foundational Services



Direction Home Akron/Canton Area Agency on Aging & Disabilities

1 of 12 AAAs covering 4 counties in Ohio

260 staff members

Annual Revenue: $60M+

NCQA Accredited CM-LTSS

HITRUST Certified

7,600 Individuals supported ongoing

Navigation/Options Counseling

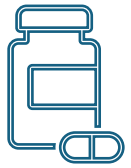
- Screening & Assessment
- Information & Referral
- Trusted community resource

Care Management/Coordination

- Medicare/Medicaid Plans
- Negotiated Scope of Work
- PMPM + Pay for Performance
- Outside of Medicare/Medicaid – Older Americans Act, other

Acute Care Transitions +

- Medicare Advantage, Commercial, Self Funded
- Fee for Service, Pay for Performance
- Community Care Hub with Statewide Coverage



Happenings in Ohio

Statewide HIE - Clinisync

- CBO Sub-Committee
- AAAs as part of a network of networks
- Referral navigators

Statewide DSNP – MyCare Ohio

- Managed Care Plans – Medicare & Medicaid
- AAAs as Care Coordinators
- AAAs as Social Service Network Managers

Mike Klinkman

Professor Emeritus, Departments of Family Medicine and Learning Health Sciences; Medical Director, Cross Sector Data Sharing Program

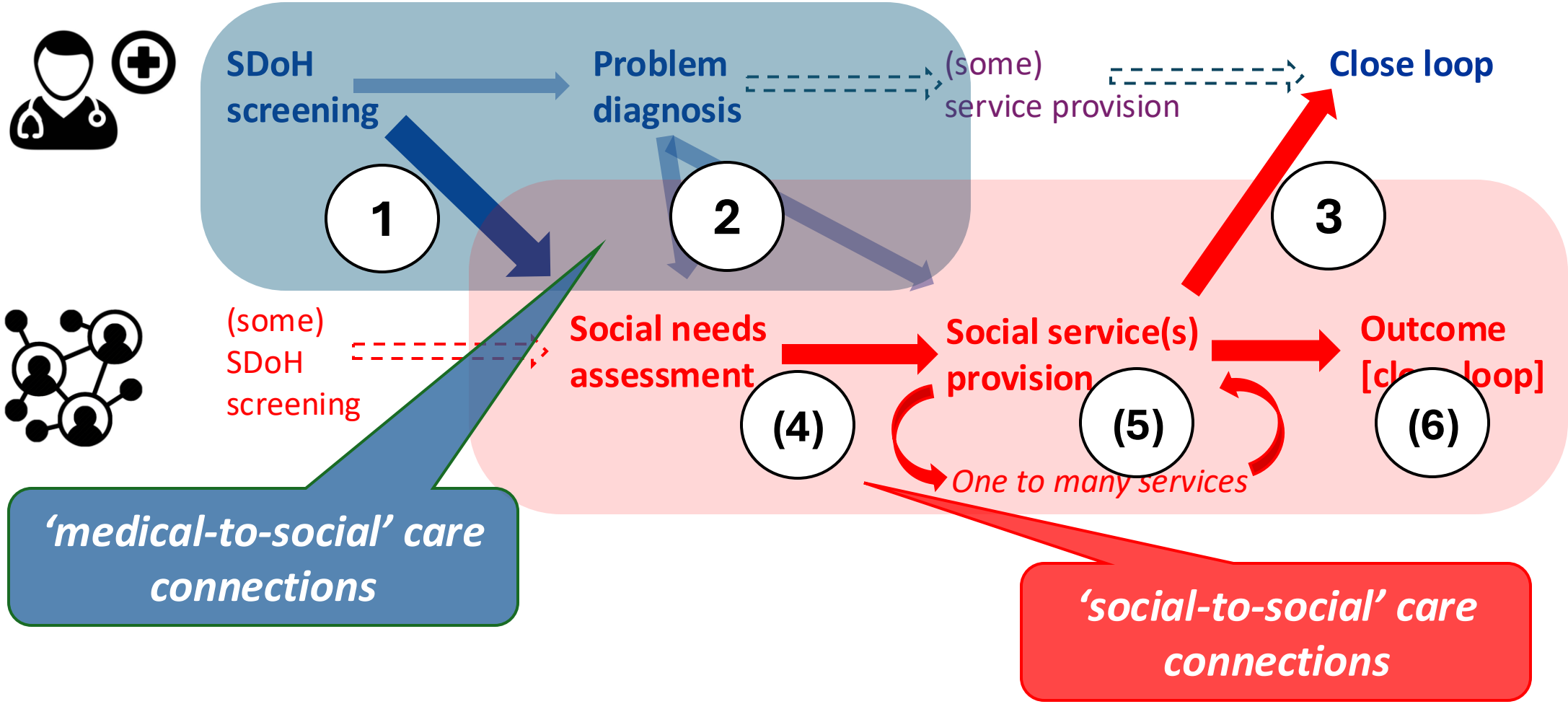
University of Michigan
Medical School

Integrating Data & Systems Across Partners

- Stakeholders
- Priority Use Cases
- Important workflows
- System Capabilities

Shared care model:

When, what, and how do we need to communicate?



What do we need to communicate?
Referrals (#s 1, 2, 3)

FROM MEDICAL PROVIDER:

- Identity and demographics
- Screening results
- (Possible) social care problems
- Relevant medical information
- What are we requesting?
  - *Specific service or intervention?*
  - *Assessment only?*
  - *Social care coordination assistance?*
  - *Contracted service?*
- Any important context to share
- Requested status updates

FROM SOCIAL CARE PROVIDER:

- Accept or decline? (with reasons)
- Recommend a different provider?
- Additional information needed?
- Confirmed active social care problems
- (Possible) social care plan
- (Possible) status updates
- Resolution (closed loop)

How can we best connect to communicate? ***Simple, interoperable messages***

HL7 workgroups have captured many (most?) of the specs needed, but FHIR is not yet widely implemented, even in medical settings

- FHIR Clinical Care IG STU 2.2
  - Available at https://build.fhir.org/ig/HL7/fhir-sdoh-clinicalcare/
- Standardized referral messages as initial phase of work
  - Ex: MiHIN **Interoperable Referral** message in pilot testing
- Vendor-specific solutions for local implementation (EHR +/- SHARP)
  - Interoperability and FHIR capability not certain, many are bespoke
- Solutions for #4,5 and 6 will require social care co-design work
- ***The patient/client/caregiver perspective is still missing!***

Sharon Williams

CEO

Williams Jaxon Consulting, LLC

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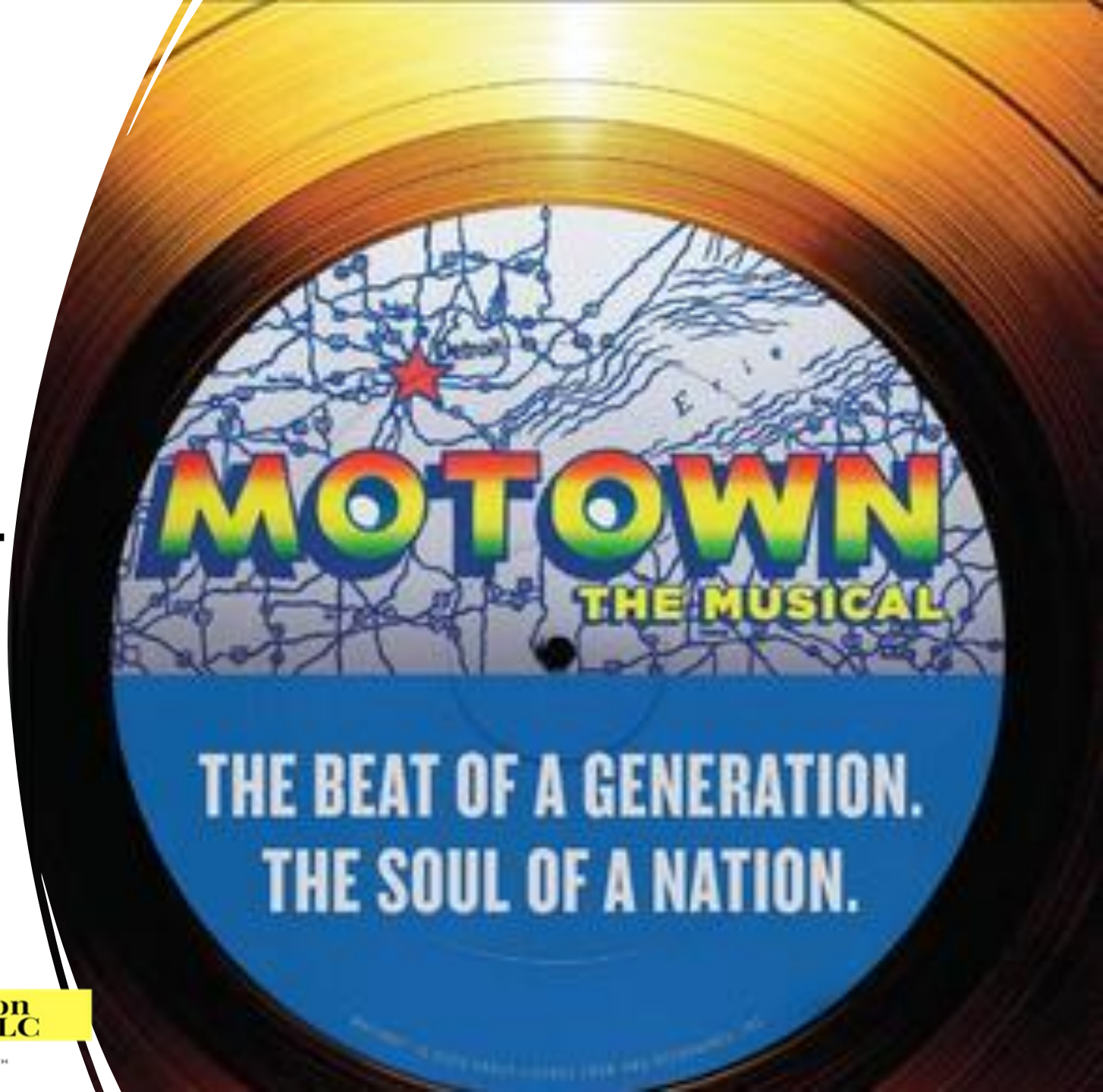
SOLUTIONS FOR COMMUNITY HEALTH

Health & Social Care Integration:

We Second That Emotion!



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‘Anyone who is accountable for healthcare is essentially shooting themselves in the foot by ignoring the social drivers of ill health!’

~Dr. Dianne Meier, President
Center to Advance Palliative Care, in Modern Healthcare

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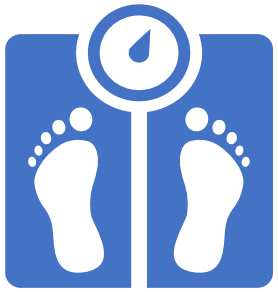
The Missing Link…

CBOs: comprehensive social needs and related client data

Health payers: clinical and related claims data

The Solution…



CBOs & health payers enhance each others' effectiveness through data sharing

Jointly coordinate whole person care

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Community Care Hubs: Social Care Network Solution

- Bridge the Chasm Between Clinical & Social Care Delivery
  - Comprehensive Consumer Profiles
  - Remediate Health Disparities
  - Reduce Duplication/Gaps in Services
  - Enhance Closed Loop Referral Management
  - Efficient Data Sharing for All HIE users

Resources

- Health information exchange interoperability | American Medical Association (ama-assn.org)
- Why Are Health Disparities Everyone's Problem? (Johns Hopkins Wavelengths): Cooper, Lisa: 9781421441153: Amazon.com: Books
- Social Determinants of Health Information Exchange Toolkit (healthit.gov)
- CCH-Primer-Final.pdf (partnership2asc.org)

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Support the USAging Disaster Relief Fund

100% of funds go to AAAs affected by natural disasters

How Relief Funds Are Used

- Providing food and safe drinking water
- Replacing household goods and home essentials
- Covering repairs to homes that were made unsafe by damage
- Making temporary homes accessible
- Replacing basic needs such as beds, kitchen appliances
- Covering hotel expenses for those who couldn't find places in shelters
- Assisting with rent for those who were injured or lost income

CHECK OUT OUR AGENDA!

SCAN