

IT Committee Notes

Date: November 16, 2017
Time: 1:00-3:00 pm
Location: City Hall Conference Room 5110

Committee Members in Attendance:

- Gabriel Kendall, Director of Community Relations and Program Development, 211 Sacramento
- Stephen Smythe, IT Customer Account Manager / Senior Advisor, Anthem Blue Cross
- Steve Heath, Executive Director, Capitol Health Network
- Andrew Geurkink, Program Analyst, Homeless Services, City of Sacramento
- Ethan Hanson, Sergeant, City of Sacramento Police Department Crime Analysis Unit
- Lee Yonemura, Officer, City of Sacramento Police Department Crime Analysis Unit
- Ryan Stewart, Director, HIE IT Connectivity, Dignity Health
- Armando Robledo, Data Analytics & Reporting Manager, Health Net
- Kevin Isbell, Executive Director of Data & Analytics Services, Kaiser Permanente
- Kobi Arditi, Manager of Reporting and Analytics, Molina Healthcare
- Joil Xiong, Director of Operations, Sacramento Covered
- Matthew Foy, Analyst, Sacramento Steps Forward
- Sundeep Desai, Chief Health Information Officer, Sutter Health
- Hiren Barot, IS Physician Services Manager, Sutter Health
- Michael Marchant, HIE Integration Manager, UC Davis Health
- Mohan Basavapatna, Community and State Chief Information Officer, United HealthCare
- Dalip Rai, Health Informatics Specialist, WellSpace Health

Pathways to Health + Home Support Team in Attendance:

- Mark Elson, IT Team Lead
- Wendy Jameson, IT Team Consultant
- Alex Horowitz, IT Team Consultant
- John Weir, IT Team Consultant
- Josh May, IT Team Project Manager
- John-Paul Buchanan, Communications Team Lead

Welcome and Introductions (Mark Elson)

- Mark thanked all attendees for their participation and reviewed the meeting agenda.

IT Committee Charter Approval (Mark Elson)

- Motion to approve IT Committee Charter made by Steve Heath, seconded by Andrew Geurkink.
- Approved unanimously without objection.

Consent Form (Mark Elson)

- Requested that IT Committee representatives forward the Consent Form to the appropriate individuals at their organizations for review.
- Discussed the level to which potential enrollees may make granular selections for consent. Committee members raised some concerns regarding granular consent for certain types of data and the resulting data segmentation for data sharing. Informed members that there are legal requirements to obtain specific consent for the sharing of Mental Health, HIV, and SUD information, but that individuals must consent to share all required data in order to enroll in the program and receive services at this time.

Early Engagement Update (Mark Elson)

- Mark provided updates on enrollment figures (74 enrollees) and service provision (300 light services provided for primary care linkages, housing referrals).
- Nearly all referrals to date have been made through the Police IMPACT Team, which has a data-sharing agreement already in place with Sac Covered.
- Some participants raised concerns that the most vulnerable and needy populations are not necessarily the same as those who interact with the IMPACT Team, and it was noted that additional referral pathways are being brought online as agreements are put in place.

RFQ Requirements and Draft Timeline (Mark Elson)

- Updated IT Committee members on the development of a Request for Qualifications to engage in service delivery provision for the Pathways program in 3 potential modes:
 - Pathways Health + Home Entity, which would house 1-2 Pathways Care Teams
 - Pathways Assertive Outreach and Referral Entity, which is being performed by Sacramento Covered during the Early Engagement phase
 - Pathways Housing Services Entity
- RFQ is scheduled to be released on December 1st
- Mandatory Bidder's Conference will be held on December 6th, and organizations are encouraged to attend even if they do not intend to be a prime bidder as their services could be incorporated as a subcontractor to the prime respondent
- Mark provided update that Incentive Agreements and Data Sharing Agreement language are also being finalized for partner organizations to review as soon as possible

IT Model Options and Recommended Approach (Alex Horowitz / Mark Elson)

- Presented 3 general options for an IT Model to guide development of Pathways infrastructure
 - Option 1: Decentralized
 - This model would leverage national standards and networks for data exchange, with Health + Home Providers utilizing their own systems for care planning and referrals.
 - Enrollment and Reporting functionalities would still be performed by a centralized entity, though the Enrollment Entity is not necessarily the same organization as the Data Management Entity.
 - Drawbacks include numerous connections for data transport, sharing of care plans via paper and PDF only, significant manual workflows to ensure care coordination, and a high level of effort and responsibility for Partner organizations to govern Pathways activities.
 - Option 2: Centralized

- Would utilize a hub-and-spoke data sharing model with a centralized Enrollment and Data Management Entity that has connections directly with each Pathways partner organization.
 - Partners would utilize a centralized care management and referrals platform to carry out those functions, plus additional centralized technology to manage data sharing:
 - Master Person Index – to match patients whose data are submitted;
 - Clinical Data Repository – to store submitted data; and
 - Integration Engine – to feed data into the CDR.
 - This option would provide the best avenue to build up to a community data sharing infrastructure, but would also involve high central costs and the greatest level of effort for the City and the Data Management Entity.
 - Option 3: Hybrid
 - This model incorporates elements from each of the Decentralized and Centralized models to align existing data sharing capabilities with the Pathways program through a relatively lightweight infrastructure that can be built upon for additional Pathways and community needs.
 - Components from the Decentralized model include:
 - Using EHRs at Health + Home Provider organizations to serve as clinical data hubs for Pathways Care Teams;
 - Leveraging national standards and networks for clinical data sharing; and
 - Use of native systems at hospitals and health plans for care management, with increasing interoperability with the Pathways care management platform.
 - Components from the Centralized model include:
 - Centralized Pathways care management and referrals platform;
 - Coordinated approach for event notifications; and
 - Centralized enrollment and program reporting infrastructure.
- IT Committee unanimously approved moving forward with the selection of the Hybrid approach to mitigate deficiencies in the Centralized vs. Decentralized models and build upon existing infrastructure.
- The Pathways IT Team also reviewed a draft IT Architecture Diagram for the Hybrid IT model with the IT Committee members, with a focus on data feeds between partner organizations and the Pathways care management and reporting infrastructure.
 - Hospital representative requested that “Clinical Data” requirements be defined in more detail (e.g. level of granularity, diagnoses, lab results, what is needed from hospitals vs. clinics?)
 - Committee members representing hospitals and health plans each raised concerns regarding their organizations’ abilities to submit complete and timely unadjudicated claims feeds.
 - One plan raised that they are not currently submitting such data as a component of other Whole Person Care pilots.
 - Pathways IT Team will engage with representatives from the hospitals and health plans to drill down into requirements for unadjudicated claims feeds and determine the level of detailed data required for the program.
 - IT Team will also need to determine if any infrastructure related to patient matching will need to be implemented, perhaps including a reference table to identify enrollees.

Discussion: Measures and Reporting Requirements (Wendy Jameson)

- Wendy highlighted the importance of reporting for the Pathways program in terms of funding for the program, incentive payments for partner organizations, improving coordination of care and outcomes, and for PDSAs to document how we are learning as the process moves forward.
- Briefly reviewed the Pathways Eligibility Criteria with Committee members, as background for data requirements related to enrollment and eligibility determination.
- Wendy provided an overview of the metrics for both outcomes and reporting-based requirements for clinical organizations, housing providers, behavioral health providers, care coordination and administrative metrics.
- Presented a draft timeline for data submission in order to allow for the review and preparation of data for submission to DHCS, with a 1-month lead-time between submission of reports to DHCS and submission of data by partner organizations to Sac Covered.
- Partners highlighted the need for Data Sharing Agreements to be in place before data can be provided for reporting
- First date for reporting data due to Sac Covered is Feb. 1, 2018, for the Baseline Variant & Universal Metrics Report.

Action Items

- Service Delivery and IT teams will coordinate regarding issue of targeting most vulnerable populations for referrals to Pathways program.
- Engage stakeholders in informal workgroups to address Notifications, Unadjudicated claims feeds, and Reporting requirements (including frequency).
- Provide Data Sharing Agreement to stakeholders for review ASAP, including detail on required data.
- Meet with Sac Covered and Salesforce to define requirements and plan for development of Pathways infrastructure.
- Develop definitions for clinical data requirements from clinical partners.
- Plan for any necessary patient matching infrastructure that needs to be implemented for referrals and care management.