

## IT Committee Notes

**Date:** December 14, 2017  
**Time:** 1:00-2:30 pm  
**Location:** Library Galleria – East Wing

### Committee Members in Attendance:

- Gabriel Kendall, Director of Community Relations and Program Development, 211 Sacramento
- Brian Harps, Community Resource Specialist, Goodwill / 211 Sacramento
- Stephen Smythe, IT Customer Account Manager / Senior Advisor, Anthem Blue Cross
- Anthony Genovese, Data Analytics Manager, Cares Community Health / One Community Health
- Andrew Geurkink, Program Analyst, Homeless Services, City of Sacramento
- Mark DeClue, Service Area CIO, Dignity Health
- Ryan Stewart, Director, HIE IT Connectivity, Dignity Health
- David Camitta, Medical Director, Health Informatics, Dignity Health
- Victoria Lewis, Director of Health Informatics, Elica Health
- Armando Robledo, Data Analytics & Reporting Manager, Health Net
- Kobi Ardit, Manager of Reporting and Analytics, Molina Healthcare
- Kobi Sonoyama, Director of Clinical Informatics, River City Medical Group
- Joil Xiong, Director of Operations, Sacramento Covered
- Racquel Weaver, Crime Analysis Unit, Sacramento Police Department IMPACT Team
- Matthew Foy, Analyst, Sacramento Steps Forward
- Chris Weare, Manager of Data Analytics and Research, Sacramento Steps Forward
- Christina Kitchen, Interim Shelter Supervisor, Salvation Army
- Hiren Barot, IS Physician Services Manager, Sutter Health
- Karen Brockopp, Director, TLCS
- Michael Marchant, HIE Integration Manager, UC Davis Health
- Mohan Basavapatna, Community and State Chief Information Officer, United HealthCare

### Pathways to Health + Home Support Team in Attendance:

- Mark Elson, IT Team Lead
- Wendy Jameson, IT Team Consultant
- Alex Horowitz, IT Team Consultant
- Josh May, IT Team Project Manager

### Welcome and Introductions (Mark Elson)

- Mark thanked all attendees for their participation and reviewed the meeting agenda
- Following up where we left off from last IT Committee meeting in discussing technical model and reporting
- Service Delivery Committee also meeting to discuss topics and our teams will consolidate input

## Operational Items (Mark Elson)

- 173 enrollments in the program with 902 service touches
- Referral breakdown:
  - 63% of enrollees through IMPACT Team
  - 21% from Intensive Care Program (ICP)
  - 10% from FQHCs
  - 6% from Sacramento Housing & Redevelopment Agency
- Enrollment refusals in the single digits, will track reasons for not enrolling
- 9 graduations: Individuals who received services, been stabilized from a health and housing perspective
  - Question as to how many were from HMIS community queue
  - Let SSF know once they have graduated to take out of or refer to other programs
- Uninsured individuals are enrolled by Sac Covered if they are Medi-Cal eligible
- IT Team does not anticipate any issues in arriving at 250 enrollments by the end of the year
  - Recently received 30 additional referrals from Fire Department
- Question was raised as to what services are provided as components of the program.
  - Service Delivery team is working on defining the full menu of services and more information will be provided at the next meeting
  - Services provided through the continuum of care do not count for WPC
- RFQ for Services
  - Released on December 1<sup>st</sup> for activities of fielding care teams, outreach, and housing-related services
  - Responses are due on January 5<sup>th</sup> with goal to launch services on April 2<sup>nd</sup>
  - Over 60 individuals attended Mandatory Bidders Conference on December 6<sup>th</sup>
- Incentive and Data Sharing Agreements
  - Partners have been provided the Data Sharing Agreements for input by 8<sup>th</sup>
  - Final due date to execute is January 31<sup>st</sup>
  - IT Team will send out DSA to IT Committee members and will make sure Committee members are on wider distribution lists for Pathways announcements
  - Schedule is backed out from need to submit first report to DHCS on March 1<sup>st</sup>

## Discussion: Data Sharing Elements, Sources, and Formats (Alex Horowitz)

- Continuing conversation from last meeting on what data we want/need, formats, what data is for and when it is needed
- Covering multiple use cases:
  - Reporting for DHCS and program overall
  - Care management in the community
  - Enrollment and eligibility determination, baseline data for member profiles
- IT Team will be working over the next couple of months to refine approach and further develop timeline for data needs
- Hospital Data Requests
  - Data requests are primarily for enrollment and care management aspects, less so for reporting but some items for reports are clinical and may be requested from hospitals
  - Request #1: Structured ED and Hospital ADT Alerts in HL7 format on Admit/Discharge
    - Alert on a Pathways-enrolled individual (need method at each hospital for roster that we transmit on regular intervals to update alerting lists)

- Would drive care management activities to intervene or know when enrollee has had a hospital-based event (which WPC is very interested in managing)
  - Question: What methodology to carry payload? VPN? SFTP?
    - We're interested in learning what hospitals are doing already that we can use
    - Site-to-site what happens if connection goes down, who manages
    - SFTP is pretty nimble to put a file to on regular basis
    - IT Team will establish Hospital working group to tackle this issue together, leverage existing methods and processes that are already in place
- Request #2: Structured Discharge Summaries beyond ADT to get actual care summary in some CDA Document format, preferably on day of discharge (hospital or ED)
  - Some hospitals are already doing this and others are not
  - Most EHRs have this functionality but may not be actively used
- Request #3: Clinical data access via CCDAs
  - Discussed capability to query over national networks with each hospital, all are on one or both of eHealthExchange and Carequality
  - Getting technology set up centrally to query hospital endpoints is the major lift here
- Request #4: Clinical data access via external access to EHR or portal
  - Backup or short-term solution for access to clinical data
  - Today, Sac Covered staff have access to hospital EHR systems or portals to look up patient information.
  - Useful for determining eligibility and medical history before we stand up query-retrieve
  - Potentially broader to include Pathways Care Teams at FQHCs accessing hospital EHR systems, but would want to limit to as few individuals accessing as possible
    - Sutter does allow external access on case-by-case basis
    - Dignity allows access to their HIE platform but not EHR
    - UC Davis has view-only portal that outside partners can access but don't know if Sac Covered can access today
    - We will probably develop list of who would have access from care teams and provide to hospitals to vet ahead of time
- Request #5: Unstructured ED / Hospitalization Alerts
  - Backup or short-term solution if structured alerts are unavailable
  - Validated with Dignity and UC Davis that they have capability to send Direct message as alert, though perhaps not with structured payload
  - Likely easy to set up in the short term in advance of having structured alerts in place
- Request #6: Unadjudicated claims information
  - Backup or short-term solution for transmitting care information
  - Understand that this is a new ask for the community, but think we are moving away from this idea towards other modalities (particularly for hospitals)
- Health Plan Data Requests
  - Request #1: Metric-Based Reports
    - We were looking to unadjudicated claims feeds for reports
    - All reports are modified HEDIS measures that we submit on a semi-annual basis
    - Ask plans to run modified HEDIS reports on claims they have for individuals in the program, rather than collecting claims data from them and us running the reports
    - Depends on how the modifications go (platform may not be easiest to customize)
    - IT Team will provide information on HEDIS measures and modifications, as well as Technical Specifications for Whole Person Care, to IT Committee members

- Request #2: Eligibility Feed
  - We don't necessarily know when PCP or assigned FQHC/Facility is updated
  - Health Plan representatives acknowledged that they can push 834 eligibility feeds or provide monthly file uploads with enrollment and PCP information
  - IT Team will work with Sacramento Covered to develop workflow for checking plan information when an enrollee un-enrolls from one plan
  - IT Team will establish Health Plan Workgroup to determine file type and test process
  - Request that Health Plan members provide samples of eligibility files
- Request #3: Unadjudicated claims
  - Moving away from this approach, as with hospitals
  - Not needed if Request #1 and #2 can be completed
- Request #4: External access by Sac Covered staff
  - Backup to check for eligibility if feed or file cannot be set up
  - Plans allow external access via a portal
- Noted that plans will need to receive a list of their members who are enrolled in the program as soon as Data Sharing Agreements are signed
- FQHCs
  - Request #1: National networks for individual patient care summaries
    - Vendors participate in national standards networks
    - Wellspace and Elica will have access to networks by January
  - Request #2: # ICP Beds
    - Needed to report on services rendered, either monthly file submission or manual entry
  - Request #3: # or Care Coordination Bundle Services/Touches
    - Needed to report on services rendered, either monthly file submission or manual entry
  - Separate conversation with FQHCs specifically to go over workflows
- Housing Provider & HMIS Requests
  - Request #1: Semi-annually request for permanent housing
    - Manual entry or file submission
  - Request #2: Semi-annually request for housing services provided
    - Manual entry or file submission
  - Request #3: Monthly request for Housing Bundles provided
    - Manual entry or file submission
  - Question regarding initial data entry system for services and how housing interactions generate new records in HMIS.
    - Sacramento Steps Forward only interacts with those who are homeless, do not serve at-risk individuals
    - Clear desire to avoid having front-line staff access multiple databases to enter data
    - Confident in Clarity's ability to export HMIS data and perform bulk uploads
    - Touches need to be recorded regardless, likely best to enter into central system and then have flag for "homeless" that can then send data into HMIS automatically
    - Sacramento Steps Forward has their own consent form that may need to be nested
  - Housing workgroup to discuss this and data formats (with Clarity on phone)
- County: Modified HEDIS metrics
  - Requests: Follow-up After Hospitalization for Mental Illness after 7 Days (FUH-7) and Initiation and Engagement of Alcohol and Other Drug Treatment Services (IET)
    - County has data and provides services, contracts with other service providers
    - Would be very difficult to collect from all partners rather than from County directly

- County required to report to DHCS on metrics
- Question regarding capability to capture electronic or telephonic consents.
  - All initial contact at this point will be all face-to-face for either wet signature, eventually for electronic signature
  - IT Team will research rules and regulations regarding telephonic consent for health information sharing
  - As program moves forward, start looking to the gaps we are missing, at-risk individuals, etc.
- River City generates HEDIS reports for health plans on their members which could be supplied for the program, as well as adjudicated claims
- Sacramento Steps Forward raised that they have a similar assessment that they perform to cue up for services, desire to harmonize or nest assessments to avoid asking clients for same information.
  - Potential for eventual bi-directionality to send assessment data back for their information, and other data needs may require sharing data with partners from the Pathways directly

### Baseline Data Request (Wendy Jameson)

- First Baseline Report data is due to DHCS on 3/1/18, with first data due to Pathways by 2/1/18 for report preparation and Quality Assurance
  - Baseline hospital data is for 2016 and housing data is for 2017
- Not only is this a program requirement, but it establishes level of performance in terms of readmissions and housing services provision
- One-time report that will be much more manual process than other reports in the future
  - Plans have the most complete picture of what is happening with their members
  - Sacramento Covered has confirmed that they can get list of enrollees for each plan to them
    - Respond whether enrollee was a member in 2016 and has any reported data by 1/5
    - 3 weeks to enter data into template and send to Sac Covered by Jan 30<sup>th</sup>
    - Sac Covered and Pathways then have 30 days to compile, perform QA, and submit
  - Hospital request in order to fill in gaps on a similar schedule to what we have for the plans
  - IT Team will provide reporting template to health plans and hospitals this month

### Action Items

| Assigned                  | Task   | Due Date | Status     |
|---------------------------|--|----------|------------|
| IT Team (Josh)            | Add IT Committee members to wider distribution lists for Pathways announcements  | 12/15/17 | Complete   |
| IT Team (Josh)            | Send WPC Technical Specifications and information on modified HEDIS measures to IT Committee members                                     | 12/15/17 | Complete   |
| IT Team (Josh)            | Send DSA to IT Committee members   | 12/15/17 | Complete   |
| Sac Steps Forward (Chris) | Provide copy of consent form for harmonization with Pathways Consent Form  | 12/22/17 | Complete   |
| IT Team (Karen)           | Review SSF Consent Form for harmonization with Pathways form   | 12/22/17 | Complete   |
| Health Plans              | Provide samples for eligibility file formats   | 12/22/17 | Anthem, HN |
| 211 (Gabriel)             | Provide examples of adaptations used by 211 for telephonic consent   | 12/31/17 |            |
| IT Team (Josh)            | Provide reporting template to health plans and hospitals   | 12/31/17 |            |
| IT Team (Josh/Mark)       | Establish Hospital Workgroup meeting to plan for payload and transfers, leveraging existing methods/processes & notifications, reporting | 1/1/18   | In Process |
| IT Team                   | Establish Housing Workgroup meeting to map out housing   | 1/1/18   |            |

|                        |  |         |  |
|------------------------|--|---------|--|
| (Josh/Mark)            | organization roles and relationships for the program   |         |  |
| IT Team<br>(Josh/Mark) | Establish Health Plan Workgroup meeting to determining eligibility file type and test submission process and reporting   | 1/1/18  |  |
| IT Team                | Coordinate with Service Delivery team regarding targeting most vulnerable individuals                                    | 1/15/18 |  |
| IT Team                | Set up process to notify Sacramento Steps Forward once enrollees have graduated in order to remove from other programs   | 1/15/18 |  |
| IT Team                | Collaborate with Service Delivery team to present menu of services to IT and SD Committees, potentially at joint meeting | 1/15/18 |  |
| IT Team                | Research rules and regulations regarding telephonic consent for health information sharing                               | 1/15/18 |  |
| IT Team                | Work with Sacramento Covered to develop workflow for checking plan information when an enrollee un-enrolls from one plan | 1/31/18 |  |