Pathways to HEALTH + HOME

IT Committee Meeting Notes

Date & Time: June 21st, 2018, 1:00pm — 2:00pm
Location: Sacramento City Hall, 915 I St. Room #5110

Committee Members In Attendance

- Josh Arnold, Volunteers of America of Northern CA and Northern NV
- Mohan Basavapatna, UnitedHealthCare
- Mark Declue, Dignity Health
- Robert Ford, Health Net
- Laton Fuller, Elica Health Centers
- Jeremy Iron Hawk, Sacramento Native American Health Center
- Christina Kitchen, The Salvation Army
- Mike Marchant, UC Davis Health
- Stephen Smythe, Anthem Blue Cross
- Ryan Stewart, Dignity Health
- Joil Xiong, Sacramento Covered
- Christopher Weare, Sacramento Steps Forward
- Raquel Weaver, City of Sacramento Police Department
- Holly Webb, WellSpace Health
- Kobi Arditi, Molina Healthcare

Pathways Support Team in Attendance

- Mark Elson, IT Lead, Intrepid Ascent
- Alex Horowitz, IT Consultant, Intrepid Ascent
- Wendy Jameson, IT Consultant, Intrepid Ascent
- Margaux McFetridge, Communications Consultant, Transform Health

Pathways Dashboard (Margaux McFetridge)

- Provided an overview of the program enrollment numbers:
  - Now in the "Full Launch" phase — no longer Early Engagement
  - 345 individuals currently enrolled
  - Increase in the clinic, health plan, and hospital referrals due to expansion of referral pathways

2k by 2020

- Health plan assignment trends are consistent — majority of enrollees are assigned to Anthem, followed by Molina. Individuals with fee-for-service (FFS) Medi-Cal are increasingly opting to switch to a managed care plan.
- Enrollee age distribution is still skewing older.
- Individuals in the program are still 100% literally homeless at enrollment.

Shared Care Plan (Alex Horowitz)

- SCP Status:
  - Currently in a pilot phase launch of the Shared Care Plan (SCP).
  - In June, the program enabled SCP access for three partners, Sacramento Covered, Sacramento Native American Health Center, and Sacramento Self-Help Housing. Conducting a controlled launch as a means to test functionality and for users to gauge its effectiveness.
  - Plan is for additional service provider users get on the platform by August. Full functionality and use is expected in August.
  - Program has scheduled user trainings and will have follow up trainings to help teams get used to the platform. Found that it was useful to train users at the same time and would like to replicate with the rest of the organizations.
- SCP Platform Attributes:
  - SCP is operated by Sacramento Covered and is a customization of Salesforce service cloud (i.e. Salesforce's Community Partner Portal).
  - Each service provider partner may have 2-3 users – these are staff that are in the platform on a daily basis and are tracking services, updating the SCP, or looking at the SCP. All users are tied to a Data Use Agreement. This is different than the Data Sharing Agreement. The Data User Agreement defines individual terms of use — it is a form that needs a wet signature. Form has been distributed to first group of service providers testing the platform.
  - SCP is a web-based, encrypted platform portal — SSL encryption. Does not support single sign-on (SSO) at this time, so providers must log into the SCP separately from other applications. We understand that organizations are using multiple applications and that this is one application of many. We will continue the discussion around development of a SSO down the road as we try to increase efficiency.
- SCP Data Elements:
  - Some of the data fields are required by DHCS for WPC. Other pathways elements were determined to be important by the EE partners and committees.
  - Most elements are structured for reporting purposes — there are only a few fields that are text fields, e.g. enrollee goals.
  - There are tabs that are labeled by entity type. This is partially to help organize the information so there is not a huge blob of data, but also to help users input

data that they are responsible for. Hubs have certain fields and housing entities have certain fields, etc.
- o Goal is to eventually populate certain fields automatically; right now data is populated entirely by users. Nothing from EHRs.
- Privacy, Security and Access:
  - o All partners can see all of the data on their enrollees – there are no hidden sections since this is all data being shared under the DSA. However, partners' will be limited in their ability to edit certain fields.
  - o All access will be monitored and audited by Sac Covered — backend capability to track individual edits by user to provide information if something happens with the data.
  - o Hub and housing entities will only be able to see enrollees if they are "assigned" to the organization. Enrollment entity can see all enrollees. Other committees are talking about whether this approach makes sense in the long term.
  - o No capability to download data yet or export at this time.
- Screenshots of the SCP:
  - o Screenshots are from about a month ago. Some things that look rough around the edges have been fixed. Users will be able to edit by tab.
  - o Constant Service tracking function allows users to hover over to indicate different touches that have been logged and a summary of services provided pops up.
  - o Assessment tab is populated as part of the enrollment process – those assessments will be populated there. If the program chooses to implement additional assessments, there is the capability to upload those assessments here.
  - o Clinical tab is subdivided into medical and behavioral – medication information and diagnoses can be entered. We understand that it would be helpful for this data to be pre-populated into these fields and that's what we hope to focus on in the future.
  - o Some fields will be required to complete the SCP – they'll be designated and flagged so that users know to complete them and fill-out the required information.
  - o Enrollee goals can span a pretty wide gamut – some are self-stated whole others are identified by clinicians. Over time we will assess if there is a need for more structures fields for goals (as opposed to open text fields).
  - o Joil Xiong noted that the Enroll Goal screen is a roll-up — data comes from the different tabs. Certain goal types are updated by the entities.
  - o Housing tab is not shown but contains the housing assessment, VI-SPDAT, information on pets, section for notes, what type of housing they are applying for, housing status, start date, etc. Chris Weare from SSF requested to see the Housing Tab.

- o Holly from WellSpace shared she has had conversations about VI-SPDATs needing to be redone as individual's clinical status change. A medical issue could change the score. Really important that there is a collaborative component to this.
- Service Tracking:
  - o SCP is the service tracker component – the way that we are tracking services right now is through the Excel Service Tracker and the SCP mimics that.
- Future State of SCP:
  - o Ultimate goal is to increase collaboration and accuracy of data and to that end we want to leverage the Carequality network and be able to query the hubs and hospitals for data into the SCP on a regular basis that is eventually bi-directional.
  - o We hope to configure the SCP for hospital discharge alerts, for insurance, Hub notifications and more.
- Hub Data Sharing Strategies: Two strategies for Pathways – querying information from one system to another and enabling the ability to query data
  1. Querying Data (pull notifications)
     - Planning to use Carequality, NextGen, Athena Health — almost all hospitals participate. Notifications would go to the hubs on admitting, transferring, and discharging enrollees.
     - Committee member asked about the timeframe for the program supporting Carequality? Alex responded as soon as possible. There will be a separate strategy for Dignity.
     - SNAHC and WellSpace have the ability to query Carequality today, through NextGen. Both clinic systems are currently querying each other and the hospitals for information. NextGen is using Surescripts to locate record data. However, not all organizations on Carequality are using Surescripts – just 80% are. Spoke with NextGen a month ago and they said that is temporary, they are planning on allowing querying across the entire network eventually.
     - One committee member wanted to know how many of the smaller clinics and clinics sites this impacts. Another member inquired about encounters that are in RLS, but not using Surescripts — is there is still a chance that your record could get to another organization? Mike Marchant confirmed that UCD Med Center has seen queries from Elica, which uses Athena — does not know if they can query Elica though, would need a patient to try.
     - Documenting on how data is used across organizations is critical and the primary upfront work for the program is making sure everyone is able to query each other. IT consultants will contact you about what happens when you query for data.
     - Dignity strategy — Dignity does not participate in Carequality today but they have the capability to be queried. They have confirmed push interfaces

between Dignity and WellSpace and Elica. Workflows are very different with what they do with Dignity data when they get it, but there is access to the data. Even though they are not Carequality network, Kaiser, Dignity and UC Davis share data on the national exchange.

- Ryan Stewart with Dignity noted that they intend to implement the framework so that members of the directory can query by the end of the calendar year. They may go the CommonWell path, but at the end of the day they will be able to share information with organizations.
- These steps forward in sharing data are a huge success for the program. When the program launched a year ago and these discussions started, there was not a clear path to sharing information between vendors. Pathways has made this a priority and is closing a gap that has existed for years.

2. Event Notifications (push notifications)
- There are currently event notifications between hospitals and hubs based on PCP attribution, but there are some issues. Each hospital has a different mechanism for sending alerts — it is very different for every hospital. Also, Pathways hub is not always aligned with the assigned PCP.
- Another issue is maintenance of a current roster that hospitals can access to push notifications out on – right now the roster exists as an Excel spreadsheet. Not ideal for an environment where you are trying to push alerts.
- Proposed hospital event notification pilot:
  o At the recommendation of this committee, the goal of the pilot is to manage pathways attribution to support the hospital to send out alerts using standard formats to a hub entity
  o UCD Med Center has volunteered; need technical support and collaboration from a hub organization.
  o Pilot will test the functionality that we have heard hub need — transferring mechanism is a direct message with a CCD attachment as a standard transport and payload.

- Identity Management:
  o There are different ways to do a centralized roster. Flat roster or searchable roster in Salesforce, which is challenging from a privacy perspective for Sacramento Covered. Would like to get to a dynamic roster that is query-able – would require transfer to a dynamic database.
  o Ryan Stewart noted that match rates are often dependent on demographics — how will that work since folks don't have addresses? Are we analyzing that? Alex responded that the program does not have a tracking mechanism for match rates today. Asked the hubs and hospitals if the queries working currently. Mike Marchant shared that when Dignity and UC Davis query each other about

patients they know are shared, the hit rate is less than 50% (related to the algorithm). Ryan Stewart reiterated that matching might be challenge for this population because it goes into the address and we know this populations' address info changes.

- Holly Webb of WellSpace inquired whether there is currently process for dealing with the errors. Ryan suggested that when we see that queries fail when they should not, do a deep dive on that made that happen in the demographic data. Alexi noted that NextGen and Athena do queries automatically – it's not like you click a query button. Question to the hubs is, can we try to keep an eye on this? Holly responded that doesn't know the detail on the technologies – if they are batch or real-time, but she will look into it and find out.
- Next steps discussed included integrating that QA step in to the workflow and potentially assigning a score on what people should look at.
- Chris Weare added that SSF has investigated duplicate records in HMIS – a lot has to do with our user community. Not having a matched social security number doesn't mean they are not the same person. Oftentimes one number will be off. We have elaborated matching technologies and they were taking 10-20 hours to run. No single one worked. For this population this is an issue.
- Social security numbers are not a match criterion for HIE queries.
- Pathways population size is limited to an extent.
- Requirement for enrollees is that they have a CIN number. However, CIN numbers are not used for demographic queries in the network today.

Upcoming DHCS Reporting Deadlines (Margaux)

- Enrollment & Utilization (Q2 2018)
  - Due to DHCS July 31
  - Provider service trackers due to Sacramento Covered due July 2 (services entered in tracker by EOD 6/30)
- Baseline Variant & Universal Metrics
  - Due to DHCS Aug 15
  - Health plan, hospital, and housing entity data due to Sacramento Covered by July 16 (request sent out first week of July)
- Mid-Year Variant & Universal Metrics
  - Due to DHCS Aug 31
  - Health plan, hospital, and housing entity data due to Sacramento Covered by Aug 1 (request sent out mid-July)
- Annual Variant & Universal Metrics (2017 Revision)
  - Deadline to DHCS TBD
  - Sutter Health and UC Davis Medical Center to add data as soon as BAAs signed

Final Questions and Wrap-Up

- Committee member asked why there is no initial access for hospitals and plans. Alex confirmed that hospitals/plans would want "view only" access with editing — it will take time to adjust the user interface. There is also the question of the role of CCM care coordinators with the plans in the care teams. And on a capacity side we need to onboard users slowly. SNAHC, SSHH, and Sac Covered are using the platform now. Joil just received SNAHC user agreements. In July the program will roll it out to the other partners. So by about that time everyone should have access.
- Alex recapped the discussion on the difficulty in matching demographics – how good or bad are they in the community? Is there a way to scrutinize if there should have been a match, like looking at the threshold the EHR shows? I'm going to analyze this and may give you a call to discuss. Ryan noted that maybe it's not a problem – let's see if it is.
- Alex also noted that he would follow-up with detail on the housing tab
- Also took away the comment that there may be a field in the SCP that everyone has access to – that will probably be a later in 2018.