pathways to HEALTH + HOME

IT Committee Notes

Date: March 15th, 2018
Time: 1:00-2:30 pm
Location: Sacramento City Hall Room 5110, 915 I Street, Sacramento, CA 95814

Committee Members in Attendance:
- Victoria Lewis, Director of Health Informatics, Elica Health
- Yuri Shevstov, IT Director, Elica Health
- Joil Xiong, Director of Operations, Sacramento Covered
- Christina Kitchen, Interim Shelter Supervisor, Salvation Army
- Gabriel Kendall, Director of Community Relations and Program Development, 211 Sacramento
- Stephen Smythe, IT Customer Account Manager / Senior Advisor, Anthem Blue Cross
- Wayne Jeffries, Chief Information Officer, SNAHC
- Josh Arnold, Executive Assistant, Volunteers of America
- Racquel Weaver, Crime Analysis Unit, Sacramento Police Department IMPACT Team
- Dalip Rai, Health Informatics Specialist, Wellspace
- Mohan Basavapatna, Community and State Chief Information Officer, United HealthCare
- Nagina Chhikara, Health Net
- Kobi Sonoyama, Director of Clinical Informatics, River City Medical Group
- Kobi Arditi, Manager of Reporting and Analytics, Molina Healthcare
- Michael Marchant, HIE Integration Manager, UC Davis Health
- Chris Weare, Data Analytics Manager, Sacramento Steps Forward
- Matt Foy, HMIS Coordinator, Sacramento Steps Forward

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
- Steve Soto, Operations Team Consultant

Program Update: Early Engagement
- Wendy provided an overview of the latest Service Delivery Dashboard
  - Over 4,000 services provided, with the bulk being care coordination and program readiness coordination, followed by housing coordination
  - Referrals primarily still IMPACT and ICP, with increasing referrals from local FQHCs, Sacramento Steps Forward, and the Sacramento Housing and Redevelopment Agency
  - Large numbers of enrollees are still straight Medi-Cal FFS, looking to see if they might be assigned to a plan

2k by 2020

- 347 enrollees currently, 372 enrolled in all
- Largest plans by enrollment are Anthem (89), Molina (64), and Health Net (51)
- Geographic reach: Large majority in North, based on where clients are met. Likely skewed by shelter in the North region.
- Majority male, some younger enrollees but enrollees are mainly in their 40s-50s
    - Bulk of disenroll is from not having made contact in the past 3 months, graduation, or the individual moved out of the county
    - Have enrolled 2 pregnant women and 10 families
    - 9% of clients permanently or transitionally housed
- Referral Rollout Status
    - Growing diversity of referrals into the program.
    - Most are still from IMPACT but that will shift over time
- Contracting Updates
    - Mark provided an update on contract negotiation for Service Delivery contracts, Data Sharing Agreements, and Business Associate Agreements
    - Currently negotiating for 3 types of services (Hubs, Housing, Outreach) for Full Launch
    - Full Launch delayed to accommodate contracting, will now likely be May 1st
    - 23 Data Sharing Agreements have been signed for approval at March 20th City Council meeting, remaining 4 will need to be approved at April 19th City Council meeting
    - All but 2 partner organizations currently have either a BAA with Sacramento Covered or have signed the DSA with City
- Reporting
    - Wendy thanked the partners for all of their work in providing data for the PY2 Annual Report
    - Sacramento Covered is working next week to compile data for submission by April 2nd
        - Report will be re-submitted with data for partners who do not have BAA/DSA in place at the moment
    - Q1 Enrollment & Utilization report covering the Early Engagement Period will be due in late April
        - No other metrics-based reports due until August
    - Policies & Procedures are being drafted for submission to DHCS with the Annual Report
- Early Engagement IT Update
    - Client Profile and Shared Care Plan updated to reflect feedback from Participants, are being merged into single Shared Care Plan document
        - Client Profile: Where client information is collected at the time of enrollment
        - Shared Care Plan: Tool used by Hub and Housing Entities collaborate for ongoing patient management
    - Expect to have IT design component completed by mid-April
        - Will start provisioning user credentials in late April for FQHC access, trainings will be held in late April and possibly extending into May depending upon organizational capacity

Full Launch Approach
- Wendy provided an overview of changes to Early Engagement operations for Full Launch
    - As a system, we are moving towards acting like one case manager (co-management across organizations to meet individual needs)
    - Person-level supports for intensive case management, high-touch field-based work

- At a system level we want to do lots of cross-organizational activities based on treatment goals and needs of client, including data sharing, Shared Care Plan, case conferencing, working on transitions between providers, etc.
- Client interventions are broken into four phases
    - Outreach & Enrollment
        - Identification of clients and referral pathways, eligibility verification, enrollment, and initiation of services
    - Activation & Connection
        - Where the bulk of the program activities and most intensive services occur
        - "Whatever it takes, as long as it takes" to provide complex care management services
    - Stabilization
        - Lower level of care than Activation and Connection phase
        - May include client accessing services on their own and maybe even initiating contact with case coordinator on their own
    - Graduation & Disenrollment
        - Client has been stabilized and don't need Pathways help, but connect with services that they're already working with
        - Question raised as to whether, from a compliance perspective, are there events or behaviors that can lead to Dis-Enrollment or re-assignment to another facility (e.g. threatening other patients).
            - Patricia from the Pathways Team is working on matching disenrollment criteria and GMC contract criteria.
            - Plans have some latitude to assist medical homes when a patient is non-compliant, combative, hostile, or dangerous to other patients.
        - Question as to whether the enrollment process have steps or stages, if client builds up relationship with coordinator before enrollment.
            - General workflow/direction based on WPC application to State and DHCS definition of touches/engagement needed and is currently based on acuity level of individuals.
            - High-acuity patients required to engage at higher frequency than if lower. Driven by client needs and goals.
        - Are refusals to enroll in the program tracked?
            - Yes, all engagements including non-enrollments are tracked.
    - The IT and Service Delivery teams are currently working on defining components of the intervention phases and identifying IT and data needs to support those interventions, including relevant and responsible parties.

Data Elements for Shared Care Plan
- Pathways team has developed documentation identifying which care plan fields are required or optional, and which are tied to specific metrics that are reported to DHCS
    - Identifies data needs into various groups (administrative, clinical, etc.), as well as primary data stewards
    - Developing Role-Based Access Controls identifying which data should be visible to which care team members
    - Goal is to show the appropriate level of information for each role and organization to provide maximum impact for patient care without providing more than what is necessary for treatment

- Mark noted that one of the questions at this point is how much clinical data is appropriate to store in the shared care plan, relative to what is retained solely in Pathways Hub EHRs
  - Appropriate user levels and access rights for what clinical data is included (e.g. limited access for housing staff)
  - Policy and IT considerations for determining appropriate clinical data sharing, feasibility

Clinical Data Sharing and Alerting
- Elica and Wellspace have been coordinating throughout the Early Engagement phase
  - Working with EE Hub partners and SNAHC to think through model of clinical data sharing for care teams to have as much access to relevant clinical information as possible
- Alex provided an overview of the two types of data sharing planned for Pathways at the moment:
  - Query-Retrieve
    - Queries from within Hub EHRs to hospital systems (except Dignity) and to other FQHCs to pull back CCDA care summary documents that contain information on patient encounters
    - Will primarily use Carequality, which does not require partner organizations to sign individual contracts
    - Working with Service Delivery team to make sure there isn't a gap between IT and SD perspectives on workflows and process
    - Carequality is not implemented at Dignity, may be able to connect later but for now a separate workflow will be required for Hubs to look up Pathways clients within Dignity's view-only HIE portal.
  - Clinical Alerting
    - Alerts pushed out from hospitals to the Hubs, could be used as triggers for performing Query-Retrieve searches as well
    - Have yet to define what payload can be sent and received
    - Alerts can be sent to a single Direct inbox (similar to a secure e-mail inbox) and have a care manager assigned to access the inbox, run queries, attach CCDAs/care plans to patient records, etc.
    - Another option would be to implement an ADT feed that can send alerts directly into patient charts, but this methodology is harder to track than Direct
    - Question arose as to whether health plans could receive ADT feeds as well. Mark responded that we have not been asked to do so and the role of health plans and their case management units remains an open question. Pathways will provide the level of data that is needed as defined by needs identified by SD team.
    - Question arose as to whether health plans will have access to the Shared Care Plan. Mark responded that this is more likely that ADT feeds, though it still depends on the role of plan case managers and their role in the program.
- Pathways team has held conversations with 2 hospital systems to pilot this approach, and will work with at least 1 Hub Entity to test capabilities.
  - Planning and Implementation to occur in 2018 Q2, with testing in Q3. The approach and results will be documented for alerting to go into place for all hospital systems and Hubs by the end of 2018.
  - Largest challenge at this point is the question of managing patient rosters and for hospitals to know which patients are in the Pathways program to trigger alerting.
    - Sending a weekly spreadsheet of enrollees is possible but inefficient.

- Have discussed setting up an electronic, FHIR-based patient roster that other systems continuously ping to check if a patient is on the Pathways roster and then send alerts.
- Service Delivery team has previously discussed potential for a physical Pathways ID or Enrollment Card, but it is unknown where those discussions went.
  - Question as to whether health plans should expect to receive patient rosters via the same methodology as hospitals.
    - Plans should be able to ping an electronic, FHIR-based roster
    - Alex noted that roster lists of patients for reporting will continue to be shared quarterly, at least for a while, since there would not be a method to request an entire roster using FHIR web services.

Action Items

Assigned	Task	Due Date	Status
Pathways IT Team	Continue collaboration with Service Delivery team and Hub Entities to continue Full Launch prep and training	5/1/18	
Pathways IT/SD Teams	Discuss potential for Pathways ID card question for roster management		
Josh (Pathways Team)	Distribute request for additional Agenda Items in advance of next IT Committee meeting	4/12/18	
Josh (Pathways Team)	Update clinical data sharing documentation with revised Full Launch timelines	3/31/18	
Pathways IT/SD Teams	Continue to develop swim-lanes document correlating work and needs between Service Delivery and IT teams	4/19/18	