pathways to HEALTH HOME

IT Committee Meeting Notes

Date & Time: March 21, 2019, 1:00-2:30pm
Location: Sacramento City Hall, 915 I St. Room #5110

Committee Members in Attendance

- Martha Cisneros, Access Dental
- Jeremy Iron Horse, Sacramento Native American Health Center
- Gabriel Kendall, 211 Sacramento
- Anira Khlok, City of Sacramento
- Michael Marchant, UC Davis Health
- Kathleen Moretto, The Salvation Army
- Stephen Smythe, Anthem
- Nicki, Health Net
- Armando Robledo, Health Net
- Keily Huynh, Aetna
- Joil Xiong, Sacramento Covered

Support Team in Attendance:

- Alex Horowitz, Intrepid Ascent
- Wendy Jameson, Intrepid Ascent
- Margaux McFetridge, Transform Health

Program Updates

- **Service Delivery Dashboard (Margaux McFetridge)**

- **City Updates (Anira Khlok)**
    - Triage shelter contract ends April. City is supporting a ramp down plan with service partners.
    - There are some things in the pipeline, as far as other shelter options. Lot P shelter (Cal Expo). If approved it will be low-barrier and will be a “sprung” shelter. Goal is to have it running before winter.
    - HEAP – City and County have been working together to determine what to offer with these funds, flexible housing program will be administered by the County, and include rehousing and sheltering activities.

- Health Homes Program – Very closely aligns with WPC. City is having discussions with plans to determine the overlap between populations and from there have conversations about how to coordinated to not avoid coordination
- Eric Schwimmer, Anthem: Who is leading those conversations? What is the plan for those conversations?
- Anira Khlok: Emily and I are leading those discussions.
- Eric Schwimmer, Anthem: Is there any framework for the discussions? Or are they just being initiating?
- Anira Khlok: They are in the initiation phase. We'll be meeting with Molina. Are you the point of contact for Anthem?
- Eric Schwimmer, Anthem: If there is a framework, I can direct to the right person.

IT Platform Updates (Alex Horowitz)

- **Shared Care Plan Updates**
  - Core IT infrastructure for the pilot is the Shared Care Plan (SCP). We have integrated it with the service-tracking tool – now they are one infrastructure, which makes things easier.
  - Outreach, Hubs, and Housing have access to the SCP. The core users (providers) have access. We can have the discussion on whether others should have access
  - Does anyone have questions or thoughts?
    - Michael Marchant, UCD: Had a recent conversation with Dignity, different organizations have different conceptions on what care plans are.
    - Alex Horowitz: Current care plan was developed by committees and service providers. Can people export and download the SCP?
    - Joil Xiong, Sacramento Covered: Not yet. Effort to develop that functionality has been put on pause.
    - Alex Horowitz: We're collecting stories about use of the SCP as part of our PDSA reporting process.
- **Ticketing System**
  - Within the Salesforce SCP there is now one place for the program to get requests. We initially had a large backlog of requests, but now have caught up so the ticketing system has worked really well. It allows us to track changes to the system and have a log of why previous changes were made.
  - The ticketing system also allows us to more easily develop training materials and documentation for iterative version releases of the SCP system.
- **2019 SCP Goals**
  - Continue to address user requests and streamline reporting processes.

- More robustly collect information on requirements on completion of SCPs.
- More onboarding for new providers.
- Access to new organizations — future discussion on who gets access to what.

- **Alerting Pilot Update**
  - One year ago, at this committee, we decided on a pilot deployment of a system to standardize alerts to PCPs and Hubs when there are hospital events. This would allow the hospitals to have a standard way to send an alert to the PCP and the Hub for a given individual.
  - Problem statement that we heard over and over – this is a huge gap. Every clinic has three different ways that they receive alerts form hospitals. Every hospital has at least two different ways that they send out alerts to organizations. No one else is addressing this issue in a comprehensive way. We talked to hospitals using CMT and hospitals working with MIH and talked to hospitals and clinics more generally to make sure that no one else is tackling this.
  - Big news is that the City has given us the green light to do this work.
  - A couple of meetings ago, UCD and SNAHC agreed to volunteer to pilot and test workflows – what triggers make the most sense, what format, needs to be some infrastructure that need to be built.
- **Alerting Pilot Discussion**
  - Michael Marchant, UCD: The patient reconciliation is based on demographics in the whole system. I have a concern on the FHIR-based (Fast Health Information Resources) component, but we are on board.
  - Jeremy Iron Horse, SNAHC: SNAHC is willing to pilot. Next month I'm going to train the team on how to use the medical reconciliation function. It's turned on but we haven't grasped how to use that. We're transitioning to the cloud.
  - Alex Horowitz: Overall to build this, roster management is the first piece of architecture to build. Right now the roster is based in Salesforce and can be exported as Excel or CSV. Roster has a lot of info that is not relevant to patient demographic matching.
  - Michael Marchant: For the roster needed for this program, we need to know the Hub and need to know the patient demographic info.
  - Alex Horowitz: One option is to basically give each hospital access to the roster, so they can match internally and make a rule in the system to identify that these are Pathways enrollees and their associated Hub, and they can push the alert once they are in the hospital. With this method it could yield better matching results. Downside is that each hospital has to reconcile the roster. Also, the whole roster would get pushed out to all hospitals. Data sharing agreements cover this though.

- Michael Marchant, UCD: Once you have reconciled someone once, you never have to do it again. We can host that and set up accounts for folks to access. That process happens once already – just a thought to make it simple.
- Alex Horowitz: At the Service Delivery Committee, their biggest concern is that by day three the roster is out of date – people enroll, disenroll, Hubs switch, etc. If we set up a query-able roster, turn it into a JSON (JavaScript Object Notation is a language-independent open data format). That allows it to respond to Fire-based queries when patients register at the hospital.
- Michael Marchant: The hospitals are going to have to query the roster every time they have an admit, as opposed to having the roster and alerting when someone comes in. That web service would take a pretty significant load – 1 million transactions for about 1,000 enrollees.
- Alex Horowitz: Every Hub would have a start and end date for the Hub – what if a Hub switch happens?
- Michael Marchant: Idea that I propose, we would get the roster from Sacramento Covered, host it in a server, do the access management for folks that want access, and then they would do the alerting to the Hubs – probably less than 28 accounts for all of the organizations. Pretty straightforward access. Simple old school solution – each organization would have to manage the roster and the alerting process. There could be daily roster transfers from Sacramento Covered to UCD – depends on what is needed.
- Alex Horowitz: From your perspective, how much of a pain is it to load the roster?
- Michael Marchant: Not difficult, would do an internal lookup and run it through the API – it would say do I send this or do I not. As far as the roster management piece it's fairly simple. As far as FHIR, we could do that in phases.
- Alex Horowitz: Like phase 1: FTP service, phase 2: FHIR web service. This infrastructure could become really relevant for HHP (Health Homes) – individuals are supposed to choose which program they want to receive care coordination services from.
- Michael Marchant: If you had a key to who the member is, you're not doing any reconciliation. For UCD, they have a MRN, ID, and a number for multiple plans – for us it will allow us to check.
- Alex Horowitz: Becomes more complicated with HHP, maybe could use the CIN.
- Eric Schwimmer: Question – Are there plans to build out the SCP to a more robust HIE and could that be the system to build for this?
- Alex Horowitz: Salesforce is not a health care product, so exchanging data in and out of it, requires a whole middle layer of infrastructure.

- Michael Marchant: The concept of a "Super Care Plan" – what is the data in it and how do you consume it? To exchange care plans we have to agree what they are and then would have to exchange them.
- Alex Horowitz: Are you using CDA standard for care plan exchange?
- Michael Marchant: It's the EPIC standard – I can share what's in the care plan that we share with Sutter. Anyone who queries us for a care plan would give that document – but I don't know if that is what they consider a care plan.
- Lisa Chan Sawin: There are implications for organizations outside of Sac County on standards for shared care plans.
- Michael Marchant: But that's not out of the ordinary. Not unheard of to create a one-off, but you leverage the same security standards.
- Alex Horowitz: One question you had is if the vision of this program is to make this care plan the care plan for Sacramento County. Second question is should the roster management live within Salesforce. UCD has offered to host it. Right now it lives in Sacramento Covered and there would have to be some transmission. For Sacramento Covered to host this, you would have to host a server or FTP site.
- Michael Marchant: UCD can host it. Just trying to be supportive of the program, timing 4-6 months getting the rosters and working with the Hubs.
- Alex Horowitz: Good feedback and initially it's just with SNAHC. I think we need to have a conversation about which architectural route to go for the roster with UCD and Sacramento Covered.
- On the alert delivery side, are we talking about an ADT or direct message alert or both? In the Service Delivery Committee meeting it came up that if you are the PCP you might prefer one method, if you are the Hub you might prefer a different type of alert.
- Michael Marchant: It would be good to get the roster and see the overlap.
- Alex Horowitz: What this means for work after the committee – need to set up a meeting to discuss design and hopefully by the next IT Committee meeting we can have an update on this build out.

IT Issues for Consideration (Alex Horowitz)

- **Static Document Retrieval and Storage**
  - The SCP today allows documents to be uploaded. The way it's set up right now is there is a general documents section, but no folders for specific document type. Partners use it differently – some organizations upload a lot of documents, some don't use it at all. Some housing partners use it for housing documents. One Hub uploads all clinical info, which has raised issues with other Hubs who don't feel

that is appropriate. Right now after someone graduates they still have a SCP record that could have a lot of documentation in it.
    - What do you all think? Should there be a policy? Should we be using the SCP for document storage?
    - Michael Marchant: Clinical people need to make a policy — it does make sense to have a policy [developed independently]. Our care plan lives in EPIC and it's the chart. ID scans, clinical face sheets from a visit, applications, field-based care plan, etc.
    - Lisa Chan Sawin: Document readiness can touch upon so many things
    - Michael Marchant: May want to work on a system to codify it to sort and search.
    - Jeremy Iron Horse: SNAHC has access control. With Pathways folks they have access to particular records.
    - Alex Horowitz: Depending on the user, you could view and edit the housing info – everyone can upload at this point (no clear policy on what to do upload). Sounds like you may want to create different permissions to different spots
    - Lisa Chan Sawin: We help people stabilize in the community, but when they are ready to graduate or disenroll, is there a way to make an enrollee's information not available once they are no longer in the program?
    - Alex Horowitz: For example, put it in an inactive status/archive. Should it be a part of a graduation packet? What do the health plans do when someone switches plans?
    - Eric Schwimmer, Anthem: We transition their care plan. If they change business lines, not sure.
    - Alex Horowitz: Do you ever give them their care plan?
    - Eric Schwimmer: They have a right to that – not sure what the answer is though.
    - Michael Marchant: From a good-will standpoint, you can give folks the information to access later. Create an opportunity for them to get it and a process to export that info in multiple forms to give the receiver access.
    - Lisa Chan Sawin: Are the CB-CMEs (Community Based Care Management Entities – the core contracted entities for the Health Homes Program) that are Hubs going to use what has been built? Could be highly useful. Pathways ends December 2020.

- **Mobile Phone/Device Use**
    - Providers are communicating using mobile devices, and there have been questions around privacy risk to patients. We asked our partners for their policies – we don't have an official Pathways policy.
    - Some orgs do not allow personal cellphones, some have no policy, and some don't allow texting. Security-wise, SMS is the most concerning.

- Should Pathways have a policy? Should we have a learning session for the best practices involved? Are there other steps that we should take? It could eventually become a problem.
- Michael Marchant: We have a secure texting platform, either native in the EHR or a secure texting platform. Makes all the messages go through a portal and also have a record of that coordination. If you could develop that capability in the platform that is an idea.
- Alex Horowitz: Do we institute a messaging function within Salesforce? Or do we get a secure texting platform? For calls that probably just requires training.
- Lisa Chan Sawin: This is coming up because so much of the work is field-based, because of the nature of the pilot and we are encouraging field-based work, so many of the partners should consider policies that support this.
- Eric Schwimmer: I think we should just try to lift up best practices – every organization has its own risk tolerance.
- Michael Marchant: You should have some policy where you do the guidance and training and let folks know that. A "guideline" can't supersede what organizations are doing, create the Pathways guideline and educate.
- Stephen Smythe, Anthem: I'm going to look for our internal policy at Anthem to share.
- Alex Horowitz: If you can share your policy that would be helpful to share best practices.

DHCS Reporting Update (Wendy Jameson)

- First time reporting on Permanent Housing how long they have been permanently housed, as well as two behavioral health metrics. Huge thank you to the partners for submitting. Hoping that DHCS will send their calculated rates soon.