

pathways to HEALTH HOME

IT Committee Meeting Notes

Date & Time: December 20, 2018, 1:00-2:30pm
Location: Sacramento City Hall, 915 I St. Room #5110

Committee Members in Attendance

- Edward Bynum, LIBERTY Dental
- Martha Cisneros Campos, Access Dental
- Laton Fuller, Elica Health Centers
- Mixtli Gonzales, Lutheran Social Services
- Jeremy Iron Horse, Sacramento Native American Health Center
- Spencer Johnson, Peach Tree Health
- Anira Khlok, City of Sacramento
- Victoria Lewis, Elica Health Centers
- Sarina Pera, WellSpace Health
- Chris Weare, Sacramento Steps Forward
- Brian Schmike, 211
- Stephen Smythe, Anthem
- Michael Marchant, UC Davis Health
- Joil Xiong, Sacramento Covered

Support Team Members in Attendance

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

Program Update – Service Delivery Dashboard (Margaux McFetridge)

- Data spans from November 2017-December 14th, 2018 — Pathways has had a total of 912 enrollments, 550 currently enrolled.
 - 52% of referrals from IMPACT, 34% from FQHCs, 14% Hospitals/Plans
 - Anthem has most health plan assignments, followed by Molina, and Health Net
 - 63% of our enrollees are indoors thanks to the city shelter
 - 44% of enrollees are 41-55 years old, still focused on a fairly older population and has been that way since the program inception

- Gender is still skewing male (total of 535)
- A total of 35,859 services have been provided, data is pulled from all partner service trackers
- 183 folks have been housed through Pathways, only 41 in transitional housing
- Unfolding new dashboard in 2019 that will incorporate hub data. The goal is to have more detail related to the services, what they are and who is providing them. Data will be coming from our service tracker in the portal.

November Site Visits (Alex Horowitz)

- Goal of the visits
 - Support Team met with the Hub providers over a two-day period. Main focus was on how IT is being used. Back when the program launched, the Support Team had established a plan and we wanted to see how it was being implemented and what was happening on the ground. We also wanted to learn more about where to focus our efforts for 2019 for technical assistance. The goal was to understand how EHRs and the Pathways Shared Care Plan Portal (SCP) was being used to document care and services for the program.
- Site Visit Learnings
 - Feedback on the SCP was positive. People like the SCP and want the program to improve upon it. We also heard a lot about the care coordination model, in terms of challenges.
 - Many of those challenges were focused on the technology side, and we found that the interoperability model that we built is not being used.
 - Lisa Chan Sawin noted that this is part of this is the pilot nature of what we are trying to do. Nationally, this is the direction – having community-based organizations work together and share data. Sacramento is one of the first communities to do this and this is the direction that the state is going with Health Homes. The state wants to know and the plans want to know what is working and where technology can better support and enable teams on the ground. You guys are working with your organizations and should elevate what's working and what's not working.
 - Alex Horowitz described some key findings from the site visits:
 - Providers are using SCP regularly — SCP is an external system and for care coordination it works better than their EMR. Hubs are entering info into EMR and SCP. Most of the data in the EMR is unstructured (like modified notes template) but we are slowly structuring fields for care coordination.

- One hub is flagging Pathways enrollees in the EMR – that is really great, isn't super easy, means adding an extra field. That would be a good best practice.
 - Areas for Improvement:
 - Use of CareQuality for querying hospitals is only being done by one Hub. Others hubs aren't using the functionality, even though it's there. It's either not turned on, or CHWs don't have access. Right now they have to log into the hospital systems to get the information. With querying you don't have to do that. Also it allows you to see care activity with other Hubs or non-Hub clinics.
 - Michael Marchant noted that UCD does get queries from Elica. Alex responded that the other two Hubs have the capability but are not using it.
 - In general, care plans are not structured in the Hub EMRs, but it is an improvement that they are even in a system. This is an area for improvement, but everyone is working on it. It might be a good exercise for the Hubs to share what the EMR care plans look like to learn from one another.
 - We also heard that the dual/splitscreen work flow is burdensome (manual data entry from EMR to SCP), but the Hubs are adapting.
 - Other thing we learned is that Hubs want standardized ED alerts. There is no standard way to get alerts. Staff sometimes don't know clients went to the ED at all.
- Alex asked the committee if there were other frustrations that folks have heard from the IT side and if there is any additional feedback on the SCP. Sarina from WellSpace Health shared that they have talked about the standardization of the service types. She shared that the SCP is user-friendly and also stated that Sacramento Covered has been awesome about listening and making accommodations.

Push/Pull Notifications Update (Alex Horowitz)

- Pathways needs to get to the last step of functionality for hospital notifications, and then develop a process for getting that information to Pathways staff. Right now, Dignity is the only health system not on CareQuality.

Shared Cared Plan Updates (Alex Horowitz)

- Initially the program was making changes on the fly and now have gotten into a stable mode with changes, every three weeks (3 week cycle). New ticketing system that was just released will help facilitate these changes.

- Service Tracker component was phased out in December – now all providers are entering data into the SCP. Thanks for doing the duplicative service tracking and documenting the level of effort that this work takes. Gives us a sense of what is the level of effort and shows us where there are gaps.
- There is no interoperability between the SCP and other systems today, but that is part of our overarching plan for 2019 to improve care coordination.
- Ticketing System is where folks send in change requests for the SCP – we received a lot of different requests from different people and it allows us to track everything in one place. The system was developed in Salesforce — program is using its native functionality. Allows folks to submit their own tickets and track the status. Provides notifications and updates, categorization and assignment to staff, helps staff manage and prioritize.
- One thing that we learned from the site visits is that more training resources might be needed for the SCP Portal. Staff are using the system in slightly different ways – can cause data integrity problems. These problems are largely caused by nuances in the way people are recording information.
 - Key to that is building in opportunities to share best practices in the Learning Community. We looked at November data and we saw that maybe not all services are being documented in the SCP. We encourage all providers to send frontline staff to the Learning Sessions.
- Future state of SCP is that we want to pull-in data into the SCP Portal at the system-level. Salesforce is not an EMR, and therefore there is work to do before this goal can be realized since there are a number of data security and content standards for CareQuality that need to be addressed first.

Event Notifications Pilot (Alex Horowitz)

- Hospitals need to know who is enrolled in Pathways on a regular basis in order to do notifications. We need roster management capability that can be referenced on the fly that allows the hospitals to query that data and create alert workflows.
- We learned last fall that there may be other efforts in Sacramento that could be duplicative. We assessed these efforts to see if we were trying to close the same gap. This is a priority for our Hubs. Where we are now is working a cost/benefit analysis of whether we should do this in Salesforce or go through a different third party vendor. We need to do an analysis and come back to this group. A third option is we could build it ourselves.
- Discussion:
 - Michael Marchant suggested that the group look at the membership piece, that is who should receive alerts. If the hospitals don't know who they are alerting, those won't get alerts. We need that information.

- Alex asked for clarification — do you mean standing up a resource for hospitals for when they are queried to determine whether someone is enrolled and who you need to send the alert to?
- Michael clarified that UCD would just need to know who it is and where you want it to go.
- Alex added that the system needs to be useful beyond Pathways. This could potentially be beneficial for Health Homes and other efforts. This functionality isn't easy to obtain in the market — we just need one piece and they want to sell you the whole boat, when you just need a canoe. Asked the committee to share vendor options.
- Michael added that for the larger group, the foundational step of managing that roster is critical to making this work.
- Sarina inquired what this would look like with a third party vendor, in terms of how the Hubs would receive information,
 - Alex responded that on the Hub side, there are two options: you would either get an ADT message directly in your EMR — some EMRs have an easy way to integrate that into workflows. The second option is direct messaging — email for health care with an attachment (attachment is structured data that can be pulled into the EMR). Salesforce integration option would like only be direct messaging.
 - On the hospital side, the Salesforce option would require hospitals to send the alert. Their system would look at the roster, determine where to send it, and the hospital would have to send the alert. With ADT — they only have to send what is relevant to the provider. The Salesforce integration option is a bit more intensive for the hospitals.

DHCS Reporting (Wendy Jameson)

- Wendy thanked all partners for a full year of reporting. This is reporting to the state which also impacts program funding.
- Quarterly Report – Due end of January 31, 2019 – that will be a mix of data from the Service Trackers and SCP data. Want to make sure everyone has submitted their trackers and enters their data.
- Variant and Universal Metric Report - this includes data from external partners. Will receive rosters 2/1 and data submitted 3/1.
- Annual Narrative Report - PDSAs are a part of the and the providers submitting them.
- Changes to Reporting Requests — Pathways will be reporting on Permanent Housing and we are working with our partners on collecting that.
- Behavioral Health Metrics — This is the first time we're learning about which entities have the data. County has the data on mental health hospitalizations. Follow-up mental health hospitalizations happen with County, with the managed care plan network

providers (e.g. FQHCs), and FQHCs also have data that is reported to the state, but not the County or plans. Same process for the AOD metric. We want to understand is how big is the gap, which is why we are meeting with the FQs. Molina and the County are doing a test run on the data.

City Shelter Update (Anira Khlok)

- City Council approved an extension of the shelter for the next four months. Impacts service delivery.

Wrap Up (Alex Horowitz)

- March 21st is the next Committee meeting.