

# pathways to HEALTH HOME

## IT Committee Notes

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

### Committee Members in Attendance

- Joshua Arnold, Volunteers of America of Northern CA and Northern NV
- Kelly Bennett, Sacramento Covered
- Dennis Doughty, River City Medical Group
- Keily Huynh, Aetna
- Ray Hwang, Aetna
- Jeremy Iron Hawk, Sacramento Native American Health Center
- Spencer Johnson, Peach Tree Health
- Gabriel Kendall, 211 Sacramento
- Anira Khlock, City of Sacramento
- Christine Kitchen, The Salvation Army
- Michael Marchant, UC Davis Health
- Stephen Smythe, Anthem Blue Cross
- Sundeep Desai, Sutter Health
- Chris Weare, Sacramento Steps Forward
- Joil Xiong, Sacramento Covered

### Support Team in Attendance

- Mark Elson, Principal, Intrepid Ascent
- Alex Horowitz, Chief Technology Strategist, Intrepid Ascent
- Josh May, Operations Manager, Intrepid Ascent
- Margaux McFetridge, Communications Manager, Transform Health

### Program Update - Dashboard (Margaux McFetridge)

- Support Team provided an update on the current dashboard, which now includes hub services. Dashboard is quarterly and includes housing placement percentages. Enrollment is up due to recent enrollment events, distribution between Impact and health care organization referrals is nearly equal — Mercy General Hospital, Methodist Hospital, Molina, and Health Net are making referrals, in addition to the Pathways hubs. Enrollee demographics — majority are still male and older.

- Chris Weare asked how Pathways compares to other programs in helping people access housing. Noted that these are strong numbers and feels the community needs to understand whether Pathways is working better than other programs.
- Gabriel Kendall noted that it probably is premature to compare program and it is really important to looking at apples to apples when comparing programs.
- Michael Marchant suggested including program goals in the Dashboard so that Committee members and partners can track how the program is progressing.

### Reporting (Mark Elson)

- Mark Elson provided a recap of the recently submitted reports to DHCS:
  - Baseline Variant and Universal Metric Report
  - PY2 Annual Variant and Universal Metric Report
  - PY3 Mid-Year Variant and Universal Metric Report
  - Revised PY3 Q1 Enrollment and Universal Report
  - Revised PY3 Q2 Enrollment and Universal Report
- Michael Marchant suggested that a hospital identifier column be added in future rosters. That way the hospital can send that identifier back to be used in the future. The most time-consuming component of the data reporting process is identifying who the individual is, so having the identifier in the future will help enormously.
- Alex Horowitz inquired why using the BIC/CIN doesn't work. There are concerns about having to track every single Hospital/Health System identifier for each Pathways enrollee.
- Michael Marchant noted that matching using the BIC would take triple the time.
- Stephen Smythe requested monthly Anthem enrollment/disenrollment lists to see who is coming in and out of the program. Could be the roster file — business is asking for more, but roster file is a great place to start. Just seeing who's coming and going is a great place to start for having better to coordination.

### Shared Care Plan (Alex Horowitz)

- Alex Horowitz provided an overview of the data elements of the SCP, as well as access permissions to the system and current user base. Individuals accessing the system are heavily vetted. Hospitals and health plan access is TBD at this moment.
- Program continues to receive user feedback on the SCP and refining it.
- Joil Xiong shared that August was the first month that the Hubs really used the SCP — just this morning there was a Learning Session with the hubs and the program housing partner — they gave their wish lists for the SCP. They had great feedback on how they would like it to work and create efficiencies. Mark Elson noted that overall, providers

like it and want more functions and features and want partners to enter more information.

- SCP was launched in parallel system called the Service Tracker - this was important for reporting to DHCS. SCP wasn't initially built to track services. Right now Joil is working to integrate the Service Tracker and SCP, so that there are not two applications. Makes sense that the service touches are tracked in the SCP - looking forward to this in October. Shout out to Joil and her team.
- The future state of the SCP relies on partners entering data into the system. In the future we want to pull in data into the system from the community. We've talked in this group before about using Carequality to update SCPs. Also want to include the SCP into the hospital notification pilot. We are working with both of the City and partners on how we are going to achieve this. System is built into Salesforce, which was not designed for health care. There are a few paths, modifying Salesforce or transitioning to other vendors. Guided by trying to use health care standards that exist.

### **Hub Data Sharing Strategies (Alex Horowitz)**

- There are two approaches. For query data sharing, we identified Carequality because of market penetration — they are a national data-sharing network that EHRs participate in.
- The push methodology is a little less defined. Should note that the alerting environment has changed in the last six months and we have not kicked off the hospital notification pilot yet. Want to have the discussion today.
- Model shows the query exchange - this is the first time all of the arrows are green indicating that connections exist. This is a significant success that the plumbing has been built and the technology is there to access information on Pathways enrollees.
- What we don't understand are the workflows. Do Hub Care Team staff use Carequality for looking up data? Don't know if we have the people here today to answer this. We want to talk to the teams to see what the workflows currently look like, so that we can disseminate best practices.
- Michael Marchant asked whether the program has done the analysis to understand whether the CCDs will have the information the program need. Mark Elson and Alex Horowitz agreed that is an important question. To what extent do we know that CCD info coming through Carequality will have useful data that the hubs want? Need to add this to the evaluation.
- Michael also shared that Dignity is a Commonwell site and is going to be a Carequality implementer. The only other question is what is the roster management strategy?
- Mark Elson noted that the discussion would touch on that. Reiterated that it is a new development this year that all of the FQHC are able support these queries. Will be working with the committee members to help the Pathways care managers.

- Michael Marchant noted the program might want to look for a federated query — only place he has seen that work is PULSE (when you don't know the organization). Alex Horowitz responded that there are queries that do a global shout-out.
- IT team will report back to the committee on this query work. Alex Horowitz noted that the program will want to keep the IT contacts at the Hubs in the loop to help facilitate with the data gathering process. Will keep them in the loop as we start to reach out, so we are all on the same page on the data gathering process.
- On Event Notifications, the goal is to standardize alerts, but will need to standardize the roster. Need to know who is in the program and who they are assigned to in terms of Hub/PCP.
- Weekly flat file is not dynamic enough. In terms of the overall strategy for that, one thing we wanted to talk about is Collective Medical Technologies (CMT) — they are de facto entity doing alerts.
- Program does not want to develop parallel systems if that infrastructure is being developed simultaneously in Sacramento. That is what we are trying to learn now.
- Michael Marchant shared that UCD is not using CMT. He does not believe Dignity is using it for the entire enterprise.
- Sundeep Desai shared that Sutter is using it at most of their hospitals now. In Placer the WPC pilot is using it to send data. We could take advantage of it, but it may not be the best avenue.
- Mark Elson recommended tabling the discussion for a future meeting with folks from the four hospitals.
- Michael Marchant asked where the roster is managed now — Salesforce? Noted that they may have the ability to make it available. Mark Elson noted that the program is not using their HealthCloud product. Michael Marchant responded that it doesn't seem like an API would be out of their capabilities - then it's managed and the source of truth for the rosters and what we are looking for. Asked whether the program wants a discharge summary? Mark Elson noted that the program would also want an alert when there is an admit. Michael Marchant shared that there won't be any clinical data on the admit.
- Follow up is to schedule a meeting with the hospital on the notifications pilot.