pathways to HEALTH HOME

Steering Committee Meeting Notes

Date & Time: August 2, 2018, 1:00-2:30pm
Location: Room 1119, Sacramento City Hall
915 I Street Sacramento, CA 95814

Committee Members in Attendance

- Jennifer Ablog, Kaiser Permanente
- Michelle AlaChappelle, Consumer Representative
- Justin Altman, Turning Point
- Ben Avey, Sacramento Steps Forward
- Kelly Bennett, Sacramento Covered
- Jan Blomquist, Aetna
- Ashley Brand, Dignity Health
- Wendy Calderon, Sacramento Native American Health Center
- Martha Cisneros Campos, Access Dental
- Lynell Clancy, Sacramento Native American Health Center
- Cassandra Cullivan, Dignity Health
- John Foley, Sacramento Self-Help Housing
- Andrew Gallacher, Aetna
- Trina Gonzalez, UC Davis Health
- Kristine Gual, Sacramento Native American Health Center
- Holly Harper, Sutter Health
- Beau Hennemann, Anthem Blue Cross
- Erin Johansen, TLCS, Inc.
- Gabriel Kendall, 211 Sacramento
- Nick Lee, Sacramento Steps Forward
- Cathy Lumb-Edwards, Kaiser Permanente
- Janice Miliigan, River City Medical Group
- Jodi Nerell, Sacramento Covered
- Sarah O'Daniel, SHRA
- Krishna Permaul, Health Net
- Sandra Poole, Molina Health Care
- Jonathan Porteus, PhD, WellSpace Health
- Martin Ross, The Salvation Army

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- Amani Sawires-Rapaski, Volunteers of America
- Darcy Walters, Sacramento Native American Health Center
- Holly Webb, WellSpace
- Christy Ward, One Community Health
- Ane Watts, Anthem Blue Cross
- Joil Xiong, Sacramento Covered

Support Staff in Attendance

- Lisa Chan-Sawin, Project Lead
- Gretchen Schroeder, Deputy Director
- Margaux McFetridge, Communications Manager
- Alexis Sabor, Project Coordinator
- Mark Elson, Pathways Support Team

Committee Business

- New Committee Meeting Schedule
    - Pathways meetings are now quarterly. Committee schedule is available at the sign-in table for more details. We want to balance the time we use from all of you so we will continue to push out information in the months where we are not meeting in person.
    - We will be sending out invites to lock this time on your calendar.
- Next Steering Committee Date: November 1st

Program Updates

- Dashboard Numbers (Jodi Nerell)
    - Three months into Full Launch and we have lot of exciting results to share. Still evenly split between referral sources but referral partners continue to grow through Full Launch. Right now, 54% of touches are from the Impact Team. Expect it to go down as other hospitals and plans start referrals.
    - Health Plan assignment is stable – Health Net, Molina and Anthem cover most of enrollees.
    - 369 enrollees as of today. Age is still skewed to older populations, with the oldest enrollee being 92
    - September dashboard will feature more housing statistics. ReStart has helped Pathways enrollees move into permanent housing outside of the shelter. This is an ongoing process — three individuals are moving into housing today and 20 have already been moved. Sacramento Self-Help Housing has housed almost 50 enrollees. Jodi thanked all partners that helped make this possible.
- Questions

- Krishna Permaul, Health Net – What does the number in the middle bar mean?
  - 362 is number of current enrollees, but 526 is the total number of enrollees throughout the program — individuals have disenrolled or graduated which is why the numbers are different.
- Ashley Brand, Dignity Health – Do we have capacity for the total 1,000 enrollees right now?
  - Lisa Chan Sawin responded that the program is working on getting more capacity. Right now focusing on addressing the issue of health plan PCP assignment alignment with Pathways Hub assignments. Data from RCMG has provided some clarity on matching issues — making sure that the Hubs get what they need and that the enrollee gets what they need.

- Learning Session Highlights (Karen Linkins)
  - At the July Learning Session, program asked partners to share success stories and challenges with us. In general, program is seeing a lot of collaboration across organizations. Some challenges are staff retention and recruitment. Focusing on providing support around these challenges. Also talked about how often providers should be in contact with enrollees — it depends on their acuity. Discussed PDSAs, including how they should be reported and ways that this data helps the program in the future.
- Environmental Scan Update
  - Almost everyone in this room participated in key informant interviews. Program will be sending out a draft this coming Friday. Please look through the report and send comments by August 10th.
- 2018 Incentive Agreements
  - We are working on these now. There will be some changes and we will provide template contacts based on organization type. We will send these templates out and will host a info session webinar in the coming weeks.

Partner Spotlight: Dignity Health (Ashley Brand and Cassandra Cullivan)

- **Overview**

  Ashley Brand led the presentation, sharing that the goal is to share the referral process that was created with Mercy General Hospital social work staff in collaboration with Sacramento Covered. Co-presenter, Cassandra Cullivan, is Dignity's Social Work Manager and is their key partner for building things out on the Dignity side. Social workers were involved because their workflow is one of the most important perspectives for Pathways enrollees. Dignity's approach in developing processes is to bring staff to the frontend right away – which slows implementation but makes for a more organized process.

- **Initial Workflow Planning**
  - Took Dignity 3-4 months to really get this rolling. They started with a few key staff members so they could nail down the one-on-one communication workflow — started

with one social worker in the ED and one in the inpatient department. They let the workers ask questions face-to-face to ensure they understood what the program is and which steps needed to be followed.
    - Then they created a draft workflow and sent it around internally for feedback and approval. After modifying based on feedback, they shared with the Pathways team and laid out how to make Pathways fit into our standard flow. Again, it made implementation a bit slower but helped create a system that works well for the program without duplicating work for hospital staff.
- **Use of Referral Forms**
    - For example, the organizations made a collective decision to use the Dignity referral form initially and then move into the Pathways referral form once individuals were assessed. Through this step, Dignity made a referral form that worked for them, as well as Pathways navigators at the same time. This process also helped them improve certain aspects of the program. For example, they took the referral form and added checkboxes for things they collectively wanted to identify. This included when individuals came into the program, through which avenue, and number of visits on referral to help determine the best plan or action.
    - Jodi Nerell noted that the work with Dignity helped the program develop the patient label on the referral form, which is now used to keep track of people in a way that wasn't possible with the first draft.
- **Importance of Communication and Defining Program Expectations**
    - Dignity noted that communication has been a big piece of making this work. They have calls every week with the Pathways team and make sure to be flexible week by week. This helps the hospital make improvement along the way.
    - Dignity also assessed program expectations. How do we know if a referral was made? What is the confirmation process? Wanted to have a consistent message and make sure people are getting services they need. As a solution, the organizations developed a feedback loop to stay connected as an enrollee spreads to other health systems. Created a two-hour check in to ensure communication with enrollees openly right when they enter the system.
    - Worked to understand what the program isn't – staying realistic with what is possible to accomplish.
- **Learned Lessons**
    - Weekly calls and open communication is essential to keep us on track.
    - Social work referral – we start the process right away versus at the end so CHWs have time to interact with folks. We don't want to play catch up day/hour of discharge.
    - Staff Turnover (retraining and losing staff means we lose time for referrals)
    - Ongoing communication strategies - constantly working on finding better communication pathways
    - Keeping up on numbers and having meaningful connections at the same time

- Exploring CHW connects with iPads – all health systems use this system but they require different logins per system. Goal is to get face to face interactions as often as possible.

- **Data (March – Aug 2018)**
  - Referred 51, of which 24 were enrolled.
  - Social workers in the ED have been amazing at getting people on board.
  - So far, 9 Molina members have been identified —good that program is being consistent across organizations with our referral criteria.
- **Conclusion**
  - This system has been a great example of using a small approach at first so that we can set procedures that work in place.
  - It's all a learning experience, numbers will improve now that we are back to full staff
  - Jodi Nerell thanked Dignity because I know they will be there if I call them and its all about transparent communication with the program goal at the heart. They even helped us fill gaps with training.
- **Questions**
  - Erin Johansen with TLCS asked whether there is any crossover with TLCS navigators. How do we work that out if so? There is some overlap but we work with Bill to make sure he is in the loop on everything that has been done as a means to avoid repeat referrals. We are supporters of over-referring versus starting with one point. Then we try to communicate all the referrals that took place.
  - Janice Milligan of RCMG asked if housing referral information and Sac Covered feedback is available in the patient record? Yes, you would see documentation that the referral was made and any feedback would get added as well. We ask them to document any new updates.
  - Janice of RCMG followed up asking whether there is a flag to make sure we're not re-enrolling. Dignity responded, not right now but have a similar flag for our ED department so we are working with IT on getting that a pathways specific flag.
  - John Foley of Sacramento Self-Help Housing noted that we all want a system for all services to see what services people have received and are receiving. We once thought SSF could house this with HMIS. Lisa Chan Sawin responded that folks on front line just started using the Shared Care Plan and it is being built around national standards with the hope that we can turn on data sharing queries with national systems. There are lots of conversations happening but one of the challenges is the standards for health care privacy compared to privacy for other industries. Even the state is focusing on the best way to share data across sectors. You are right in that we need to tackle this but we hope to support data sharing could lead us to this.
  - Sacramento Steps Forward noted that we have been talking about integration from the beginning and we are interested in being a part of this. There are hopes of statewide HMIS systems in new legislation.

Full Launch Roll-Out – Service Provider Highlights

- Sacramento Covered (Jodi Nerell)
    - We have so much to celebrate. Under health successes, by far the three clinic partners joining in full launch has been amazing. They provide expedited services and help carry the load. People are getting diagnosed with things they didn't know they had. People are showing up for appointments and the clinics have been open and kind.
    - The roll out of the Shared Care Plan also helps keep us on track and connected with who is getting care and where. New referral partners also help get people expedited care.
    - We also support folks with SSI and help them get connected to benefits. The County System of Care is doing in-person visits so we don't need to move people from the shelter.
    - ICP and City Shelter – these spaces have been critical for our success. Same with SSHH, who provides subsided and non-subsided housing.
    - Cross-system relationships like legal services (we had six attorneys helping last week). SSI has been amazing about reinstating benefits. This makes a huge difference for people who didn't think they had anything.
- Sacramento Steps Forward
    - Successes:
        - Collaboration with Sacramento Covered – warm handoff between CHWs expedited the time it takes to build rapport with a client on the street.
        - Collaboration with WellSpace – Collaboration between ICP case manager and CHW improves ability to problem solve and help client meet case plan objectives
    - Lessons Learned
        - Open communication between other partners have been essential for success. If we don't do a daily huddle, it's hard to stay up to speed with all the moving parts.
        - Unexpected staff turn-over presented challenges while staffing up but working with the Hubs and communicating helped fill in the gaps while we got back up to staff.
- Sacramento Native American Health Center
    - Successes:
        - We have had a number of patients get access to care that they would not have gotten otherwise. For example, we had a man get a knee replacement after a long time of not receiving care and being in pain. This person has since been housed, received care, and has been attending all medical appointments. Before enrollment, surgery was not possible because he was not housed and now he hasn't been in an ED since.
    - Lessons Learned:

        - Pain management and SUD have been the hardest to secure by far. Especially since people with a history of addiction, they often get denied because of this history.
        - Getting to specialty referrals is a challenge because to utilize insurance transportation they have to have phone and address for pickup. This can lead to termination of referral.
        - As more people getting in to primary care, they obtain prescriptions, but transportation is difficult and for a security script they must have a valid ID
- Sacramento Self-Help Housing
    - We are getting people housed. It's slow going but even people with multiple dogs and intense medical conditions are getting into secure housing. The City has been great about providing money upfront to cover deposits, application fees and more which is getting people into housing even faster.
    - Finding more housing is always a challenge and also having so much data bogs SSHH staff down.