THE **DOWNLOAD**

A monthly webinar diving into the intersection of healthcare and technology

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AGENDA

01 — **Welcome**
Angie Bass, CSO, Velatura

02 — **Velatura Structure**
Tara Cramer, Senior Vice President Regional Growth and Data Innovations, VHIEC

03 — **Cross Sector Data Exchange for Social Needs Program**
Lisa Nicolaou, Program Director
Michael Taylor, Sr. Product Marketing Manager

04 — Adjourn

Velatura Leadership

Angie Bass, MHA
Chief Strategy Officer,
Velatura Public Benefit Corporation

Tara Cramer
Senior Vice President,
Regional Growth & Data Innovations
Velatura HIE Corporation

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Velatura HIE Co. is a non-profit organization that provides technology and services to connect disparate sectors, *our stakeholders*, to securely share health information.

An unbiased data trustee, HIE Co. does not provide health care services, produce health care data or compete in the marketplace.

Instead, we help convene to share vital health information to advance care, better outcomes and lower costs.

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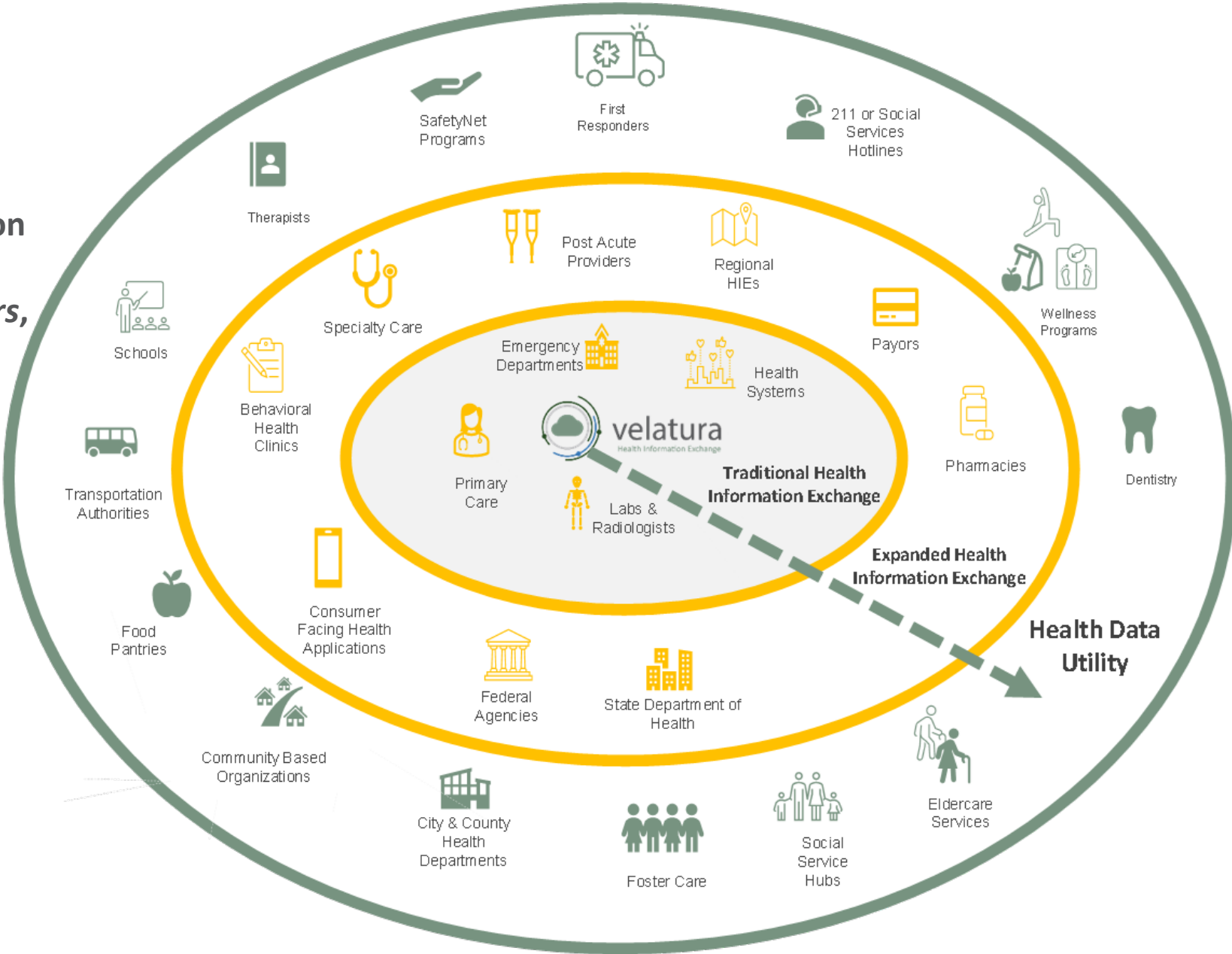
Cross Sector Data Exchange for Social Needs Program
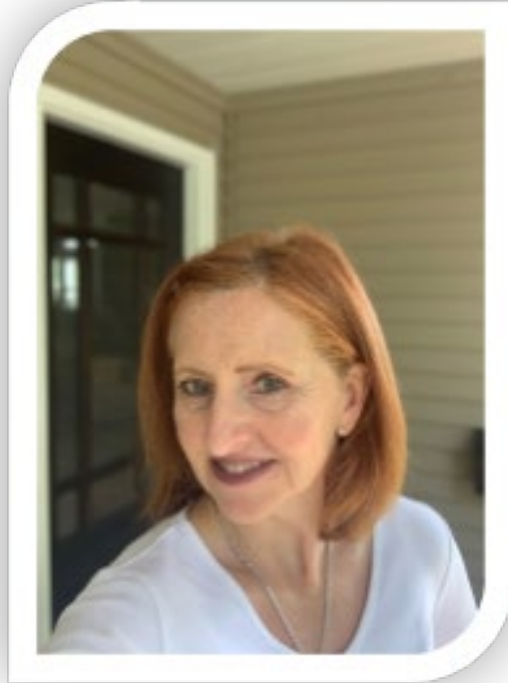
Lisa Nicolaou
Program Director,
Social Determinants of Health

Michael Taylor
Sr. Product Marketing Manager
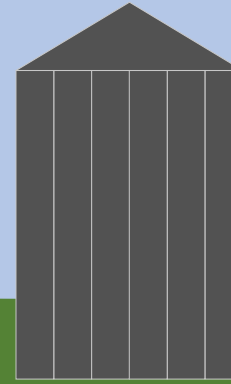
Health Care Data :
How did we get here?

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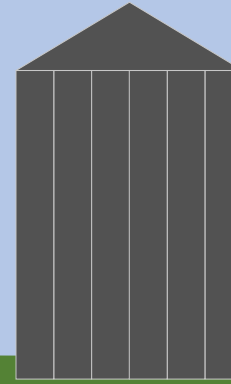
One Silo, No Confusion

- Data stored consistently
- In one place
- No integration or interoperability concerns

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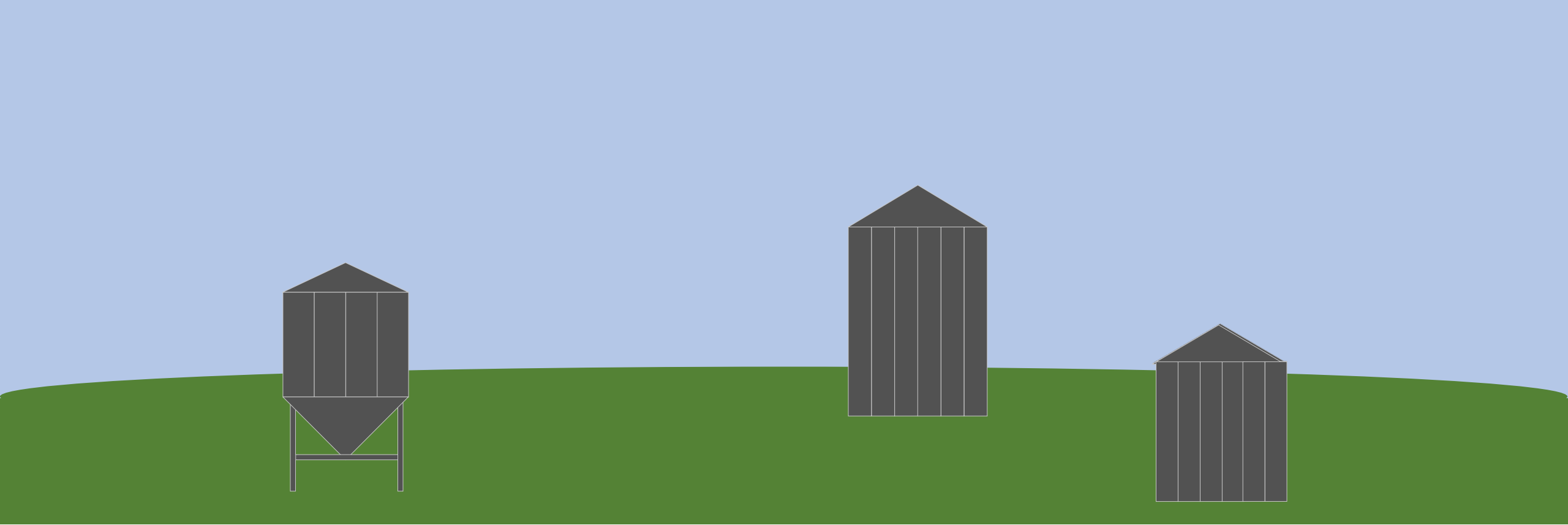
A Few Vendors is Workable, But Silos Exist

- Separated by geography
- Integrations only-when needed for statewide purposes
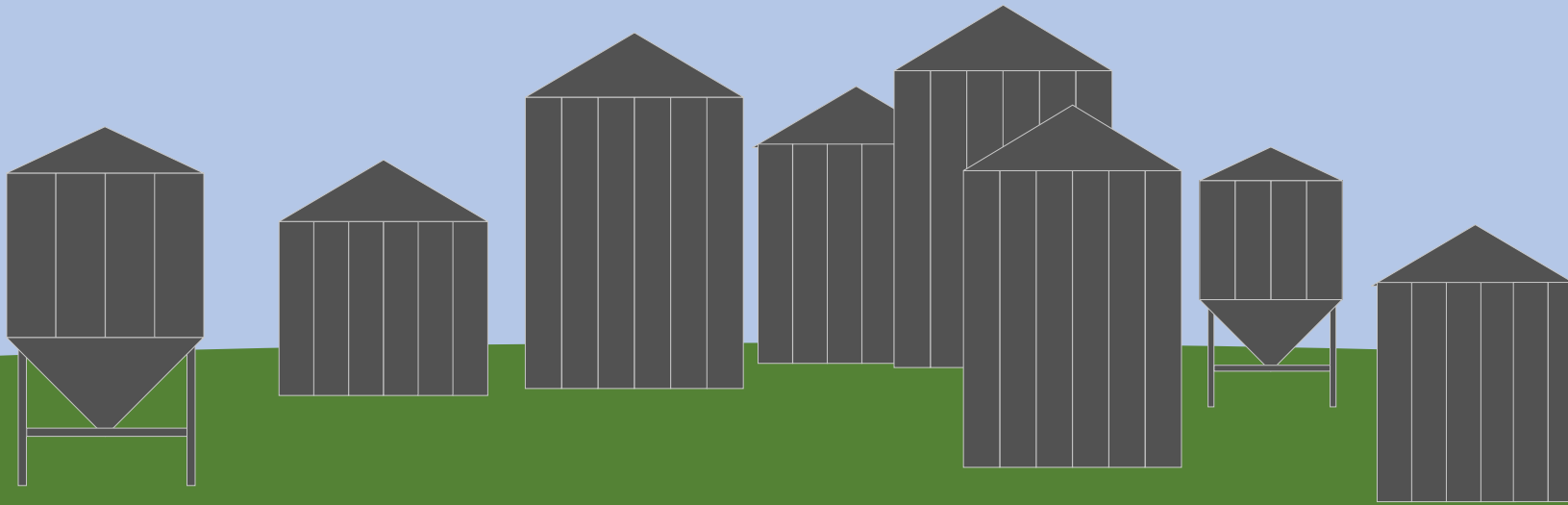
Silos Quickly Become Crowded

- Geographic overlap means split communities
- Organizations that need to communicate are isolated
- Technology becomes the barrier instead of the enabler

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Consistent Way to Connect Silos

- Any vendor can continue to provide your IT platform
- If there is more than 1 vendor, then interoperable exchange across systems is necessary

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A Lexicon to Reflect Healthcare, Social Care & Health Equity

- **Health Equity** is *"achieved when every person has the opportunity to attain his or her full health potential and no one is disadvantaged from achieving this potential because of social position or other socially determined circumstances"*.
  - **Social Determinants of Health**: *"the conditions in which people are born, grow, live, work and age,"* which are *"shaped by the distribution of money, power and resources.*
   - **Social Risks:** Adverse social conditions associated with poor health.
    - **Social Needs:** Non-medical patient prioritized needs that impact health.
    - **Social Care Diagnosis Codes:** characteristics or strengths of individuals, families, communities or societies that act to mitigate risks and promote positive well-being and healthy development.
    - **Social Care Interventions:**

- Addressing SDOH and its various key areas is an approach that can be used to improve equity and reduce disparities. This requires **Cross Sector Data Sharing** *(social, health, education, behavioral health, criminal justice etc.)* for the purpose of care coordination and to obtain data that drive decisions about how money, power and resources are disbursed.

Systems Level

Community Level

Individual Level

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Alderwick and Gottlieb (2019) Meanings and Misunderstandings: A Social Determinants of Health Lexicon for Health Care Systems
Center for the Study of Social Policy (2018) About Strengthening Families™ and the Protective Factors Framework
Physician-Focused Payment Model Technical Advisory Committee (2021) SDOH and Equity Report to the Secretary

Cross Sector Data Sharing:

Agreed upon, transparent data sharing (social, health, education, behavioral health, criminal justice etc.) for the purposes of care coordination and to obtain data that drive decisions about how money, power and resources are disbursed.

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Health and Wellness:
More than Just Healthcare
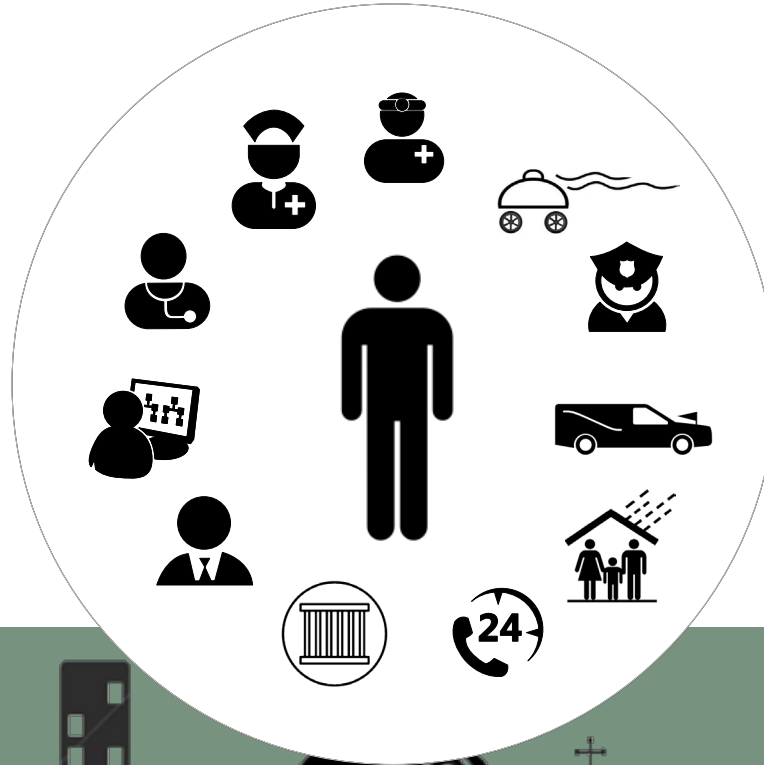
Meet Janie Perez

- 16 years old

- In 11th grade

- Historically good student

- Wants to be a singer

- Mother to 3-month-old baby boy

- Lives with her mother (single parent)

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Chronological Encounters

Good Health EHR

- Pregnancy Checkup 1
- Pregnancy Checkup 2
- Pregnancy Checkup 3
- Hospital: delivered healthy baby boy
- ED visit for asthma exacerbation
- ED visit for asthma exacerbation
- ED visit for asthma exacerbation

No note of social work during hospital stay

Notes:

- Good prenatal care
- Missed postpartum check up
- Missed follow up visits

First: Janie
Middle: A
Last: Perez
DOB: 9/12/2006
Sex: Female
NOK: Mother

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Chronological Encounters

- Hospital: baby boy born
- Well Child Checkup

Notes:

- Slow weight gain at Well Child Checkup

First: BABYBOY
Middle:
Last: Perez
DOB: 4/17/2022
Sex: Male
NOK: Janie Perez

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What the EHR missed

- Moved to apartment with significant mold
- Temp loss of Medicaid coverage due to move and delayed address change
- Transportation problems – Mom works evenings
- Can't afford medications and food/formula
- Missing school, at risk of repeating several classes

Dear Diary…
- We just moved to a new apartment

- Our apartment has mold, gross!

- It really sucks that mom can't drive me; I'm stuck at home all the time!

- Without childcare, I can't even go to school most of the time ☹

- Lost my Medicaid coverage, I guess I didn't update my address

- Ugh, how can I afford these meds without insurance? I can barely afford to eat!
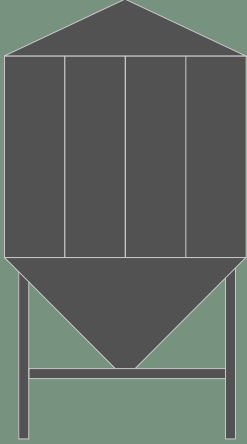
Public Systems
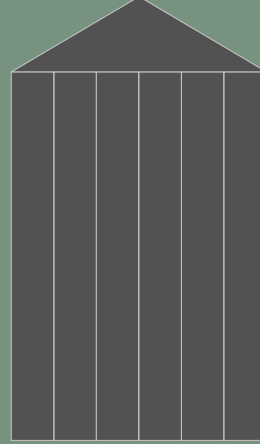
Community Based Organizations
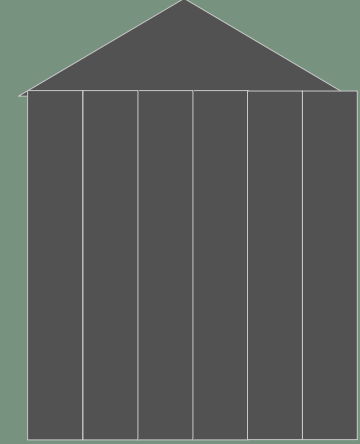
Healthcare Systems

Even if the EHR had all the data (and presented it in an intelligent way), it still would have been a silo for one organization

What If…
that data could
be shared
across care
environments?
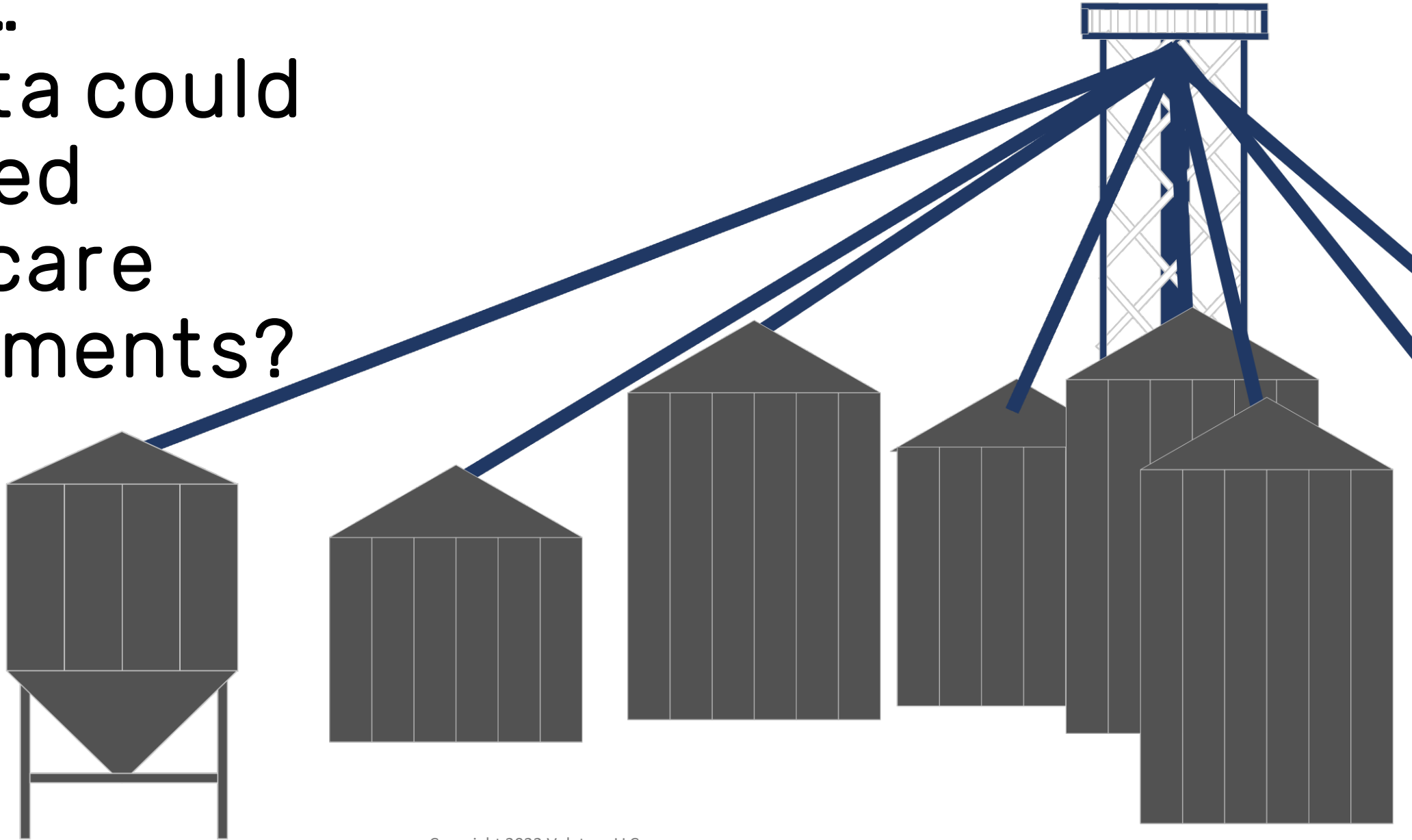
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The infrastructure for exchange already exists – but technology is not the current barrier

What drives Velatura's Cross Sector Data Sharing Strategy:

- Transition from fee for service to fee for value payment models

- National technical and terminology standards

- Quality data standards:
  - HEDIS
  - Insurance companies incentivizing social needs screening

- Identifying and working to resolve barriers to data exchange

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High-Level Strategy

Agile, evolving, flexible:

- Aligning with the current state of the local environment – understand what is in place currently
- Balancing state, multistate, national (standards)
- Recognizing that foundational elements of data governance, equality across sectors, and trust must evolve to allow effective data sharing to occur
- Proactive planning to achieve outcomes that promote equitable health of citizens

Working in stages:

- Health care use case now - capacity exists at present for some data capture
- Developing more comprehensive plan for work <u>with</u> communities now - to build capacity, trust, and co-develop approach
- Community use case next - represents 80% of the work of building cross-sector care support to promote health equity

Vendor engagement:

- 'Interoperability Pledge' for community referral vendors
- single sourced resource directory (211 as an example)
- Vendors are technology suppliers BUT NOT full solutions

How Does the Movement of Data Achieve Value?

Technical (left vertical label)
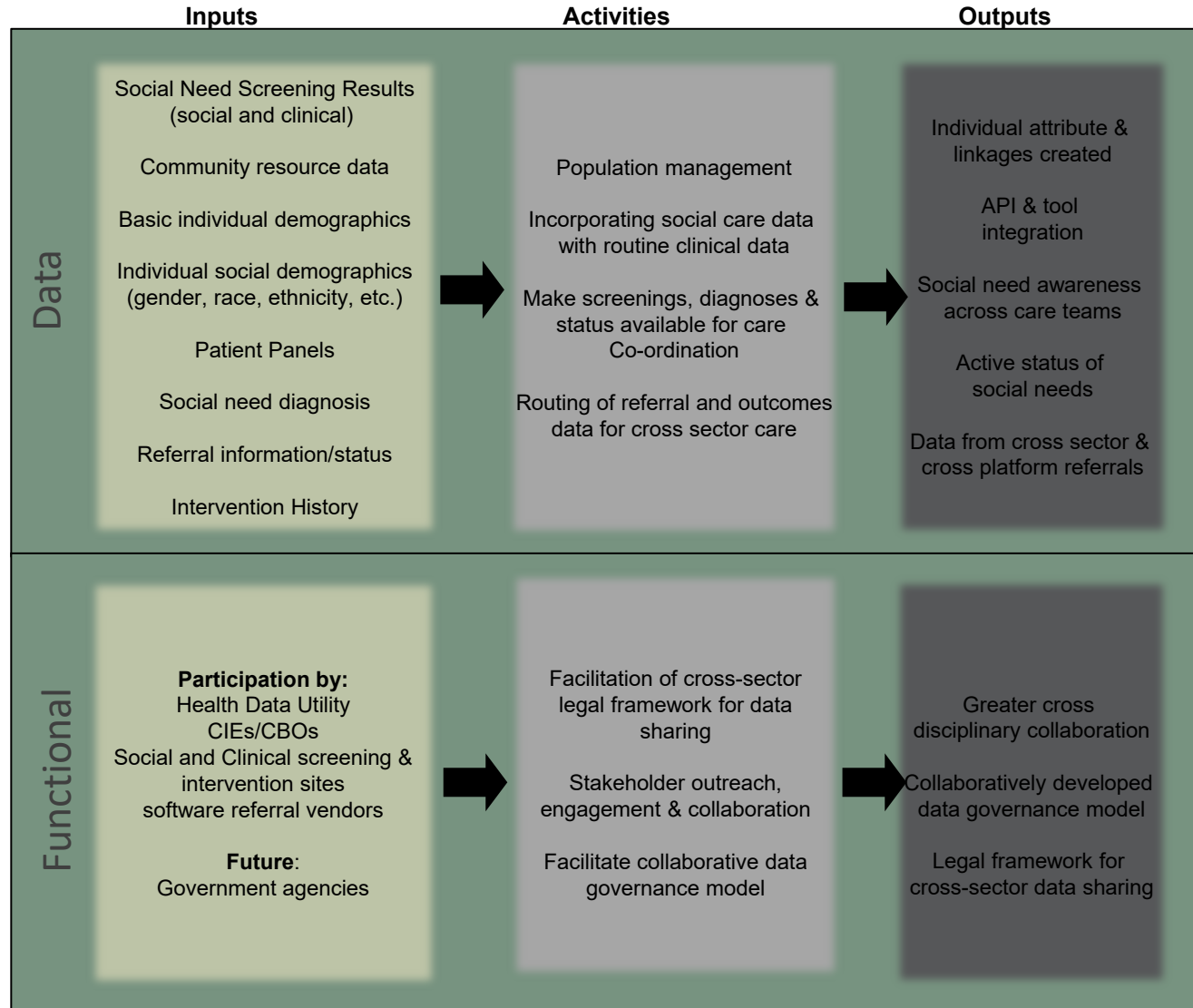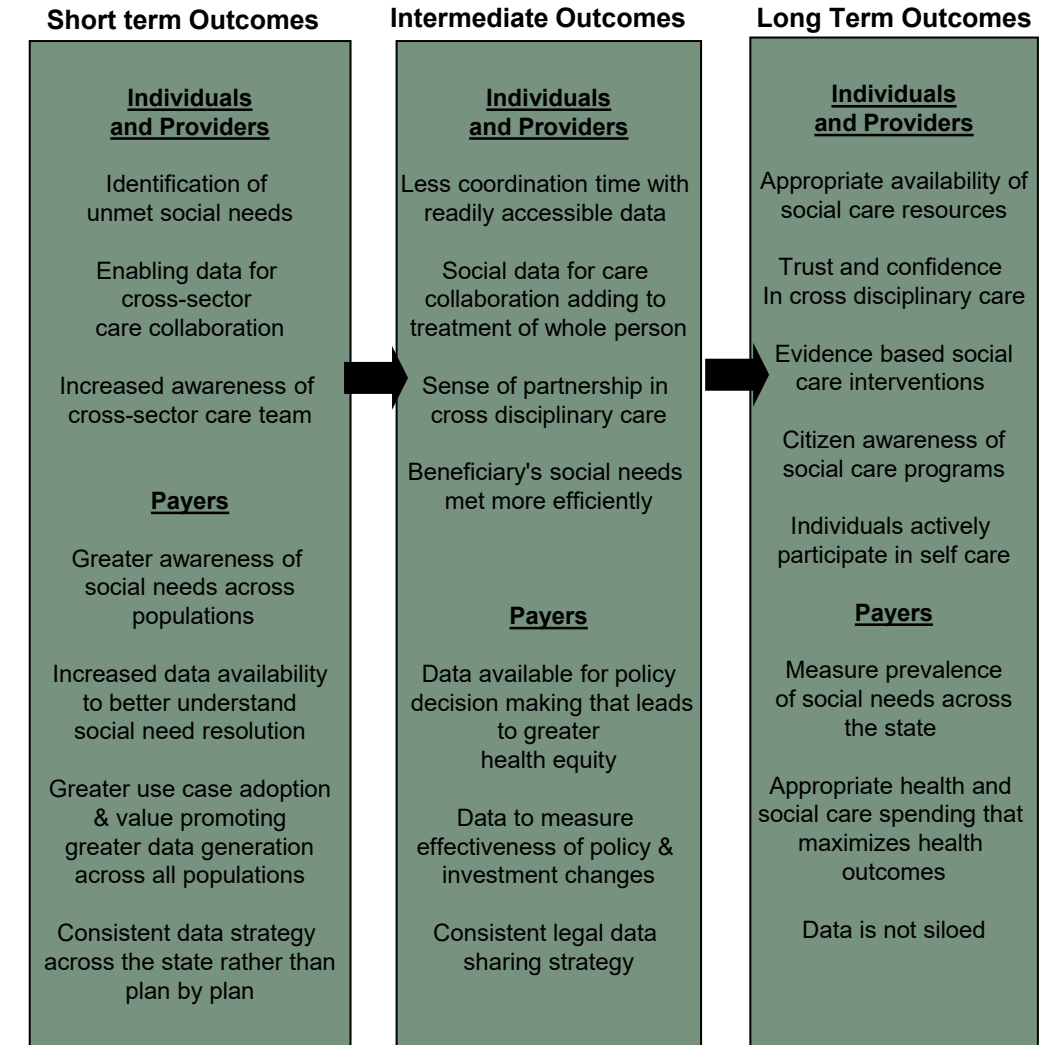
	Inputs	Activities	Outputs
Data	Social Need Screening Results (social and clinical) Community resource data Basic individual demographics Individual social demographics (gender, race, ethnicity, etc.) Patient Panels Social need diagnosis Referral information/status Intervention History	Population management Incorporating social care data with routine clinical data Make screenings, diagnoses & status available for care Co-ordination Routing of referral and outcomes data for cross sector care	Individual attribute & linkages created API & tool integration Social need awareness across care teams Active status of social needs Data from cross sector & cross platform referrals
Functional	**Participation by:** Health Data Utility CIEs/CBOs Social and Clinical screening & intervention sites software referral vendors **Future:** Government agencies	Facilitation of cross-sector legal framework for data sharing Stakeholder outreach, engagement & collaboration Facilitate collaborative data governance model	Greater cross disciplinary collaboration Collaboratively developed data governance model Legal framework for cross-sector data sharing

Value

Short term Outcomes	Intermediate Outcomes	Long Term Outcomes
Individuals and Providers Identification of unmet social needs Enabling data for cross-sector care collaboration Increased awareness of cross-sector care team **Payers** Greater awareness of social needs across populations Increased data availability to better understand social need resolution Greater use case adoption & value promoting greater data generation across all populations Consistent data strategy across the state rather than plan by plan	**Individuals and Providers** Less coordination time with readily accessible data Social data for care collaboration adding to treatment of whole person Sense of partnership in cross disciplinary care Beneficiary's social needs met more efficiently **Payers** Data available for policy decision making that leads to greater health equity Data to measure effectiveness of policy & investment changes Consistent legal data sharing strategy	**Individuals and Providers** Appropriate availability of social care resources Trust and confidence In cross disciplinary care Evidence based social care interventions Citizen awareness of social care programs Individuals actively participate in self care **Payers** Measure prevalence of social needs across the state Appropriate health and social care spending that maximizes health outcomes Data is not siloed

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How does this look different for Janie Perez?

- Benefits may not have been lost or at least time frame shortened
- Transportation could be coordinated
- Emergency visit avoided
- Decreased stress – ability to focus on baby and individual health

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Conclusion

- Unless all parties use the same platform, there is a need for interoperable exchange
- Healthcare and Social Care are interconnected
- Human oriented solutions
- Social needs must be identified before someone can help
- CIEs shouldn't be isolated from HIEs
- More than just data movers -can be part of larger strategy
- Shared services – not only technology, but SMEs.

QUESTIONS?
FEEDBACK?
DYNAMIC DISCUSSION?

THANK YOU!

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