Quality Health Network

Improving care through shared technology

OeHI Care Coordination:
Executive Summary of Lessons Learned
October 2020

Background

Quality Health Network (QHN) participated in the Office of eHealth Innovations (OeHI) Care Coordination Planning Grant. Throughout this project, we have developed a Project Plan, conducted an Environmental Scan, drafted an Adoption and Implementation plan as well as a Sustainability Proposal, and conducted a stakeholder survey. QHN has also participated in collaborative conversations with Colorado Regional Health Information Organization (CORHIO), Colorado Community Managed Care Network (CCMCN), and Mile High 211 about overarching concepts for care coordination in the State of Colorado. Through the Care Coordination Project, QHN has researched community needs, potential solutions, and the implementation of a care coordination platform in western Colorado, QHN's Community Resource Network (CRN).

The awareness of Social Determinants of Health (SDoH), and their impact on people's overall well-being, has increased significantly in recent years. Medical providers have begun screening for SDoH indicators and referring to community-based organizations to help their patients get their needs met. Social service organizations are also screening for broader needs and referring to other organizations that may benefit their client. This increase of both awareness and information has highlighted the need for a streamlined, connected way for providers in three sectors -- medical, social, and behavioral health -- to refer Coloradoans in need to one another and communicate about the person that they are serving.

QHN began exploring how to help all of these providers be able to gather information, assess needs and respond to those needs quickly and effectively. The overall goal was to find a platform that will enable medical providers, social and behavioral health services agencies to better communicate, collaborate, share data, as well as coordinate the care of their patients/clients as they navigate through the healthcare and social services ecosystems. CRN has been developed to meet that need.

Lessons Learned

QHN learned lessons throughout this project by working with stakeholders in our area and with state partners. A platform that crosses sectors and shares social and health information is complex to build and to deploy; the feedback that stakeholders provided, and the information obtained through research and review, has been invaluable in planning for adoption and implementation.

Privacy and Security

There have been two facets to our discussions and research regarding privacy and security: the constructs of the platform that adhere to all of the rules and regulations and the understanding of and comfort with the security by prospective system users.

System users that work in a sector governed by the Health Insurance Portability and Accountability Act (HIPAA) are more familiar with sharing information and the associated workflow. This is new to most social organizations, however, and has required more conversations and discussion of how to implement the consent process. Including social organizations in the initial collaborative discussions is important and helping them identify what information would be included in the platform. For example, highly sensitive information that a case manager knows about a client may not be necessary or appropriate for a shared environment, but the case manager could enter enough to send referrals on the person's behalf. Once communities have a clear understanding of what data will be shared, and how, it will be vital to work closely with a legal team to ensure all sharing is within legal boundaries and

regulations. Specific documents (e.g., client consent, E-commerce, Business Associate Agreements) may need to be drafted in order to adhere to these laws and regulations.

Workflow Adaptation

While healthcare organizations often send electronic referrals for other healthcare services through their Electronic Health Records (EHR) systems, sending and receiving referrals for social services is relatively new. Our stakeholders have identified several workflow changes that are required for the adoption of CRN, which vary based on the sector.

- **Screening workflow**- Some healthcare organizations are using electronic means to screen their patients; however, many are still using paper screeners and social organizations are generally using paper, as well. Organizations can maintain the workflow of how they obtain the screener but then need to ensure that the information is entered into the platform. Some organizations are reporting that the paper screening process fits best in their agency and, therefore, the ability to accommodate that in the platform is helpful.
- **Sending and receiving referrals**- Sending and receiving referrals electronically for social services is a new workflow for many involved. It is quicker and tends to be more complete than email or phone referrals, but system users still need to learn the new workflow and practice.
- **Utilization**- Once organizations have access to the system, support for utilization is necessary to keep users engaged until it is integrated into their workflow. This includes direct access to support resources at QHN, consistent check-ins with each organization, follow up to agency feedback, Network Partner meetings, and updates to the technology. Further, setting utilization metrics and providing feedback to the agencies is key to obtain system utilization.
- **Authorization and consent**- Obtaining authorization and consent seems to be an easier workflow for HIPAA-covered entities as they already obtain a HIPAA authorization. For non-covered entities, they are working the consent into their existing workflows with paperwork.

Reporting

- **Threshold of clients**- Meaningful data and metrics by county or region is dependent upon a threshold of clients being in the platform. For community insights, the threshold is dependent on the size of the community and/or the population on which the community wants information. For example, the estimated threshold for Mesa County to have meaningful community-level data is 3,000-5,000 and for Vail's Suicide Prevention Coalition it could be 100. Initial reporting allows administrators and stakeholders to get baseline information about who is accessing the system, which clients find it valuable enough to opt into, and begin to monitor trends.
- **Adoption and utilization metrics**- Having progressive adoption goals and metrics is important at implementation. Network partners are responsive   to seeing utilization rates, and project staff can target communication and training based on the results. Thus far, Network Partners are most interested in the average daily log-ins of their users, the number of clients in the platform, and the number of referrals sent.

Cost and Sustainability

- **Tiered pricing**- Stakeholders have been very clear that a solution needs to be affordable for the varying sizes and types of organizations that participate. For this cross-sector type of system to function as intended, a wide variety of organizations need to be Network Partners and not all will be able to pay market rates.

<u>Interoperability</u>
There are two important elements to interoperability: the ability for the shared platform to interface with other systems and the willingness and ability of other vendors to create an interface. CRN has been built with the intention of interfacing with other systems and has begun conversations with CCMCN and Aunt Bertha, among others.

QHN has identified that the ability to refer outside of our own platform, such as to Aunt Bertha, is important to users. Another lesson learned is that every agency is at a different level with technology and some agencies and their vendors are using outdated technology. QHN has begun identifying the browser used at agency enrollment. We perform regression testing on a variety of browsers with each release, working through issues that result from organizations using browsers like Internet Explorer, which is no longer supported by Microsoft but remains critical to some agencies.

Consent and authorization also have a role in interoperability. Sharing information across sectors and agencies is already a new concept to many users and we receive a lot of questions about what is covered in the authorization and what is appropriate to have in the system. Clear policies and structure around data sharing, training for system users, and communication to the users and clients within the system is critical.

<u>Stakeholder Input</u>
- In the early design meetings, we covered specific features and functionality at a level of detail that was too soon. By the time the developers were ready to build those particular features/functionalities in the system, the fundamental software/design was different than originally thought, so meetings had to be held again to address the same topics. Going forward, we will only address design around features and functionalities that we are ready to build.
- While having the design committee involved in the design from a high level on features/functionalities, it may have been helpful to instead create more focused groups that met consistently around specific features of the system. This may have allowed more members in the community to participate (various roles within stakeholder organizations in different focus groups). Each participant could have chosen the focus group that they had the most interest in, and participated in just those group meetings vs. attending meetings that may have been addressing features that they did not have vested interest in.

Next Steps Required for Implementation
CRN is currently being implemented in Mesa County with planned expansion into four additional communities. Based on lessons learned, QHN's next steps include:
1) Continue to enroll key organizations into CRN. These organizations are identified and prioritized through direct communication with network partners as well as utilizing reports in CRN to better understand highly utilized services in the community.
2) Focus on increasing utilization with Network Partners through increased engagement, targets and reporting, and assisting with workflow modifications
3) Report regularly and analyze system use and client information. This will enable us to understand usage trends as well as value added in utilizing the tool.
4) Continue to develop the platform based upon client needs and trends identified via CRN reporting.

5) Continue to engage with system users and prospective users to identify successes and challenges and continue improving the user experience and impact to community members, both from a technical workflow standpoint as well as community collaboration.
6) Partner with the State and other organizations to promote interoperability and data feeds.