

Date: April 8th, 2021

Break Out Session Title: Care Sector Coordination

Facilitators: Dr. Michael Klinkman, Kim Bachelder

Summary: Group consisted mostly of provider organization staff, many just beginning to work on cross-sector care; the conversation addressed a few major topics.

Some **general discussion points** from participants:

- Social needs create barriers to care.
 - If we don't address social needs, individuals will never be able to prioritize their health needs (getting vaccinations, check-ups, treatments, etc.)
 - Cross-sector care will enable referrals to be made to trustworthy caregivers (on the community side)
- At present, alignment between provider organizations, health plans, and payors on how to address SDoH needs improvement

Topic 1: Is the Gravity Project care model the correct one for social care? Is this the way to approach moving of social information?

- SDoH screening alone is not enough to match people to what they really need for social services....but
- SDoH screening can be used as a starter prompt for caregivers to then go deeper and assess specific needs
- Medical care providers code information differently than community providers, so a common model and care some form of mapping is needed

Topic 2: What is most necessary when managing all the different sectors of help for a patient? COMMUNICATION and TRUST

- So much better if there is direct communication between care providers and clients/patients around needs being met
 - builds patient trust in the process
 - makes it more likely that patients/clients will disclose problems and accept assistance
- On the medical side, care conferences are very important – whether in-person, virtual, or technology-enabled
- For complex patients, some SIM CHIRs created interdisciplinary care coordination teams staffed by medical and community-based organizations

Topic 3: How do new communities or provider organizations get started?

- This is a huge issue!
- The process is not necessarily linear (step-by-step)
- Some of the basic steps in the process of building cross-sector collaboration
 - mapping core community resources
 - working to build a common vision among stakeholders
 - Building relationships with the major CBOs
 - Relationship building steps – convening, scaling, co-design
- There are experts in this process who can provide assistance

Topic 4: Needed infrastructure (with some examples from SIM CHIRs)

- Some sort of shared technology platform (between medical and social care providers) that can serve several purposes
 - update a patient/client’s progress for all to follow
 - allow all caregivers to communicate efficiently
 - provide a central spot to send secure messages to each other
- This type of communication can be extremely beneficial
- Referrals for needed services can be routed through this type of platform as well

Key Takeaways:

Communities and POs will need assistance to get started – and sooner rather than later. This process takes time, and requires a common vision among stakeholders.

Social needs are critically important. If we don’t address social needs, individuals will never be able to prioritize and achieve their health goals or meet their needs

Infrastructure to link sectors is important. Developing local platforms that can connect all caregivers and provide a central place for communication and tracking will be important

Recommendations:

1. Work to create and disseminate a basic ‘community guide’ to assist new groups (new communities or new provider organizations) in planning to develop and implement cross-sector care.
2. Find a way to improve alignment between payors, health plans, and provider organizations on enhancing SDoH capacity.

Appendix:

- **Breakout session material**
- **Attendees and orgs they represent**