SDOH: What’s data got to do with it?

Government Entities

AGENDA

10:00 – 10:25 a.m.
Presentation of Background and Purpose

10:30 – 11:30 a.m.
Break Out Rooms and Facilitated Discussion/Discovery/Feedback

11:30 – 12:00 a.m.
Regroup: Next Steps?

HOUSEKEEPING

This session, and each breakout room, is being recorded

Please feel free to ask questions and make comments by unmuting or by using the chat function

Please take a moment to type into the chat the main reason you are attending today.
MiHIN SDOH Program Team

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In Partnership With:
Workshop Purpose:

- A series of conversations to identify barriers to cross-sector care and data exchange that impacts
  - Community based organizations and social care providers
  - Healthcare organizations
  - Government entities
- A concentrated opportunity to provide feedback towards a statewide social care data exchange strategy
Michigan Health Information Network Shared Services (MiHIN) 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, MiHIN 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 better care, better outcomes and lower costs.

Technology is a tool. Humans are the energy. Technology allows humans to connect, communicate, and collaborate.
Who is attending: Summary of attendees

AAA3C
ACL
Administration for Community Living
Alger Marquette Community Action Board
Area Agencies on Aging Association of MI
Area Agency on Aging of Western Michigan
Benzie Area Chamber of Commerce
Benzie Leelanau District Health Dept
Berrien County CEDAM
Cheboygan Housing Commission
CHRT
City of Albion
City of Flint
City of Hart
City of St. Clair Shores
Detroit DisabilityNetwork
District Health Department #10
DTE
Eastern Michigan University
easterseals MI
Eaton County Human Services Collaborative Counsel
EUP Regional Planning
Family Learning Institute
Fiduciary
FRBC
GenesisHOPE
Greater Flint Health Coalition
Habitat for Humanity Detroit
Harvest Time Christina Fellowship
HealthWest
HHS
Interoperability Institute
Jackson County MDHHS
Joy Southfield CDC
Kent County Essential Needs Task Force
Lakeshore Regional Entity
Lifeways Community Mental Health
Macomb community action
MCA
MDHHS
MDHSS-MCPD QIPD
MI Coalition Against Homelessness
Michigan
Michigan Department of Health and Human Services
Michigan Dept of Health and Human Services
Michigan Environmental Council
Michigan Health Information Network (MiHIN)
Michigan Multipayer Initiatives
Michigan Public Health Institute
Michigan State University Extension
Michigan Works!
Michigan. Dept. of Health and Human Services
MiHIN
MPHI
MSHIELD
National Interoperability Collaborative
New Beginnings CDC
Northpointe
Oakland County Health Division
Office of Senior Services
ONC
Red Maple Resources, Inc.
Region 2 Area Agency on Aging
Region 4 Area Agency on Aging
Senior Resources of West Michigan
Single Family Living
Southeastern Michigan Health Association
STARS
State of Michigan
State of Michigan Land Bank Authority
The Joint Commission
The Senior Alliance
Tri-County Office on Aging
United Way for Southeast MI
Upper Peninsula Health Plan
Village of Elk Rapids
Washtenaw County Office of Community & Economic Development
Washtenaw County Office of Community and Economic Development
Wayne MetroCAA
Western UP Planning & Development Region (WUPPDR)
WHIL
What goes into your health?

Social determinants of health have tremendous affect on an individual's health regardless of age, race, or ethnicity.

Socioeconomic Factors:
- Education
- Job Status
- Family/Social Support
- Income
- Community Safety

Physical Environment:
- 40%

Health Behaviors:
- 30%
  - Tobacco Use
  - Diet & Exercise
  - Alcohol Use
  - Sexual Activity

Health Care:
- 20%

SDOH Impact:
- 20 percent of a person’s health and well-being is related to access to care and quality of services.
- The physical environment, social determinants, and behavioral factors drive 80 percent of health outcomes.

Environments in which people live, work, play that impact their health; Data of social care can help to identify important disparities that impact health and how to improve environments

Social Determinants of Health:

- Social Care Data
  - Social Need
  - Social Care Outcomes

- Social Care Data
  - Social Care Goals
  - Social Intervention History
  - Social Problem Diagnosis
MiHIN’s Goals for the SDoH Program

To enable the collection and exchange of social data at the point of care to:

• Support cross-sector care coordination
• Provide comprehensive data for population health improvement

MiHIN is doing this by developing and implementing content and exchange standards for:

• Social needs screening
• Social problems (diagnoses)
• Social interventions
Social Data and Care in Michigan
2005-present

- CMS Multipayer Advanced Primary Care
- CMS CPC+ (>400)
- CMS Michigan SIM Demo [5 CHIRs]
- CMS Accountable Health Community
- CMS Primary Care First (>40)

BCBSM Value Partnerships
PGIP  PCMH  PCMH+  OSC  PDCM  BH int  VB reimb  SDoH initiative

2005  2010  2015  2020

MDHHS – MiHIN
SDOH Collaboration
Health Equity funding
BCBSM CQI initiative
Pandemic Impact
MiHIN’s Strategy to Support Cross-Sector Data Exchange

✓ Build on the foundation of a common care model to support cross-sector care coordination

✓ Work with the national Gravity Project to develop standards for social care data exchange

✓ Use MiHIN’s existing tools and services wherever possible

✓ Work with IT vendors willing to employ Gravity and MiHIN standards
Who are the participants in this work?

- Patients/clients and their caregivers
- Medical care providers
- Social services providers (formal and informal)
- Public health providers and officials
- Medical care payors (insurers)
- Social services payors (multiple)
- Local/regional/state/federal governments and agencies
The 4 sectors and 6 systems engaged in a CIHN

- Health care delivery system(s)
  - Medical care
  - Behavioral health

- Public Health
  - Environment and Infrastructure
  - Maternal/child health

- Social care
  - Human services (ex: Housing services)

- Government [Local]
  - Educational system
  - Judicial system [Leadership]
Structural and operational ‘building blocks’ in a CIHN

Public Health
- SDoH/BH screening
- Medical screening
- Environmental action
- PH emergency services
- Referrals

Health care delivery system(s)
- SDoH/BH screening
- Care coordination
- Referrals

Social care
- SDoH/BH screening
- Medical screening
- Social navigation
- Care coordination
- Referrals

Government [Local]
- Governance
- Stakeholder alignment
- Resource allocation
- Policy alignment
- PH emergency services

Infrastructure
Human and technical infrastructure necessary to connect stakeholders – common care model, communications infrastructure, IT infrastructure (hubs, applications)

Standards
Data capture, coding, exchange
Documentation and reimbursement
Use cases (scenarios) for cross-sector care

- High-cost Medicaid (‘superusers’)
- Dual eligible (Care+Caid)
- Medically complex CMH
- End of life care (palliative care)
- SUD/opioids
- Population health uses
  - Risk stratification
  - Prospective complex care management
- Homeless/housing insecurity
- Re-entry
- Aging in place (senior care)
- Education (children at risk)
- Refugee resettlement
- Employers
General model for cross-sector social care

Medical care sector:
- Screening
- Diagnosis
- some follow-up

Community sector:
- Problem ID
- Intervention
- Follow-up
- some screening

Screening → Diagnosis

Problem ID → Treatment

Intervention → Follow-up

Monitoring

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Example: School-based screening and assistance

Educational sector [ISD]:
- Screening
- Assessment
- Referral
- Some treatment

Community sector/medical sector:
- Assessment
- Intervention
- Follow-up

Screening
[ACES, MH, social]

Assessment
[problem ID]

Intervention
[treatment, referral]

Monitoring/
Follow-up
Draft Community child-adolescent behavioral health care model for Jackson, MI

Source: M. Klinkman 3/2019
### Some examples of Michigan government/agency use cases

<table>
<thead>
<tr>
<th>Agency</th>
<th>Use case</th>
<th>Cross-sector connections</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>MDOC Several Counties</td>
<td>Re-entry</td>
<td>Housing, employment, social services, health care, SUD care</td>
<td>First conversations with Washtenaw County, MDOC</td>
</tr>
<tr>
<td>Several</td>
<td>Refugee resettlement</td>
<td>Housing, employment, social services, health care</td>
<td>Needs assessment with JFS, Samaritas</td>
</tr>
<tr>
<td>MDOE Regional ISD</td>
<td>School-based screening and assistance</td>
<td>Mental/behavioral health, social services, CPS, health care</td>
<td>Ongoing conversations with MDOE</td>
</tr>
<tr>
<td>Area Agencies on Aging</td>
<td>Comprehensive senior services</td>
<td>Mental/behavioral health, social services, APS, health care, care transitions, palliative-hospice care</td>
<td>Conversations with 4AM Washtenaw WISE pilot R2 AAA integration (Jackson) MHEF - NM AAA ADT linkage</td>
</tr>
<tr>
<td>Washtenaw County OCED</td>
<td>Barrier Busters community hub</td>
<td>All CBO and CDO services organized through OCED</td>
<td>Beginning implementation, will link to Washtenaw WISE</td>
</tr>
</tbody>
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Current challenges for social care data exchange

- Establishing shared vision for social care, data exchange, and CIE
- Maintaining alignment – within and across sectors
- Engaging and orienting community stakeholders
- Onboarding organizations to ‘new’ set of use cases
- Multiple administrative and workflow barriers
  - Point of care data capture is perceived as a burden by clinicians, CBOs
  - Inconsistent requirements/protocols across range of payors
  - Need MOUs/agreements for sharing across multiple data owners
- Data governance and stewardship issues
  - Who ‘owns’ SDOH data?
  - Is it HIPAA-protected?
  - Who gives consent for sharing, and how far does consent extend if not HIPAA?
- Solving value and reimbursement issues
Facilitated Discussions:

1. Collection and sharing of social care data
2. Referring individuals in need. Workflow and process
3. Organizational capacity
Breakout Room Instructions

• PLEASE use this opportunity to BE HEARD and SPEAK UP
• 5 Facilitated Breakout Rooms
• Transferred Automatically
• If you have any problems with connectivity, please contact: Katy Lewis Katelyn.lewis@mihin.org or 734-626-4375
Questions:
1. Do you understand why there has been greater emphasis on screening for social care needs in your practice?
2. How has your practice implemented social care needs screening?
3. What value is there for you in working with social care problems?
4. Do you ever assign z-code diagnoses when you’re working with patients?
Questions:
1. How does collecting social care needs screening and follow up activities affect your practice workflow?
2. How do you refer people to other services in the community? What are the challenges in doing so?
3. When you work with referrals--Does your organization work with or receive referrals through other systems?
4. Are you submitting social needs screening data to MiHIN thorough the SDoH use case?
Organizational Capacity

Questions:
1. Have you thought about how you might be able to use your own social needs screening information to improve your organization?
2. Do you have the ability to work with the social care data that you collect?
3. Are there organizational capacity issues that keep you from being able to engage in more advanced data collection?
Summary and Next Steps:

Where does the work need to go next?

What is the next best step from your perspective?
Thank you!

The MiHIN SDOH Team
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