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**
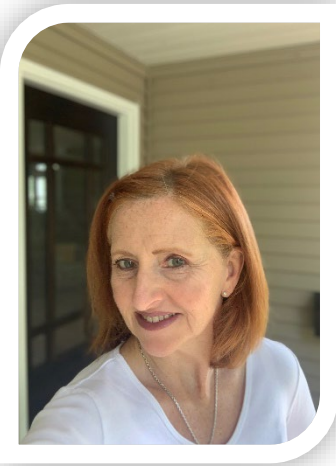- **Please feel free to ask questions and make comments by unmuting or by using the chat function**
- **Please take a moment to type into the chat the main reason you are attending today.**
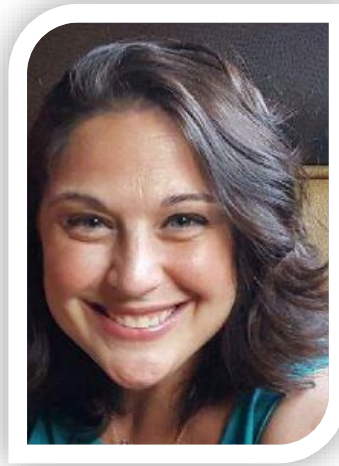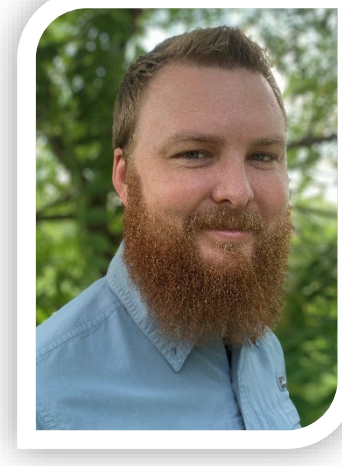
MiHIN SDOH Program Team

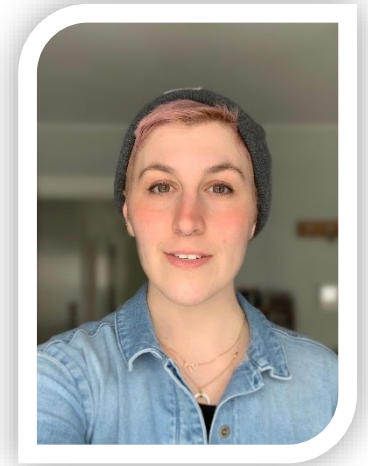**Lisa Nicolaou**
MiHIN SDOH
Program Director

Dr. Michael Klinkman
MiHIN SDOH
Medical Director

Joanne Jarvi
MiHIN Senior
Director of
Outreach and
Market
Communications

Michael Taylor
MiHIN Senior
Product
Marketing
Manager

Sammie Madson- Olson
MiHIN SDOH
Project Manager

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.

A Neutral Network of Networks
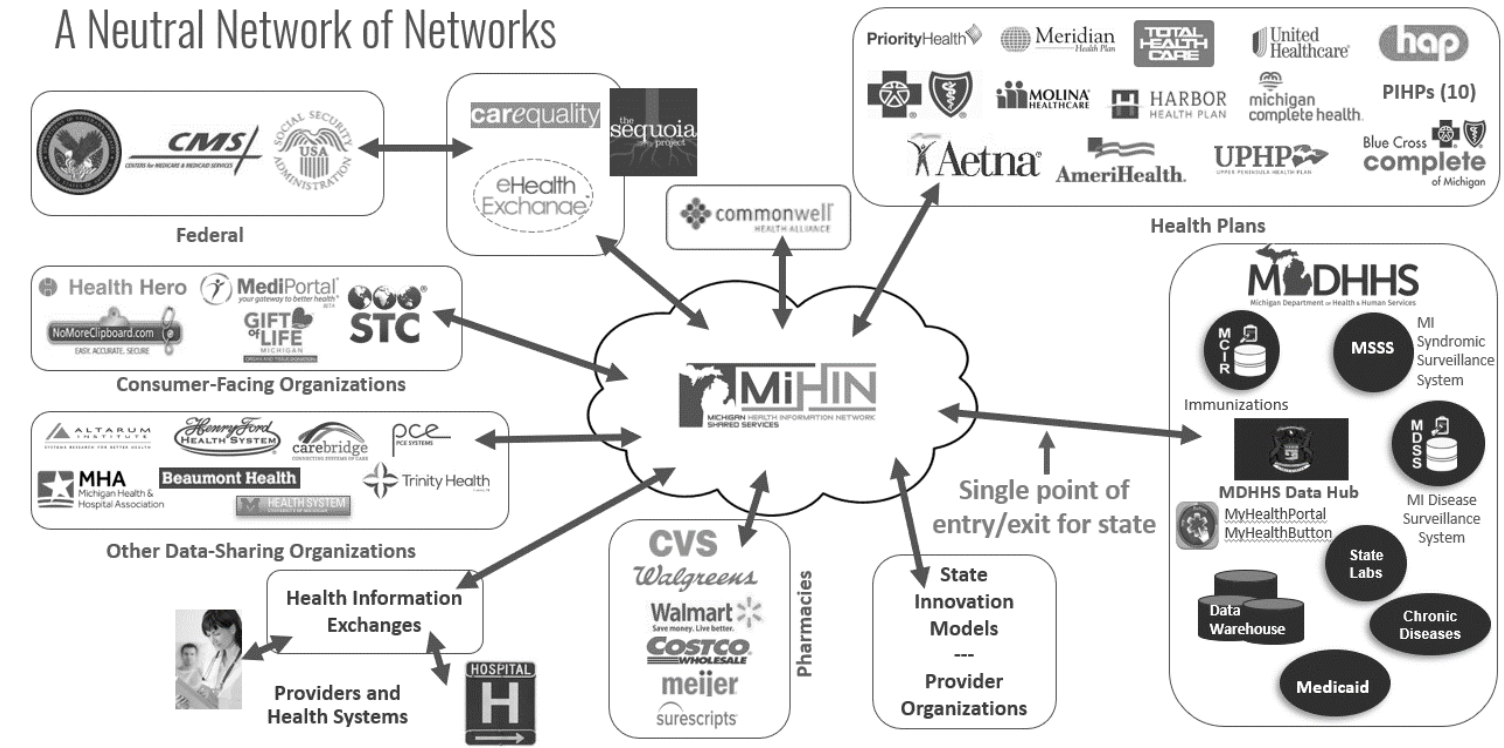
Technology is a tool. Humans are the energy. Technology allows humans to connect, communicate, and collaborate.

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
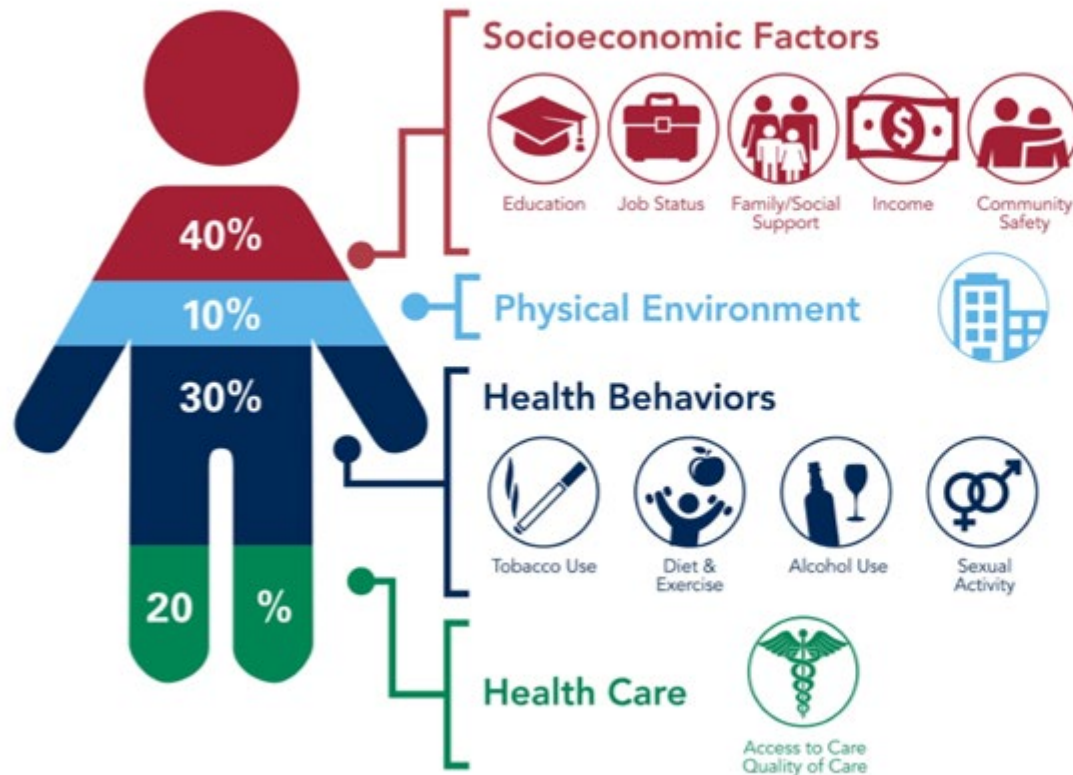- Benzie Area Chamber of Commerce
- Benzie Leelanau District Health Dept
- Berrien County
- CEDAM
- Cheboygan Housing Commission
- CHRT
- City of Albion
- City of Flint
- City of Hart
- City of St. Clair Shores
- Detroit
- DisabilityNetwork

- District Health Department #10
- District Health Dept. #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
- MDHHS-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 Inititiatives
- 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 IV 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 Metro CAA
- 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 — 40%
- Education
- Job Status
- Family/Social Support
- Income
- Community Safety

Physical Environment — 10%

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

Health Care — 20%
- Access to Care
- Quality of Care

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

Source: Institute for Clinical Systems Improvement; Going Beyond Clinical Walls: Solving Complex Problems, 2014 Graphic designed by ProMedica.

Social Determinants of Health:

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 Care Data

Social Care Data

Social Need Screenings

Social Care Outcomes

Social Care Goals

Social Intervention History

Social Problem Diagnosis
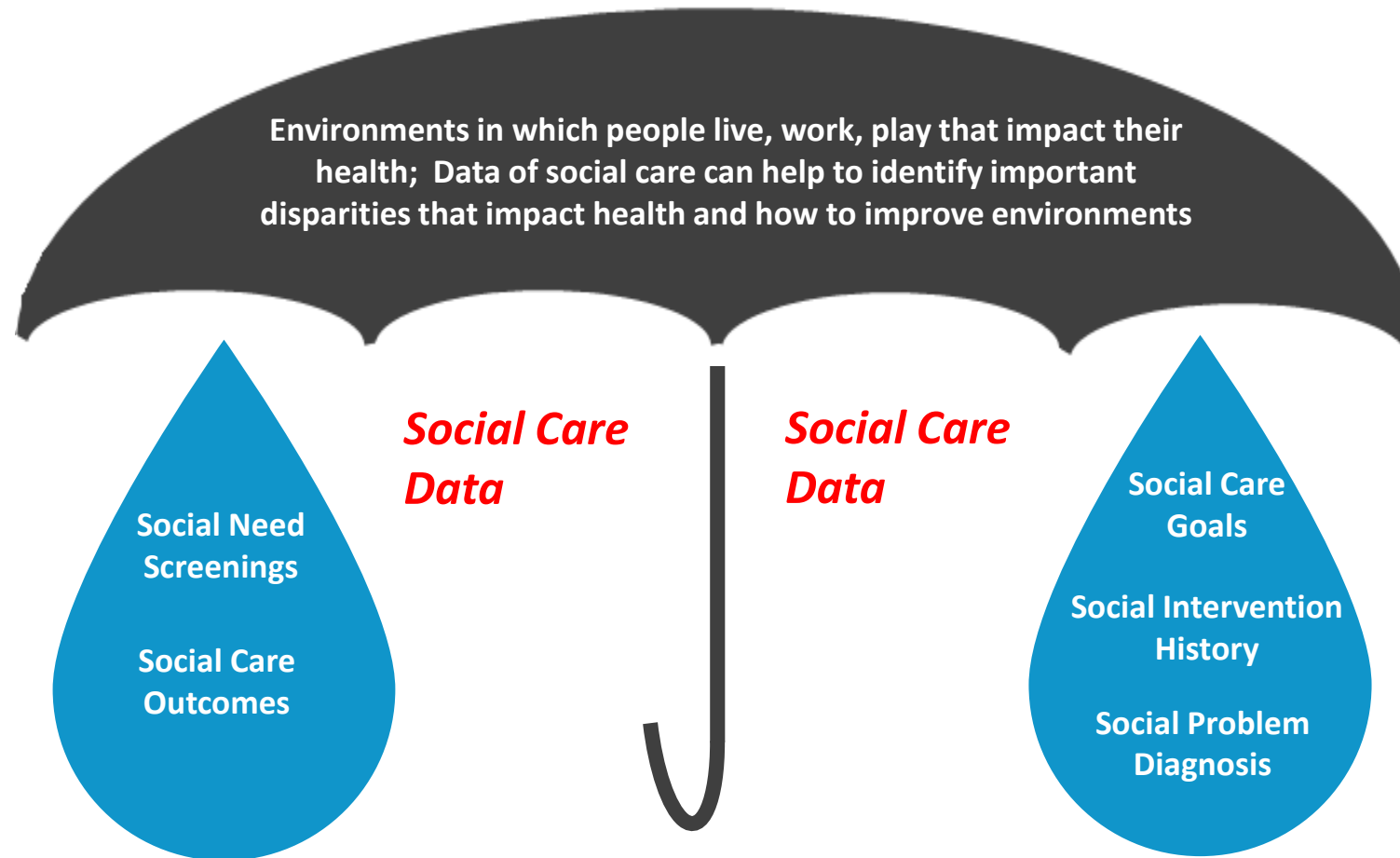
MiHIN's Goals for the SDoH Program

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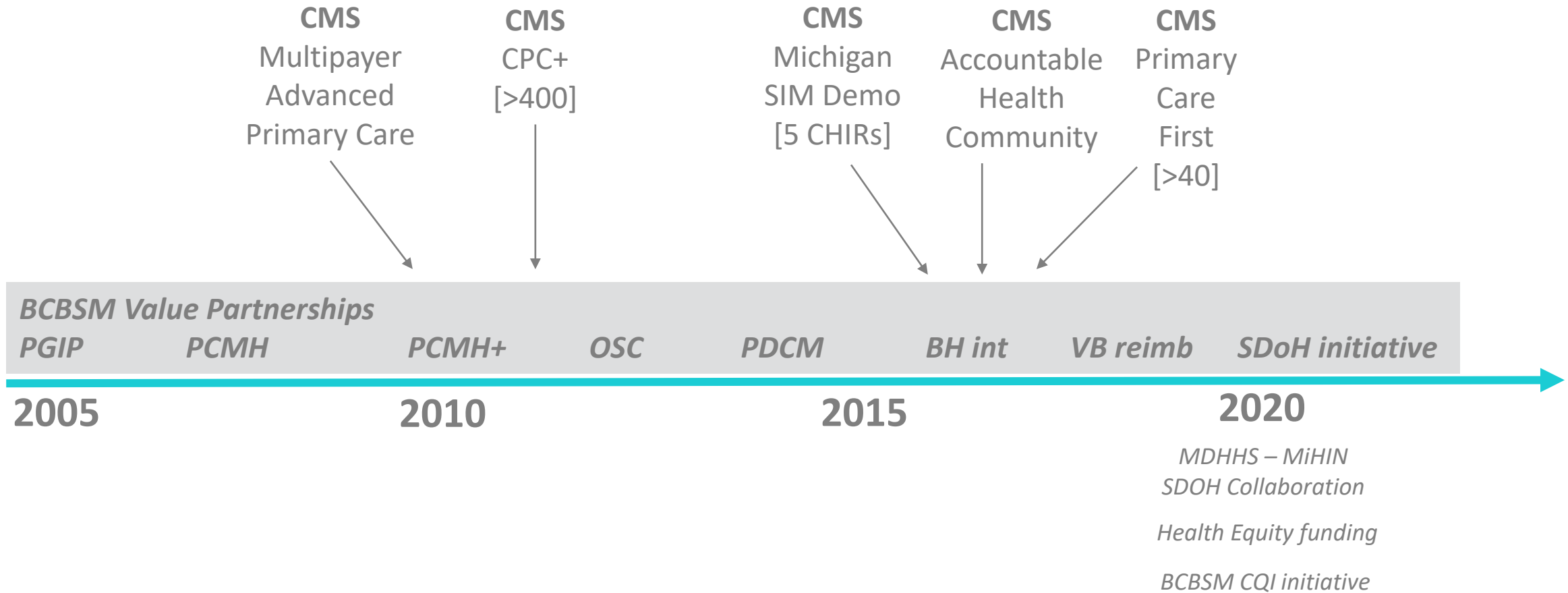*at the point of care to:*

- *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

MiHIN
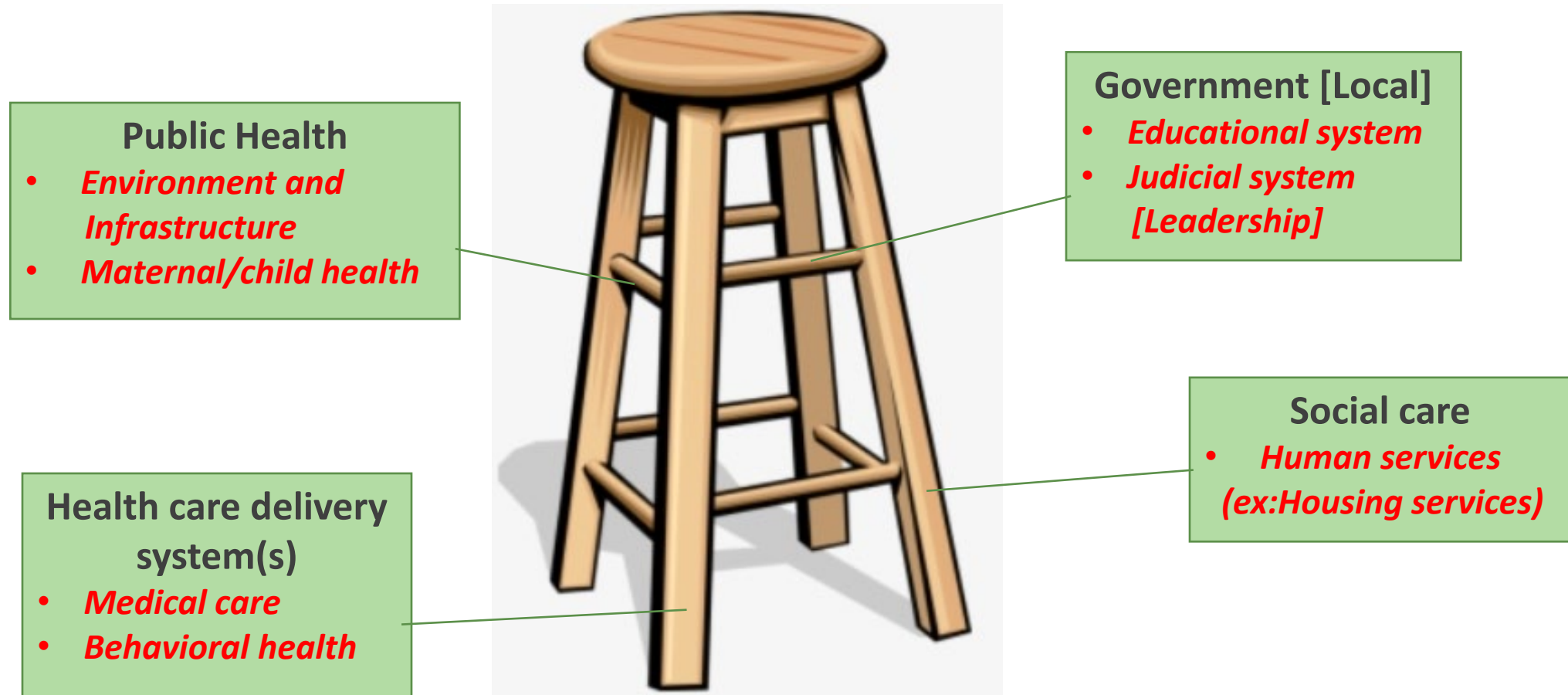MICHIGAN HEALTH INFORMATION NETWORK SHARED SERVICES

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

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

Government [Local]
- *Educational system*
- *Judicial system [Leadership]*

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

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

Structural and operational 'building blocks' in a CIHN

Standards
Data capture, coding, exchange
Documentation and reimbursement

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

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

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

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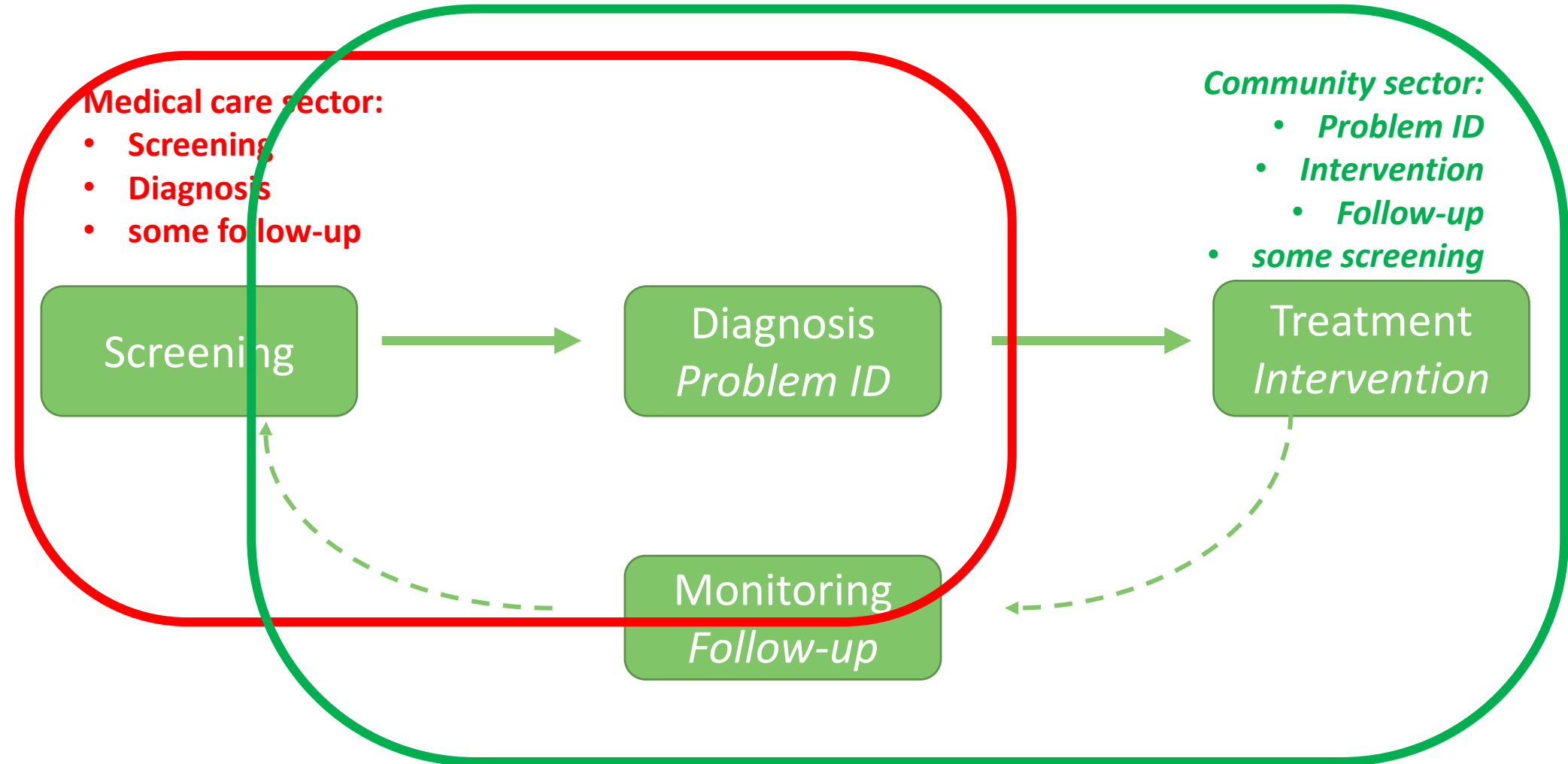- SDoH/BH screening
- Care coordination
- Referrals

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

Copyright 20

MiHIN
MICHIGAN HEALTH INFORMATION NETWORK
SHARED SERVICES

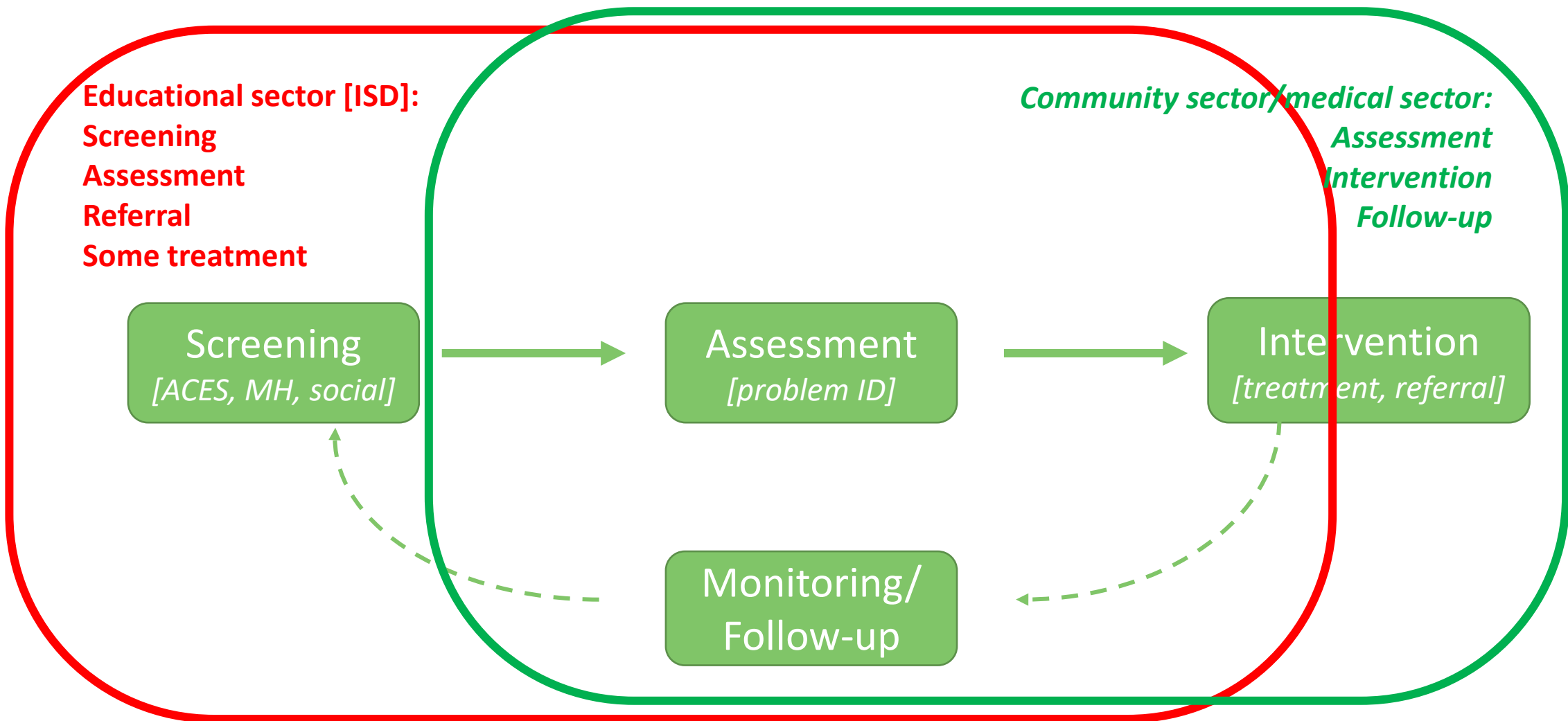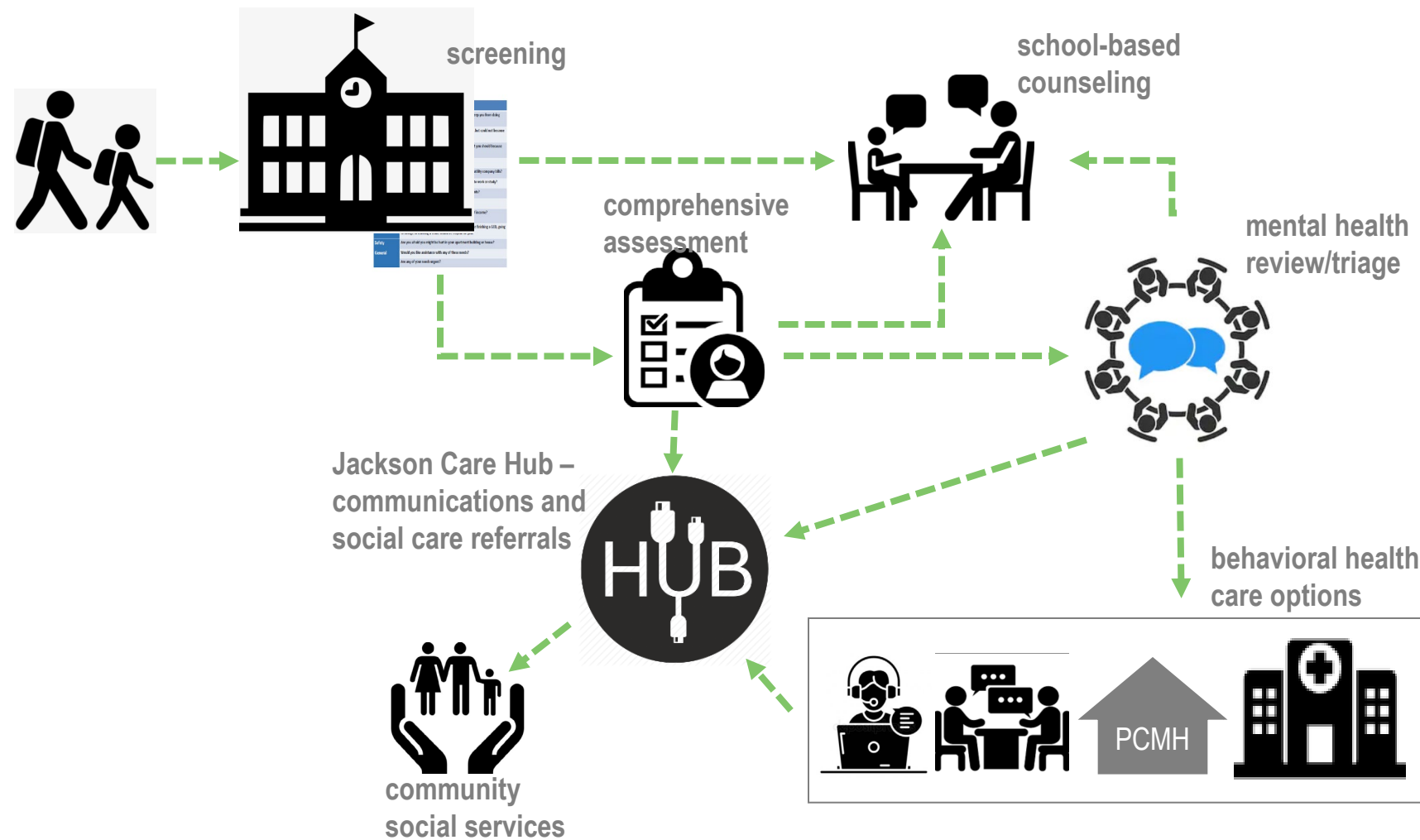# Use cases (scenarios) for cross-sector care

- 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*

Monitoring *Follow-up*

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

screening

school-based counseling

comprehensive assessment

mental health review/triage

Jackson Care Hub – communications and social care referrals

HUB

behavioral health care options

PCMH

community social services

Draft Community child-adolescent behavioral health care model for Jackson, MI
Source: M. Klinkman 3/2019

MiHIN
MICHIGAN HEALTH INFORMATION NETWORK
SHARED SERVICES

Some examples of Michigan government/agency use cases

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

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

Collection and sharing of social care data

Social Care Goals

Social Intervention History

Social Problem Diagnosis

Social Need Screenings

Social Care Outcomes

Social Care Data

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?

Referring individuals in need. Workflow and Process

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?

MiHIN
MICHIGAN HEALTH INFORMATION NETWORK
SHARED SERVICES

Thank you!

The MiHIN SDOH Team

Lisa.Nicolaou@mihin.org