MiHIN
MICHIGAN HEALTH INFORMATION NETWORK SHARED SERVICES

SDOH: What's data got to do with it?

Health Care Provider Teams

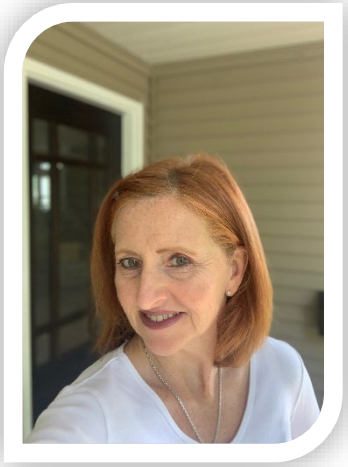
AGENDA

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

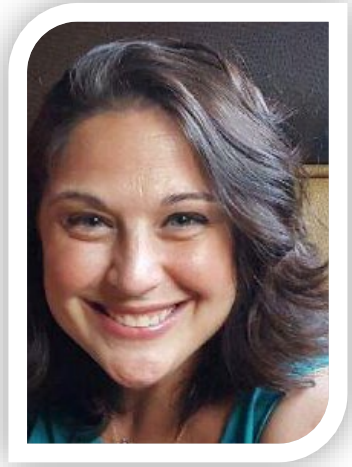
- This session, and each breakout room, is being recorded
- Please feel free to ask questions and make comments by unmuting or by using the chat function
- Please take a moment to type into the chat the main reason you are attending today.

MiHIN SDOH Program Team

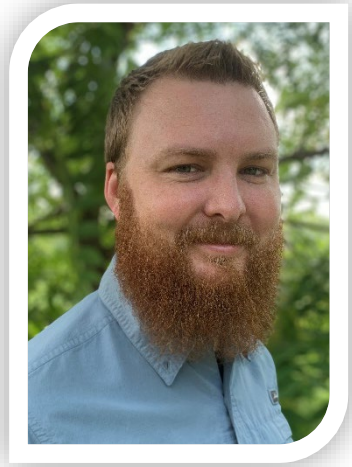


Lisa Nicolaou
MiHIN SDOH Program Director

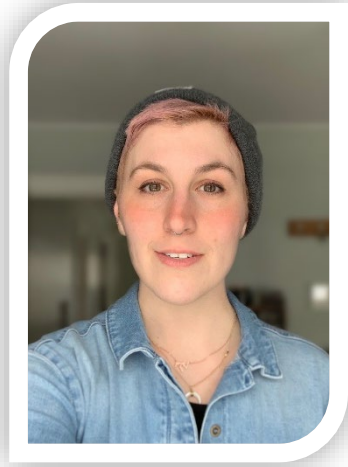
Dr. Michael Klinkman
MiHIN SDOH Medical Director



Joanne Jarvi
MiHIN Senior Director of Outreach and Market Communications



Michael Taylor
MiHIN Senior Product Marketing Manager



Sammie Madson- Olson
MiHIN SDOH Project Manager

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In Partnership With:

Workshop Purpose:

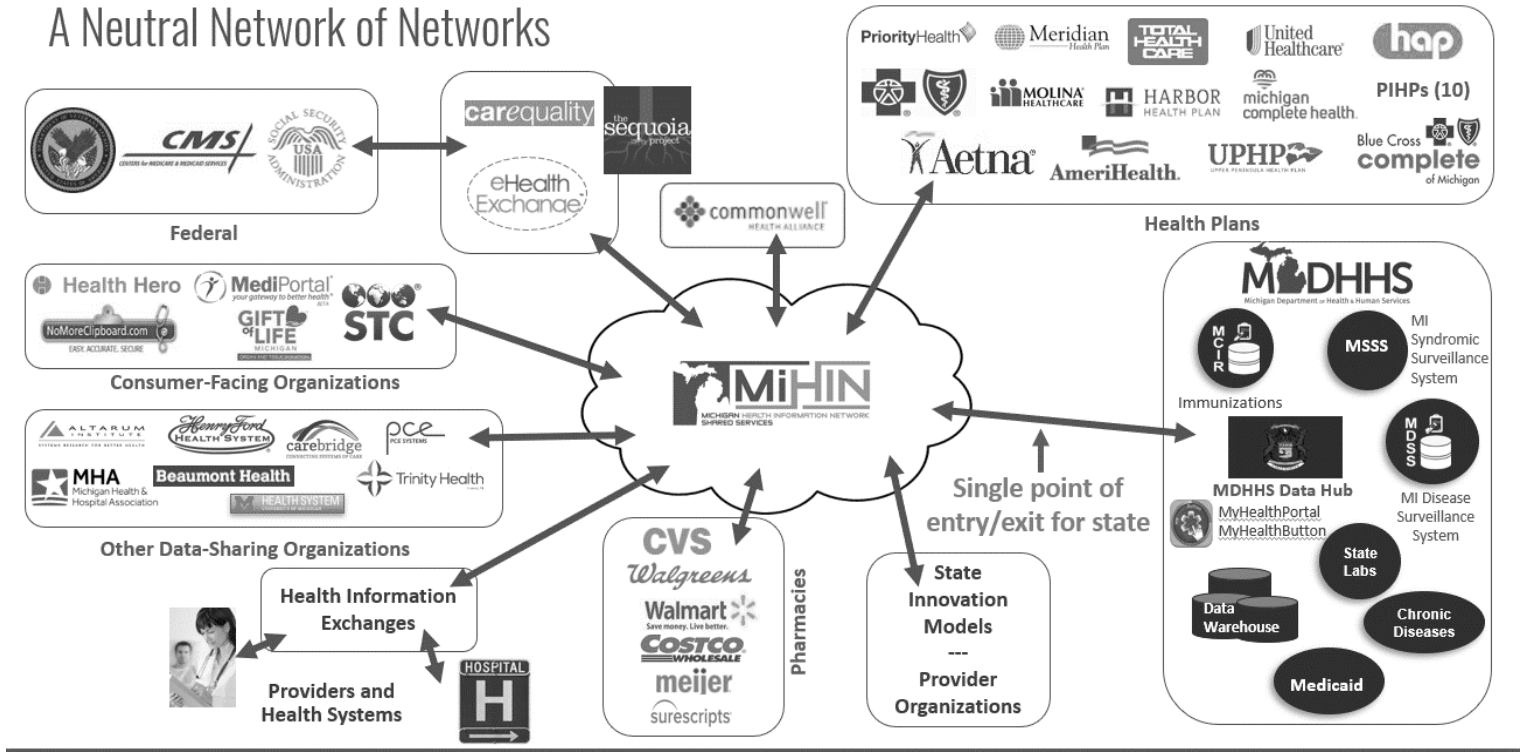
- A series of conversations to identify barriers to cross-sector care and data exchange that impacts
  - Community based organizations and social care providers
  - Healthcare organizations
  - Government entities
- A concentrated opportunity to provide feedback towards a statewide social care data exchange strategy

MiHIN
MICHIGAN HEALTH INFORMATION NETWORK SHARED SERVICES

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

Aetna Better Health of MI

Alcona Citizens for Health, Inc.

Alcona Health Center

Altarum

American Advantage Home Care, Inc

AmeriCorps MI- Southeastern Michigan Health Association

Area Agencies on Aging Association of MI

Area Agency on Aging of Western Michigan

Ascension

Ascension Medical Group

Ascension Medical Group Genesys

Ascension Providence Medical Center South Lyon

Authority Health

Avalon Housing

Blue Cross Blue Shield of Michigan

Business Men & Women Social Club of Detroit

Cadillac Family Physicians

Cadillac Family Physicians PC

Center for Health & Research Transformation

Cherry Health

CHRT

CHTN/HFHS

Community Service Community Development Corp

Complex Care- Michigan Medicine

Development Centers

District Health Department #10

East Jordan Family Health Center

Genesys PHO

Genesys PHO

GLPO

GMP Network

Great Lakes PO

Greater Flint Health Coalition

Greater Flint Health Coalition Inc.

Hastings Internal & Family Medicine

Health Project HUB

HealthShare Exchange

HealthWest

Henry Ford Allegiance Health

Henry Ford Health System

Henry Ford Health System

Henry Ford Macomb Faith Community Nursing Network

HFHS

Holland home

Holland Hospital

Holland PHO

HOM

Homewatch

Hope Clinic

HVPA

HVPA

Integrated Health Partners

Lake Huron PHO

Lakeshore Regional Entity

Lakewood Family Medicine

MCA

McLaren Physician Partners

MDHHS

MDHHS-MCPD QIPD

Medical Advantage

Medical Advantage Group

Medical Network One

MedNetOne

MedNetOne Health Solutions

Melissa Kirshner

Michigan Dept of Health and Human Services

Michigan Medicine

Michigan Medicine

Michigan Primary Care Association

Michigan Works!

MidMichigan Collaborative Care Organization

Mid-State Health Network

MiHIN

Molina Healthcare

Montcalm Care Network

Mott Children's Health Center

MPHI

MSHIELD

MSU

MSU HCI

MSU Health Care

MSU Institute for Health Policy

Munson Healthcare

MyMichigan Collaborative Care Organization

MyMichigan Health

National Council on Aging

National Interoperability Collaborative

NMHSI

Northern Michigan Care Partners

Northern Michigan Community Connections

Oakland Physician Network Services

Oakland Southfield Physicians

Olympia Medical

Olympia Medical LLC and Compliance Medical Services TPA LLC

ONC

OPNS

Ortele LLC

Packard Health

Partners in Care

Portage Health Foundation

Professional Medical Corporation

Red Maple Resources, Inc.

Region IV Area Agency on Aging

Reliance PO of Michigan

SEMHIE

Senior Resources of West Michigan

Silver pine Medical Group

SJMH

Sparrow Health System

Spectrum Health

Spectrum Health Hospitals

St Mary's PHO

St. Joe's

St. Joseph Mercy Health System

St. Mary's PHO

The Physician Alliance

The Physician Alliance / Ascension Medical Group - MI

The Senior Alliance

Tri-County Office on Aging

TTI, Inc.

United Physicians

UnitedHealthcare Community Plan

University of Michigan

University of Michigan

University of Michigan Center for Health Research Transformation

University of Michigan Health

University of Michigan-Ann Arbor

UPHS Marquette

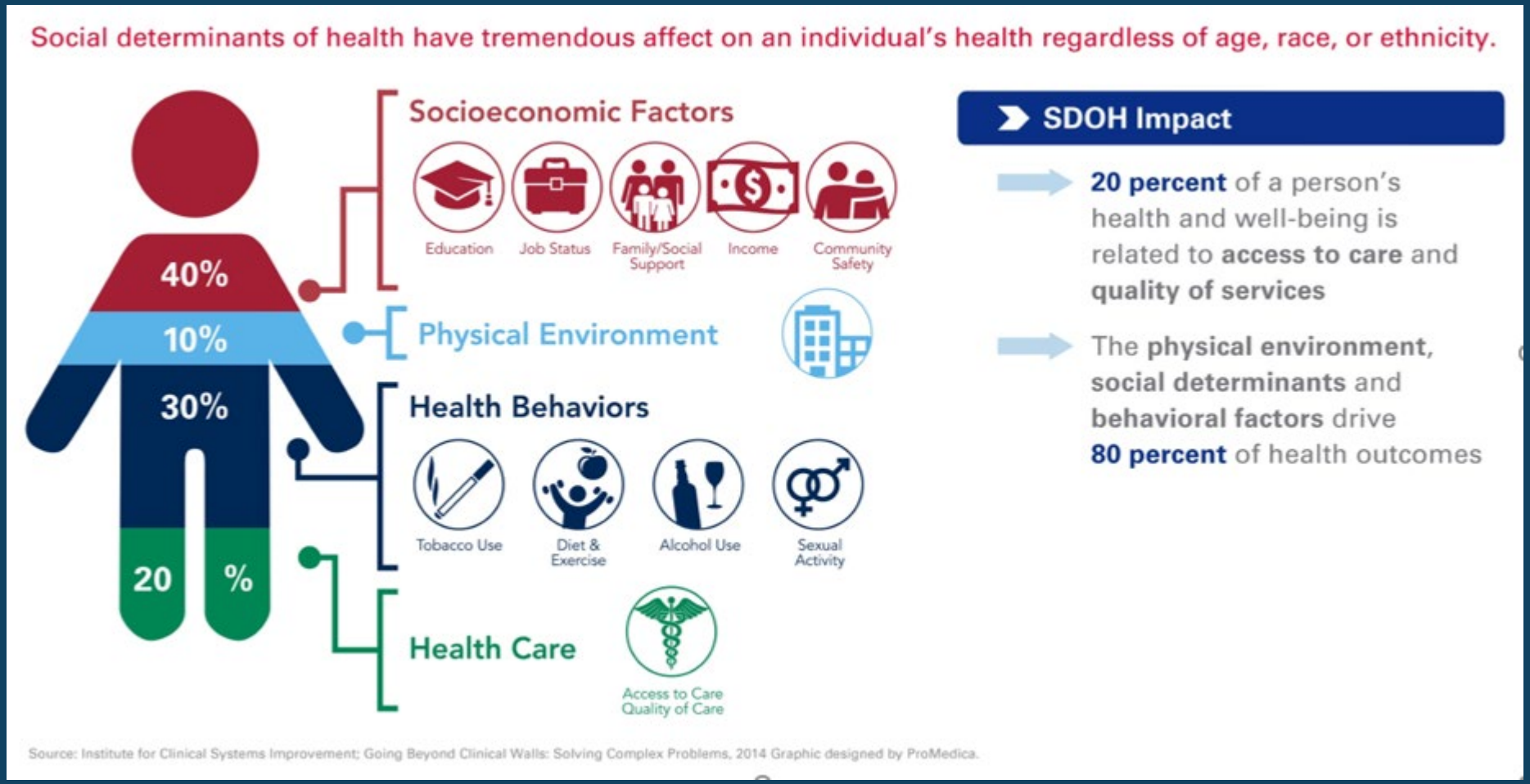
Upper Peninsula Health Information Exchange (UPHIE)

Washtenaw Health Plan

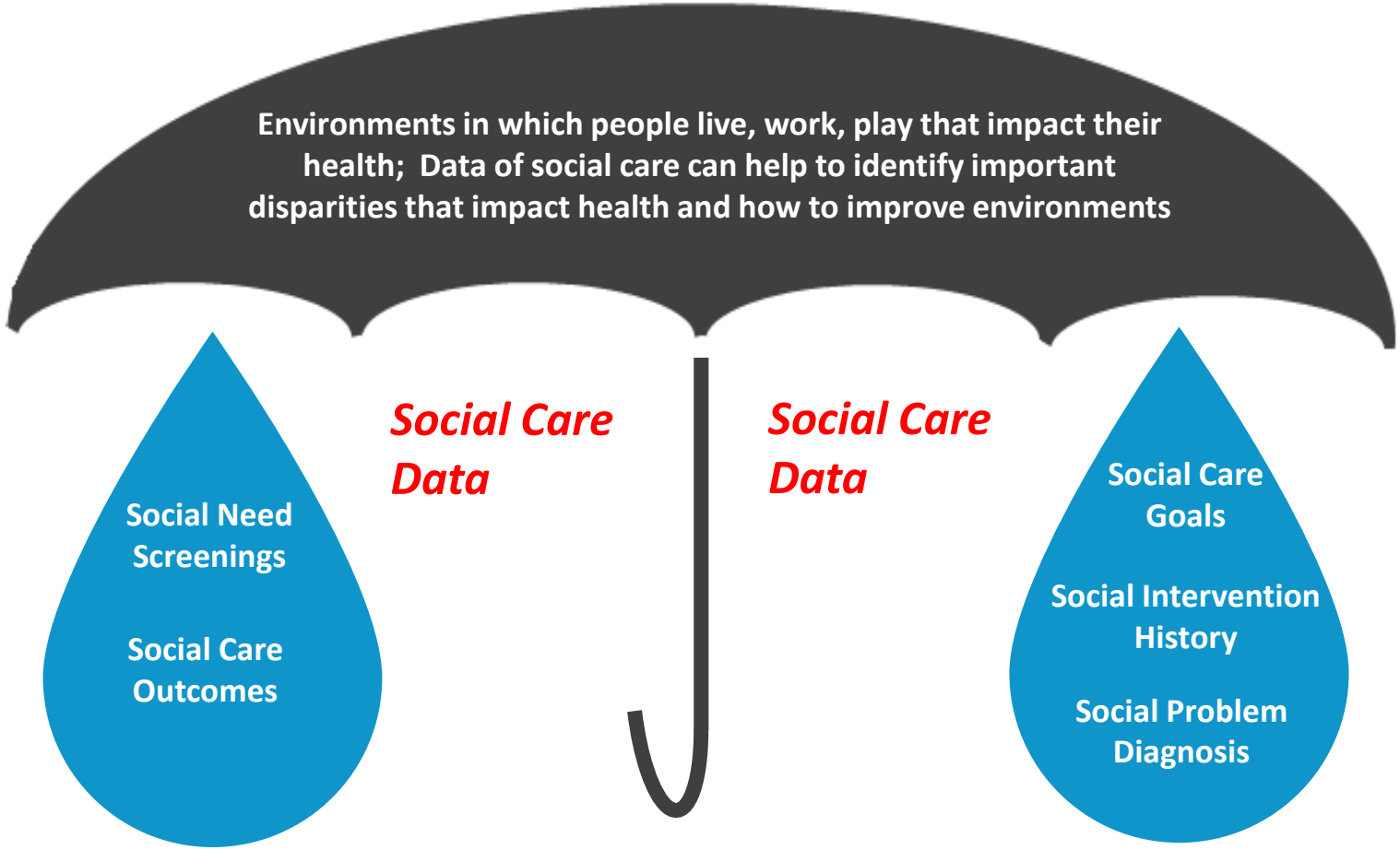
Wayne Metro CAA

Williamson Family Medicine

What goes into your health?



Social Determinants of Health:



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 and to provide comprehensive data for population health improvement

by developing and implementing content and exchange standards for

- *Social needs screening*
- *Social problems (diagnoses)*
- *Social interventions*

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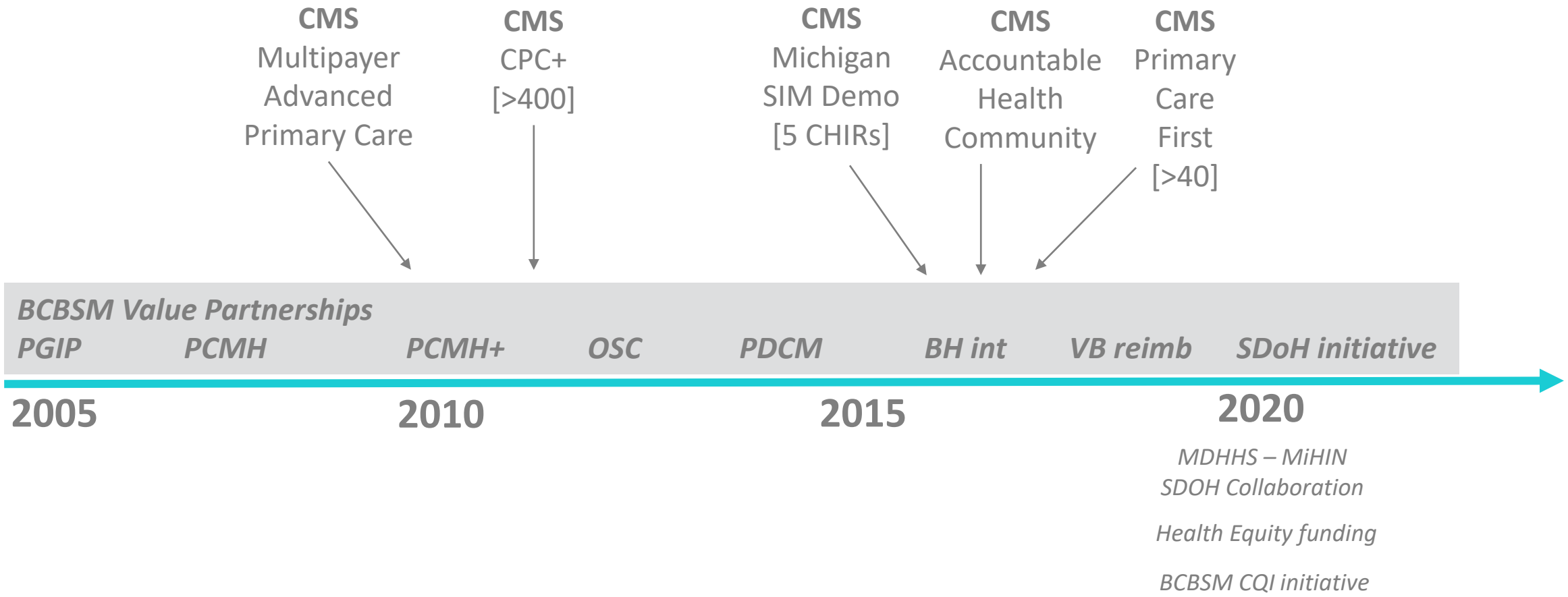
Social Data and Care in Michigan

2005-present



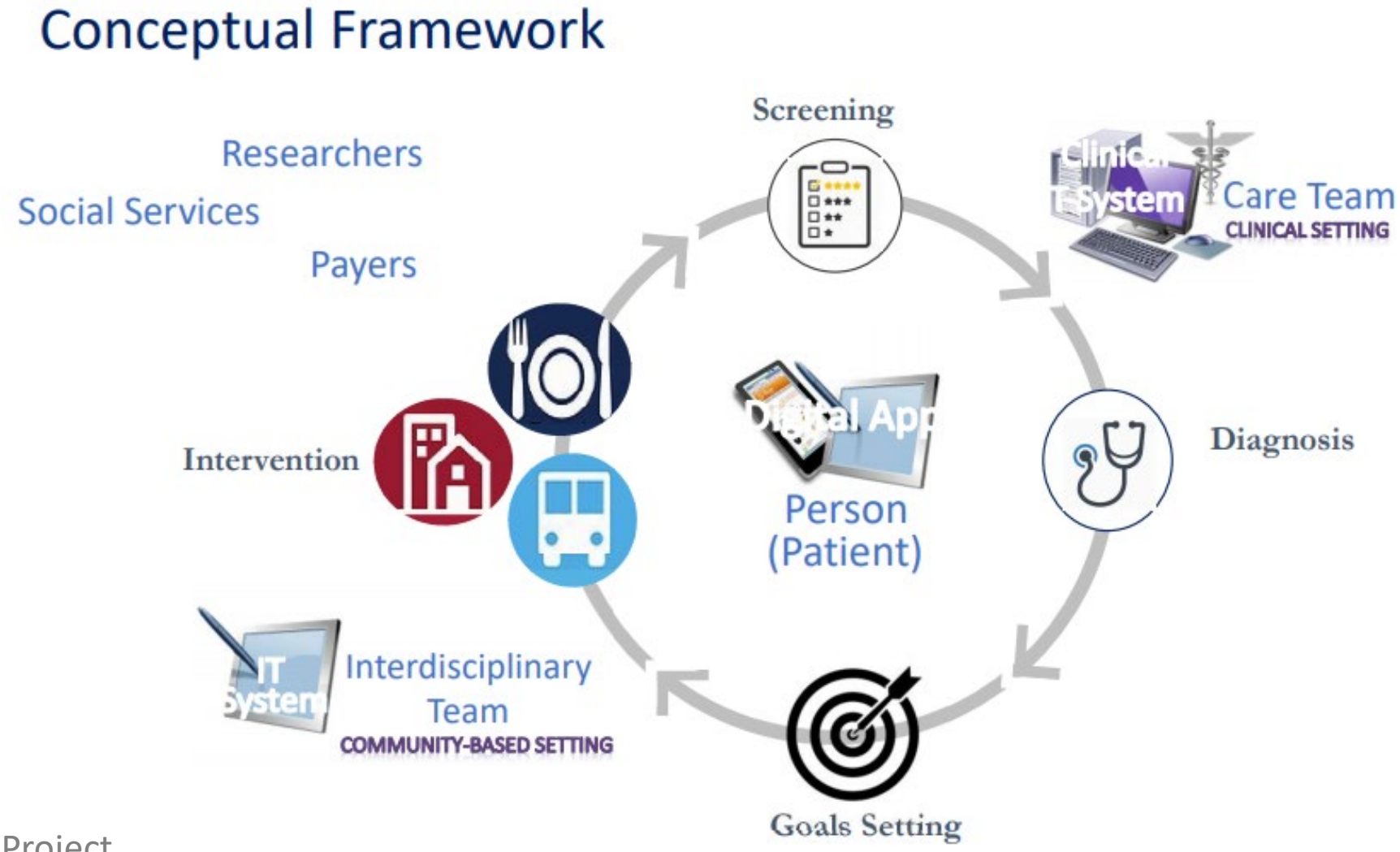
Pandemic Impact

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

MiHIN MICHIGAN HEALTH INFORMATION NETWORK SHARED SERVICES

Gravity Project: overall social care model



Source:
Gravity Project

Role of health care providers in social care

Health care:
Screening
Diagnosis
[Referral]

https://trifolia-fhir.lantanagroup.com/igs/lantana_hapi_r4/SDOH-CC/SDOH-CCBackground.html

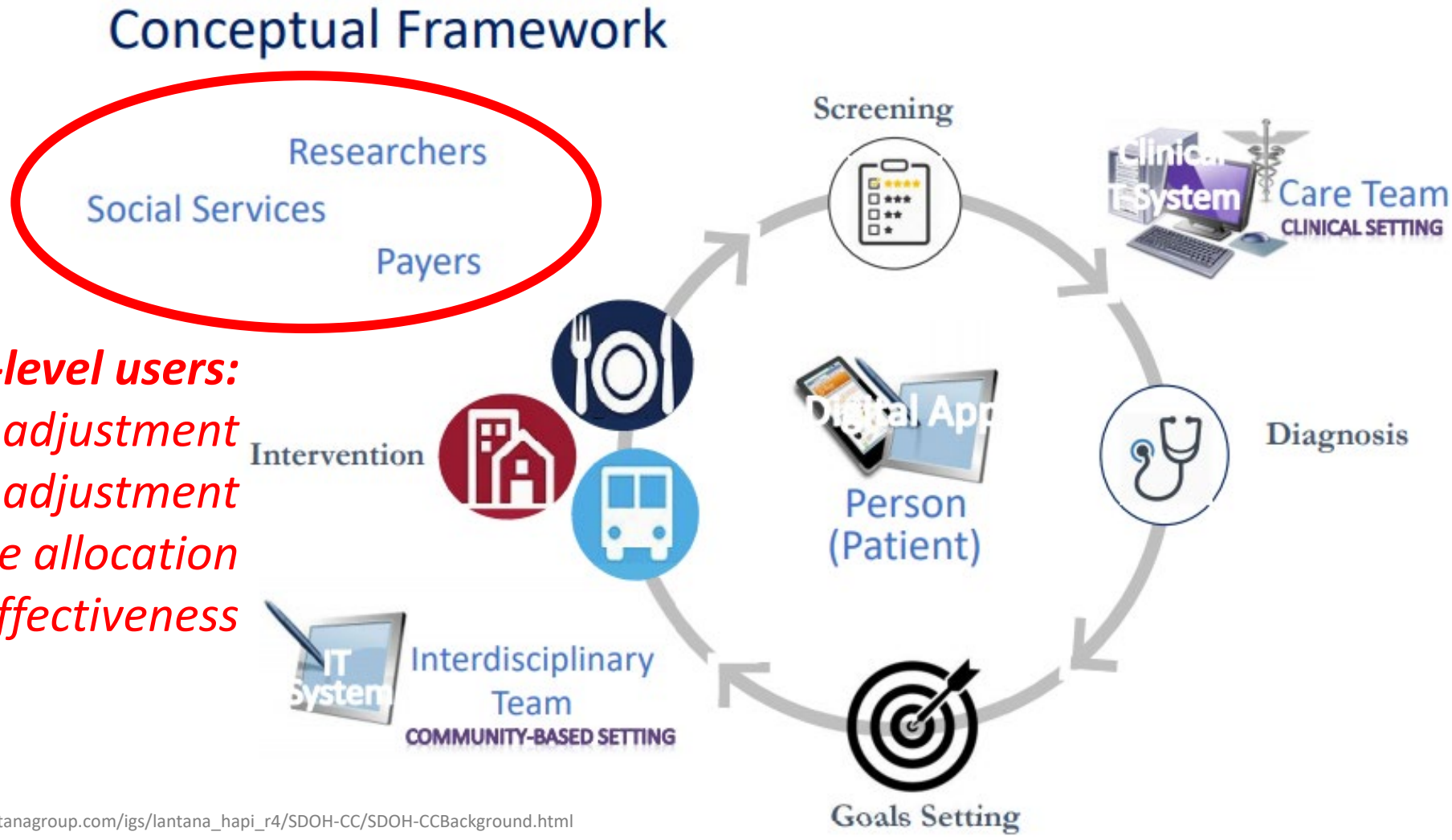
GOAL: **data-level interoperability** by enabling electronic documentation and exchange of SDOH data among all relevant users of data.

Role of social service providers (CBOs) in social care

Social services:
[screening]
[referral]
Diagnosis
Interventions
[Outcomes]

https://trifolia-fhir.lantanagroup.com/igs/lantana_hapi_r4/SDOH-CC/SDOH-CCBackground.html

Value of social care data in population health



Second-level users:

Risk adjustment

Benefits adjustment

Resource allocation

Effectiveness

https://trifolia-fhir.lantanagroup.com/igs/lantana_hapi_r4/SDOH-CC/SDOH-CCBackground.html

GOAL: **data-level interoperability** by enabling electronic documentation and exchange of SDOH data among all relevant users of data.

Standardized language to support social care data exchange

EHRs
- *LOINC*
- *[SNOMED-CT]*

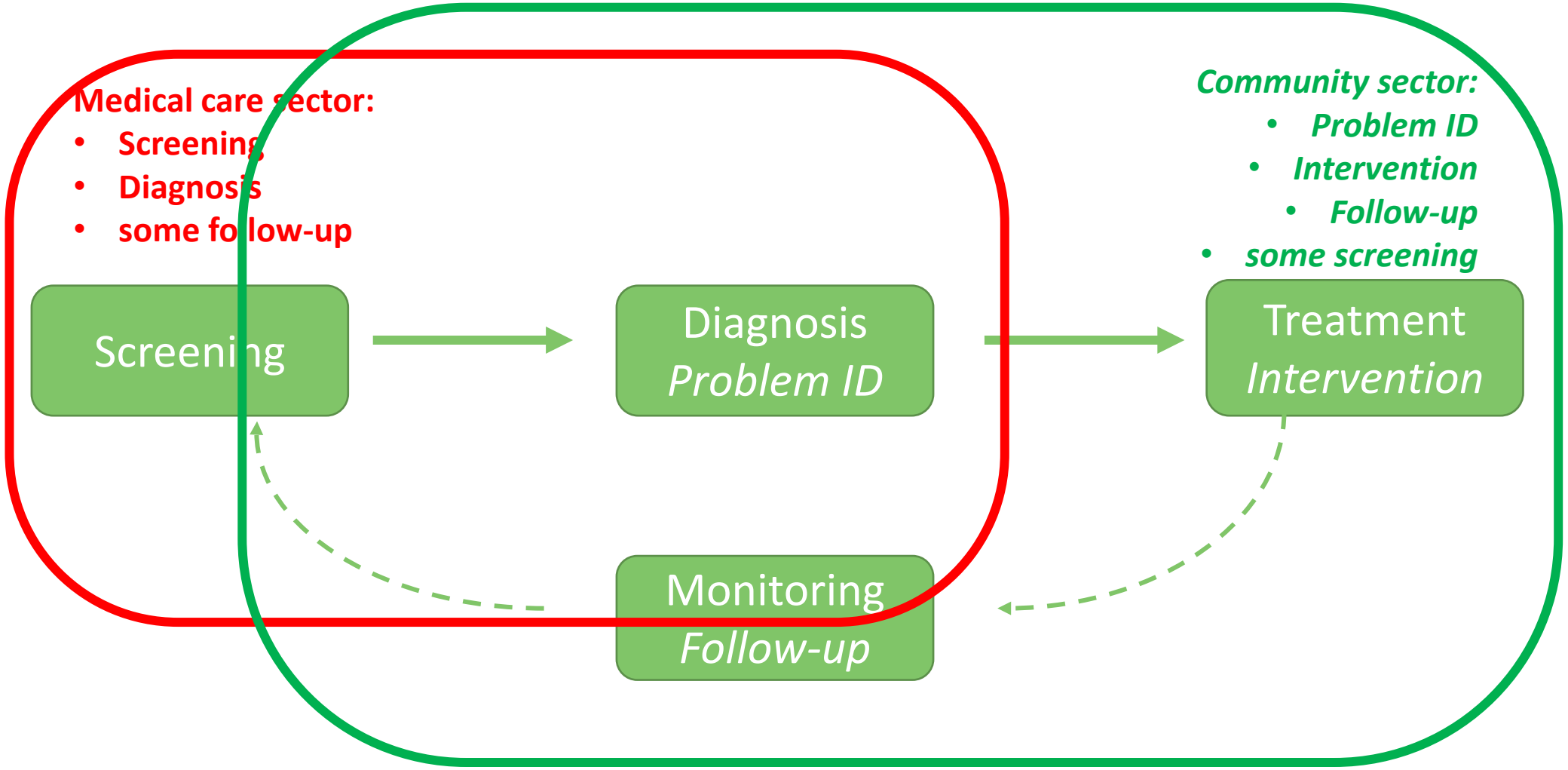
EHRs
- *ICD-10-CM Z codes*
- *[SNOMED-CT]*

Social Service Navigation apps
Community Hubs
- *Standards TBD – options include:*
  - *ICD-10-CM*
  - *CPT*
  - *LA-211 [AIRS] taxonomy*
  - *[SNOMED-CT]*

Care Coordination apps
- *Standards TBD*
- *[SNOMED CT]*

https://trifolia-fhir.lantanagroup.com/igs/lantana_hapi_r4/SDOH-CC/SDOH-CCBackground.html

Cross-Sector Care in social care



Where are we now in Michigan?

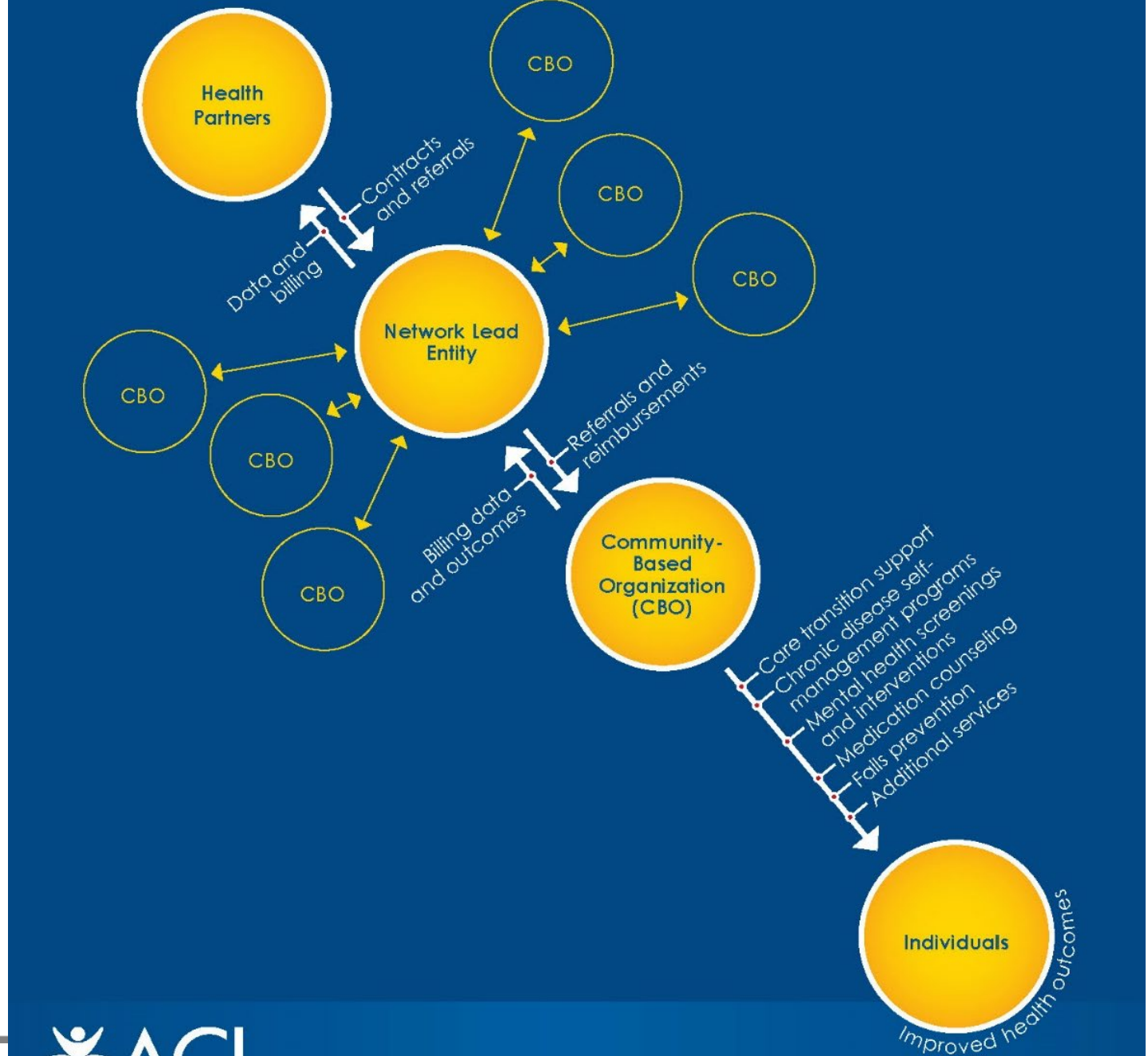
Community Integrated Health Networks (CIHNs)

a model for cross-sector care partnerships

Source:

STRATEGIC FRAMEWORK FOR ACTION:
State Opportunities to Integrate Services and Improve Outcomes for Older Adults and People with Disabilities

Administration for Community Living
June 2020



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ACL Administration for Community Living

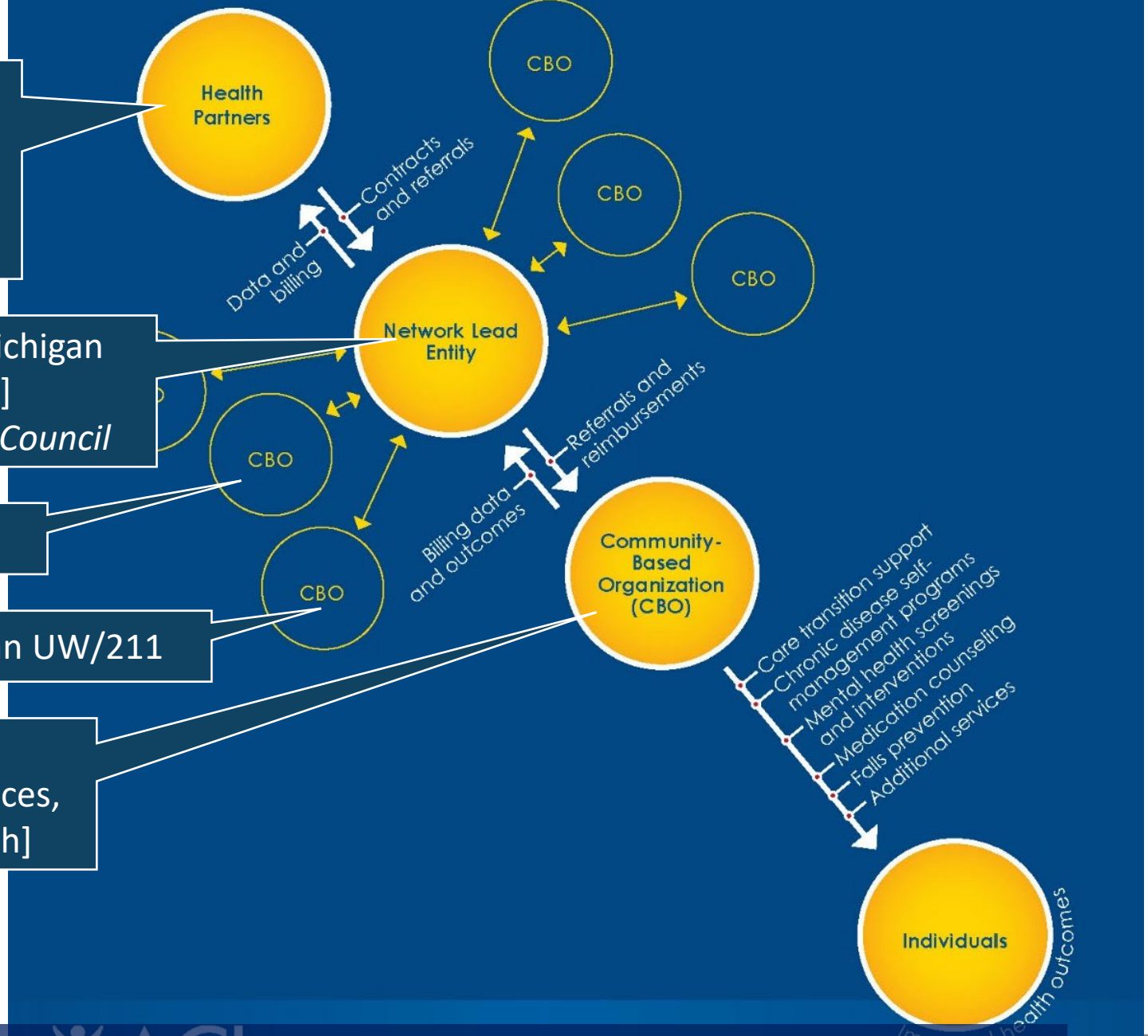
Spectrum Health
Mercy Health [Trinity]
Metro Health [U-M]
Convenor:MiCCSI

Health Net of West Michigan
[social care navigation]
+/- Population Health Council

Area Agency on Aging

Heart of West Michigan UW/211

GRACE Network
[homeless family services,
Pathways-like approach]



Current technology:

Epic [3 health systems]
findhelp
Signify Health
211 resource directory
TBD [Health Net]
Healthify [? CBOs]

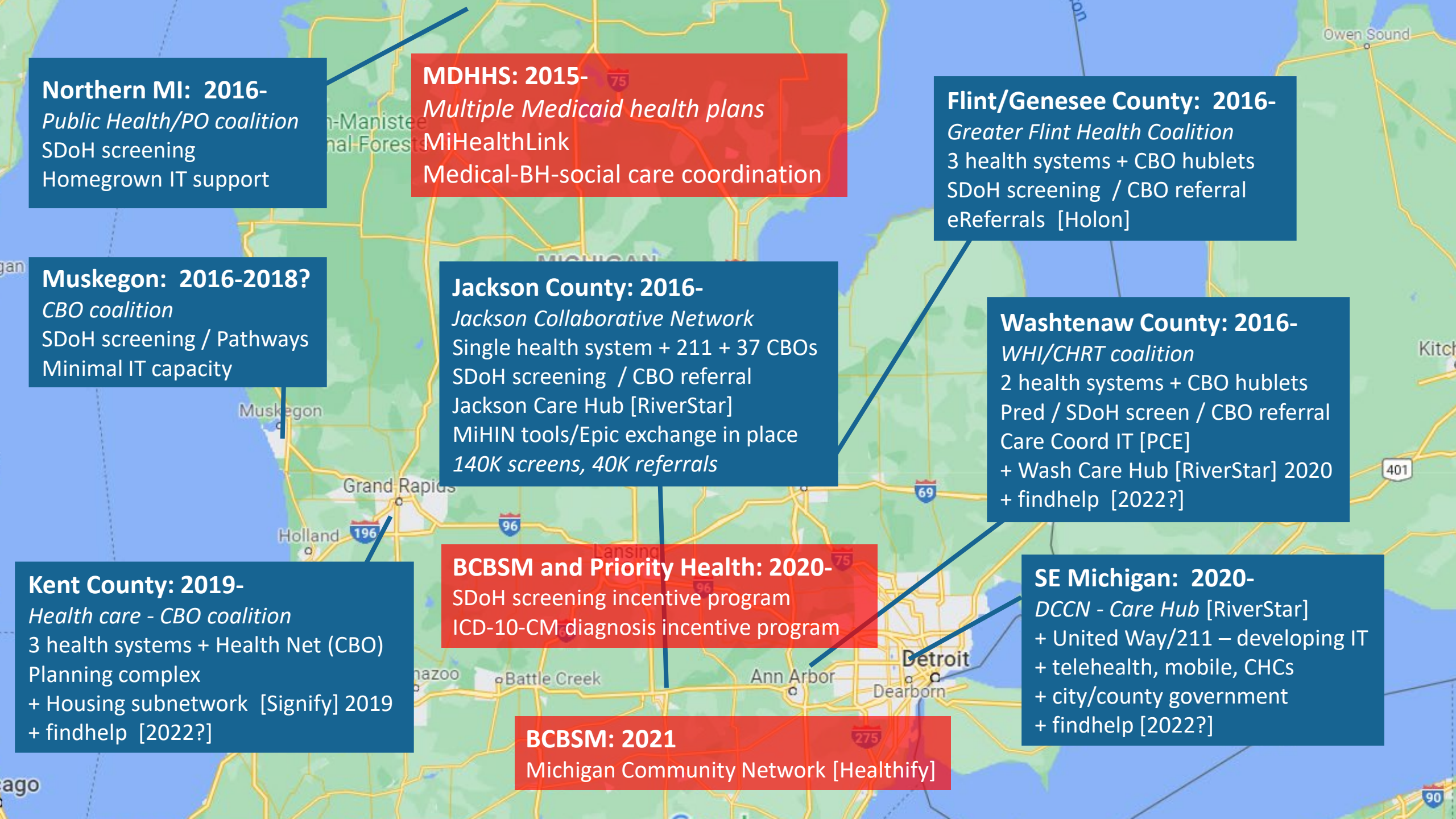
Governance:
Still working out- Steering Committee includes 3 health systems, Health Net, UW/211, Public Health, Payors (through MiCCSI)

Funding:
CMS – AHC [Health Net]
MHEF planning grant
CDC -Health Equity

West Michigan Community Integrated Health Network

MICHIGAN HEALTH INFORMATION NETWORK SHARED SERVICES

Administration for Community Living



Northern MI: 2016-
Public Health/PO coalition
SDoH screening
Homegrown IT support

MDHHS: 2015-
Multiple Medicaid health plans
MiHealthLink
Medical-BH-social care coordination

Flint/Genesee County: 2016-
Greater Flint Health Coalition
3 health systems + CBO hublets
SDoH screening / CBO referral
eReferrals [Holon]

Muskegon: 2016-2018?
CBO coalition
SDoH screening / Pathways
Minimal IT capacity

Jackson County: 2016-
Jackson Collaborative Network
Single health system + 211 + 37 CBOs
SDoH screening / CBO referral
Jackson Care Hub [RiverStar]
MiHIN tools/Epic exchange in place
140K screens, 40K referrals

Washtenaw County: 2016-
WHI/CHRT coalition
2 health systems + CBO hublets
Pred / SDoH screen / CBO referral
Care Coord IT [PCE]
+ Wash Care Hub [RiverStar] 2020
+ findhelp [2022?]

BCBSM and Priority Health: 2020-
SDoH screening incentive program
ICD-10-CM diagnosis incentive program

Kent County: 2019-
Health care - CBO coalition
3 health systems + Health Net (CBO)
Planning complex
+ Housing subnetwork [Signify] 2019
+ findhelp [2022?]

SE Michigan: 2020-
DCCN - Care Hub [RiverStar]
+ United Way/211 – developing IT
+ telehealth, mobile, CHCs
+ city/county government
+ findhelp [2022?]

BCBSM: 2021
Michigan Community Network [Healthify]

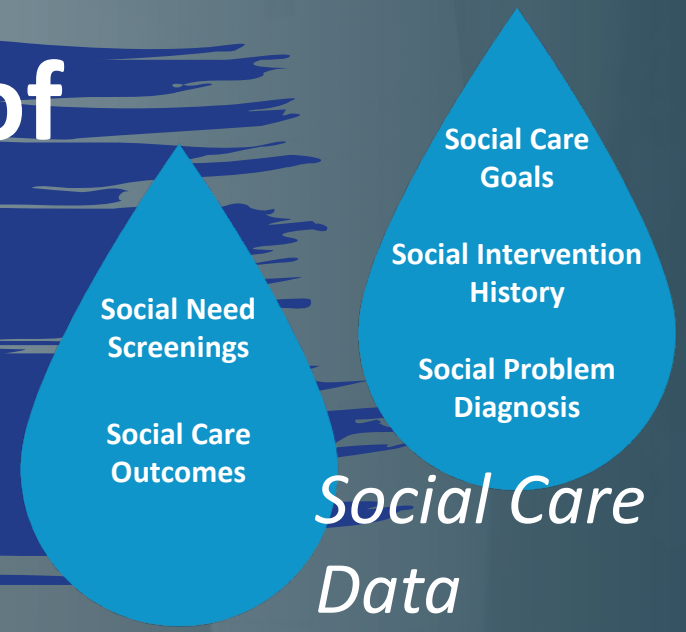
Facilitated Discussions:

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 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:

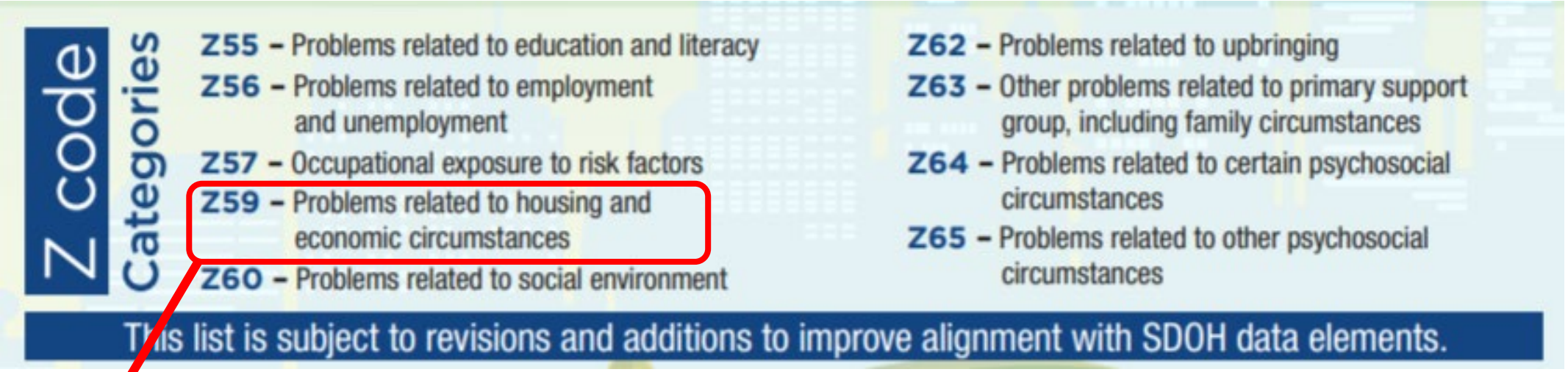
1. Have you thought about how you might be able to use your own social needs screening information to improve your organization?
2. Do you have the ability to work with the social care data that you collect?
3. Are there organizational capacity issues that keep you from being able to engage in more advanced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

Summary and Next Steps:

Where does the work need to go next?

What is the next best step from your perspective?

Overview of ICD z-codes - with some examples



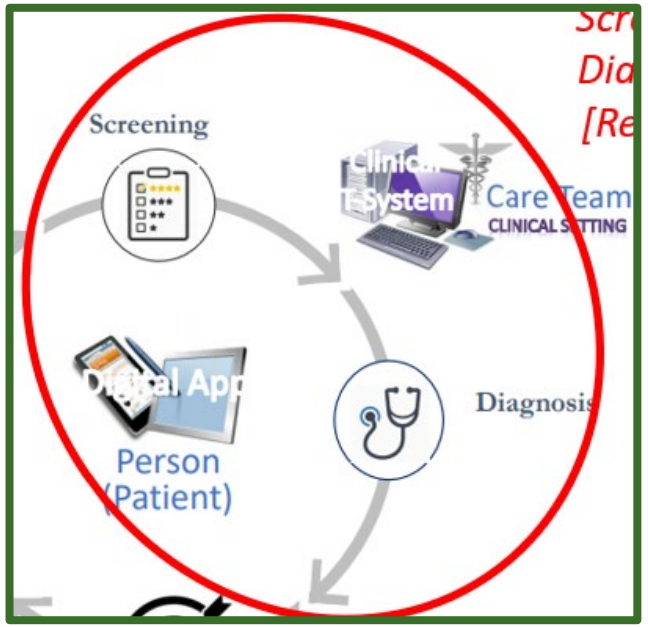
https://www.cms.gov/files/document/zcodes-infographic.pdf

- Other problems related to housing and economic circumstances
- Housing instability, housed
- Housing instability, housed, with risk of homelessness
- Housing instability, housed, homelessness in past 12 months
- Housing instability, housed unspecified
- Other problems related to housing and economic circumstances

Approved for use by CMS as of October 1, 2021

Diagnosing social problems

- A YES answer to a screening question is NOT THE SAME as an active social problem
- Ask additional questions to clarify whether problem is active and whether patient wants assistance
- If no time to clarify, ask patient to return - or follow up after visit by portal/phone
- If problem is active – **and if patient wants assistance -** assign a diagnosis
- Use best ICD-10-CM code available
- **THE NEXT STEP is just being worked out in many health care settings – REFERRAL or MANAGEMENT**

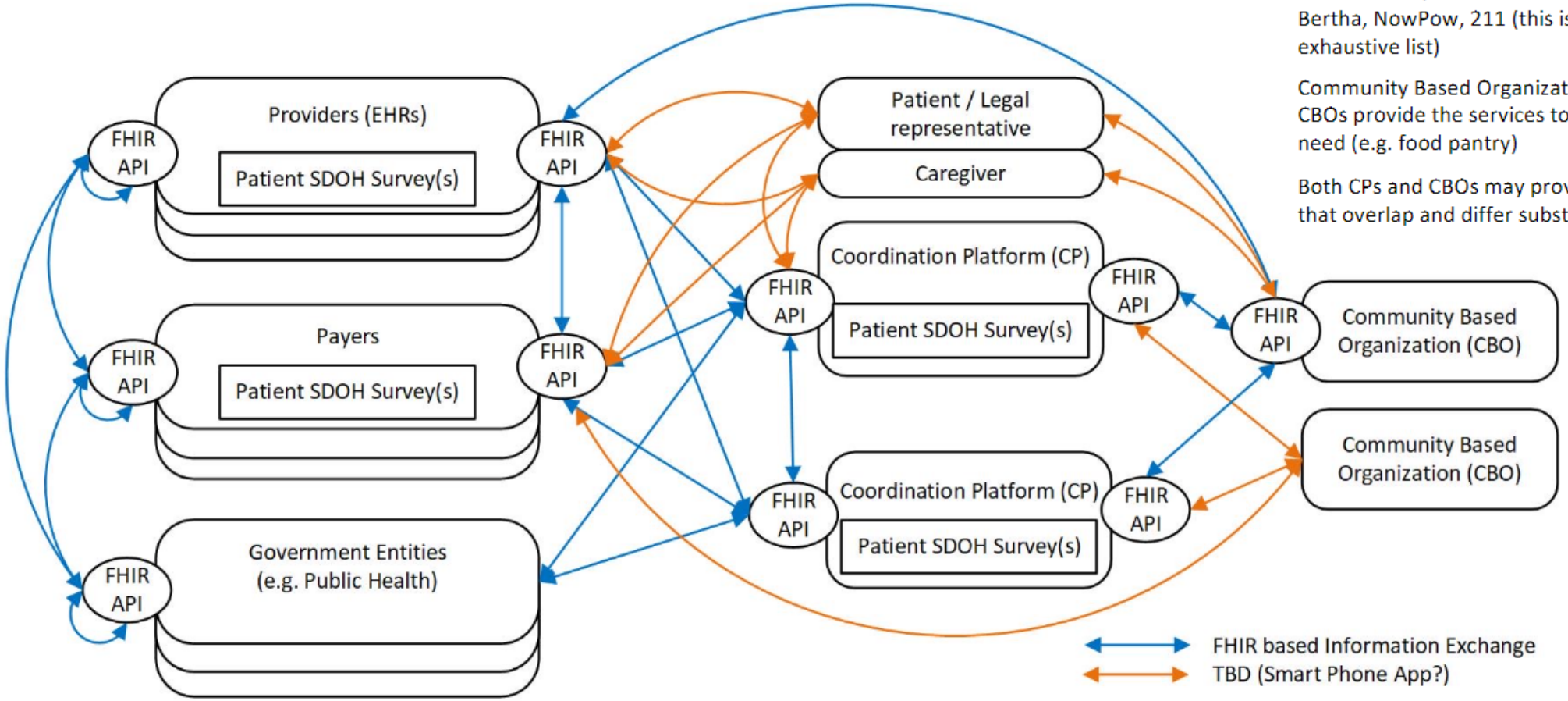


SDOH Interactions & Workflow

Coordination Platform (CP) – Typically CPs are based on a referral platforms such as UniteUs, Aunt Bertha, NowPow, 211 (this is not an exhaustive list)

Community Based Organizations (CBO) -- Typically CBOs provide the services to address social risk and need (e.g. food pantry)

Both CPs and CBOs may provide a number of services that overlap and differ substantially by community.



Note: Where two FHIR APIs are shown, it is for drawing simplicity and not a technical requirement

Interaction with a patient or caregiver may required alternative methods if internet access is not available

Source: Gravity Project

Thank you!

The MiHIN SDOH Team

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