An Initiative of Alameda County Health Care Services Agency | A Whole Person Care Pilot | June 2018

Partner Update

Number of Clients Enrolled: 2,289

Days Until Grant Ends: 918 **(December 31, 2020)**

Alameda County Community Health Record

The Community Health Record (CHR), scheduled to launch in mid-2019, is a groundbreaking innovation to improve care for Alameda County residents who face the most difficult combination of physical health, mental health, housing, and social challenges. Over the next year, Alameda County Care Connect will work with partners to implement the CHR that will link consumers to resources, such as **Care Management** and **Housing Navigation**.

Steering Committee Meeting, Members Listed Below

Steering Committee Meeting

Next Steps

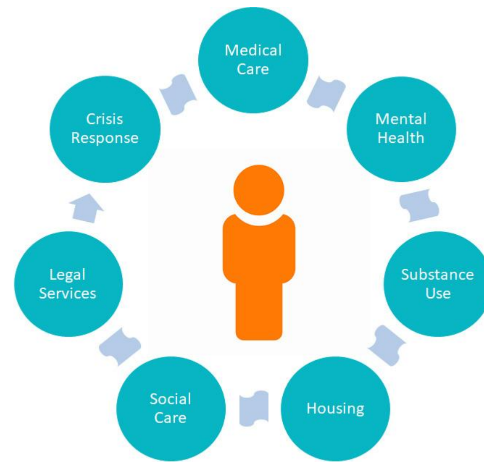
Alameda County Care Connect received nine responses to the Request for Proposals for the development of the CHR. The evaluation period and vendor interviews are in progress and will result in the contract being awarded to the highest ranked bidder. A Board letter recommending the award to the selected vendor is scheduled to be presented in September 2018 and the contract for the new vendor to develop the CHR is estimated to start in October 2018.

Though significant feedback has been gathered from stakeholders to date, additional suggestions for features and functionality for the CHR tool are welcome and can be submitted to a member of the Data Exchange Unit for consideration. Input is critical for the design and setup of the tool. ***For information on the CHR or to inquire about future participation in the rollout of this system, email careconnecthelp@acgov.org.***

Delivering Consumer-Centered, Data-Informed Care

The CHR is an electronic record application that will summarize curated information from different

organizations involved in consumer care. Qualified care coordinators and physicians will be able to access curated consumer information from multiple providers to coordinate care across organizations and have the ability to leverage consumer information to deliver the right care, at the right time, in the right place. Information from multiple providers including: physical health (inpatient, emergency departments, outpatient, primary care), mental health, housing resource centers, and social services can be used to coordinate care across organizations. Consumers will receive more efficient and effective care by allowing providers to share information that improves outcomes and accelerates the delivery of services.



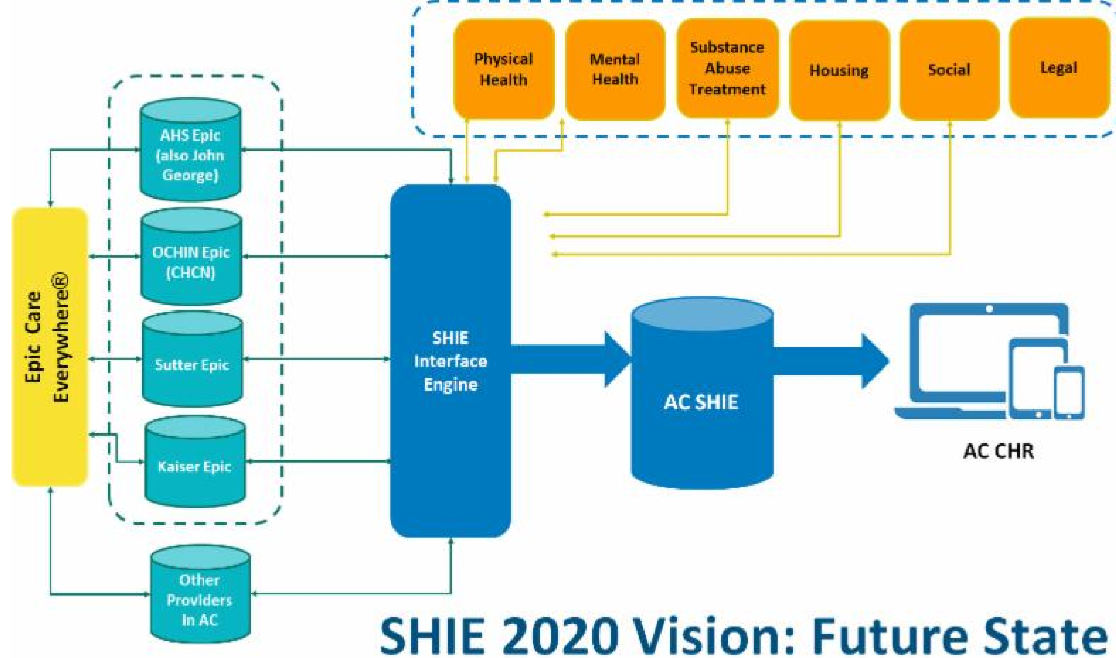
The development of the CHR is significant because historically, if a consumer needed mental health care, housing, and physical health care, providers in these systems were not able to exchange and access information to improve patient outcomes.

Social Health Information Exchange (SHIE)

The SHIE is the engine that powers the CHR and it can integrate with other core systems, including the electronic health record, case management, and claims.

Key components of the SHIE:

- **Legal Framework** – a universal data sharing agreement that governs sensitive datasets inside and outside federal, state and local regulations
- **Secure Data Transport** – a standardized protocol and secure channels for data sharing
- **Consent Management** – identifying what can be shared, with whom it can be shared and when it has expired or has been rescinded as directed by the consumer
- **Person Identity Management** – Enterprise Master Person Index (EMPI) to stitch together multiple incomplete records for a consumer into a single "golden record"
- **Record locator services** – to support "query-through" functionality
- **User authentication and authorization** – to support privacy through access control
- **Data Warehousing** – a centralized data repository storing medical, mental health, substance use, housing, social care, crisis response and legal data
- **Reports and Self-service Analytics** – county-wide utilization and outcome monitoring for population health management



Update on Data Sharing Agreements

Who will have access to the CHR?

As of June 2018, data sharing agreements have been established with nine organizations and data feeds from these organizations will be used for the CHR's data repository. The County is working to allow access to providers across different organizations that work with Medi-Cal beneficiaries in Alameda County. Historically, Alameda County provider organizations have not exchanged data because the work to secure legal agreements is complex. AC Care Connect is devoting significant resources to its Data Exchange Unit, in order to establish agreements and polices for increased data sharing between provider organizations. Potential partners include primary care clinics, hospitals, skilled nursing facilities, behavioral health providers, emergency medical services (EMS), housing, criminal justice, and managed care plans.

Care Connect is presenting on the Data Exchange work to the HealthPAC contractors on July 19, 2018. This meeting is an opportunity for the community Federally Qualified Health Clinics (FQHCs) and Alameda Health System to learn more about the data exchange and data sharing agreements for the CHR. The community FQHCs include Asian Health Services, Axis Community Health, La Clinica, Lifelong Medical Care, Native American Health Center, Tiburcio Vasquez Health Center, Tri-City Health Center, and West Oakland Health Council.

Key components of the CHR

- **Shared care planning**
- **Referral management**
- **Secure communications**
- **Scanned documentation management**
- **Dashboard, reporting and self-service business intelligence tools**
- **Consumer engagement portal**
- **Consent management**
- **User authentication and authorization**
- **Integration capabilities**

Organizations with Data Sharing Agreements

If your organization or department is interested in participating in the CHR, please contact a member of the Data Exchange Unit as soon as possible, at careconnecthelp@acgov.org.

Prototype Community Health Record (pCHR)

AC Care Connect is currently in a pilot and planning phase of the CHR with five organizations currently testing a Prototype Community Health Record (pCHR) tool called PreManage ED. This pilot phase is expected to go through the end of 2018. The pCHR allows Case Managers to see what clients are dealing with in real time and helps care providers access more information to improve the quality and efficiency of care.

Lifelong Trust Health Center

Lifelong Trust Health Center is one of the five organization using the pCHR. "The Health Homes staff at Lifelong Trust Health Center has utilized PreManage ED as a tool to track our patient's emergency department and inpatient hospitalizations. Tracking hospitalizations has allowed us to outreach to potential Health Homes members at the hospital, and for enrolled members, we have had the opportunity to participate in care coordination and discharge planning processes with attending physicians, nurse case managers, and social workers. Premanage ED also provides insight into each members hospital visit, which includes diagnosis," says Andrea Zeppa, Intensive Case Manager, Lifelong Trust Health Center.

"Premanage has allowed us to track our members utilization history, which provides a talking point for assessing patient needs, and assisting with integration into proper care outside of the hospital setting. We have successfully coordinated with hospital staff to

provide current treatment history and secure discharge plans," says Andrea.

Whole person care starts with a whole person view.

Alameda Health System

Alameda Health System is also using the pCHR and care providers have shared critical learning outcomes from using the tool. “If we’re going to be holistic, we need to commit ourselves to act holistically in the way we serve our clients,” says Maia White, Manager of the Complex Care Program at Alameda Health System, where PreManage ED launched two years ago.

"Alameda Health System can already see the benefit of data sharing to improve support and outcomes. For instance, we are notified when patients visit any local emergency department. We find out what’s happening and make sure everyone knows the care plan. This accelerated access to information vital to care planning. We can add specific data to the plan, like certain medications that have not worked for the patient," says Maia.

Diagnosis and treatment plans are highly dependent on relevant information that is electronically accessible at a point of service. Addressing complex physical health, behavioral health and social challenges magnifies the importance of accessing a more complete, whole person view of consumers and having tools to collaborate with an expanded care team.

Partners including Behavioral Health Care Services, Alameda Health Consortium, Alameda Social Services, Alameda Alliance for Health, Alameda County Housing and Community Development Department, and EveryOne Home, and many others are collaborating with Alameda County Care Connect to help usher in implementation of the CHR and SHIE. ***For information on the CHR or to inquire about future participation in the rollout of this system, email careconnecthelp@acgov.org.***

Announcements

If you know of candidates who might be interested in the Senior Management Analyst Exam, please let them know that the exam is open soon. Information is available on the County HR website: https://jobapscloud.com/Alameda/sup/bulpreview.asp?R1=RT&R2=0206&R3=02.

Visit the AC Care Connect Website at www.accareconnect.org.

Click the icon below to follow us on Twitter!

AC Care Connect Steering Committee Members

Kathleen Clanon, M.D., Alameda County Care Connect | **Scott Coffin**, Alameda Alliance for Health | **Lori Cox**, Alameda County Social Services Agency | **Elaine de Coligny**, Everyone Home | **Delvecchio Finley**, Alameda Health System | **Linda Gardner**, Alameda County Housing & Community Development | **Colleen Chawla**, Health Care Services Agency | **Beau Hennemann**, Anthem | **John Jones III**, Communities United for Restorative Youth Justice | **Travis Kusman**, Alameda County Emergency Medical Services | **Wendy Peterson**, Senior Services Coalition | **Ralph Silber**, Alameda Health Consortium | **Wendy Still**, Alameda County Probation | **Carol Burton,** Alameda County Behavioral Health Care Services

AC Care Connect 4-Year Timeline	Start-up: Jan-Jun 2017	Phase 1 Pilot: Jul 2017-Mar 2018	Phase 2 Pilot: Apr 2018-2019	Scale-up & Sustainability Planning 2019-2020	Wrap-up & Sustainability 2021