Community Health Record

Social Health Information Exchange

OVERVIEW

In 2019, Alameda County's Whole Person Care Pilot launched the Community Health Record (CHR) to support more efficient and streamlined care across providers from different sectors.

The CHR is a web-based application that rediscloses data from the Social Health Information Exchange (SHIE) according to all relevant privacy rules and was developed with significant input from providers and consumer focus groups.

This electronic record summarizes data so care team members can see a comprehensive, "whole person" view of a consumer's utilization (clinical, housing, social and community services), enabling more efficient care and a streamlined consumer experience.

More information about the SHIE can be obtained from the Alameda County Health Social Health Information Exchange (SHIE) handout.

KEY DATA & FEATURES

- Consumer Demographics
- Care Team Members
- Consumer Consent
- Shared Care Plan
- Encounter Information
- Self-Service Reports and Data Visualizations
- Housing Information
- Lists & Panels
- Alerts (Emergency, Inpatient, and Jail)
- Secure Messaging



Alameda County

CONSUMER RECORDS & ACCESS

At the launch of the CHR, consumer records included those individuals who met eligibility criteria for the Whole Person Care Pilot, known as Care Connect in Alameda County. (Record count: $n \approx 60,000$)

Due to the COVID-19 pandemic and subsequent emergency health order, the SHIE Data Governance Committee expanded the CHR population in April 2020 to include consumers on Medi-Cal, uninsured, or receiving services from Alameda County providers. (Record count: $n \approx 600,000$)

As of December 2024, the CHR now contains records for over 1,000,400 consumers.

Users do not receive automatic access to all records in the CHR. A structured data privacy framework, reviewed in a required training, determines which records and data types each user and organization can access.

USER ONBOARDING

Once a Data Sharing Agreement is signed by the organization's leadership, all programs are required to go through a standard onboarding process for CHR access which includes: 1) readiness assessment; 2) self-paced online user training; and 3) post-training support.

TARGET PROGRAMS & USERS

Target CHR end users are those care team members who play a key role in consumers' care coordination, support care transitions, and/or who address social determinants of health through direct services.

Programs include CalAIM Enhanced Care Management (ECM), Street Health Teams, Full-Service Partnership and Service Teams, Housing Resource Centers, Crisis Response Providers, *and more*.

End users include Care Managers, Community Health Workers, Housing Navigators, Social Workers, Nurse Case Managers, Crisis Response Staff, *and more*.

COMMUNITY PARTNERSHIP



Users represent County, clinics, hospitals, health plans, mental health, housing, and substance use treatment organizations.

BENEFITS OF USING THE CHR

- Identify and connect with care team members and social support contacts to improve health outcomes.
- Reduce time spent by care team members collecting care history or trying to find consumers who are lost to care.
- Support consumers during transitions of care, including hospital discharge, to prevent readmissions or crisis-level encounters.
- Coordinate enrollment for critical social and clinical services, including housing support, intensive case management, and primary care.

For more information visit <u>www.accareconnect.org</u> or email <u>careconnecthelp@acgov.org</u>.

ORGANIZATIONS ONBOARDED TO CHR

- Abode Services
- Alameda Alliance for Health
- Alameda Family Services
- Alameda Health System
- Alameda County Health (Behavioral Health, Public Health, Housing and Homelessness Services)
- Bay Area Community Services (BACS)
- Bonita House
- Building Opportunities for Self-Sufficiency
- Cardea Health
- Cities including Berkeley, Fremont, Hayward
- Community Health Center Network (Asian Health Services, Axis Community Health, BayWell Health, Bay Area Community Health, La Clinica, LifeLong Medical Care, Native American Health Center, Tiburcio Vasquez Health Center)
- Davis Street Primary Care
- East Bay Innovations
- Family Bridges
- Felton Institute
- Fred Finch
- Homeless Action Center
- Horizon Services, Inc.
- Insight Housing
- Institute on Aging
- La Familia Counseling Service
- LifeSTEPS
- Magnolia Women's Recovery Programs
- MedZed Physician Services, Inc.
- Options Recovery
- Pathways to Wellness
- Roots Community Services
- STARS Community Services
- Side by Side Youth
- Sutter Health
- Telecare Corporation
- Titanium Healthcare
- And more

Find the latest list of SHIE participating organizations at <u>https://accareconnect.org/organizations/</u>. We continue to expand and add new partners.

