Building a Foundation for Cross-Sector Integration to Advance Patient and Population Health

Community Information Exchange SUMMIT

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Practicing Shared Accountability: Monroe County Systems Integration Project

April 26, 2019

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A Presentation on “How”

- **Context**
- **4 Keys to Success**
  - Process
  - Participation
  - Transparency
  - Trust
- **7 Tools**
  - Collective Vision
  - Theory of Change
  - Stakeholder Mapping
  - Design Goals
  - Co-Creating Culture and Decision Making
  - Resource Development
  - Business Requirement Interviews

SYSTEMS INTEGRATION

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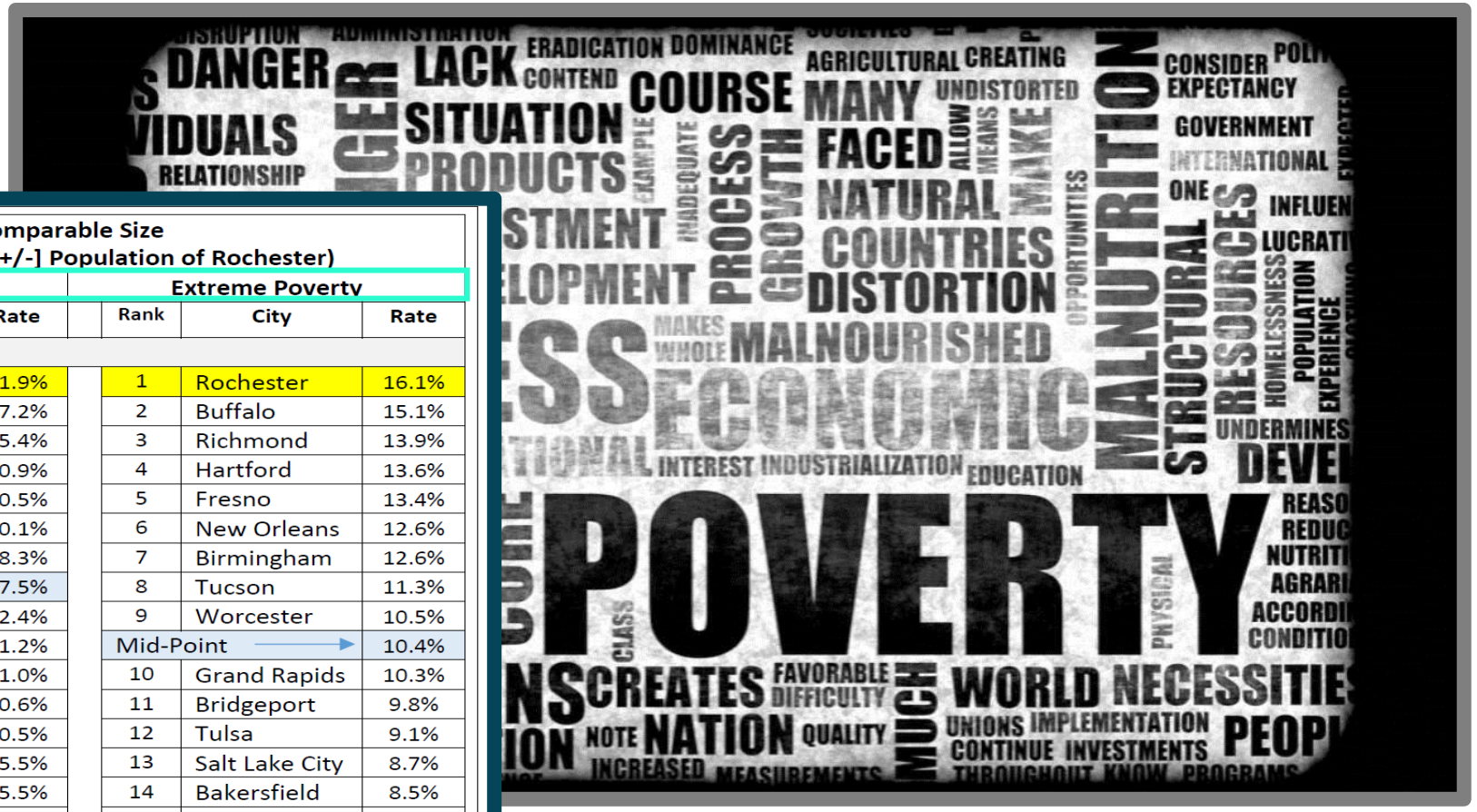
xerox
100 S. Clinton Avenue

Kodak
200
THE VERGE

Wegmans

Poverty in Rochester, New York



Poverty Rates Among Cities of Comparable Size
(Principal Cities in Metro Areas within 200,000 [+/-] Population of Rochester)

Overall Poverty			Child Poverty			Extreme Poverty		
Rank	City	Rate	Rank	City	Rate	Rank	City	Rate
1	Rochester	33.1%	1	Rochester	51.9%	1	Rochester	16.1%
2	Buffalo	30.9%	2	Buffalo	47.2%	2	Buffalo	15.1%
3	Hartford	30.5%	3	Birmingham	45.4%	3	Richmond	13.9%
4	Fresno	28.4%	4	Hartford	40.9%	4	Hartford	13.6%
5	Birmingham	28.1%	5	Richmond	40.5%	5	Fresno	13.4%
6	New Orleans	25.4%	6	Fresno	40.1%	6	New Orleans	12.6%
7	Richmond	25.2%	7	New Orleans	38.3%	7	Birmingham	12.6%
8	Tucson	24.1%	Mid-Point →		37.5%	8	Tucson	11.3%
9	Grand Rapids	22.5%	8	Tucson	32.4%	9	Worcester	10.5%
10	Worcester	21.8%	9	Worcester	31.2%	Mid-Point →		10.4%
Mid-Point →		21.5%	10	Tulsa	31.0%	10	Grand Rapids	10.3%
11	Bridgeport	20.8%	11	Grand Rapids	30.6%	11	Bridgeport	9.8%
12	Tulsa	20.0%	12	Bridgeport	30.5%	12	Tulsa	9.1%
13	Bakersfield	19.2%	13	Albuquerque	25.5%	13	Salt Lake City	8.7%
14	Albuquerque	18.2%	14	Bakersfield	25.5%	14	Bakersfield	8.5%
15	Salt Lake City	17.8%	15	Louisville	24.4%	15	Albuquerque	8.0%
16	Louisville	16.7%	16	Salt Lake City	22.4%	16	Louisville	7.3%
17	Omaha	15.1%	17	Omaha	21.4%	17	Raleigh	6.3%
18	Raleigh	14.0%	18	Raleigh	19.7%	18	Omaha	6.3%
19	Urban Honolulu	11.6%	19	Urban Honolulu	14.2%	19	Urban Honolulu	5.7%

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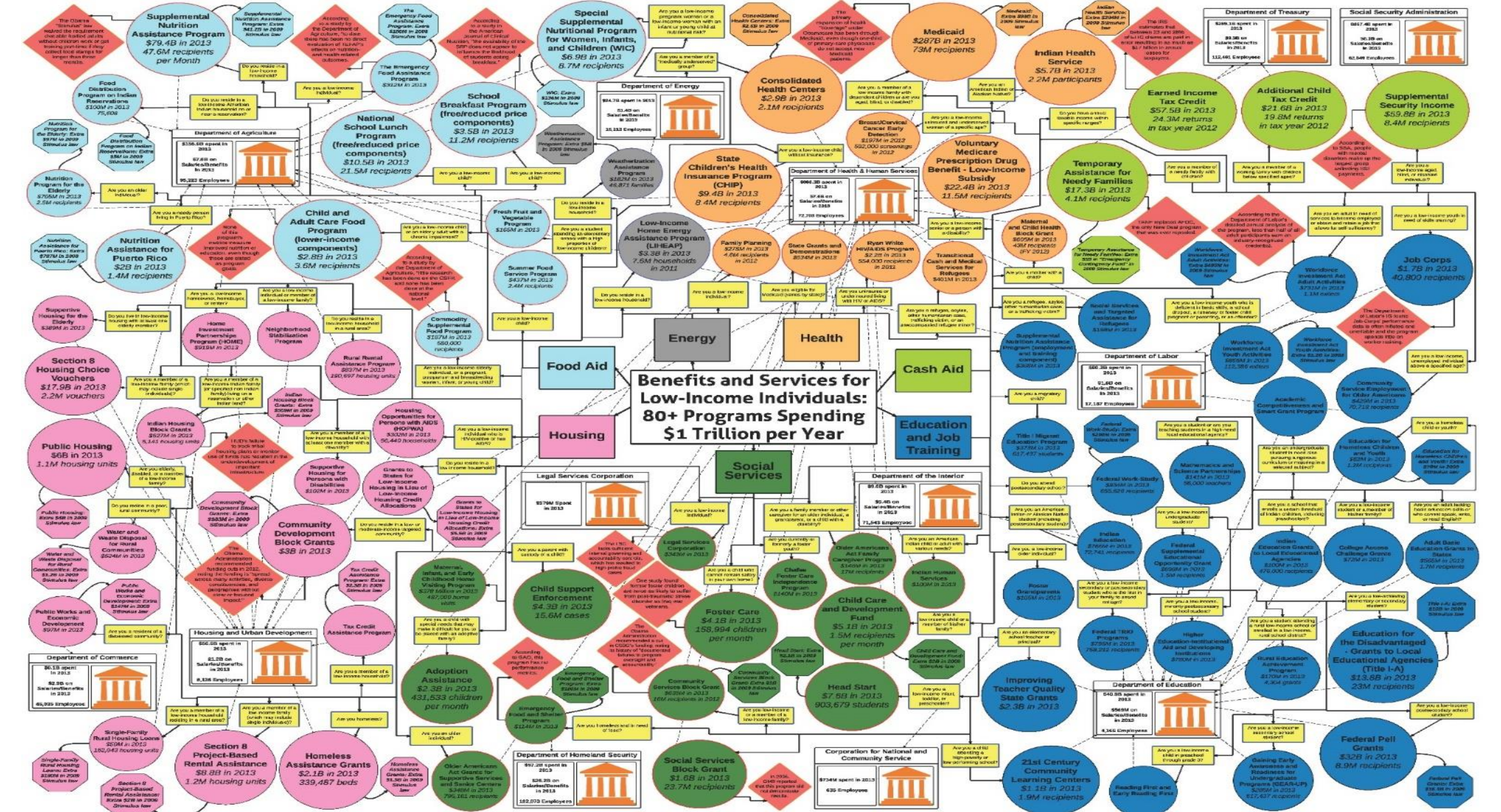
Benefits and Services for Low-Income Individuals: 80+ Programs Spending $1 Trillion per Year
Food Aid
Energy
Health
Cash Aid
Housing
Social Services
Education and Job Training
Supplemental Nutrition Assistance Program $79.4B in 2013 47.6M recipients per Month
Special Supplemental Nutritional Program for Women, Infants, and Children (WIC) $6.9B in 2013 8.7M recipients
Medicaid $287B in 2013 73M recipients
Indian Health Service $5.7B in 2013 2.2M participants
Consolidated Health Centers $2.9B in 2013 2.1M recipients
Earned Income Tax Credit $57.5B in 2013 24.3M returns in tax year 2012
Additional Child Tax Credit $21.6B in 2013 19.8M returns in tax year 2012
Supplemental Security Income $59.8B in 2013 8.4M recipients
School Breakfast Program (free/reduced price components) $3.5B in 2013 11.2M recipients
National School Lunch Program (free/reduced price components) $10.5B in 2013 21.5M recipients
State Children's Health Insurance Program (CHIP) $9.4B in 2013 8.4M recipients
Voluntary Medicare Prescription Drug Benefit - Low-Income Subsidy $22.4B in 2013 11.5M recipients
Temporary Assistance for Needy Families $17.3B in 2013 4.1M recipients
Low-Income Home Energy Assistance Program (LIHEAP) $3.3B in 2013 7.6M households in 2011
Child and Adult Care Food Program (lower-income components) $2.8B in 2013 3.6M recipients
Nutrition Assistance for Puerto Rico $2B in 2013 1.4M recipients
Section 8 Housing Choice Vouchers $17.9B in 2013 2.2M vouchers
Public Housing $6B in 2013 1.1M housing units
Community Development Block Grants $3B in 2013
Section 8 Project-Based Rental Assistance $8.8B in 2013 1.2M housing units
Homeless Assistance Grants $2.1B in 2013 339,487 beds
Single-Family Rural Housing Loans $5M in 2013 182,943 housing units
Adoption Assistance $2.3B in 2013 431,533 children per month
Child Support Enforcement $4.3B in 2013 15.6M cases
Foster Care $4.1B in 2013 158,994 children per month
Child Care and Development Fund $5.1B in 2013 1.5M recipients per month
Head Start $7.5B in 2013 903,679 students
Social Services Block Grant $1.6B in 2013 23.7M recipients
Improving Teacher Quality State Grants $2.3B in 2013
21st Century Community Learning Centers $1.1B in 2013 1.9M recipients
Federal Pell Grants $32B in 2013 8.9M recipients
Job Corps $1.7B in 2013 40,800 recipients
Department of Agriculture
Department of Energy
Department of Health & Human Services
Department of Treasury
Social Security Administration
Department of Labor
Department of Education
Department of Housing and Urban Development
Department of Commerce
Department of the Interior
Department of Homeland Security
Legal Services Corporation
Corporation for National and Community Service
Source: House Ways and Means Committee staff, using Congressional Research Service reports and other data.

IBM Smarter Cities Challenge: Rochester, NY

Misaligned Services and Programs

- Lack 360-degree view of person in need
- Reliance on manual processes
- Inconsistent eligibility rules

Reactive, transactional service delivery with little focus on proactive and preventive actions

Lack of person-centric delivery and measurement systems

- Largely driven by (public and private) funders and regulatory requirements

Inconsistent approach to data

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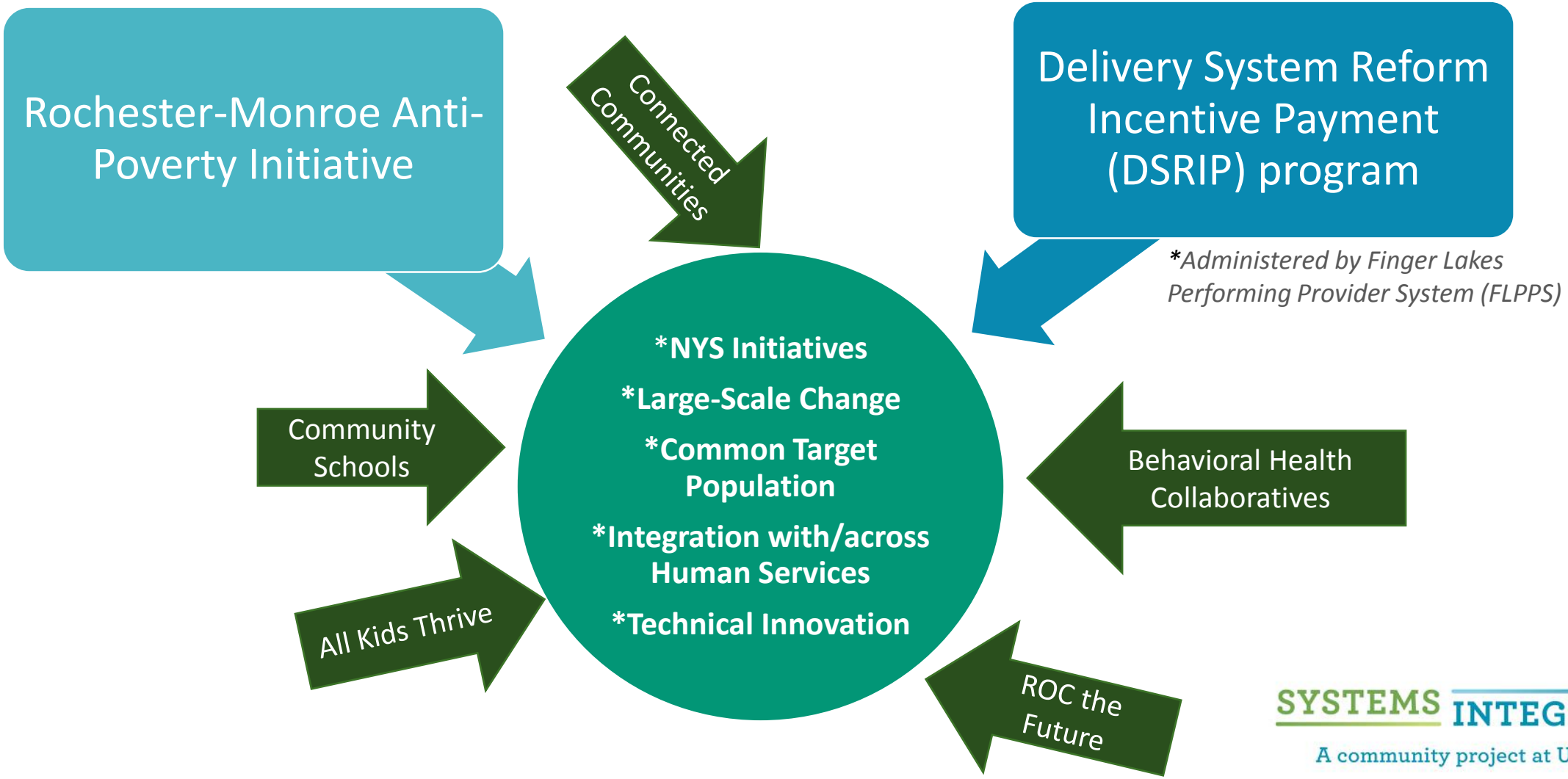
2016: One Community, Many Solutions



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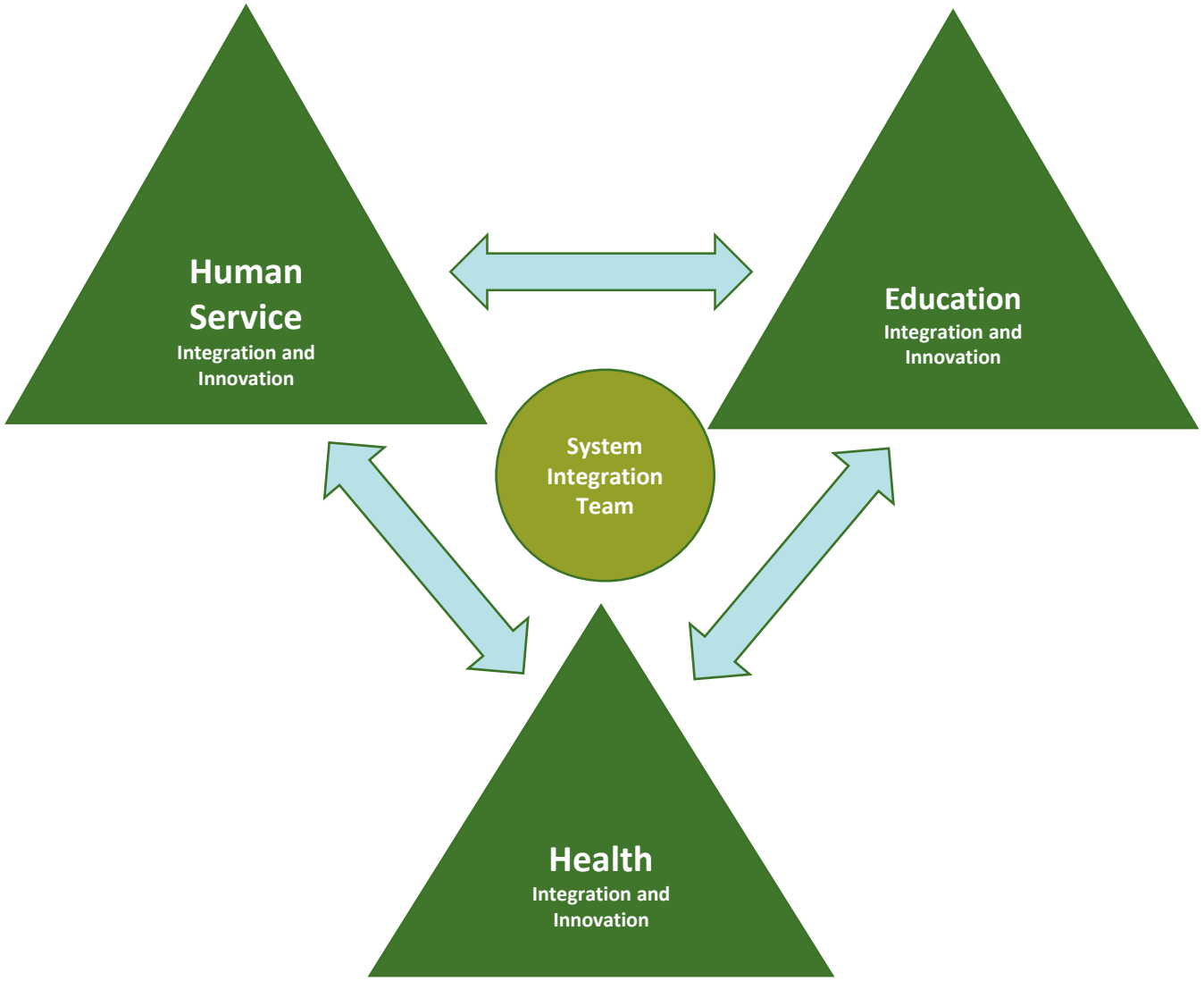
Summer 2017: Systems Integration Team



Role: To **connect and coordinate institutions and initiatives, across the health, education and human service sectors,** that are engaged in systems-change activities.

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Project Members

ROCHESTER REGIONAL HEALTH

ROCHESTER RHIO
Regional Health Information Organization

TheChildren'sAgenda
Smart Choices. Bold Voices.

NYS ED .gov
New York State EDUCATION DEPARTMENT
Knowledge › Skill › Opportunity

Rochester City School District
Every student by face and name.
Every school, every classroom. To and through graduation.

United Way of Greater Rochester

foodlink
abundance shared

FARASH FOUNDATION

Catholic Family Center

NAZARETH COLLEGE

ACT Rochester

UR MEDICINE
GOLISANO CHILDREN'S HOSPITAL

Lifespan
take it on!

ESL Charitable Foundation

FLPPS
FINGER LAKES PERFORMING PROVIDER SYSTEM

BOYS & GIRLS CLUBS OF ROCHESTER

ROC THE FUTURE
inspire inform improve

Education Success Foundation

Common Ground Health

RMAPI
ROCHESTER-MONROE ANTI-POVERTY INITIATIVE

NYCOURTS.GOV NEW YORK STATE UNIFIED COURT SYSTEM
7th JUDICIAL DISTRICT

children's institute
STRENGTHENING SOCIAL AND EMOTIONAL HEALTH

NEW YORK STATE OF OPPORTUNITY.
Finger Lakes Regional Economic Development Council

Monroe County Medical Society
Advocating for Physicians. Protecting Patients.
Join Us.
7th District Branch of the Medical Society of the State of New York
Serving Monroe, Livingston, Ontario, Seneca, Steuben, Wayne & Yates Counties

Excellus

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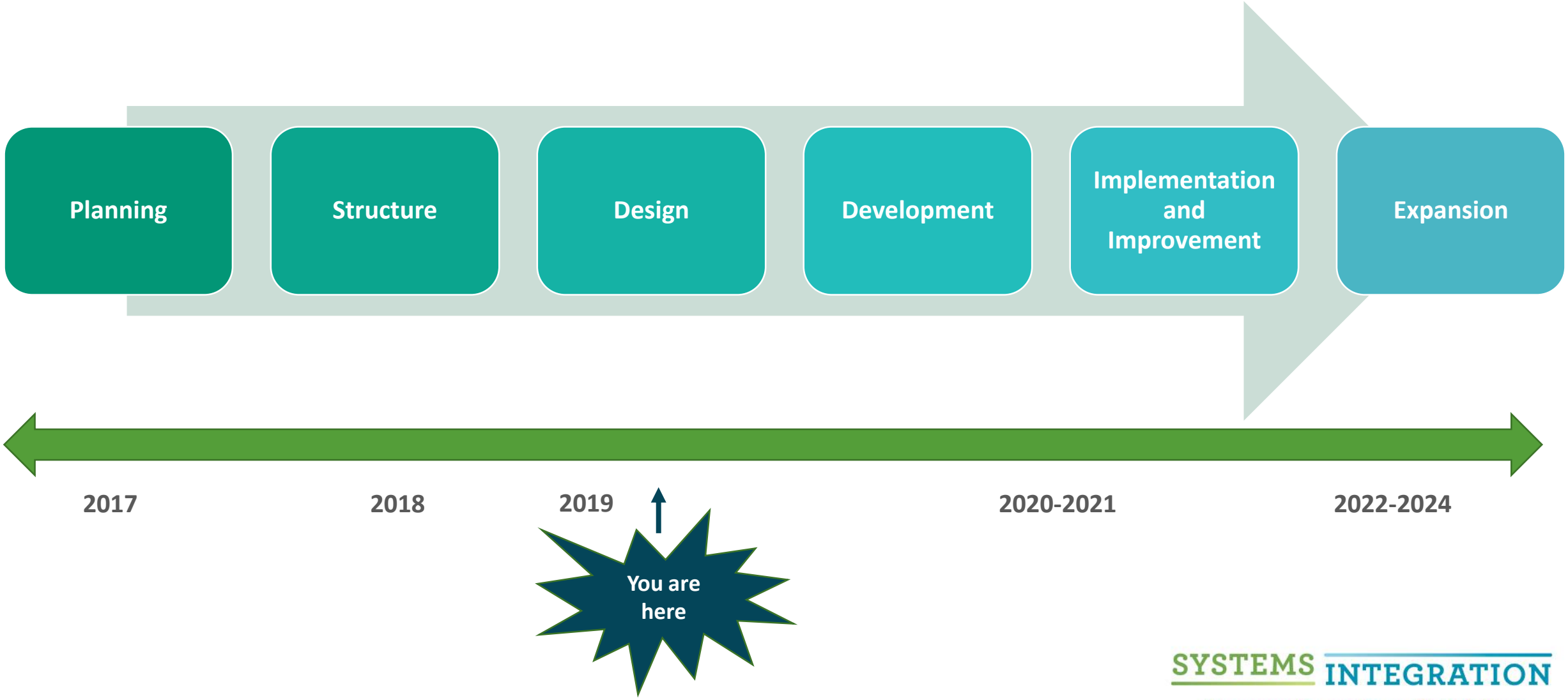
Phased Implementation



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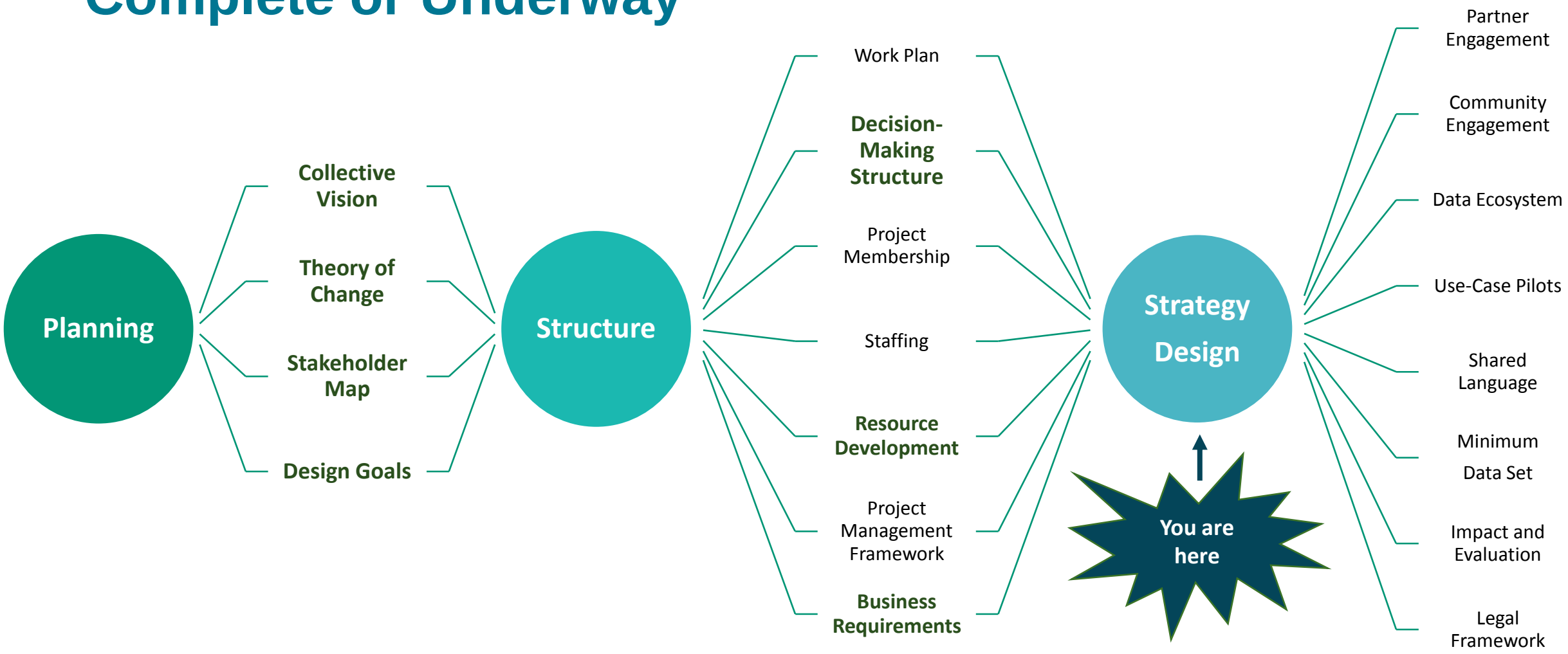
Complete or Underway



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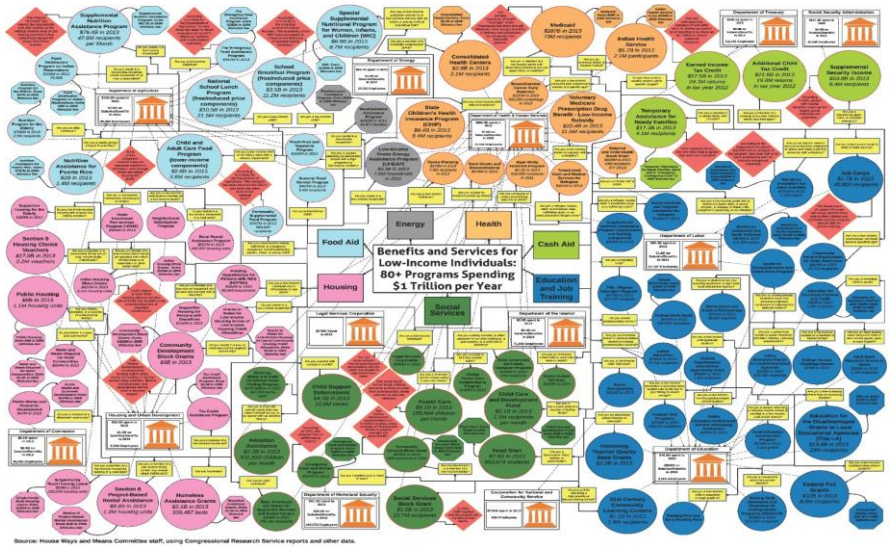
Collective Vision

*The greater Rochester community is working across a diverse network of committed providers to build an **interconnected, person-centered system** of health, human services, and education leveraged by a **unified information platform**, to improve the **health and economic well-being** of individuals and families, especially those who are **vulnerable and/ or impacted by poverty.***



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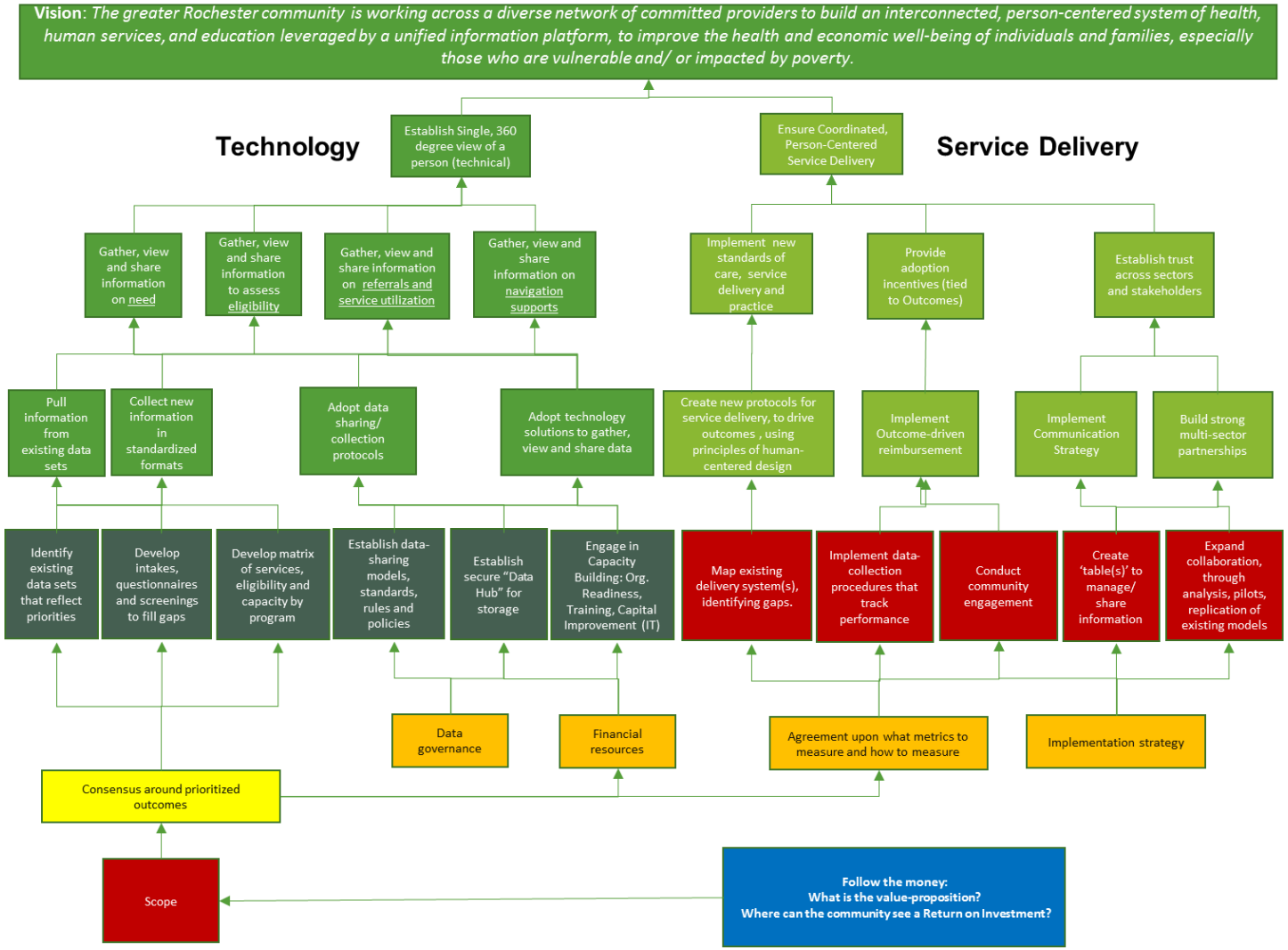
Theory of Change: Phase One



Starting Point: IBM Report

Value: Process and Transparency

Challenge: Pervasive, Siloed Ownership

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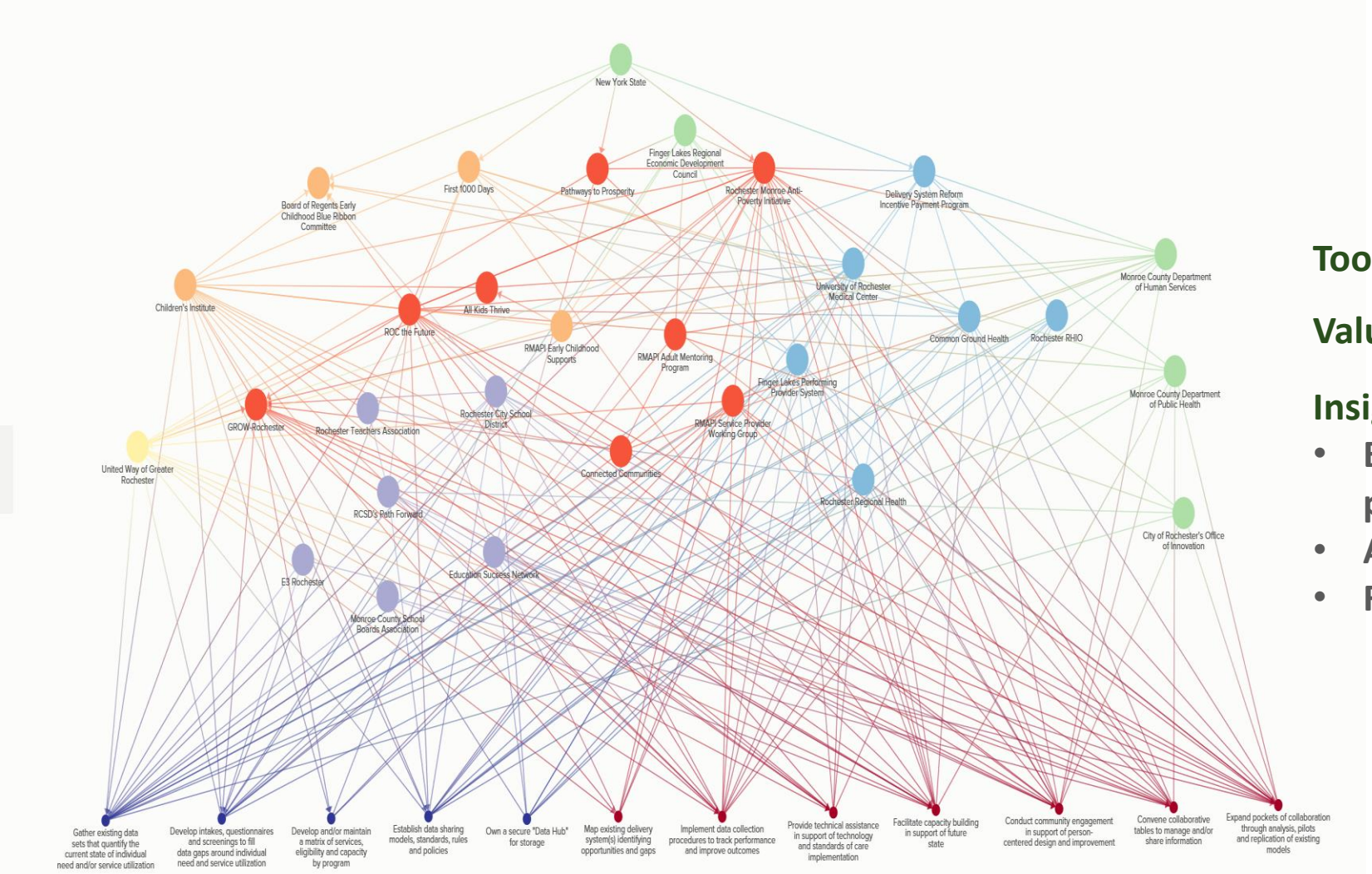
Stakeholder Map



Tool (s): Key Informant Interviews, Kumu

Value: Transparency

Insights:

- Each stakeholder brings assets to the project
- Activities are underway in every sector
- Reiterates need integrate and leverage

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Design Goals

Theme	An Integrated System…
Simplicity	Is simple for providers to use and easy for individuals and families to navigate
Efficiency	Allows for greater efficiencies: funding efficiencies, timely response of services and improved interactions between systems and sectors
Comprehensive	Includes a comprehensive data set that allows users to view/define/analyze and address individual/family needs
Person-Centered	Is “person-centered”
Accessibility	Is easily accessible for those who need it
Continuous Improvement	Maintains a flexible structure that maximizes our ability to continuously improve the future state, leveraging real-time usable information, rapid cycle improvement and predicative analytics
Accountability	Holds both users and individuals/families accountable using methods of encouragement and incentive rather than penalty
Innovative/Data Driven	Uses innovative, data-driven practices that facilitate the sharing of information across sectors
Apolitical	Is apolitical
Do no harm	Applies the principle of Do No Harm

Tool: Group Work:

- What are the problems/ “barriers” that Systems Integration is trying to solve for?
- What need is an integrated system is trying to satisfy?
- What value will an integrated system provide?

Value: Shared Accountability Framework

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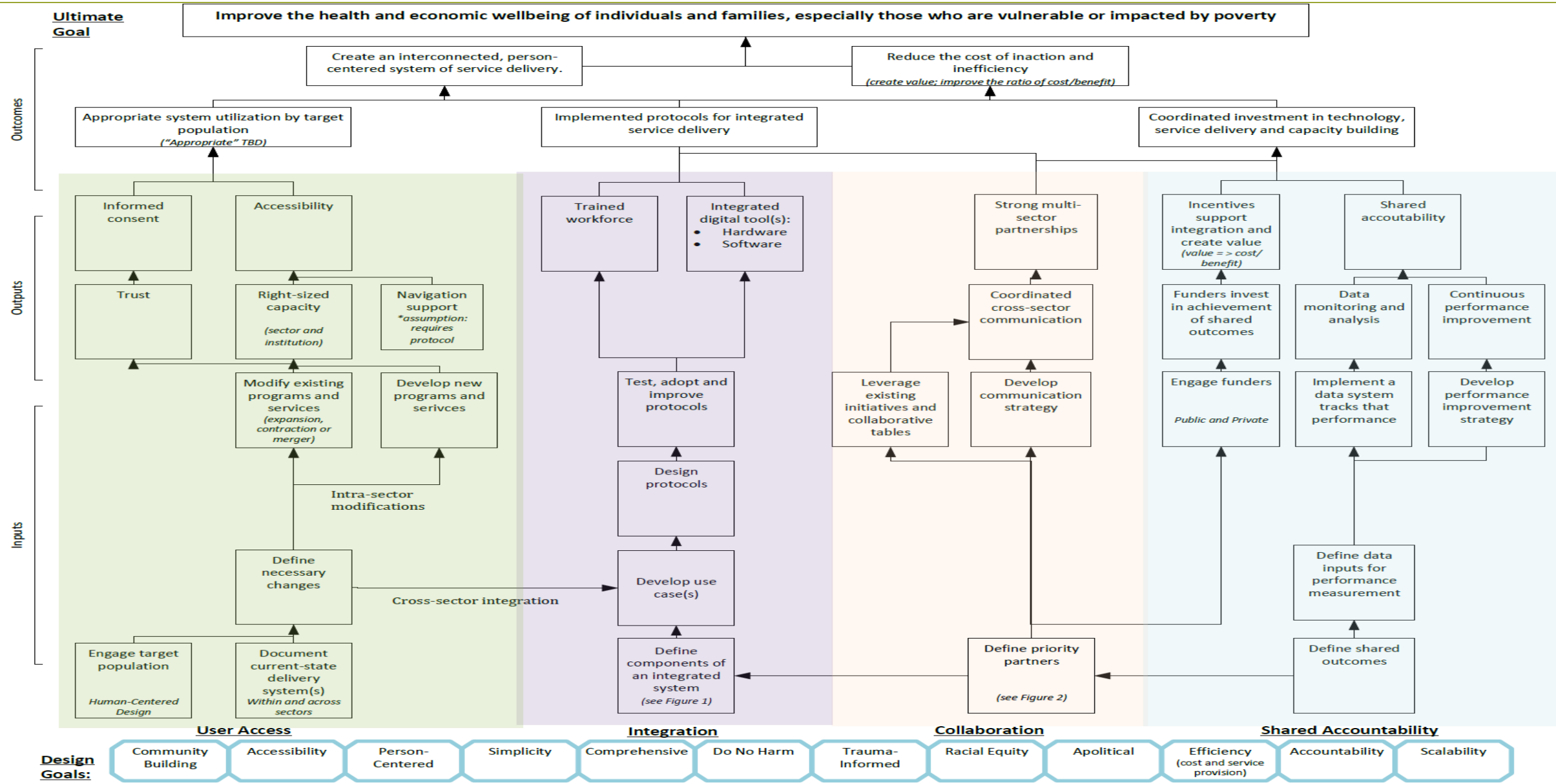
Theory of Change: Phase Two



Theory of Change in Practice

Insights:

TOC Remains Roadmap for the Project

- Used to set work plan and evaluation metrics
- Used to identify opportunities for collaboration

Decision-Making Structure and TOC Fully Integrated

Value: Shared Accountability, Transparency, Trust

Ultimate Goal: Improve the health and economic wellbeing of individuals and families, especially those who are vulnerable or impacted by poverty

Outcomes

- Create an interconnected, person-centered system of service delivery.
- Reduce the cost of inaction and inefficiency *(create value; improve the ratio of cost/benefit)*
- Appropriate system utilization by target population *("Appropriate" TBD)*
- Implemented protocols for integrated service delivery
- Coordinated investment in technology, service delivery and capacity building

Outputs

- Informed consent
- Accessibility
- Trained workforce
- Integrated digital tool(s): Hardware, Software
- Strong multi-sector partnerships
- Incentives support integration and create value *(value = > cost/ benefit)*
- Shared accoutability
- Trust
- Right-sized capacity *(sector and institution)*
- Navigation support **assumption: requires protocol*
- Coordinated cross-sector communication
- Funders invest in achievement of shared outcomes
- Data monitoring and analysis
- Continuous performance improvement
- Modify existing programs and services *(expansion, contraction or merger)*
- Develop new programs and serivces
- Test, adopt and improve protocols
- Leverage existing initiatives and collaborative tables
- Develop communication strategy
- Engage funders *Public and Private*
- Implement a data system tracks that performance
- Develop performance improvement strategy

Inputs

- Intra-sector modifications
- Design protocols
- **Shared Language:** Data Norm. WG
- **Sustainability Plan:** Impact and Evaluation WG
- Define necessary changes
- Develop use case(s)
- **Partner Engagement Strategy:** Project Office/SIT
- Define data inputs for performance measurement
- **Journey Mapping:** RMAPI
- Cross-sector integration
- Engage target population *Human-Centered Design*
- Document current-state delivery system(s) *Within and across sectors*
- **Sector Mapping:** RMAPI, All Kids Thrive
- Define components of an integrated system *(see Figure 1)*
- **BRI:** Project Office
- Define priority partners *(see Figure 2)*
- Define shared outcomes

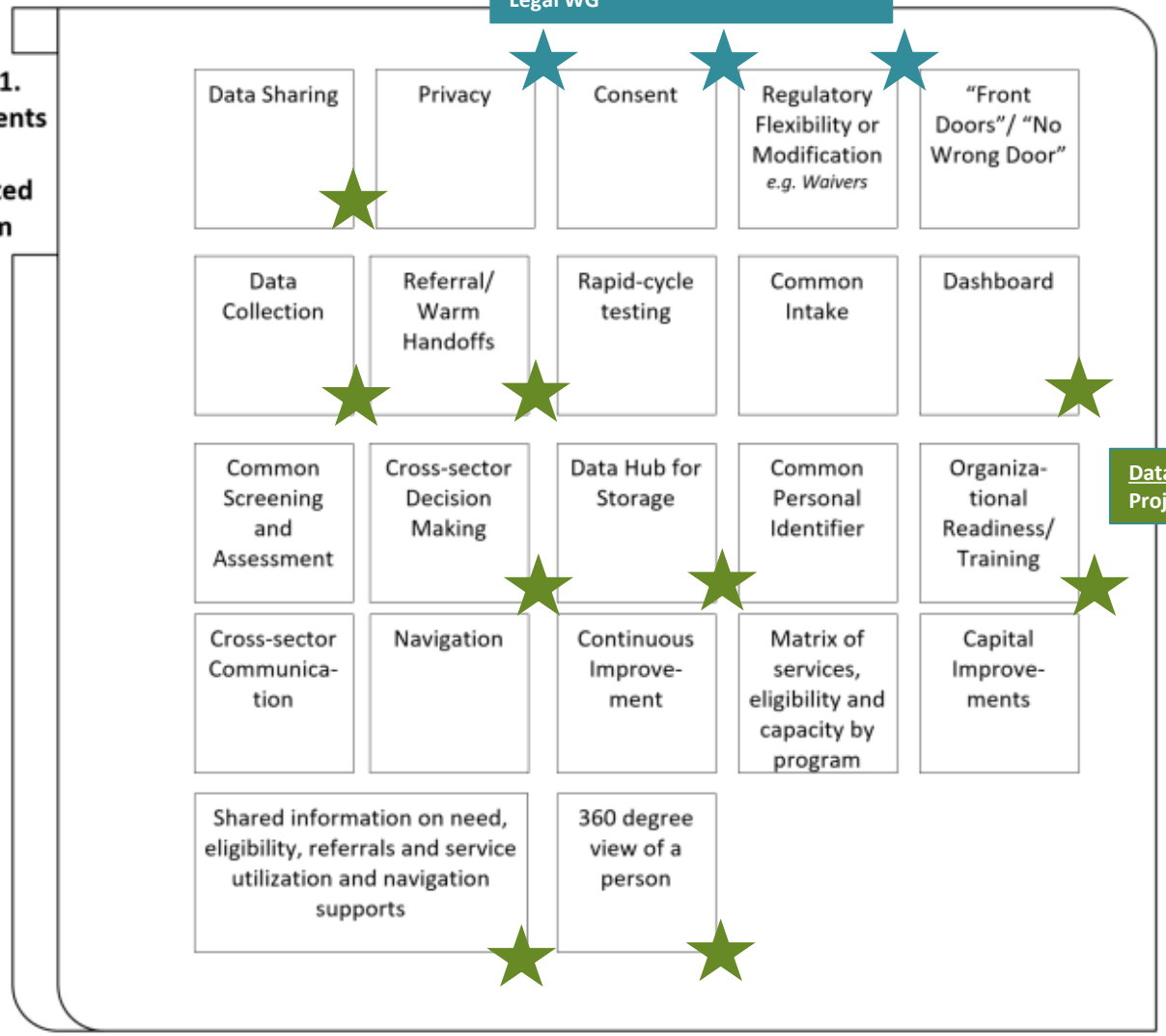
User Access | **Integration** | **Collaboration** | **Shared Accountability**

Design Goals: Community Building; Accessibility; Person-Centered; Simplicity; Comprehensive; Do No Harm; Trauma-Informed; Racial Equity; Apolitical; Efficiency (cost and service provision); Accountability; Scalability

TOC Addendum

Legally Compliant Framework:
Legal WG

Figure 1. Components of an Integrated System



Data Ecosystem Design :
Project Office, SIT

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Establishing a Decision Making Structure

Summer 2018: Process

June

- **Group Work**: Brainstorm cultural attributes
- **Survey:** Prioritize project culture

July

- **Review:** Best-practice models, structures, and decision-making processes

August

- **Survey:** Desired structure
- Presentation of results
- **Draft:** Operating Agreement

September

- **Improve and modify:** Operating Agreement

October

- **Adopt:** Decision-making structure
- **Sign:** Operating Agreement
- **Elections**

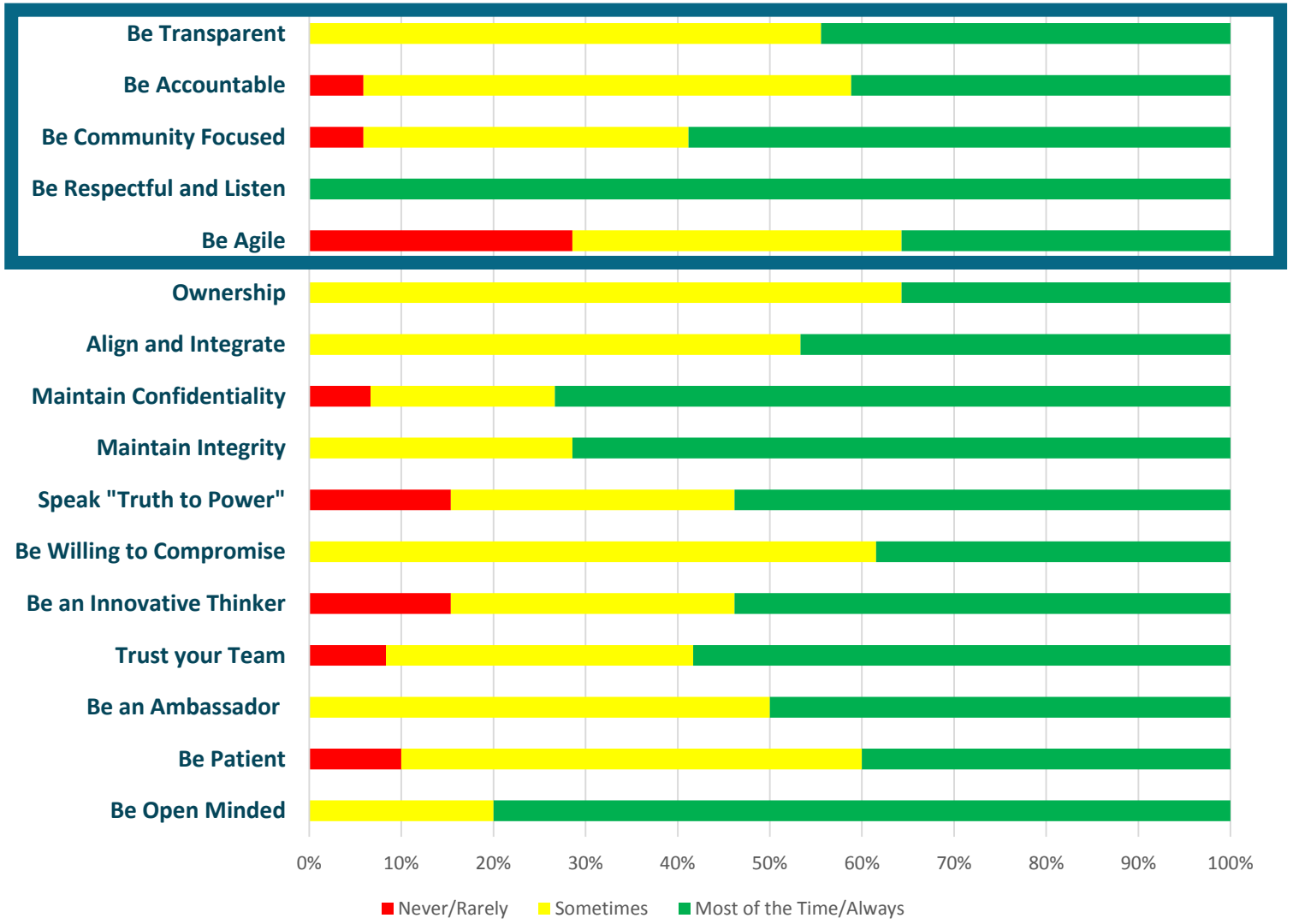
Deep Dive: Co-Creating Culture

Group Work:

- What are the behaviors that you expect of your partners, which you are also willing to hold yourself accountable to?

- **Survey:**
  - *Rank each attribute by level of importance to ensuring project success.*
  - *Is this his behavior is practiced by members of the Systems Integration Team?* (never, rarely, sometimes, most of the time, always)

Culture: Priorities and Current State



Tool(s): Group Work, Survey Monkey

Value: Shared Accountability Framework

Quote: *"Culture is as much a part of the large-scale change process as developing strategies, engaging stakeholders, securing capital, and other work."* (Brenner, 2018)

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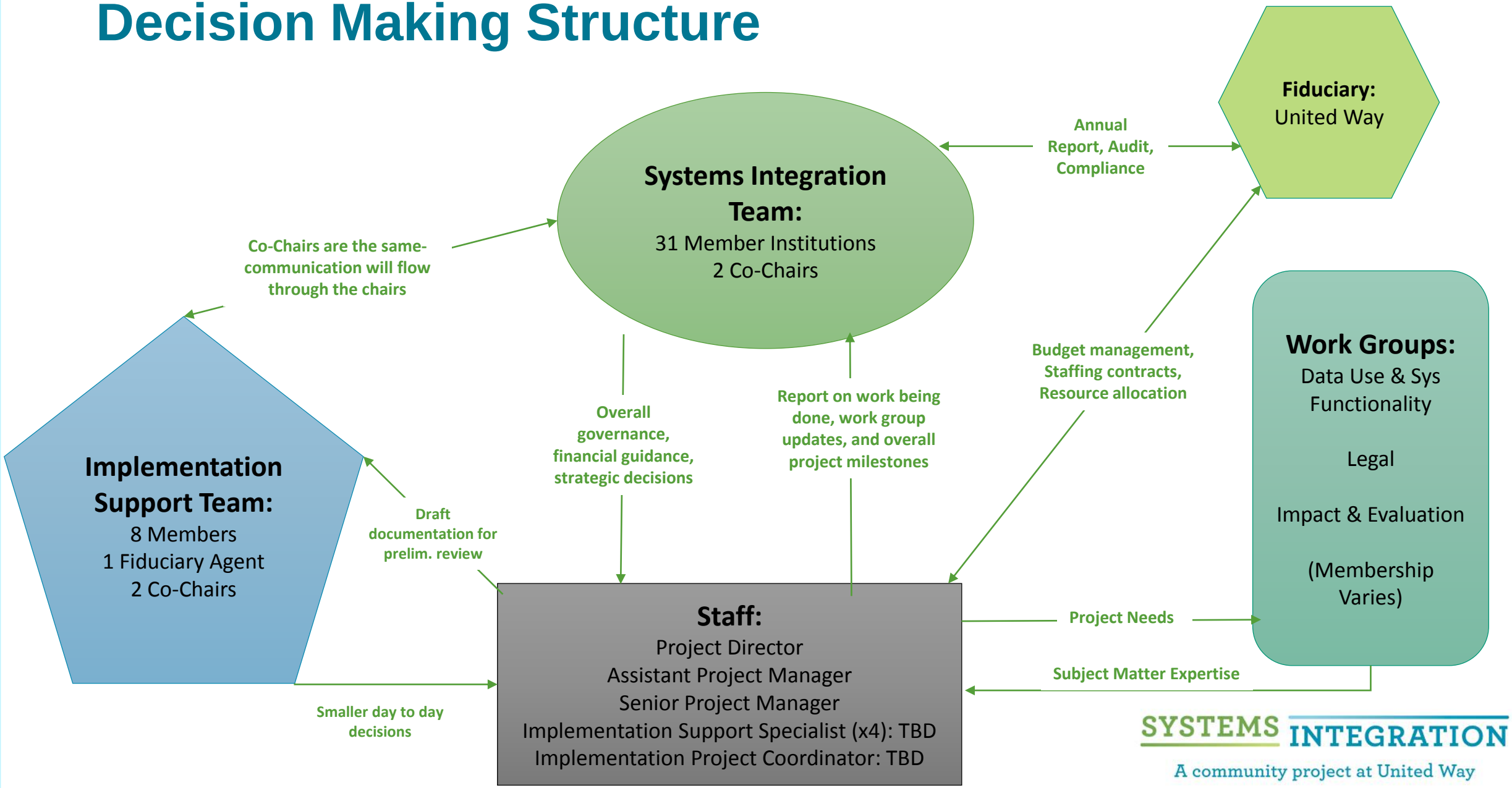
Decision Making Structure



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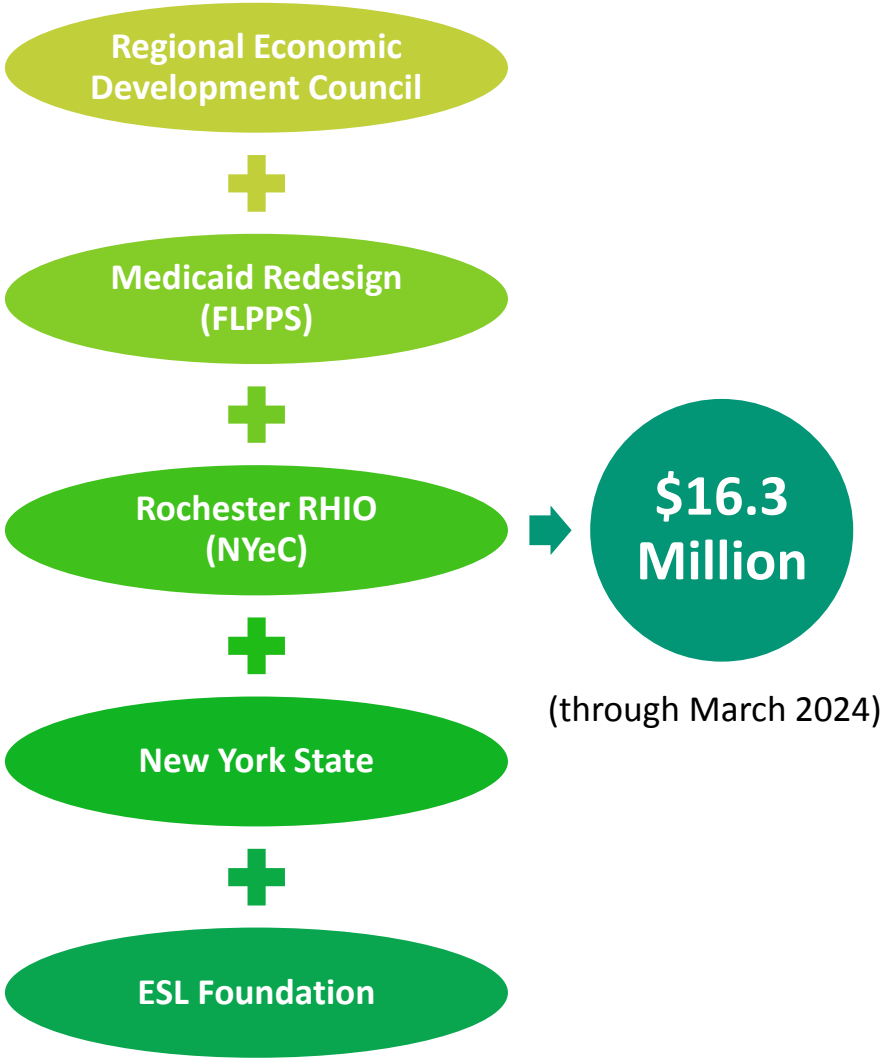
Resource Development



(through March 2024)

Tool(s): Braided Funding

Insights:

- Neutral Dollars First
- Shared Ownership

Value: Trust, Shared Accountability

Challenge: Alignment takes continuous effort

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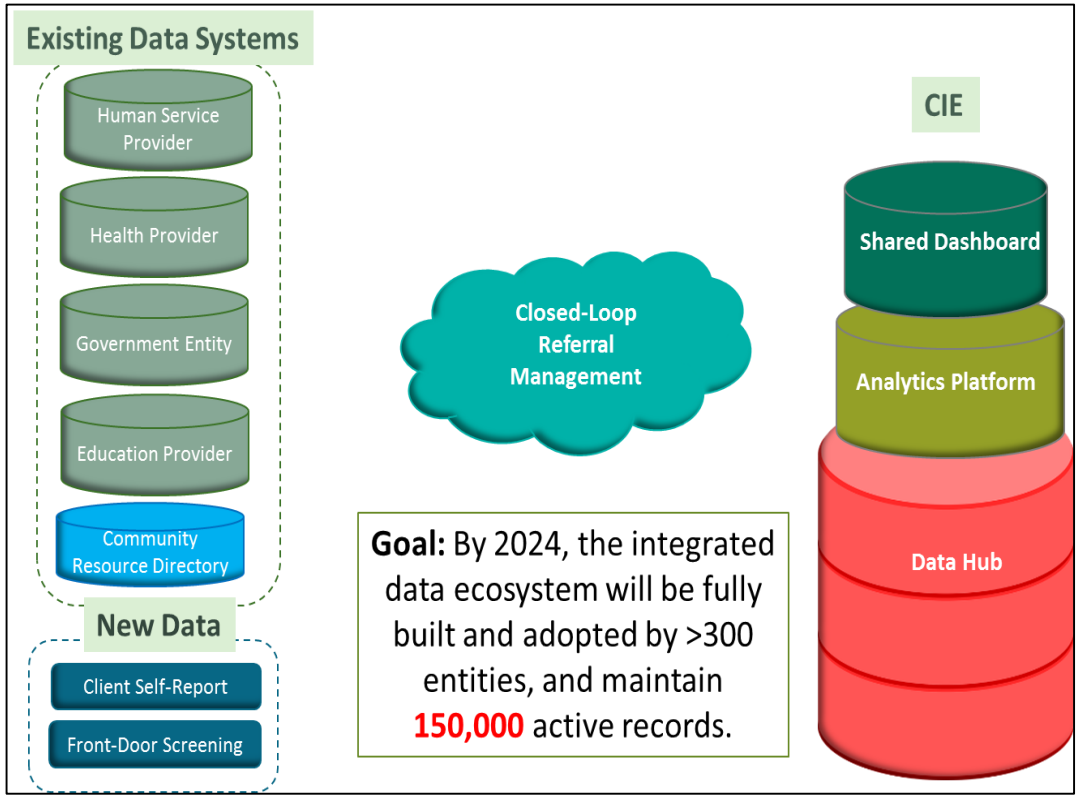
Business Requirement Interviews

Planned Data Ecosystem



Goal: Gather feedback from potential system users about how they would like the proposed integrated data ecosystem to work for them.

Logistics:

- 2 hours in length
- IT Expert
- Operational Expert
- Executive Decision-Maker

Areas of Focus:

- IT Current State
- Reporting and Outcome-Related Commitments
- Desired Impact
- Business Requirements and Use Cases
- Risk/Mitigation
- Resource Availability
- Adoption Criteria
- Desired SIP Outcomes

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BRI's: Early Returns and Next Steps

- **40 Interviews**, including:
  - 8 CBOs
  - 5 Multi-Stakeholder Initiatives
  - 8 Schools
  - 2 Health Systems
  - 1 MCO
  - 4 Public Entities
  - 5 Private Foundations

- **Qualitative Analysis** by Rivet CX Group
  - User Experience Focus

Insights:

- **Buy-in can't be fully created in committee**
- **Each provider has a unique starting line**
- **People want to dream with you**
- **User experience is key**

Value: Builds Trust, Shared Accountability

Anticipated Result: Community-Wide Business Requirements

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Final Thoughts

- Shared Accountability is a Paradigm Shift
- 40% Rule
- Data as Public Good
- Balance Process with Action
- Authentic Leadership

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The Collaborative Efforts of two Local Health Department Programs to Advance Patient (Population) Health

Modinat Lawal, MPH
Ivonne Ugarte, BS

CIE Summit 2019

April 26, 2019

2-1-1 Texas Rio Grande Region

- Referral process within the El Paso Health Department commenced early 2006
- Callers receive information on services such as utility bill assistance, rent assistance, food, shelter, counseling, clothing, child care, disaster relief and more.
- 2-1-1 continues to develop and evolve as a result of the growing public awareness of information and referral from the community and state and national leaders
- Other States have a variety of 2-1-1 coverage and collaboration models, but the Texas model is recognized for its flexibility, efficiency and accuracy.

2-1-1 Texas Rio Grande's Priority Population

- Estimated County Population: 840, 410
- Median Age: 32.1 years
- Gender: 51.3% female and 48.7% male
- Population Hispanic or Latino: 80.8%
- Families below the federal poverty level: 21%
- Median Income: $43,244
- Uninsured Population: 22.6%

(*2017 Community Survey*) (*SAIPE) (U.S Census Bureau)*

81% Hispanic Population

Colonias- underserved areas located along the U.S.- Mexico border

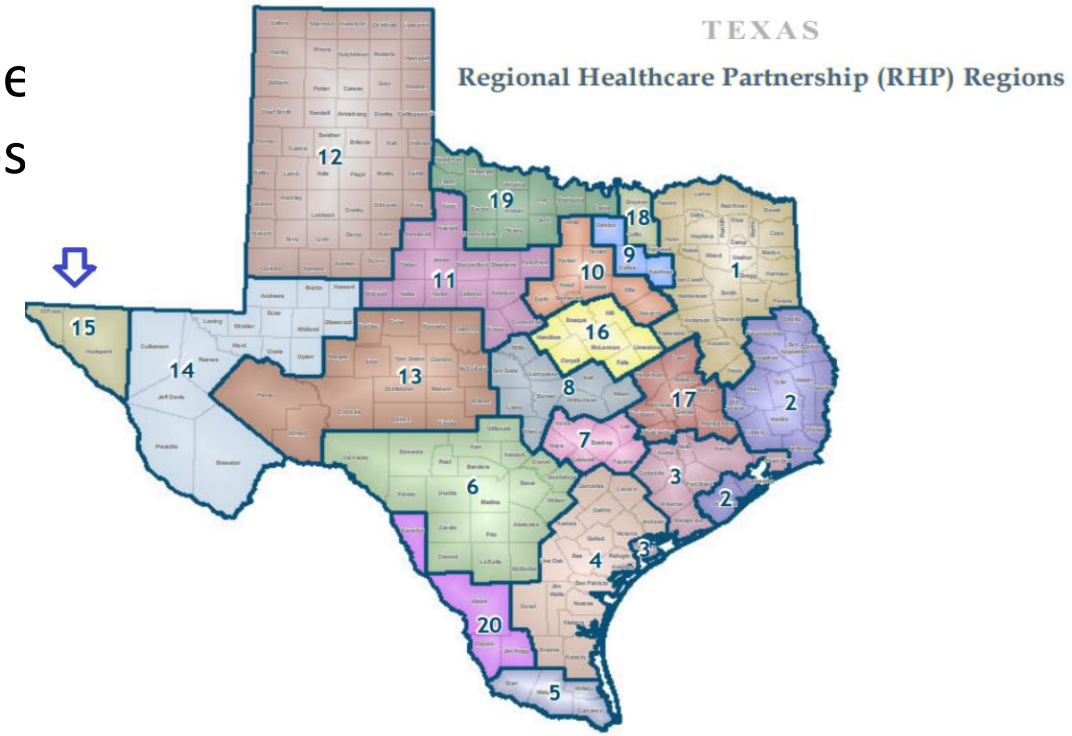
"Delivering Outstanding Services"

2-1-1's Scope of Services

- Health, social, and human services
- Supplemented with resources from non-profit agencies
- The variety of organizations within the 2-1-1 Texas Information and Referral Network helps ensure that the work of 2-1-1 is inclusive of all services available to unserved people in Texas
- The 211 Statewide Network maintains resources in Region 10 (Brewster, Culberson, El Paso, Hudspeth, Jeff Davis and Presidio Counties).

Medicaid Waiver (MW) Program

The purpose of the 1115 Healthcare Transformation Waiver is to transform service delivery among participating providers to improve access to care, patie experience, service coordination, and cos effectiveness



TEXAS Health and Human Services

Expanding Service Delivery

- Border Public Health Interest Group
- Community Health Atlas
- Health Information Exchange
- Mobile Dental Clinic
- Neighborhood Fire Stations

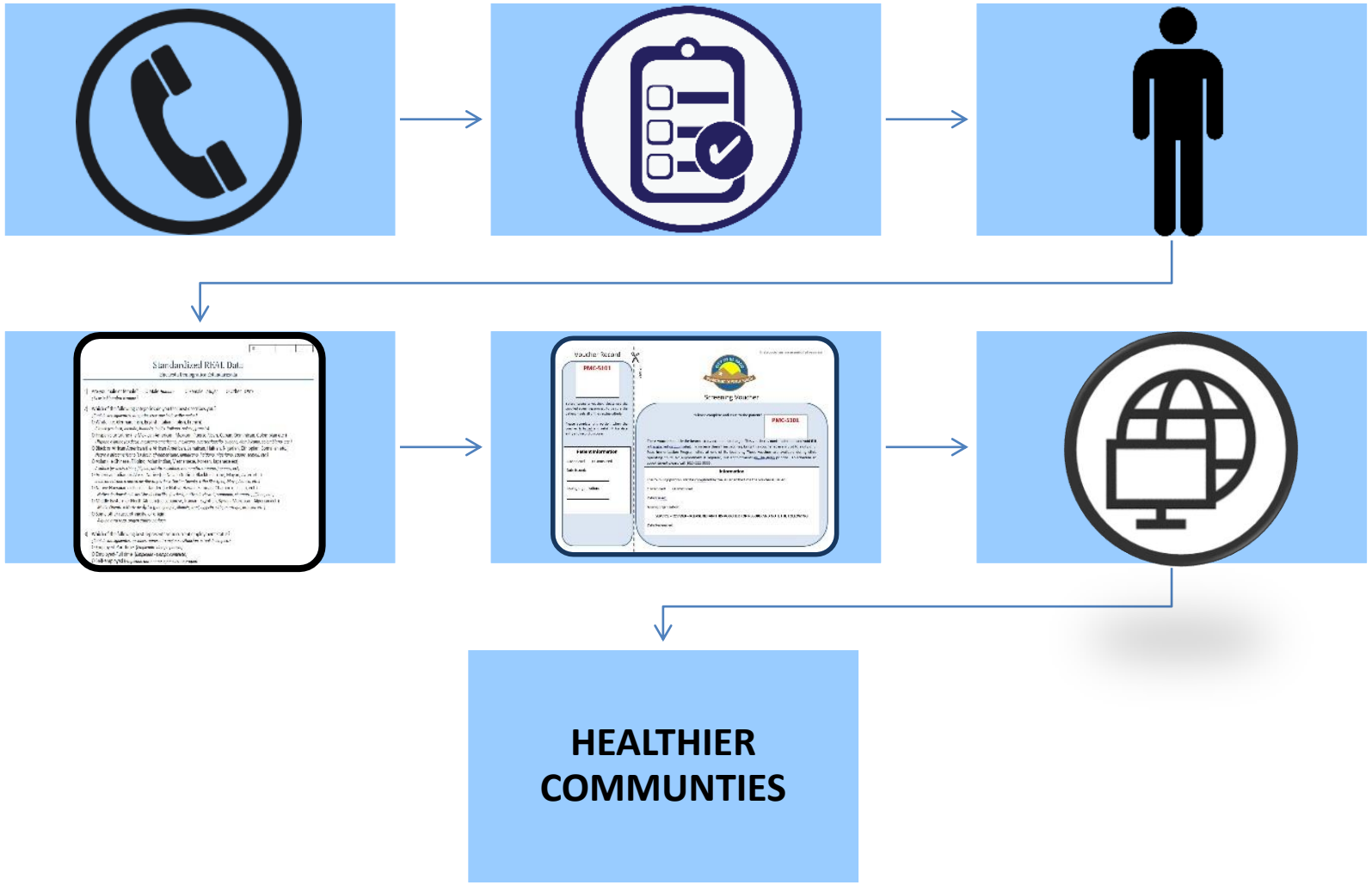
Shared Vision

2-1-1 Texas Rio Grande Region: connecting Texas citizens to vital health and human services

Medicaid Waiver: increasing access to/use of preventive health services to support a healthy environment

Shared vision:
improving the health status of underserved populations via participation in the Health Information Exchange (HIE)

Achieving the Shared Vision



Establishing Trust

Internally

- Monthly program manager meetings
- Review common deliverables and set goals
- Bi-weekly correspondence about status of MW-211 project
  - Assigned leads from both programs to monitor status

Externally

- Health Department serves as the Public Health Authority
- Engage in dialogue with stakeholders of multisector organizations serving similar populations
- Participate in coalitions

Multisector Partnerships

UTHealth
The University of Texas Health Science Center at Houston

RESCUE MISSION OF EL PASO

UTEP

PHIX

OPPORTUNITY Center for the Homeless

SAN VICENTE Family Health Center

The Hospitals of PROVIDENCE

UNIVERSITY MEDICAL CENTER OF EL PASO

Project VIDA HEALTH CENTER
Life In Community • Vida En Comunidad

THE SALVATION ARMY DOING THE MOST GOOD

El Paso Parks & Recreation

El Pasoans FIGHTING HUNGER FOOD BANK

ALIVIANE
Easing the Journey to Recovery

Emergence Health Network
El Paso Center for Mental Health/Intellectual Disabilities

Job Corps

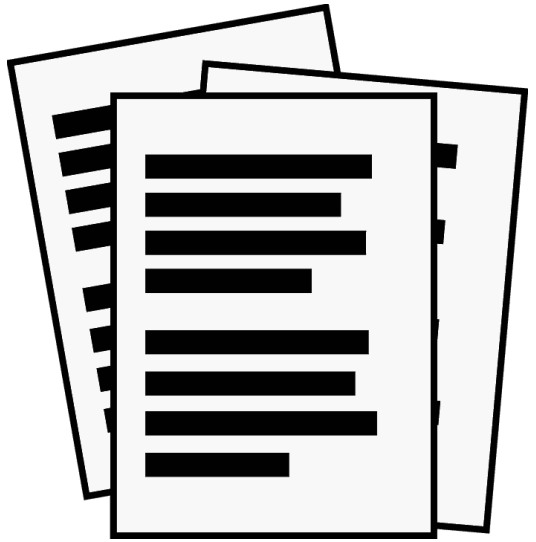
sunmetro

Housing Authority of the City of El Paso

LA FAMILIA DEL PASO

Terms of the Data Exchange

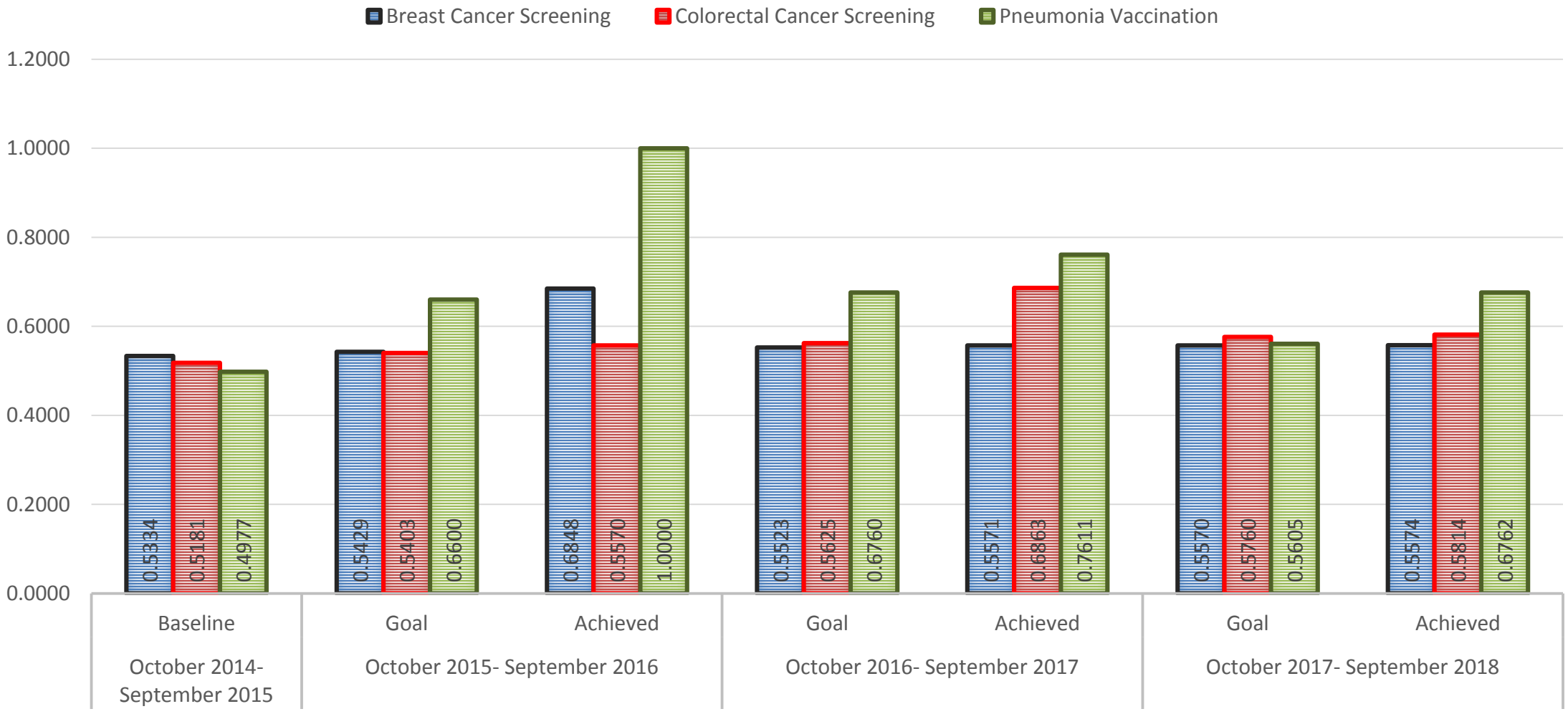
- Business Associate Agreements
- Memorandum of Understanding
  - Written agreements to delineate role of each partner
  - Discloses the sharing of personal health information for public health/funding purposes



Accomplishments

- **~415 Medicaid and Low-Income Uninsured** persons reached through this initiative
- Provide referrals to three key services:
  - Mammograms
  - FOBTs
  - Pneumonia Vaccinations
- National Association of County and City Health Officials (NACCHO) Recognition

Focused Areas of Service

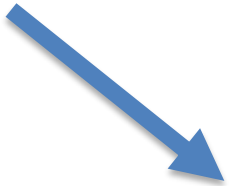


"Delivering Outstanding Services"

Creating an Efficient System

Challenges

- ❑ Coordinating schedules between programs
- ❖ Attracting interest of eligible callers
- • Voucher redemption and service attainment



Lessons Learned

- ❑ Shared calendar amongst project leads
- ❖ Education about preventive health activities
- • Reminders and incentives

THANK YOU!

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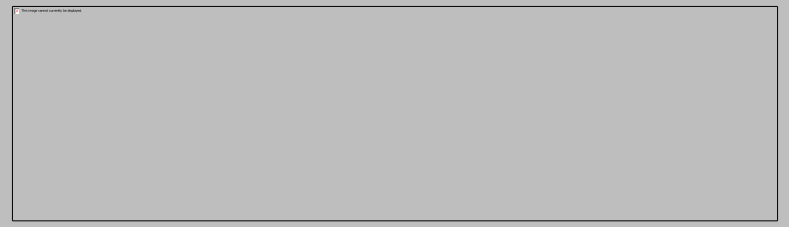
#EPMedWaiver #EPHealth

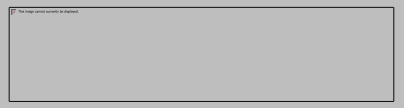
"Delivering Outstanding Services"

BUILDING HEALTHIER COMMUNITIES TOGETHER

Software Connecting Health and Social Service Providers

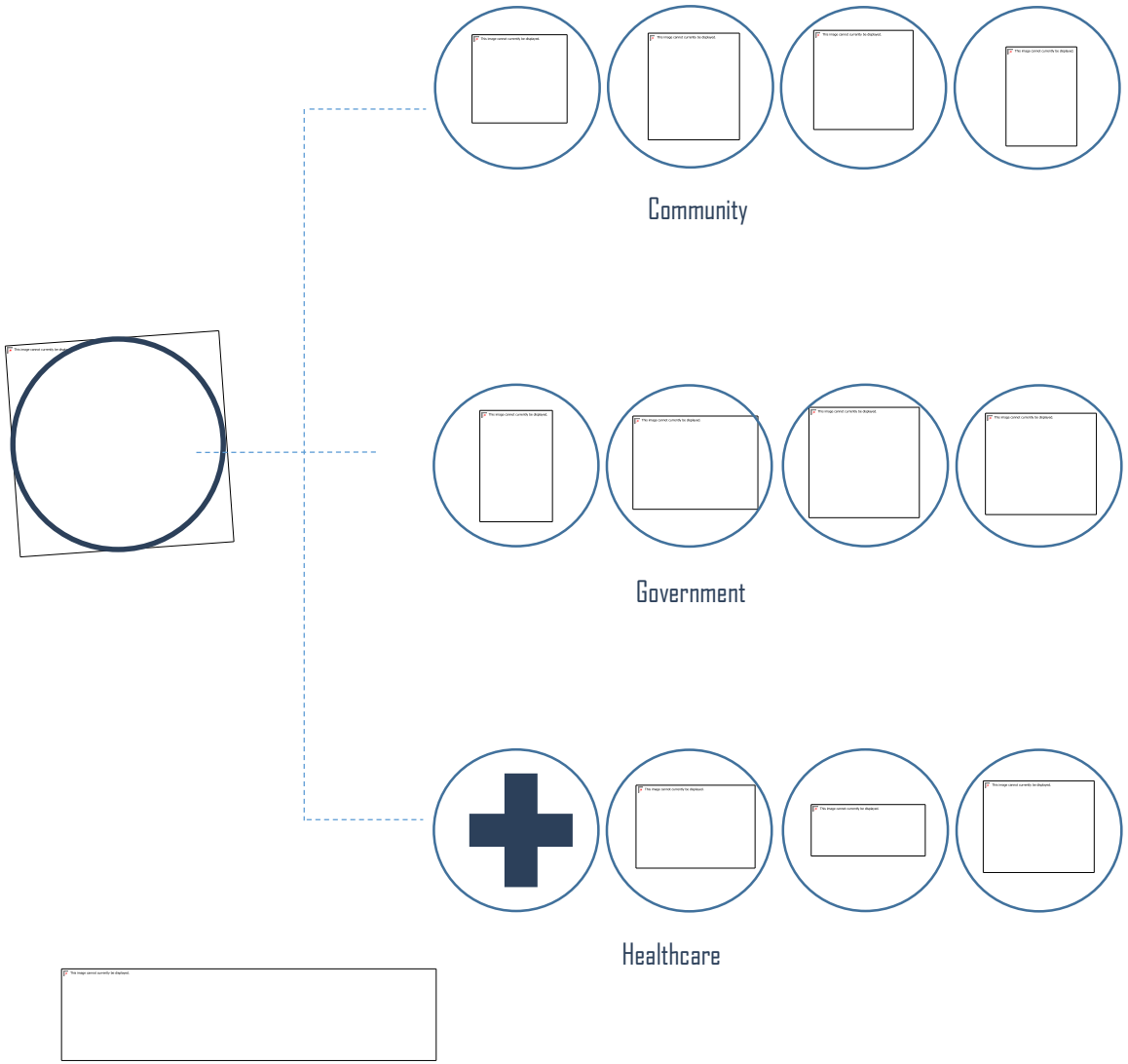


Taylor Justice
Co-Founder & President



THE PROBLEM

Service Providers are Fragmented



1. Healthcare and social service providers both **lose visibility** after their patients are discharged.

2. Co-occurring health & social needs are often **under-addressed** across the community

3. Vulnerable patients are **seeking clinical care for social problems**

WHAT DO YOU NEED TO CONSIDER

WHEN FOSTERING CROSS SECTOR COLLABORATION

1. Patient/Client First
2. Empower Communities to Drive Outcomes
3. Security
4. Scalability
5. Sustainability

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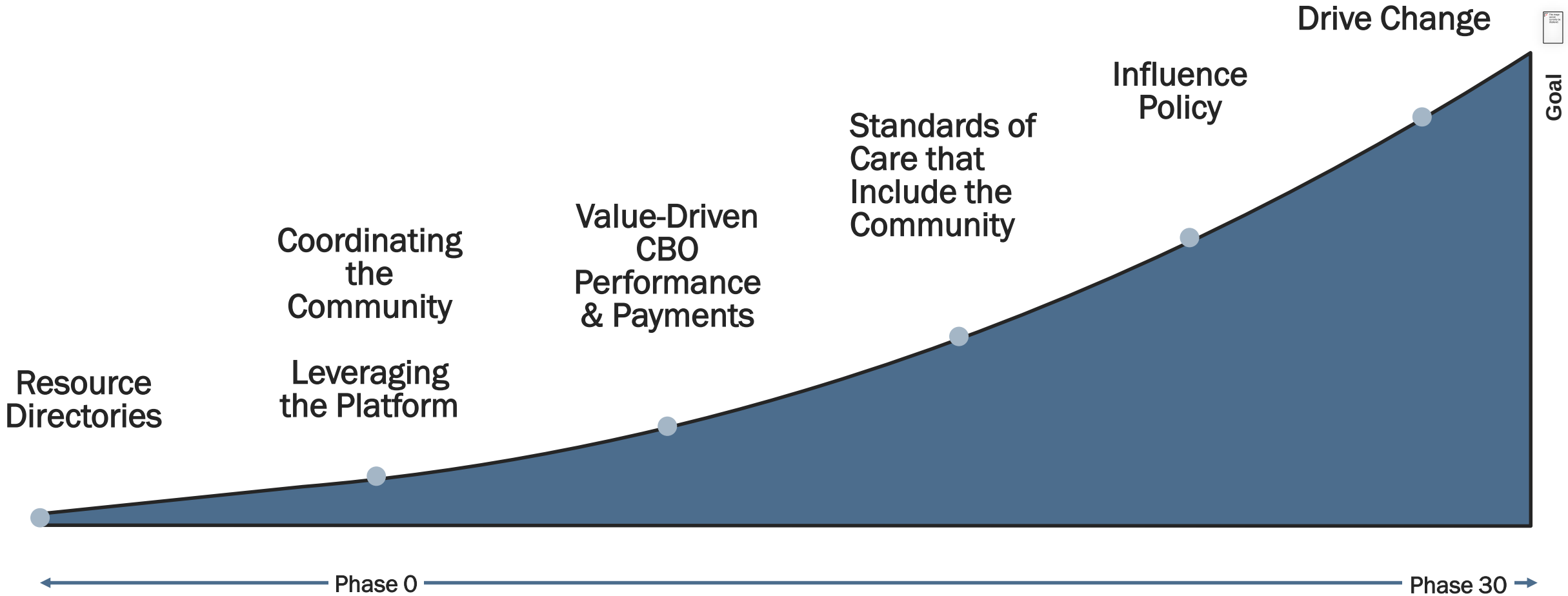
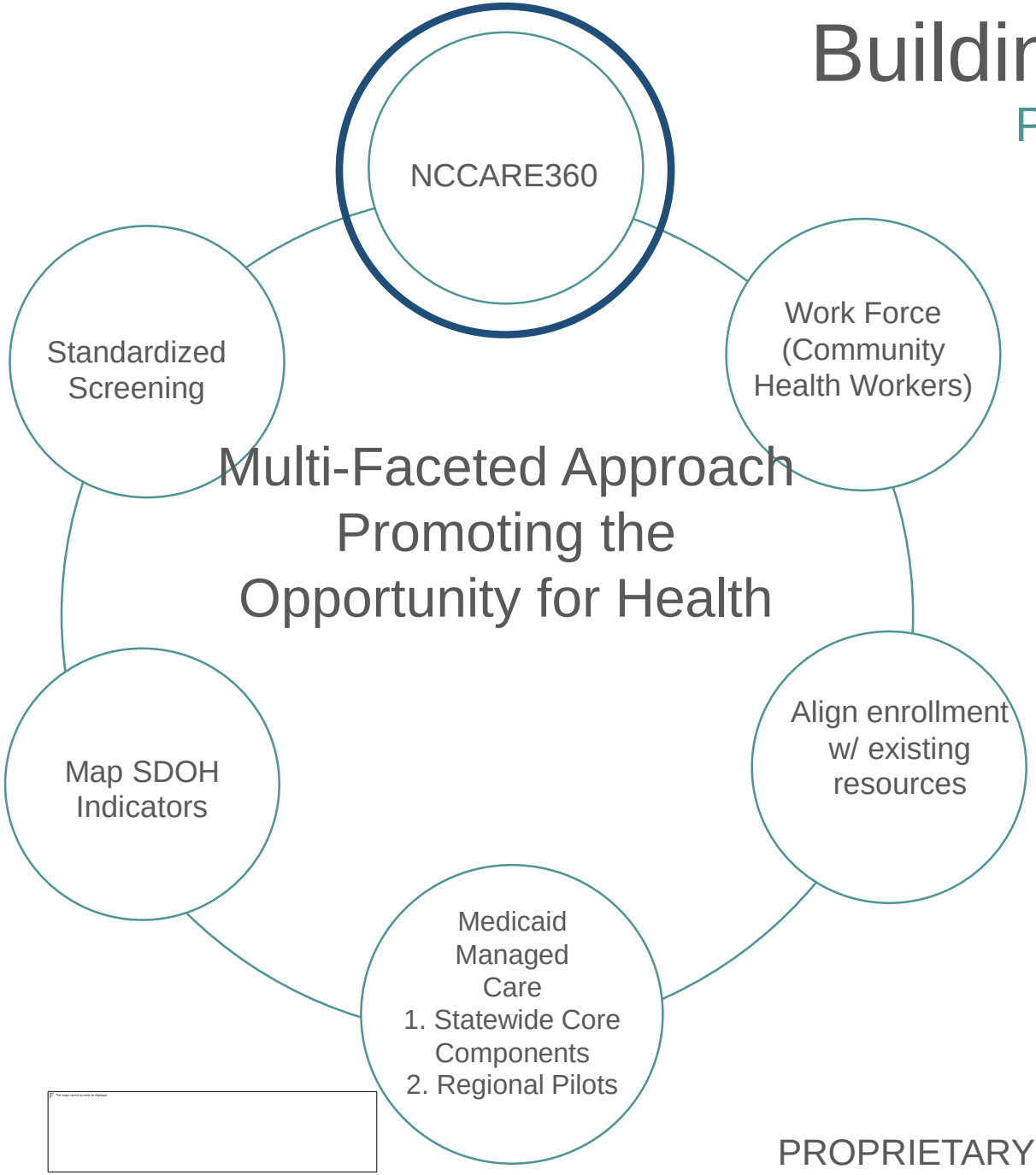
Where We Are Going



Building a Healthier North Carolina

Part of a Broader Statewide Framework



Charter

100 Counties in 24-months

Min. 5 Service-Categories in each county

All populations (+10mm people)

Team

12-person team

Located in Raleigh, Charlotte, Asheville

YOUR COMMUNITY RESOURCES IN ONE PLACE

Out of Network

Organizations that have not been onboarded to the platform

- Searchable, Identifiable but manual referrals

Vs.

In Network

Organizations onboarded to the platform

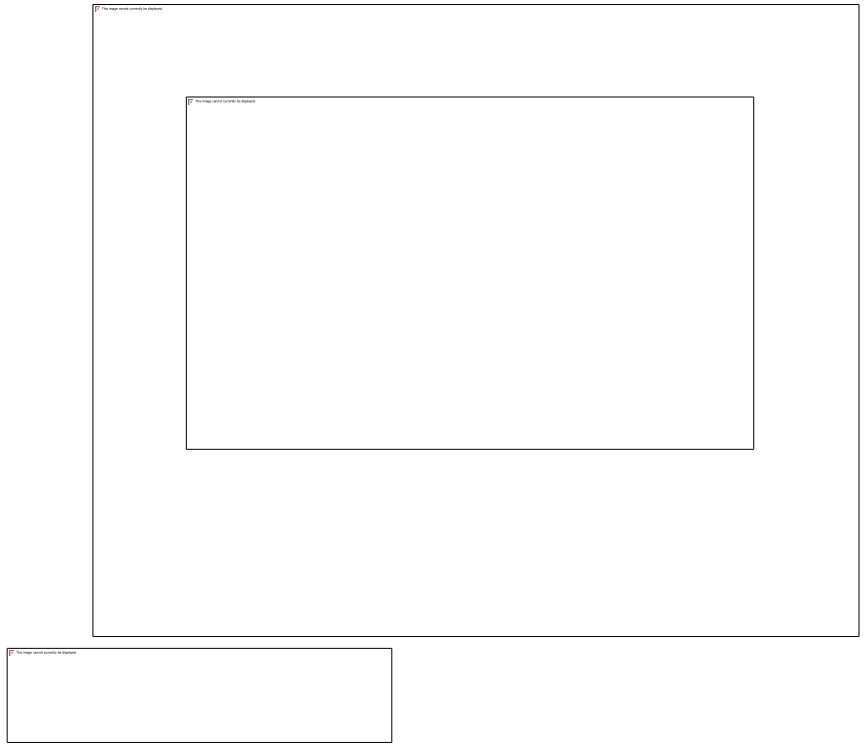
- Searchable, Identifiable with electronic referral capabilities

DRIVING AN ROI REQUIRES MORE THAN A DIRECTORY

YOU NEED OUTCOME DATA TO PROVE IMPACT

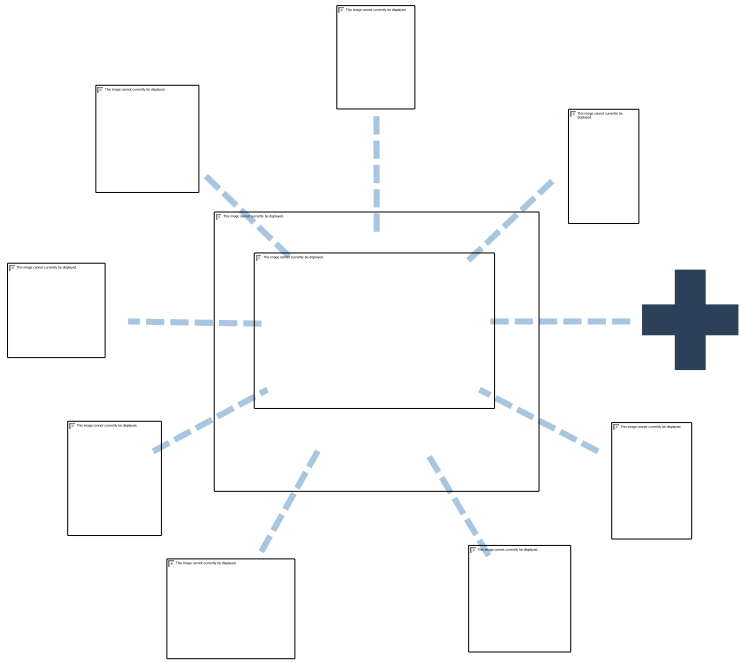
Our resource directory is just the start:

If don't have engaged & accountable CBO's, you only have a **2.2%** chance of knowing the outcome.



It's about the network behind the directory:

We track **100%** of patient outcomes with external partners, with an 84% chance of improving their health.

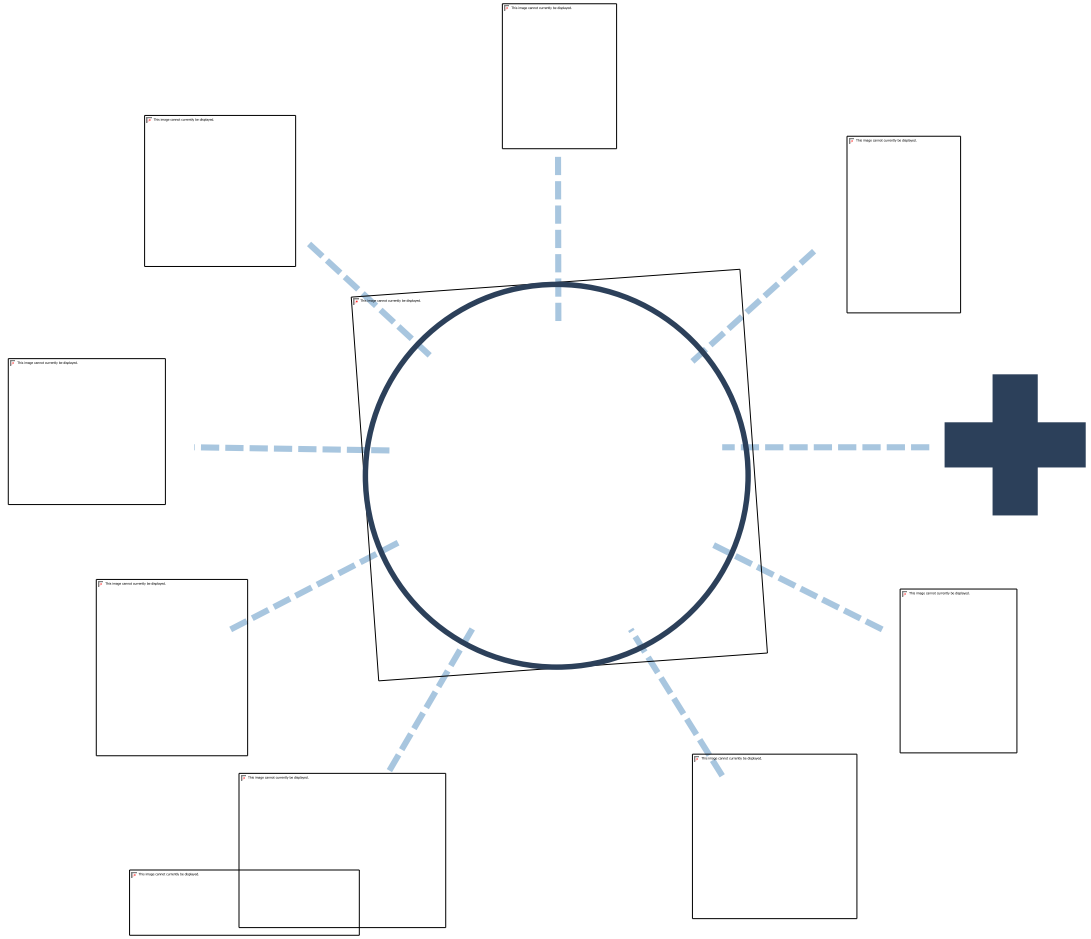


MUST EXTEND REACH, VISIBILITY, AND IMPACT

THE PATIENT-CENTERED SOLUTION & EXPERIENCE

Knowhow: Create quality, collaborative and accountable community networks.

Software: Easy-to-use platform tracks every step of the patient health journey inside and outside of your four walls.



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HOW WE BUILD YOUR COMMUNITY NETWORK

4 STEP PROCESS THAT'S PERSONALIZED AND FITS INTO YOUR MODEL & PROVIDER WORKFLOWS

DISCOVERY & SOCIALIZATION

TRAINING & ONBOARDING

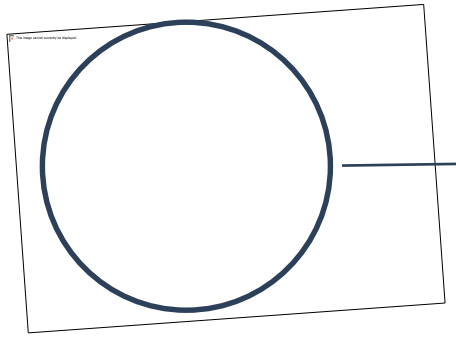
NETWORK CONFIGURATION

POST LAUNCH SUCCESS

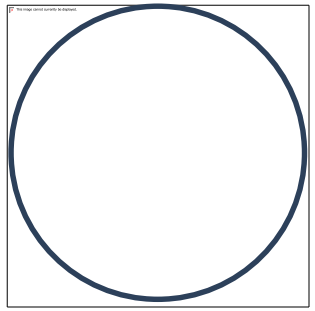
PROPRIETARY & CONFIDENTIAL

ACCESSING CARE & SERVICES

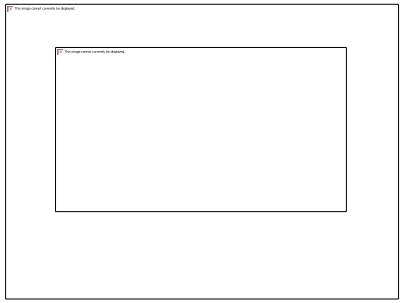
WORKING AS ONE COMMUNITY CARE TEAM TO IMPROVE HEALTH



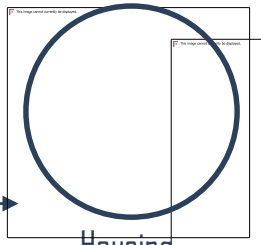
Tom shows up at Sue's organization or requests care digitally.



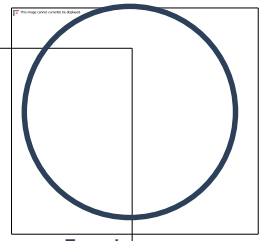
Sue is a clinical provider & identifies Tom has additional needs.



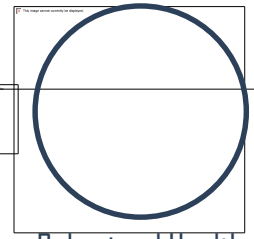
Sue uses Unite Us to gain digital consent & electronically refers Tom to multiple community partners.



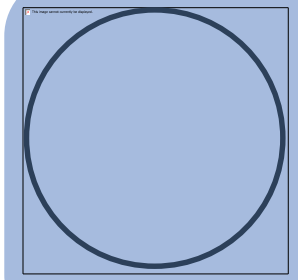
Housing



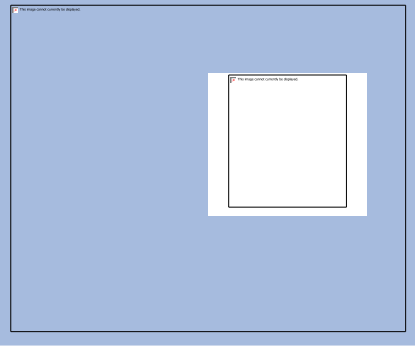
Employment



Behavioral Health



As Tom receives care, Sue coordinates in real-time with Tom's "community care team," receiving **automated** updates and tracking his total health journey through the SDoH Dashboard.



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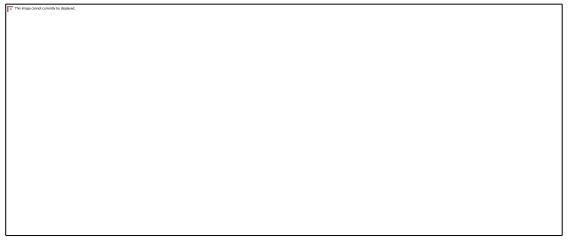
ARCHITECTURE SUPPORTING ALL SYSTEMS

UNITE US INTEGRATES WITH OTHER PLATFORMS ENSURING SEAMLESS WORKFLOWS

2-1-1

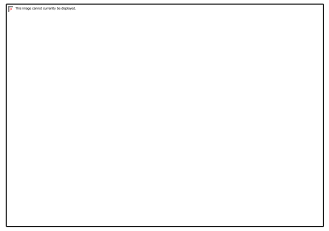


Used by +50% National 2-1-1 Market

EHR’s

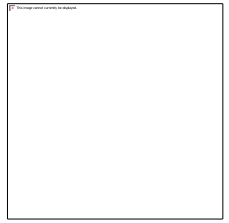
App Orchard
&
Health Planet Team

Community



Various tools used in the community

VA



Kiosks in VAMCs

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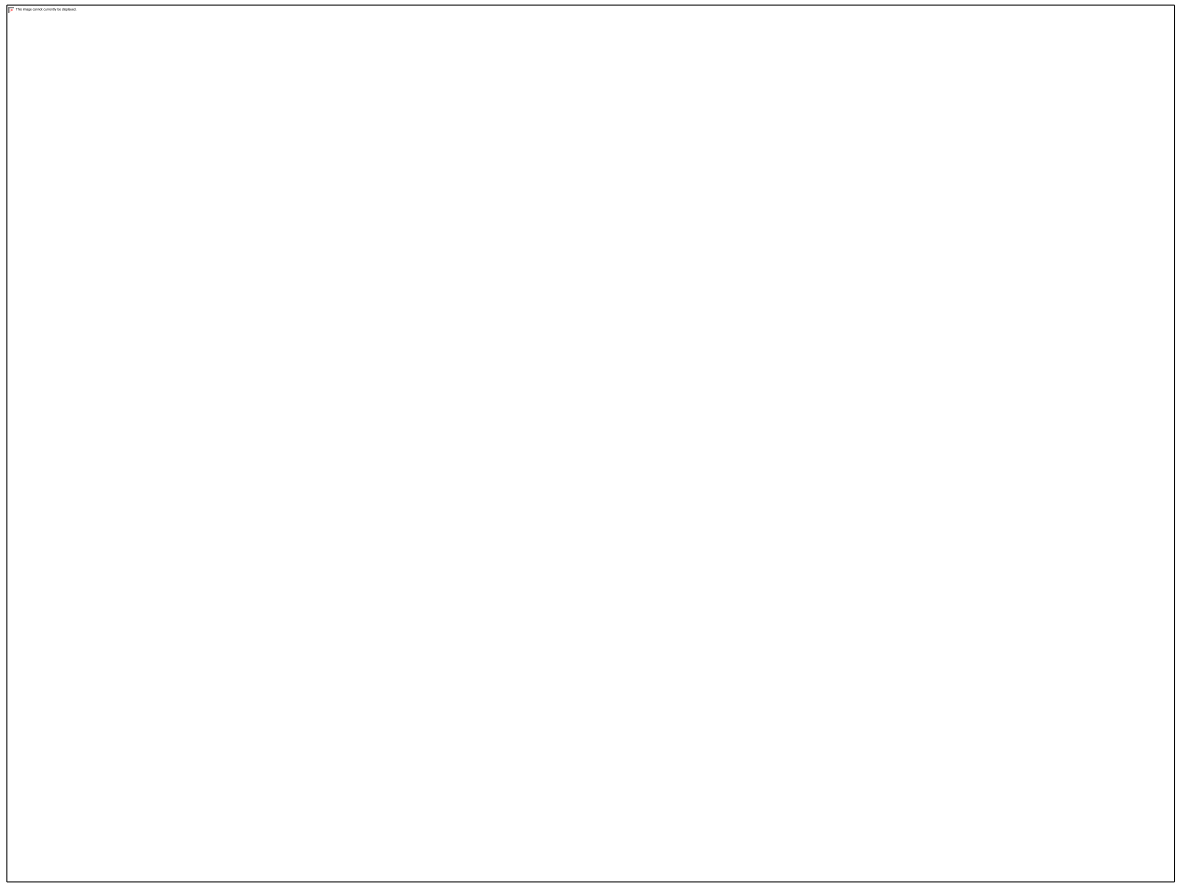
FROM HELLO TO OUTCOME, YOU ARE CONNECTED

AUTOMATED WORKFLOWS WITH EXTERNAL PARTNERS AT SCALE



Configurable Screening:
Patient and/or provider facing algorithmic screenings to stratify risk and identify specific co-occurring needs

Electronic Referral Management:
Seamless referral workflow sends the right data to the right provider(s) to address specific needs

Assessment/Care Plan Management:
Custom care plans for each service need that are attached to referrals so receiving providers get a head start

Bi-Directional Communication/Alerts:
Automated notifications keep all organizations up to date, while care team members can securely communicate with each other

Outcomes:
You get to know exactly what services were delivered, and the entire history for every intervention by your external partners

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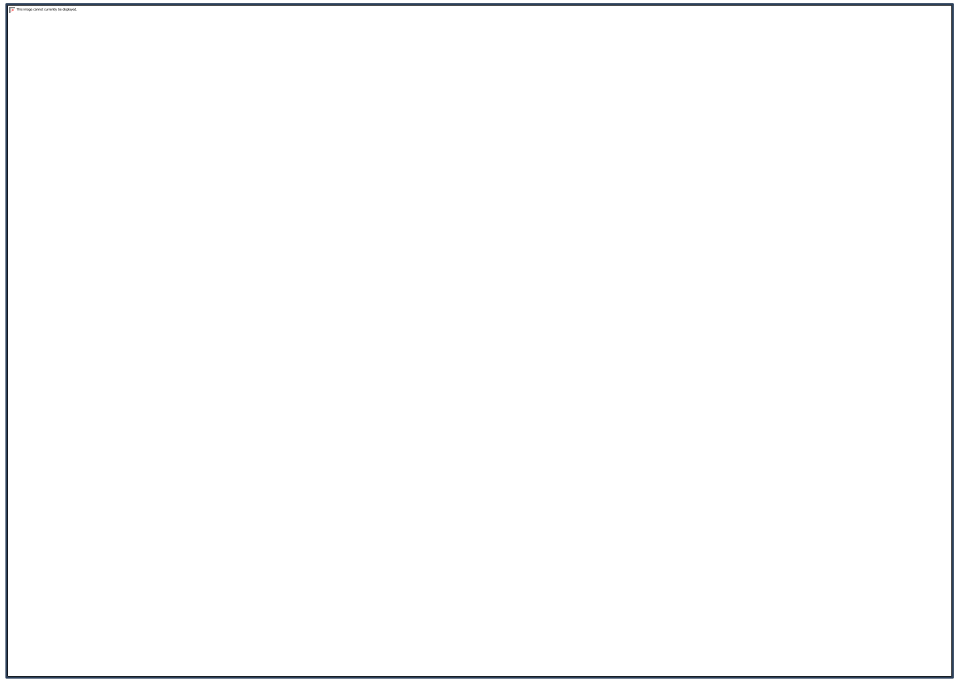
Appendix

THE DATA YOU NEED

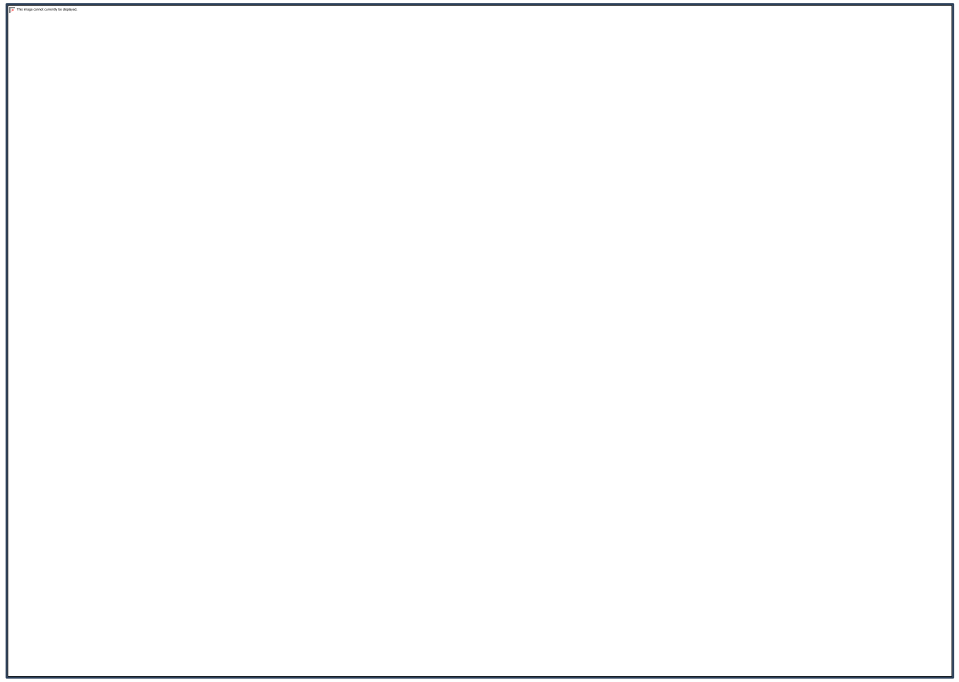
REAL-TIME REPORTING OF OUTCOMES, IMPACT, PERFORMANCE & EFFICIENCY

Patient Level Coordination and Tracking



- Patient Demographics, Patient Access Points, Service Delivery History, Outcome Breakdowns

Network Level Transparency & Accountability



- Service Episode history (longitudinal), Referrals Created, Received by, Structured Patient Outcomes for each specific need addressed

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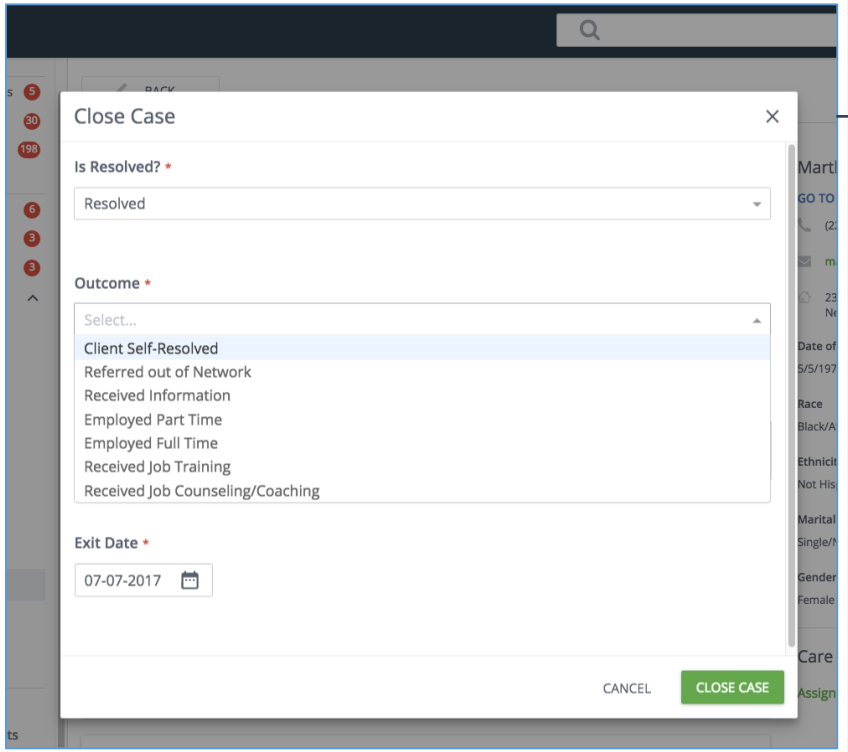
CONFIGURABLE & STRUCTURED REPORTING

GRANULAR AND DETAILED OUTCOMES FOR EVERY TYPE OF SERVICE

Employment Service Type Example



A PATIENT JOURNEY DOESN'T ALWAYS START IN THE HOSPITAL

AS A NETWORK, EVERYONE CAN SOLVE NEEDS & TRACK OUTCOMES TOGETHER

North Carolina

34% of Electronic Referrals

are originating with Benefit Providers

17% of Electronic Referrals

are originating with Employment Providers

21% of Electronic Referrals

are originating with Social Enrichment Providers

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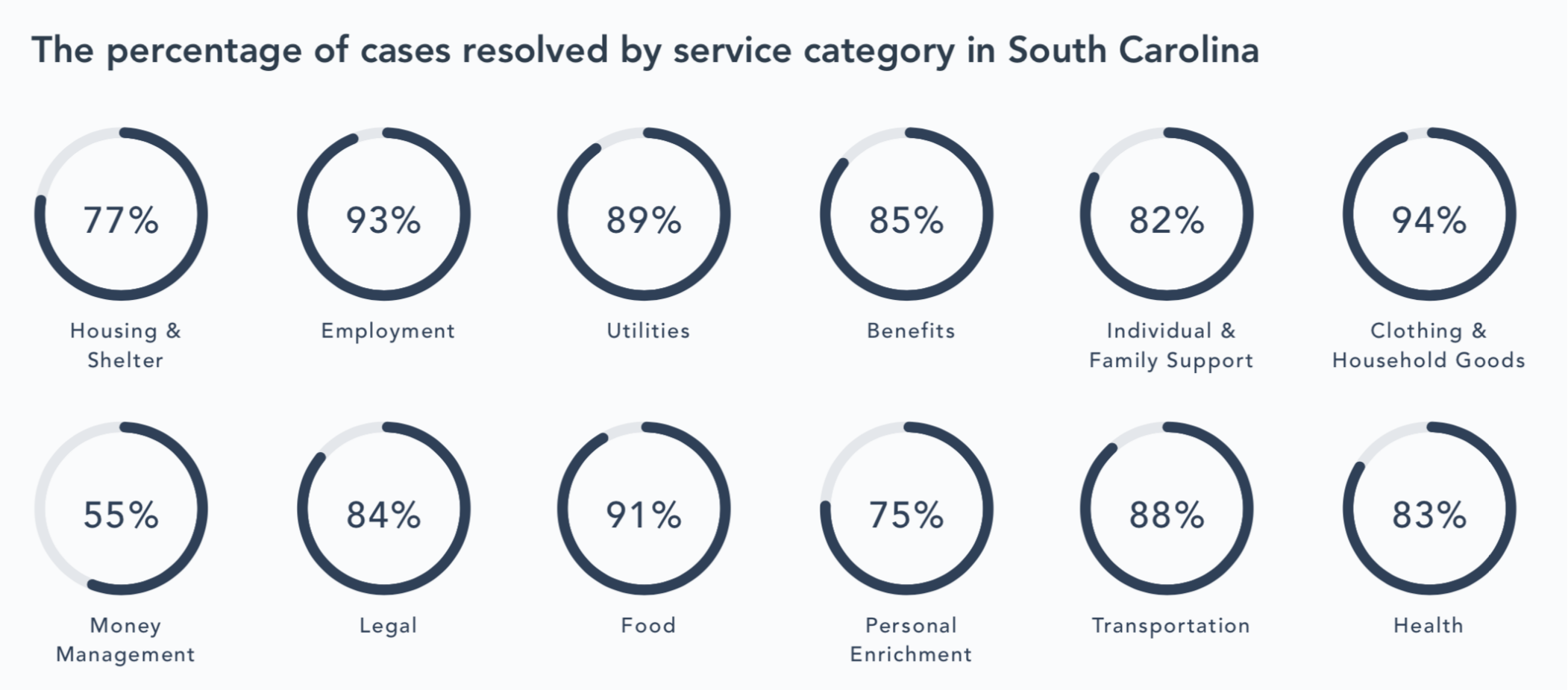
REAL OUTCOMES AND IMPROVED HEALTH

RESOLVING NEEDS WITH A FULL FEEDBACK LOOP



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THE IMPACT OF ONE HOUSING PROVIDER

REDUCED TIME TO HOUSE CLIENTS FROM 2 WEEKS TO 1.5 DAYS

"Unite Us has been a life saver! Receiving a referral with all of that information **(demographics, housing assessments, previous services services received)** saves us over a week and week and helps us house that client on the spot. It gets the client connected to care faster, and I can easily keep ALL partner agencies in the loop to follow client progress."

-Program Director, Alpha Project

Within 6 months, a housing provider in our San Diego network **received 81** electronic referrals through Unite Us. Since Unite Us captures structured data, we know every specific outcome achieved by providers.

90%
Accepted

7%
Rejected

3%
In Enrollment

Some examples of specific outcomes from electronic referrals:

12
Received
Permanent Housing

9
Connected
To Transitional Housing

7
Received
Housing Outside of San Diego

5
Connected
To Emergency Housing

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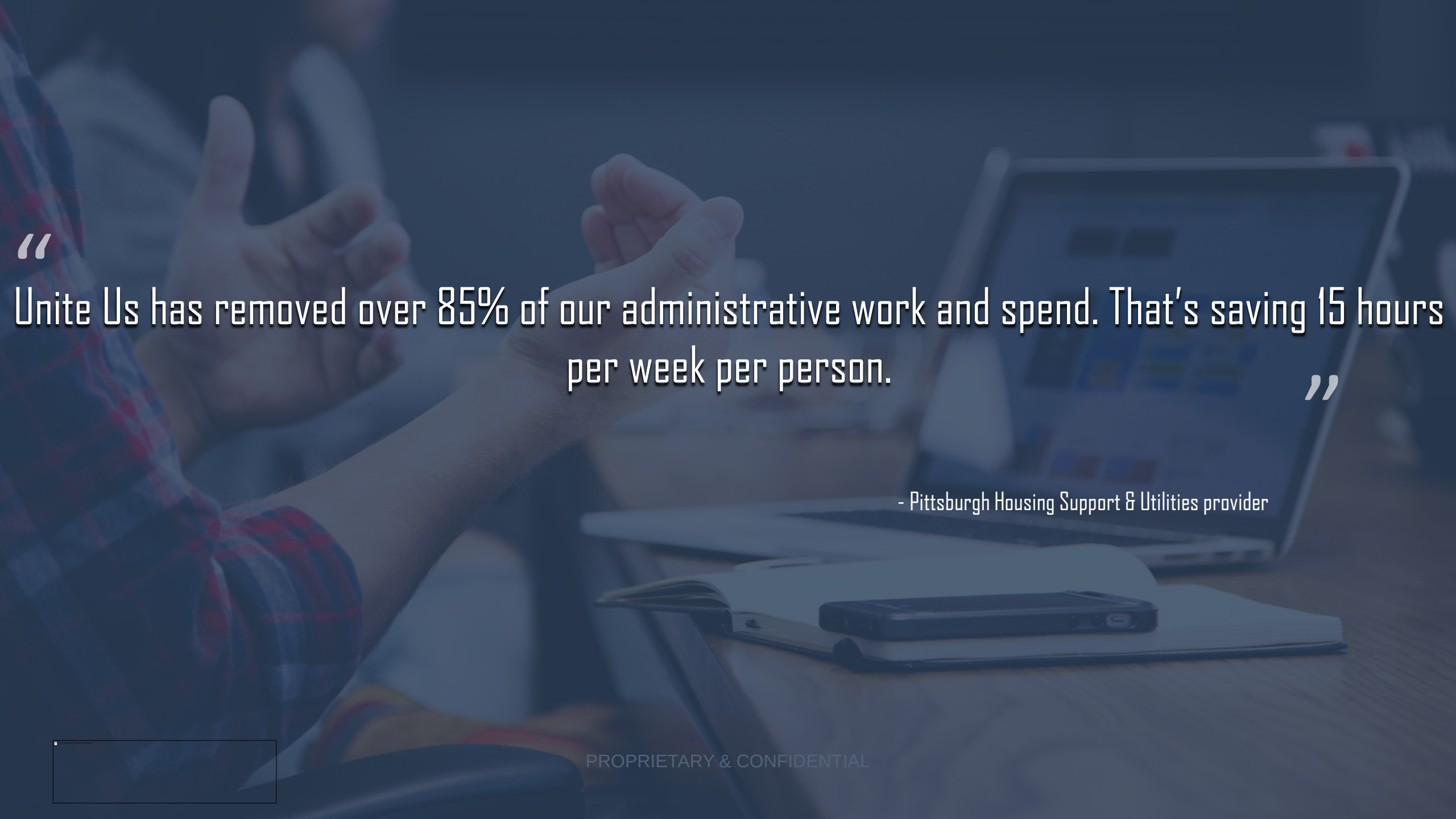

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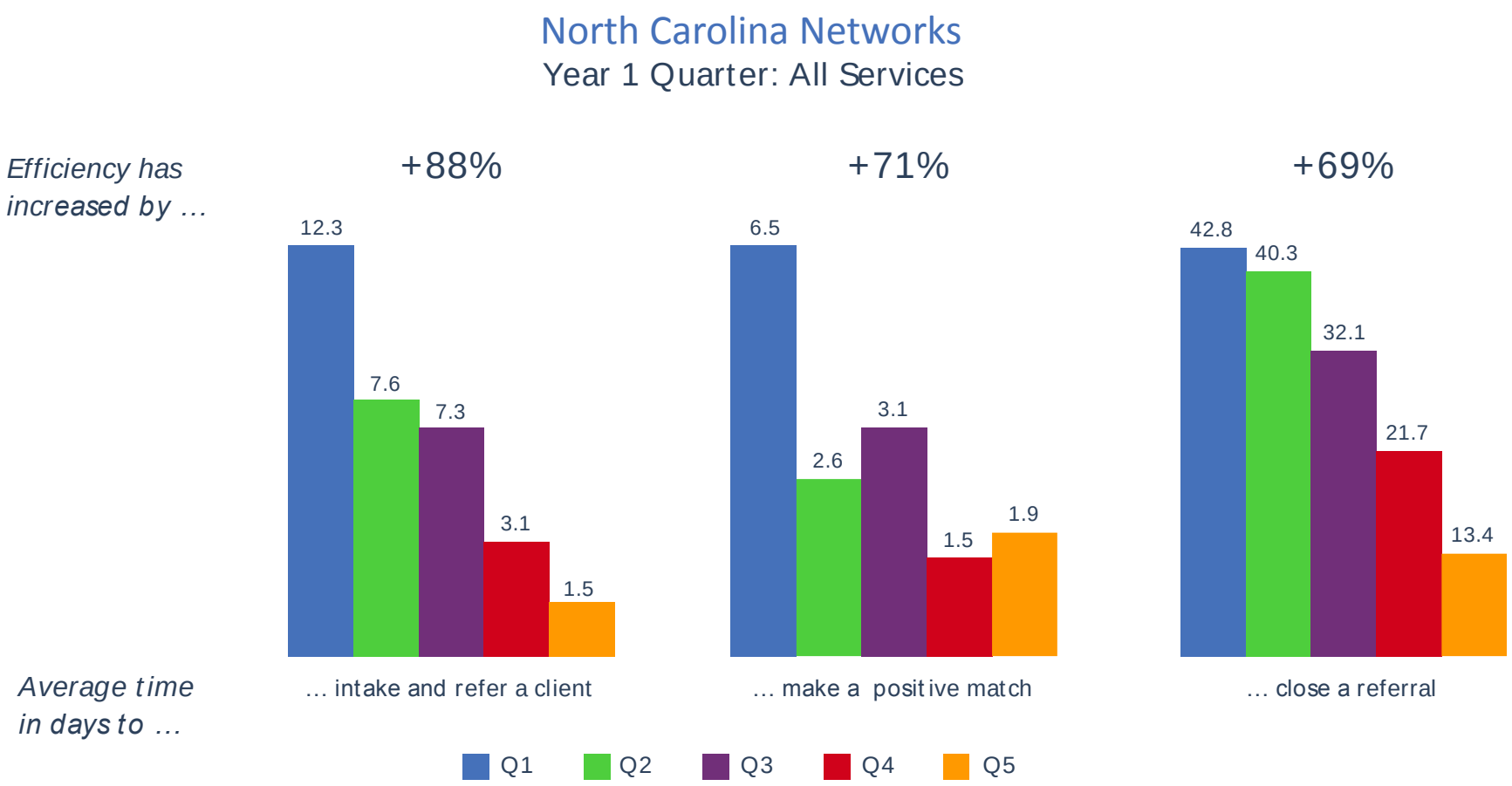
REAL EXAMPLE OF IMPROVED EFFICIENCY

ACCELERATING INTAKE, REFERRAL, AND CLOSING THE LOOP



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Permissions of Patient Access and Security

HIPAA, FERPA, FIPS COMPLIANT

Infrastructure

- Secured & Encrypted data at rest & in transit
- HIPAA compliant Cloud Servers (AWS)
- Unite Us provides BAA's to Covered Entities
- Audited Technical, Physical, and administrative safeguards
- Annual Penetration testing and audit by 3rd party
- 100% approved audits by local gov, state gov, and health systems/plans

Access Controls

- Each organization is uniquely onboarded to authorize proper permissions based on services they provide
- Each user is set specific roles for viewing permissions based on specific patient access
- Each program (within an organization) is assigned specific viewing permissions (i.e. ensuring non-clinical providers cannot view clinical information)

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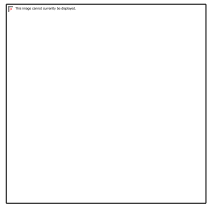
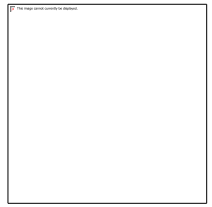
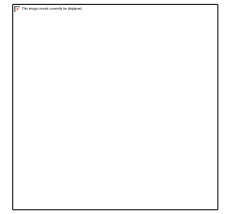
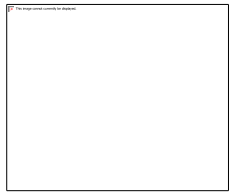
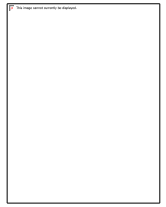
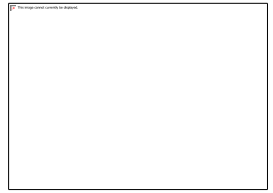
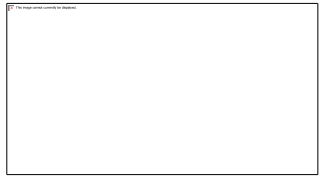
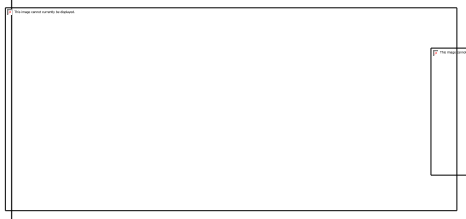
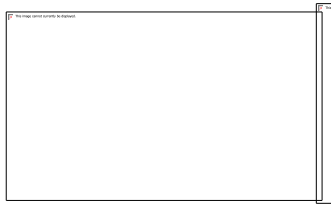
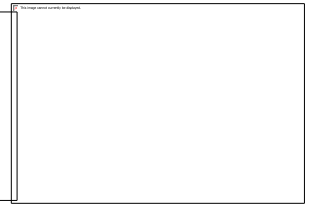
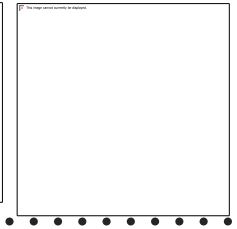
50+ COMMUNITIES WITH HEALTH & SOCIAL SERVICE PROVIDERS CONNECTED!

GOVERNMENT SERVICES PARTNERS



COMMUNITY SERVICES PARTNERS






HEALTHCARE SERVICES PARTNERS