



Community
Information
Exchange



Community Information Exchange (CIE) Partner Meeting

February 27, 2020

WELCOME & INTRODUCTIONS

Agenda

1. Welcome & Introductions
2. New Partners
3. ARCCQ
4. Partner Community Feedback
5. 2020 Polling Results
6. Mission of CIE
7. CIE Engagement for Collective Voices
8. Announcements- What's going on?

Next Meeting: March 26, 2020 @ 9:00 am

New Partners

Community Information Exchange Partners: 80



Data Sharing Partners



New Partners



San Diego City College District



SAN DIEGO FAMILY CARE
A California Non-Profit Corporation

San Diego Family Care



Zero8hundred-Military Transition Support



Santee School District- Collaborative



Veterans Chamber of Commerce



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Advancing Real-time Coordination and Collaboration (ARCC)

University of California, San Francisco (UCSF) SIREN:

Caroline Fichtenberg, PhD, MS

Danielle Hessler, PhD

Laura Gottlieb, MD, MPH

Yuri Cartier, MPH

2-1-1 San Diego:

Karis Grounds, MPH

Nicole Blumenfeld, MSW

siren

Social Interventions Research & Evaluation Network

UCSF



Social Interventions Research & Evaluation Network

SIREN's mission is to improve health and health equity by advancing high quality research on health care sector strategies to improve social conditions.

Activities include:



Catalyzing and
conducting high quality
research



Collecting &
disseminating research
findings



Providing evaluation,
research & analytics
consultation services

sirennetwork.ucsf.edu | siren@ucsf.edu | [@SIREN_UCSF](https://twitter.com/SIREN_UCSF)



The Goal of ARCC

To expand the CIE's data analytics and visualization functionalities to improve use of social and health data as part of chronic disease primary care, population health management, and community health improvement interventions.

What does success look like?

HEADLINES TODAY

New Study of San Diego's CIE Shows How an Integrated Health and Social Needs Data System Can Improve Patient Care

A study, led by University of California San Francisco and 2-1-1 San Diego with funding from the Agency for Healthcare Research and Quality, has successfully documented how an integrated health and social needs data system can improve patient care, population health management, cross-sector care coordination, and community health improvement.

What does success look like?



FOR CLINICS?

- Improvement in the availability and utility of integrated health and social data, leading to **better clinical care and population health management decisions**



FOR PATIENTS?

- Increased socially informed or tailored treatments, better care, receipt of needed services, and **better chronic disease outcomes**



FOR CBOs?

- Improved availability and utility of integrated health and social data, leading to more appropriate linkages, more tailored services, **improved coordination with other service providers and more effective community health improvement activities**



FOR COMMUNITIES?

- More and better integrated health and social services, better targeting, **ultimately improving health outcomes and health equity**

Grant mechanism

- Funder: Agency for Healthcare Research and Quality (AHRQ)
- Grant: “Using Data Analytics to Support Primary Care and Community Interventions to Improve Chronic Disease Prevention and Management and Population Health”
- Applied May 2019, accepted Sept 2019
- Our proposal was one of 3 that got funded nationally



Project Aims and Timeline

Gather ideas for dashboards from intended users.

- Interviews
- Focus groups

February – June 2020

Develop and refine dashboards.

- Interviews
- Focus groups

June – November 2020

Implement dashboards and gather feedback on their impact.

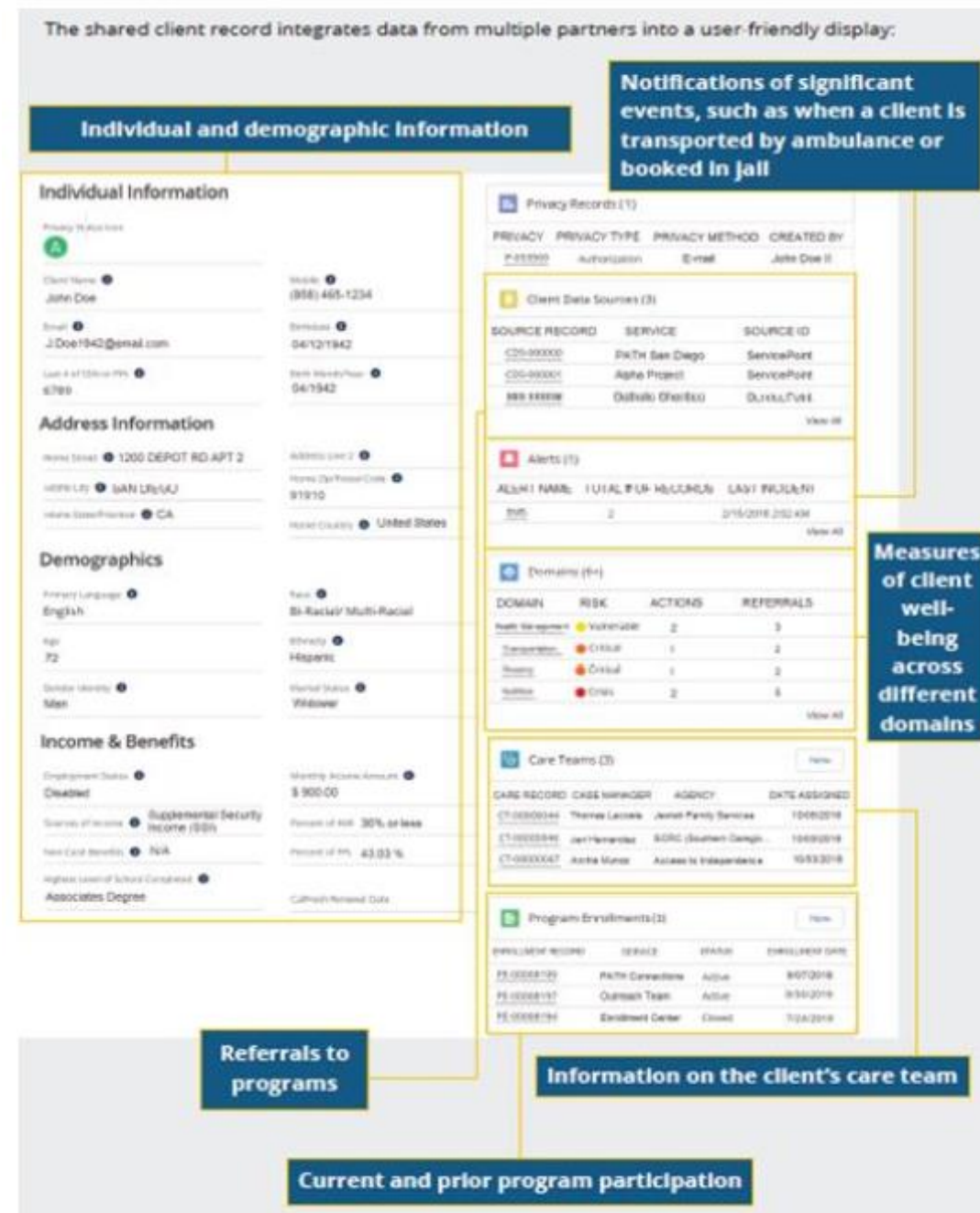
- CIE data
- Surveys
- Interviews

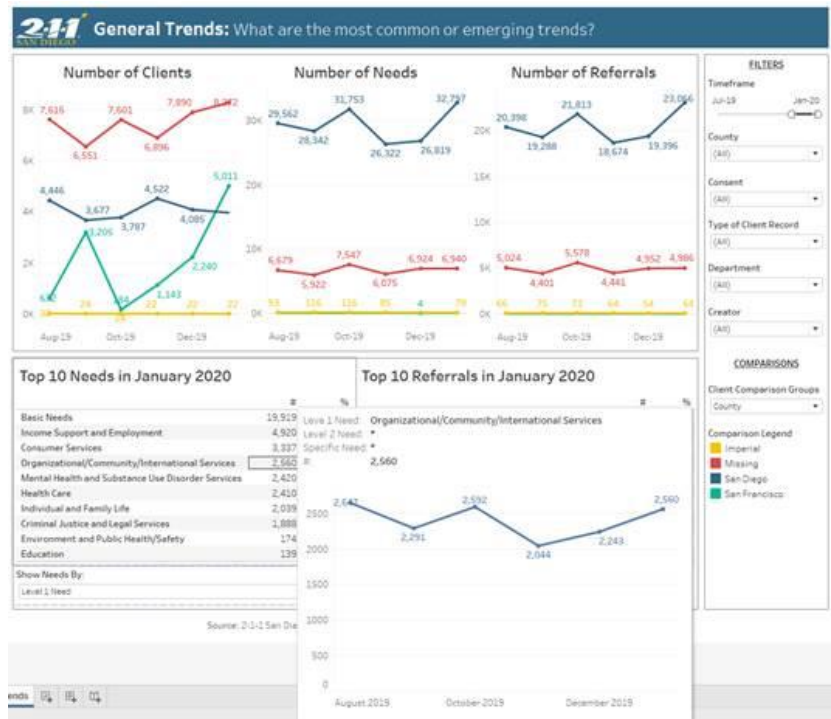
Dec 2020 – Sept 2022

Potential Client-Level Dashboard Data

Client-level Dashboard

- Social needs by type /severity
- Combined health/social needs risk score
- Past/current referrals by type of service
- Referral outcomes for past referrals
- Availability of relevant social services organization

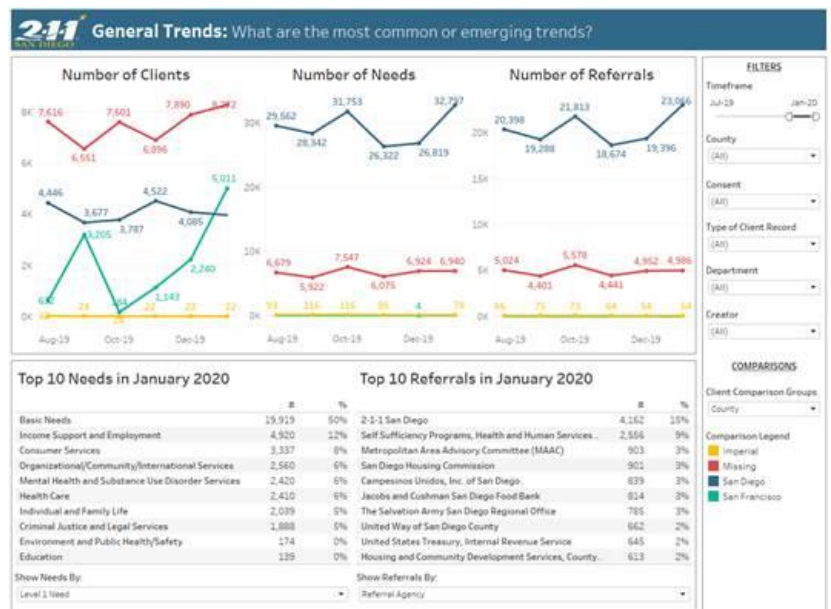




Potential Aggregate-Level Dashboard Data

Aggregate-level Dashboard

- Social needs by type /severity and by patient health indicators/demographics
- Combined health/social needs risk score
- Referral rates/outcome by type of service and patient social needs, demographics and health indicators.
- Comparisons of prevalence of social needs by type of need and availability of social services to address need, at different levels of geography



Outcomes we will examine

FQHCs

- Use of dashboards/CIE data
- Provider/staff satisfaction
- Patient satisfaction
- Impacts on clinical care and population health management

CBOs

- Use of dashboards/CIE data
- Staff satisfaction
- Client satisfaction
- Impacts on services provided and targeting of services

County Health and Human Services

- Use of dashboards/CIE data
- Impacts on community prevention activities

Project Partners

Federally Qualified Health Centers

- La Maestra Community Health Centers
- San Ysidro Health

Community-Based Organizations

- Be There San Diego
- Multicultural Foundation
- Skinny Gene Project
- YMCA

Public Agencies

- San Diego County Health and Human Services Agency

...and growing!



Thank you!
Questions?



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Partner Community Feedback

Direct Referrals - Pending for 90 days

Proposed Change:

Direct Referrals that are in "Pending" status for 90 days (or longer retroactively) will automatically close out with the outcome "Did not receive services."

Q: What are some thoughts and considerations?

Q: What Outcome "Reason" makes sense?

Example reasons to populate:

- Referral expired
- Referral time-out
- 90 day auto-close
- Etc.

Outcome: did the individual receive the service?

Did not Receive Services

Reason Client was not Connected

Select Reason

- Select Reason
- Client no longer interested
- Funding Limitations
- Ineligible
- No Show
- Failure to Provide Documents
- Referred to Other Agency
- Referred to Other Internal Program
- Unable to Contact
- Client Refused Services
- Other

2020 Polling Results

How can we support our shared clients better?

“Help us understand other partners CIE workflow so we can improve our own.”

“Doing a great job already”

“Learning if the CIE was helpful to them...case examples”

“Allow them access somehow?”

“Making appropriate referrals”

“Streamlined enrollment and eligibility determinations”

“More and easy options for consenting into the CIE”

“Streamline referral process”

“... ..”

What content of topics would you like to add to the meetings this year?

“Highlights from the field; how are agencies leveraging CIE ”

“2Gen - family-centered service ”

“Lessons learned from new organizations that are on boarded ”

“Updates on feedback or recommendations and if any action was taken on the issue ”

“Re-entry support services ”

“data privacy revisited ”

“In depth program sharing ”

“Successful referral agency updates ”

What do you wish that CIE was doing that we are not presently doing?

“Not sure ”

“Have a client interface so they can be in charge of their own referrals too.”

“Integrating more effectively with NextGen ”

“Expand data collection and the information that partners can receive ”

“Family records and family assessments ”

“You may already do this but networking events ”

“Connecting with partners who are addressing root causes of the need for services, so that expertise can help inform policy, etc.”

What role should CIE be playing within the community over the next 3 to 5 years?

“Resource fair? ”

“Continue supporting and listening to partners; it's been great so far! ”

“Better linkage and coordination of care for clients needing support and resources in the community. Also better system for providers to use to best serve their clients ”

“Actively assisting former felons ”

“Full intergration with county so everyone can coordinate with transparency when mbrs enter county services including mh and substance use treatment ”

“Improving services and outcomes for our most vulnerable community members ”

CIE Mission



CIE Mission Statement

Mission:

Empower communities to engage with people through a human-centered and data-driven perspective



CIE Engagement for Collective Voices



CIE Engagement for Collective Voices

{Connection is]the energy that exists between people when they feel seen, heard, and valued; when they can give and receive without judgement; and when they derive sustenance and strength from the relationship.
-Brene Brown

Create online
platform to
opt-in

Create a
Facebook
Group

Create a
space for
feedback

Focus Groups

The Voices of
CIE



Increasing awareness of CIE by its constituents

Announcements