



Community
Information
Exchange®

Community Information Exchange (CIE) Advisory Board Meeting

May 17, 2022

CIE Advisory Board Meeting

AGENDA

May 17, 2022 • 8:30 AM – 9:30 AM

Time	Agenda Item	Presenter
8:30 – 8:35 AM	Welcome & Agenda Overview	Mathew Packard Chair 2-1-1 Advisory Board
8:35– 8:40 am	CIE Trends	Karis Grounds VP of Health and Community Impact
8:40-9:45 am	Workgroup Updates <ul style="list-style-type: none">• Membership Meeting• CalAIM Meeting• Outcomes Meeting	Mathew Packard Chair 2-1-1 Advisory Board Karis Grounds VP of Health and Community Impact
8:45-9:25 am	<ul style="list-style-type: none">• Overview/History of Consents• Exercise: Input on Strategic/Operational Opt-in	Karis Grounds Roxanne Suarez
9:25-9:30 am	Action Items & Meeting Adjournment	Mathew Packard Chair 2-1-1 Advisory Board

CIE Trends and Utilization



CIE Dashboard

CIE TRENDS AND METRICS DASHBOARD: Fiscal Year: July 1, 2020-June 30, 2021

	FY Goal	Current	% of Goal	Monthly Trends	All-Time Total
Partners	20	10	50%		117
Adoption Metrics					
Logins	45,000	26,203	58%		100,084
Consents	90,000	76,480	85%		287,425
Searches	35,000	14,682	42%		68,825
Engagement Metrics					
Records with Shared Data	80,000	112,614	141%		248,135
Profile Views	35,000	24,010	69%		75,305
Panel Management Users	N/A	97	N/A		97

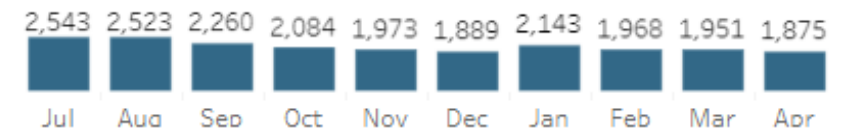
Data Source: 211/CIE Information Systems | Reporting Period: 7/1/2021 - 4/30/2022

Highlights:

- Highest number of logins
- Slight increase in profile views
- Operational reports are available to better understand individual use of CIE

Direct Referrals

- FY total: 21,209 (42% Goal)
- All-time total: 84,494



CIE Membership Workgroup



CIE CalAIM Workgroup



Recap: CalAIM

- ✓ CIE CalAIM Workgroup
- ✓ CalAIM Provider Workgroup
- ✓ CalAIM Provider Pilot

ECM/CS Provider Workgroup Feedback *

Based on feedback and input from ECM/CS Providers in March-April 2022.
This document will be updated regularly based on additional input and updates from ECM/CS Providers.

Implementation Challenges identified by Contracted Providers	Potential Solutions based on input from Contracted Providers
Outreach/Referrals into ECM/CS - directing eligible clients to their assigned provider	
<ol style="list-style-type: none"> Lack of detailed patient information with MCP referral including patient contact information/incorrect contact information In person outreach attempt requirement – pandemic restrictions, some clients prefer remote, varies by MCP Short turnaround time to complete outreach attempts, varies by MCP Limits/restrictions on telephonic and text attempts No streamlined referral process identified among the MCPs Lack of information about provider network and how to refer to CS services; can't refer to CS services without knowing providers 	<ol style="list-style-type: none"> Request more patient information with referral from MCP; ability to access to updated contact information in CIE/HIE Request standardization across MCPs with input from contracted providers Request standardization across MCPs with input from contracted providers Request standardization across MCPs with input from contracted providers Request at least one universal referral pathway and requirement across MCPs (potentially through CIE) Access to centralized ECM and CS Provider Directory across all MCPs; host directory on County website or CIE to host directory; use Care Team and alerts in CIE
Eligibility process	
<ol style="list-style-type: none"> Time consuming to verify Medi-Cal MCP at intake process, second step of confirming eligibility on population of focus CIE – lack of consent requirements vary by MCP Request from one MCP to another MCP regarding eligibility requirements Request requirement with MCP and/or exhausting before requesting CS 	<ol style="list-style-type: none"> Reduce duplicative work, access to centralized eligibility information and reports, access to CIE/HIE Implement joint consent for ECM/CS and CIE Request standard forms and assessments from MCPs or opportunity to utilize existing tools as proxy; request uniform ECM assessment template (across counties) can be loaded into provider EHR and case management systems Ability to see MCP history in CIE; use Care Team and alerts in CIE Request standard eligibility requirements across MCPs Discuss with MCP (may be limited to one MCP); MCP needs to modify their policy, as applicable. Per the 04.13.22 HSD meeting there is no 12-month waiting period. Per DHCS' April 2022 FAQ (Cal AIM ECM & CS FAQ), MCPs may not require providers to

CalAIM Challenge	CIE Opportunity	Potential Outcomes/Results
Identification of new members eligible for ECM services	(Outreach) Search CIE profile for historical information (ex. HMIS) to identify new eligibility for current patients/members	Example: Increase in enrollment for ECM/CS services
Impact of ECM/CS services (social interventions) on health condition outcomes for members	(Case Management/Reporting) Use CIE for assessments, social needs screening or referrals to measure health and social outcomes (can request exports of members data)	Example: Decrease vulnerability for one social need
Engagement with potential members via information within CIE	(Outreach) Look in CIE to view past referrals, program enrollments and care teams to see how services might be helpful to members situation	Example: Reduce volume of those not interested in ECM services
Evidence for homeless documentation for eligibility for ECM/CS services	(Enrollment) Using information within CIE HMIS/homeless data to share housing status with health plan in request for ECM/CS services	Example: Increase efficiency in identifying housing status
Documentation of enrollment in services with other providers—Coordination	(Case Management) Coordinating services by using referrals, program enrollments and care team to better coordinate across other service providers and receive proactive alerts	Example: Reduce time (efficiency and effectiveness) for ECM services
Documentation/Administration of information for various MCPs	(Case Management) Request export of CIE data for individual members to leverage data collected or shared in CIE for health plan reporting	Example: Reduce time (efficiency and effectiveness) for ECM services

Outcomes Workgroup



CIE Consent Process

You are authorizing Infoline of San Diego County, dba Community Information Exchange (CIE) and its Partner Agencies to use, store and share your personal, financial and health information with each other in order to assess your needs, coordinate your care and provide services to you. Partner Agencies participating in the CIE are listed at www.ciesandiego.org/partners.

This Authorization covers, without restriction, all information disclosed and re-disclosed to CIE by you, your family, Partner Agencies including your care team, or any other person involved in your care while this Authorization is in effect. CIE and its Partner Agencies may share your personal, financial and health information. You agree to notify CIE if your information changes or is incorrect. Information disclosed pursuant to this Authorization may be re-disclosed and no longer be protected under applicable privacy laws. However, your information will still be protected under our Participation Agreement with our Partner Agencies. Your refusal to sign this Authorization will not adversely affect your ability to receive health care or services from Partner Agencies.

Notice of Privacy Practices posted at www.ciesandiego.org/cie-participants explains how CIE uses and protects information, how to get a copy of this Authorization and your record. You can revoke this authorization at any time by sending notice to CIE at revoke@211sandiego.org, allowing a minimum of **five business** days to process. Revocation will not affect any information previously disclosed in reliance on this Authorization. Unless revoked earlier, this Authorization will expire in **Ten (10) Years, or on the following Date:** _____.

Also available in: Arabic, Dari, Russian, Spanish, Swahili, Tagalog & Vietnamese

Model: Opt-in

Signature Options: Email, Paper, Verbal

Types of Consent: Social & Authorization

Policies & Ethical Practices:

- Closed community-led network
- Policy and Ethics Committee produced:
 - Inclusion policy
 - Defined & limited use of data
- Secure provider login access:
 - Role-based permissions
 - Need to know access
- Local data stewardship and approved use

CIE Consent Data

Current Consent Volume:
287,465

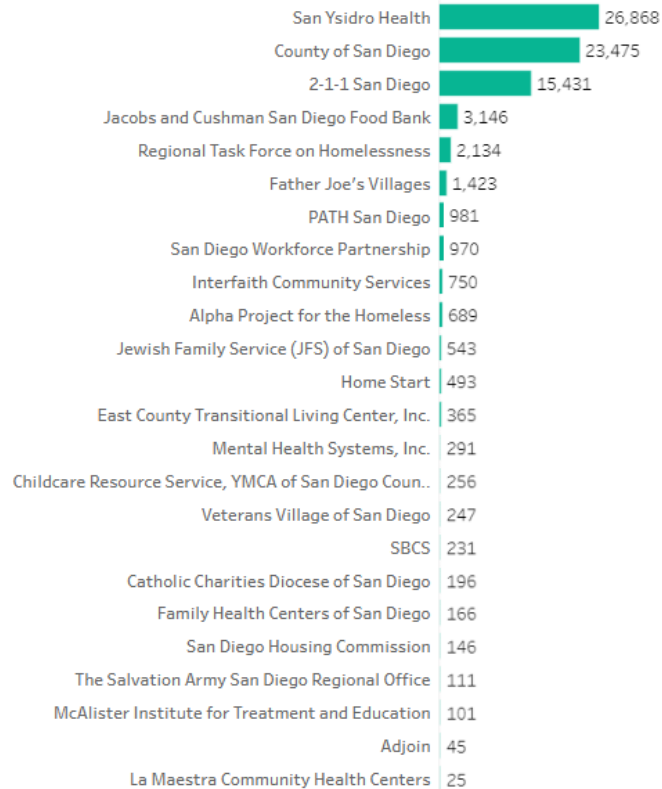
Joint Consents:

- San Ysidro Health
- County of San Diego
- 2-1-1 San Diego
- San Diego Food Bank
- HMIS Multi-Party Agreement
- San Diego Workforce Partnership
- Interfaith Community Services

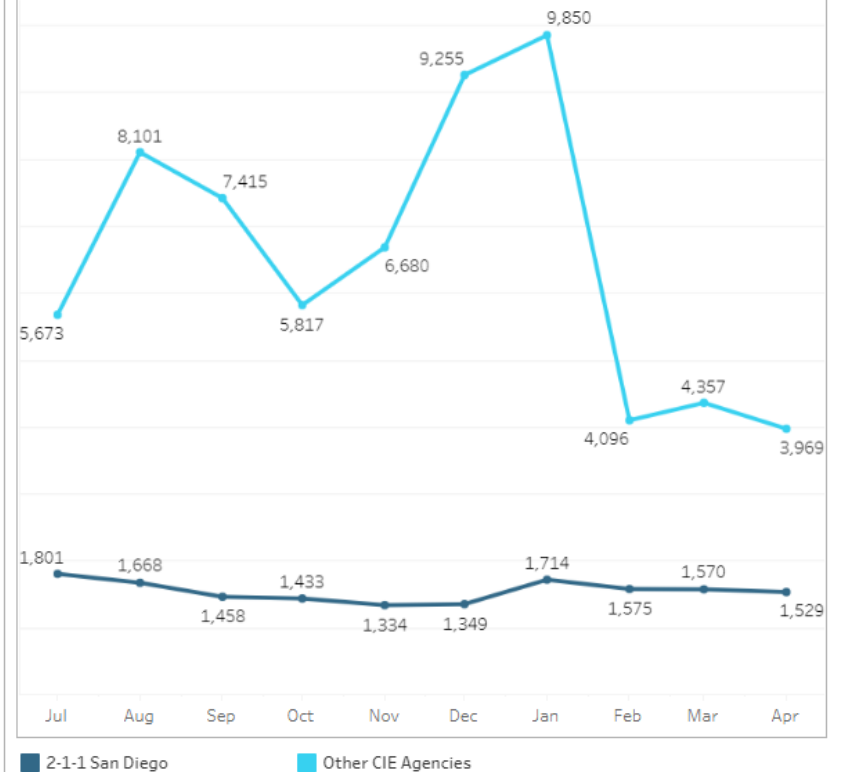
CIE ADOPTION METRICS: Fiscal Year: July 1, 2020-June 30, 2021

66 agencies are currently consenting clients in CIE. This includes CIE agencies consenting through HMIS.

Top 25 Consenting Agencies *



2-1-1 San Diego/CIE Partner Consent Trends



*Numbers will not add up to the total on the first page since this count is looking at the number of privacy records vs. the number of unique clients.

CIE Consent Feedback

Partners voiced challenges:

- Workforce staffing/capacity
- Being comfortable with CIE & social needs
- Time/Resources to complete consent
- Value/Buy-in with consent

Client/Patient Experience:

- Understanding what they are signing
- Understanding CIE Network and how information is shared
- Fear/concerns or historical issues with sharing of information sharing

Community Partner Feedback: Feb 2022

Feelings	Advice & Best Practices
"wordy" "Less is More" It can feel "pushy"	"Go beyond just [have the client] signing a paper" Informed Consent means naming risks and benefits Give examples when answering a client's questions Emphasize the client's choice: they can choose to say no they can choose a sooner expiration date they can choose to opt-out [after a lengthy screening] "is it <u>still</u> okay to share your information?"
Tips for collecting feedback from clients:	Questions & Answers
Make it more conversational Have & hit key bullet points	Q: "Can we provide bullet points to read off instead of having to read the entire consent to the client?" A: If the client can read the consent on their own, no need to read it out loud. A: Bullet points are definitely recommended. Here is a <u>desk aid</u> .

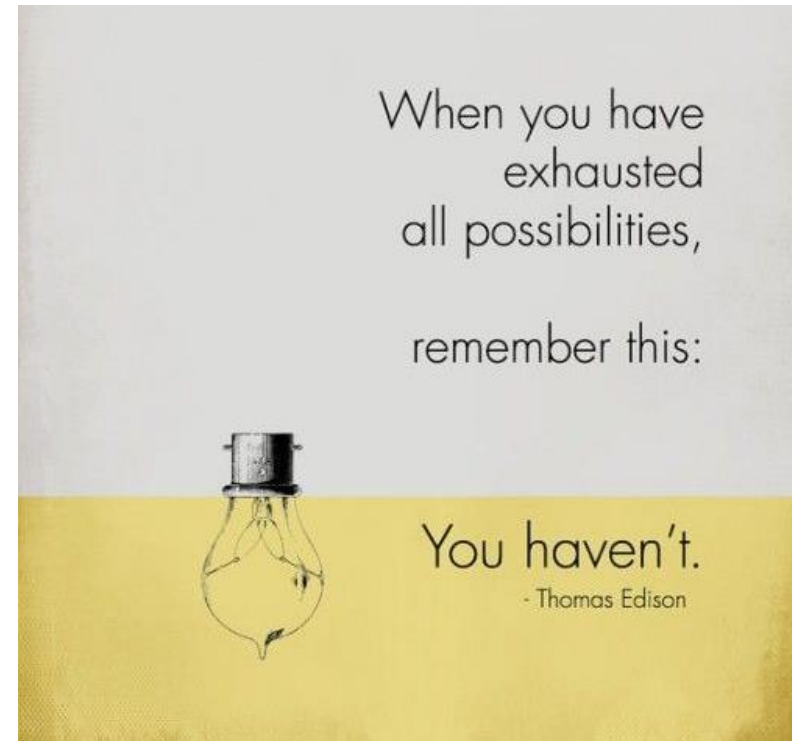
Next: Engage Community Voice on consent topic

CONSENT INPUT



Opportunities

1. How might we raise CIE awareness as organizational leaders? How might our organizations foster trust about data sharing?
2. What are some ways to reduce the burden of case managers/outreach having to explain consent forms?
3. At what other access points or interactions could clients have the opportunity to opt-in?



OTHER UPDATES & NEXT MEETING

June 21, 2022, 8:30-9:30 AM

