Community Information Exchange (CIE) Advisory Board Meeting

February 21, 2023

CIE Advisory Board Meeting
AGENDA
February 21• 8:30-9:30 AM

Time	Agenda Item	Presenter
8:30-8:35 am	Welcome & Agenda Overview	Jack Dailey Chair 2-1-1 Advisory Board Arnulfo Manriquez Vice Chair 2-1-1 Advisory Board
8:35-8:50 am	CIE Updates • ASCMI • DxF CA Data Sharing Framework	Camey Christenson
8:50-8:55 am	CIE Advisory Board Membership Update • Imani Robinson—Lived Experience Community	Jack Dailey Imani Robinson
8:55-9:25 am	• Continued Conversation: Opportunities for Data Use and Sharing	Camey Christenson Alana Kalinowski
9:25-9:30	Action Items & Meeting Adjournment	Jack Dailey Chair 2-1-1 Advisory Board Arnulfo Manriquez Vice Chair 2-1-1 Advisory Board
Pre/Post Read	Appendix: • CIE Trends • CalAIM Workgroup	

ASCMI Update

State has selected San Diego as one of the three sites to pilot the State DHCS's new Authorization to Share Confidential Medi-Cal Information (ASCMI) to support the sharing of physical, mental, and social health information by leveraging San Diego's Community Information Exchange's (CIE) consent management service.

Limited to a 4 month term: March 1 – June 31, 2023

Partners:
- 211 San Diego - Community Information Exchange (CIE)
- County Health and Human Services Agency
  - Behavioral Health Services
  - Medical Care Services
  - San Diego Advancing and Innovating Medi-Cal Unit
- Health Net
- Integrated Health Partners
- McAlister Institute
- Metropolitan Area Advisory Committee on Anti-Poverty (MAAC)
- San Diego Health Connect (HIE)
- San Ysidro Health Center
- People Assisting the Homeless (PATH)

CIE Advisory Board:
Imani Robinson
Lived Experience Community Member

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Continued Topic: Use of Data within the CIE

Overview of Data

- CIE Trends (annual goals and metrics)
- Partner Utilization Reports
- Patient Matching/Member Matching Reports
- Community Dashboard
- Data Integration

Data Insights

Successes	Challenges
We have a lot of data	Customization of Reporting
Evolution of reporting and other tools that have made it easier to access and interpret	Recognition of data contributors and CIE Network representation within that data and limitations
Partnerships with research and other stakeholders to help analyze the impact of the CIE Network Partners and CIE	Use of Data; too much data that can feel overwhelming to use
Leveraging of data into other organizations, measurement, analysis or understanding of client needs	Input from community members (community voice is including in plan for this year)

Other insights or feedback we are missing?

DATA INPUT

Opportunities

- How can we be better stewards of data contributors; better acknowledge and value CIE Network Partners input on the data?

- How do we help promote the use of CIE data?

- What other reporting would be helpful? How do we get input on what is needed?

- Who else should we partner with to expand/analyze our data?

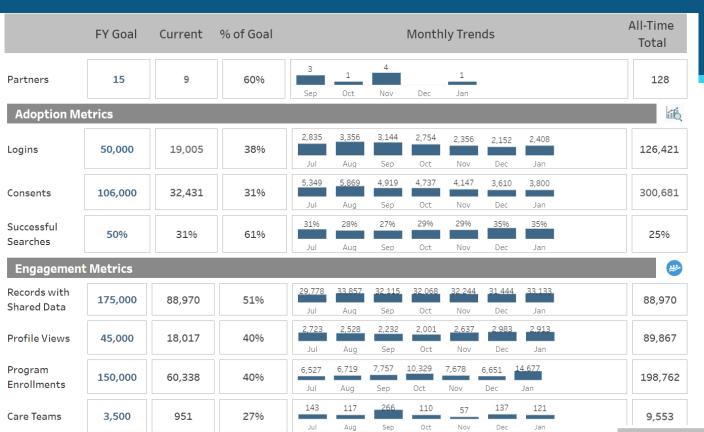# OTHER UPDATES & NEXT MEETING

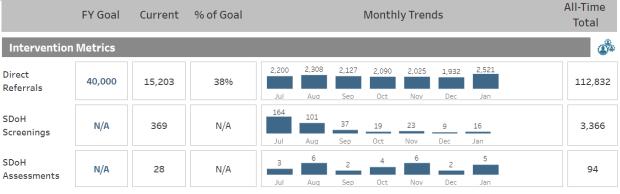March 21, 2023 8:30-9:30 AM

Appendix

CIE Dashboard

	FY Goal	Current	% of Goal	Monthly Trends							All-Time Total
Partners	15	9	60%	3 Sep	1 Oct	4 Nov	Dec	1 Jan			128

Adoption Metrics

	FY Goal	Current	% of Goal	Jul	Aug	Sep	Oct	Nov	Dec	Jan	All-Time Total
Logins	50,000	19,005	38%	2,835	3,356	3,144	2,754	2,356	2,152	2,408	126,421
Consents	106,000	32,431	31%	5,349	5,869	4,919	4,737	4,147	3,610	3,800	300,681
Successful Searches	50%	31%	61%	31%	28%	27%	29%	29%	35%	35%	25%

Engagement Metrics

	FY Goal	Current	% of Goal	Jul	Aug	Sep	Oct	Nov	Dec	Jan	All-Time Total
Records with Shared Data	175,000	88,970	51%	29,778	33,857	32,115	32,068	32,244	31,444	33,133	88,970
Profile Views	45,000	18,017	40%	2,723	2,528	2,232	2,001	2,637	2,983	2,913	89,867
Program Enrollments	150,000	60,338	40%	6,527	6,719	7,757	10,329	7,678	6,651	14,677	198,762
Care Teams	3,500	951	27%	143	117	266	110	57	137	121	9,553

	FY Goal	Current	% of Goal	Monthly Trends							All-Time Total

Intervention Metrics

	FY Goal	Current	% of Goal	Jul	Aug	Sep	Oct	Nov	Dec	Jan	All-Time Total
Direct Referrals	40,000	15,203	38%	2,200	2,308	2,127	2,090	2,025	1,932	2,521	112,832
SDoH Screenings	N/A	369	N/A	164	101	37	19	23	9	16	3,366
SDoH Assessments	N/A	28	N/A	3	6	2	4	6	2	5	94

- Significant increase in program enrollments
- Profile views are consistent over the past two months
- Direct Referrals are highest over the six months; 16% increase compared to average

CIE CalAIM Workgroup

Provider Workgroup Update

- Sharing/updating ECM/CS Provider Directory developed by CIE

- Revamping Provider Workgroup into targeted areas of focus:

  - ECM challenges/Opportunities with CIE: Referrals and Care Coordination

  - Recuperative Care
    - Sample Open Bed Availability Tool Launched
    - Mapping referral pathways from various health plans

  - CS Services Housing Trio: Housing Navigation, Housing Tenancy and Housing Deposits
    - Community Supports (CS) referrals from FQHCs to CalAIM service providers
    - Better communication and collaboration between ECM and CS providers for coordination of care
      - Potential for case conferences on common clients

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Approach

1. Compile all SDoH ICD-10/z-codes (DHCS priority list)
2. Master mapping plan to match existing CIE data with ICD-10/z-codes definitions
3. Identify any missing fields or opportunities to better collect descriptions
4. Seek feedback on mapped data sets and upcoming opportunities (CalAIM Workgroups & other meetings)
5. Develop reporting template to populate ICD-10 codes for health plans and other key stakeholders
6. Ability to auto-populate or manually populate alerts or eligilbity within CIE client portal with z-code information

    Existing alerts or eligibilities
    - Emergency Transport
    - Arrest
    - Health condition and food insecurity/housing status change
    - New Care Team Member
    - Missed Appointment
    - **NEW: Z-code**

DHCS Priority SDOH Codes

Code	Description
Z55.0	Illiteracy and low-level literacy
Z59.0	Homelessness
Z59.1	Inadequate housing (lack of heating/space, unsatisfactory surroundings)
Z59.3	Problems related to living in residential institution
Z59.4	Lack of adequate food and safe drinking water
Z59.7	Insufficient social insurance and welfare support
Z59.8	Other problems related to housing and economic circumstances (foreclosure, isolated dwelling, problems with creditors)
Z60.2	Problems related to living alone
Z60.3	Acculturation difficulty (migration, social transplantation)
Z60.4	Social exclusion and rejection (physical appearance, illness or behavior)
Z62.21	Child in welfare custody (non-parental family member, foster care)
Z62.810	Personal history of physical and sexual abuse in childhood
Z62.811	Personal history of psychological abuse in childhood
Z62.812	Personal history of neglect in childhood
Z62.819	Personal history of unspecified abuse in childhood
Z62.820	Parent-biological child conflict
Z63.0	Problems in relationship with spouse or partner
Z63.4	Disappearance & death of family member (assumed death, bereavement)
Z63.5	Disruption of family by separation and divorce (marital estrangement)
Z63.6	Dependent relative needing care at home
Z63.72	Alcoholism and drug addiction in family
Z65.1	Imprisonment and other incarceration
Z65.2	Problems related to release from prison
Z65.8	Other specified problems related to psychosocial circumstances (religious or spiritual problem)

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ICD-10/Z-Code Feedback

- Anything else you would want to see?
- How information would be displayed?
- How could this information be used by your agency or others?

Feedback from Provider Workgroup:
- Helpful to get z-codes documented by health plan as well
- Medi-Cal Renewal Date

ECM Service/Referral Workflows

Streamline Referral Process and Improve coordination and communication among providers:

- **Enrolling Members**
  - Capacity for ECM enrollment or outreach with TEL lists
    - New populations of focus
  - Proactive Referrals/High Needs
    - Standard Referral process—create screening or intake within CIE
    - Accessible mode of referral from any agency--ECM providers or health plans accept referrals within CIE
  - Request data from health plans to support better proactive coordination when individuals hit the system of care
  - Recommendation to remove authorizations for eligibility among ECM providers (like Health Net)

- **Once enrolled in ECM:**
  - Referrals from ECM providers to Community Support services
    - Some plans requiring ECM to make the referrals to CS
    - Streamline process for ECM providers to make referrals to CS

ECM Referral Insights

- Other input or insights around ECM?
- Other challenges or opportunities to streamline?
- Other recommendations to the health plans to support coordination?