Opportunities to Improve Care Coordination and Outcomes Through Social Determinants of Health Information Exchange

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2022

NATIONAL RYAN WHITE CONFERENCE ON HIV CARE & TREATMENT

Agenda

- Introductions
- Overview of Social Determinants of Health Information Exchange
- Leveraging Data to Improve HIV and Social Needs Outcomes
- Information Exchange to Address Social Determinants of Health
- Consent as an Implementation Consideration
- Resources and Additional Information

Introductions

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Overview of Social Determinants of Health Information Exchange

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Office of the National Coordinator for Health Information Technology (ONC)

ONC is the principal federal entity charged with coordination of nationwide efforts to implement and use the most advanced health information technology and the electronic exchange of health information.

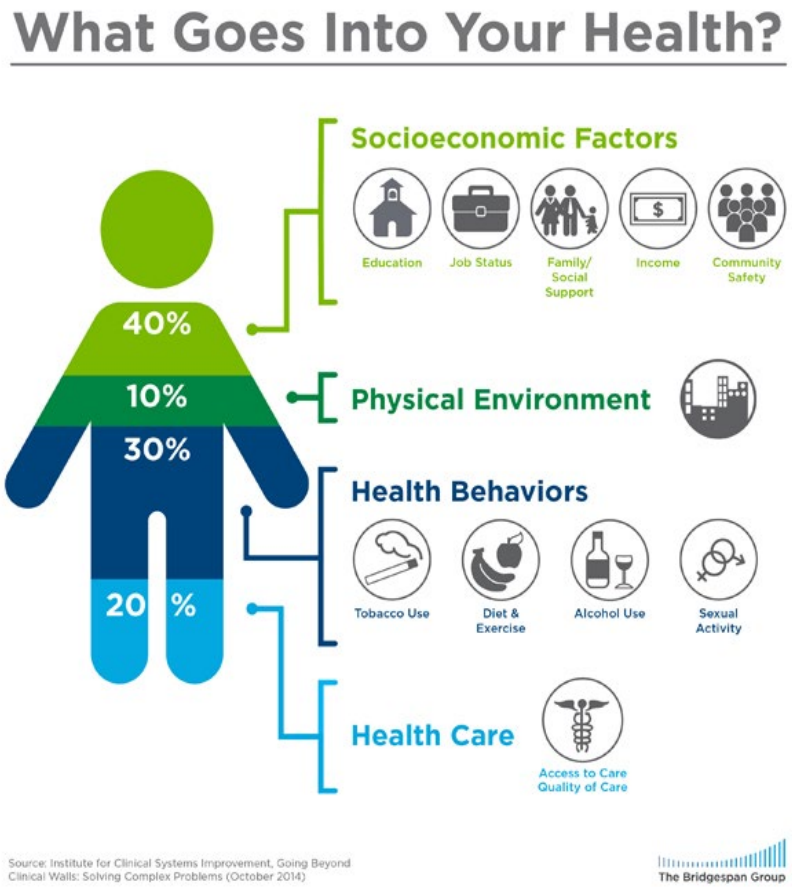
https://www.healthit.gov/topic/about-onc

Why Are Social Needs Important?

There is growing awareness that SDOH information improves whole person care and lowers cost. Unmet social needs negatively impact health outcomes.

- **Food insecurity** correlates to higher levels of diabetes, hypertension, and heart failure.
- **Housing instability** factors into lower treatment adherence.
- **Transportation barriers** result in missed appointments, delayed care, and lower medication compliance.

Addressing SDOH is a primary approach to achieve health equity.



Sourced: Gravity Project

[1] https://www.cdc.gov/nchhstp/socialdeterminants/faq.html

[2] https://www.bridgespan.org/insights/library/public-health/the-community-cure-for-health-care-(1)

SDOH and HHS Healthy People 2030

- Healthy People 2030 sets data-driven national objectives to improve health and well-being over the next decade and was released by HHS on August 18, 2020.
- One of Healthy People 2030's 5 overarching goals is specifically related to SDOH: "Create social, physical, and economic environments that promote attaining the full potential for health and well-being for all."

For more information, visit Healthy People 2030 & Objectives: Social Determinants of Health

Addressing SDOH Data Gaps and Interoperability Challenges

Gaps in available standardized SDOH data make it difficult to leverage available technology (EHRs, portals) to collect, share, and use it for individual and community health.

Imagine if…..?

Data captured at any point of care was structured and could be shared and reused by other service providers across community, state, and federal programs informing multiple patient care activities.

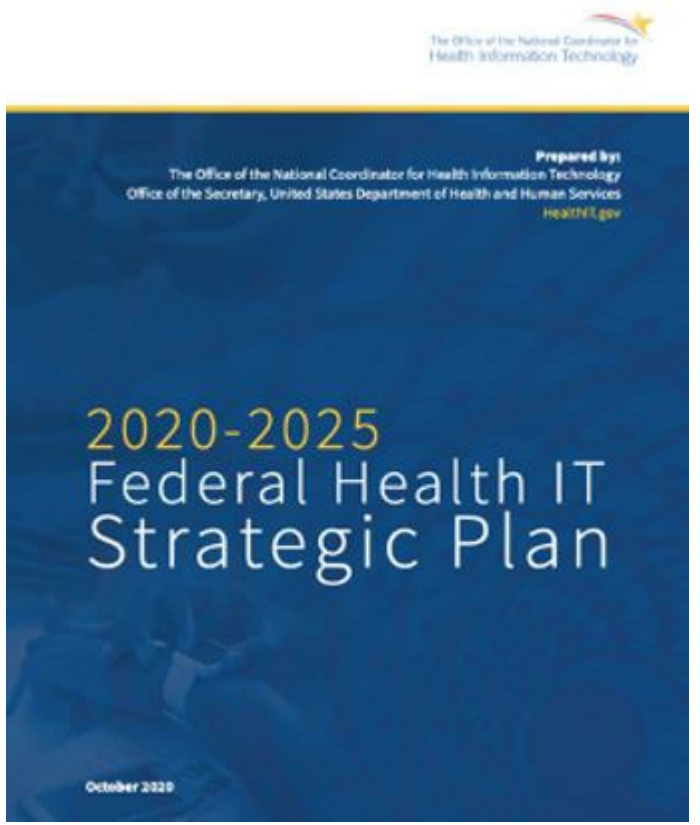
- Social determinant of health data sources could be leveraged and integrated with other data sets to provide more insights on improved outcomes and program effectiveness
- There were no obstacles for consumers in access to technology for virtual visits or for their health records
- Every community was fully resourced with sufficient infrastructure/technology
- Health and human services was fully integrated for holistic and equitable health and care

ONC: Federal Health IT Strategic Plan 2020-2025

The Plan was developed in collaboration with over 25 federal organizations and is intended to guide federal health IT activities.

It includes an objective to integrate health and human services information and identifies federal strategies to:

- Strengthen communities' health IT infrastructure
- Foster greater understanding of how to use health IT
- Capture and integrate **SDOH data** into EHRs



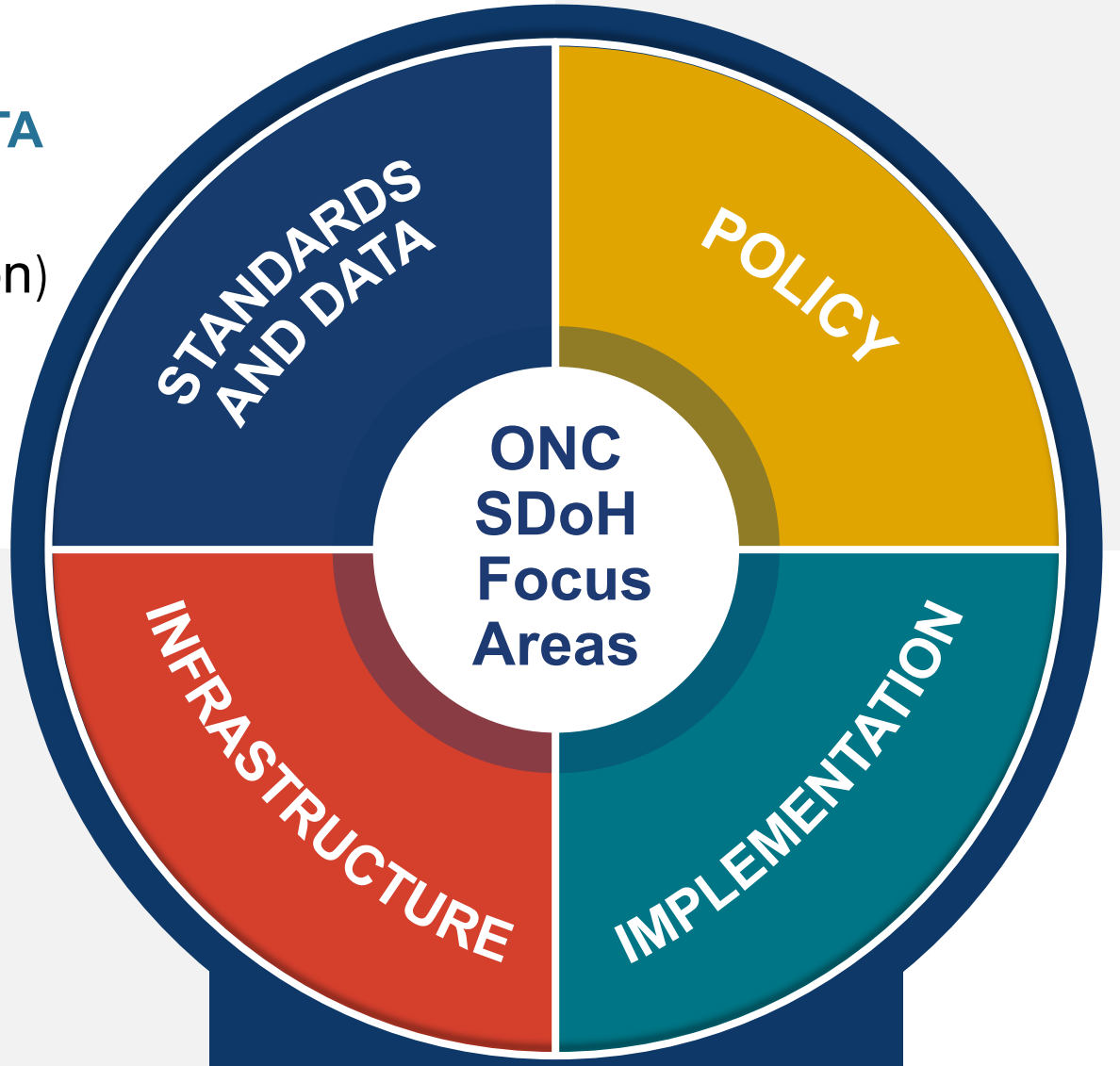
https://www.healthit.gov/sites/default/files/page/2020-10/Federal%20Health%20IT%20Strategic%20Plan_2020_2025.pdf

STANDARDS AND DATA

(Advance Standards Development Adoption)

POLICY

(Emerging Policy Challenges & Opportunities)



INFRASTRUCTURE

(SDOH Information Exchange/ Interoperable Referrals, HIE, State, & Local)

IMPLEMENTATION

(Integration, Innovation, and Health IT Tools)

Collect, Access, Exchange, Use

SDOH Information Exchange

Office of the National Coordinator for Health Information Technology

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Leveraging Data to Improve HIV and Social Needs Outcomes

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Comparison of Social Determinants of Health and Health Outcomes among Vulnerable Populations

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Montefiore EINSTEIN Albert Einstein College of Medicine

OBJECTIVES

1. To compare differences in Social Determinants of Health (SDH) profiles for the general population and people with HIV receiving services in MMG health centers
2. To determine the association between SDH and clinical outcomes for people with HIV

METHODS

Retrospective study

21 MMG primary care clinics

Screening for SDH with 10 item form

MMG: April 2018 – August 2019
CICERO: October 2017 – October 2019

N=25,969

N=211 CICERO

Authors:
Paul Meissner, MSPH[1], Aaron Pajares[1], Caroline Heller, MPH[2]
Montefiore Medical Center, [1] Montefiore Medical Group CICERO Program, [2] Montefiore Office of Community and Population Health

REFERENCES: Heller CG, Parsons AS, Chambers EC, Fiori KP, & Rehm CD. 2020. Social risks among primary care patients in a large urban health system. Am J Prev Med, 58(4): 514 525.

Comparison of Social Determinants of Health and Health Outcomes among Vulnerable Populations (Continued)

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Albert Einstein College of Medicine

RESULTS (One Site)

SDH Risk	CICERO (n = 135) % (95% CI)	Screened Population (n = 5,016) % (95% CI)	Prevalence Ration	p-value
Food	11.1 (6.8, 17.7)	8.2 (7.4, 9.1)	1.35	0.232
Housing Quality	**12.0 (7.5, 18.8)**	**6.1 (5.5, 6.9)**	**1.96**	**0.006**
Housing Instability	**11.1 (6.8, 17.7)**	**5.7 (5.1, 6.5)**	**1.94**	**0.009**
Healthcare Transportation	9.6 (5.6, 15.9)	6.9 (6.2, 7.7)	1.39	0.222
Healthcare Cost	5.2 (2.5, 10.5)	5.9 (5.3, 6.7)	0.87	0.711
Utilities Cost	5.9 (3.0, 11.5)	3.4 (2.9, 4.0)	1.73	0.117
Care Need	4.4 (2.0, 9.6)	2.4 (2.0, 2.9)	1.87	0.124
Legal	**10.5 (6.3, 17.1)**	**3.6 (3.1, 4.2)**	**2.90**	**<0.001**
Getting Along	**9.7 (5.7, 16.1)**	**4.7 (4.1, 5.4)**	**2.07**	**0.007**
Interpersonal Violence	3.8 (1.6, 8.8)	1.7 (1.4, 2.1)	2.21	0.075

Viral Suppression Outcomes

Risk Category	Number Suppressed	Number Unsuppressed	Total	Unsuppressed Total	Odds Ratio
No Risks	129	6	135	4%	--
1 Risk	31	1	32	3%	0.75
2 Risks	10	4	14	29%	7.25
3 + Risks	17	6	23	26%	6.5
Grand Total	187	17	204	8%	--

CONCLUSIONS

HIV+ individuals are 2x as impacted by social risks compared to the general population

HIV+ individuals with >2 SDH are >6 times more likely to be virally unsuppressed compared to those with no SDH

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Information Exchange to Address Social Determinants of Health

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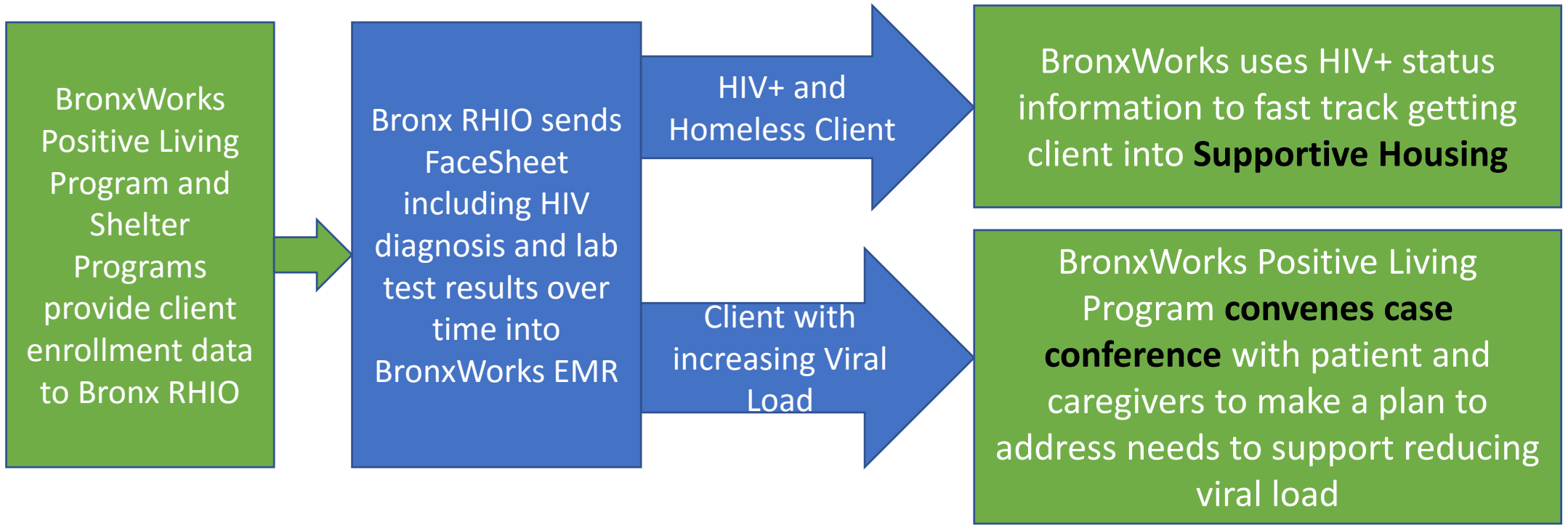
Face Sheets

- Face Sheets provide a snapshot of patient data curated for the program caring for the patient
  - HIV+ Facesheet includes:
    - Diagnosis
    - Comorbidities
    - Recent ED and/or Hospital utilization and counts for past year
    - Viral Load results over past one year
    - Other requested lab tests over past one year
    - Substance use history
    - Behavioral Health history

BronxWorks FaceSheet Use Cases



Emergency Department Visit Alert Notifications

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Target population

- Act now: meet patient at the hospital
- Act later: schedule a follow-up

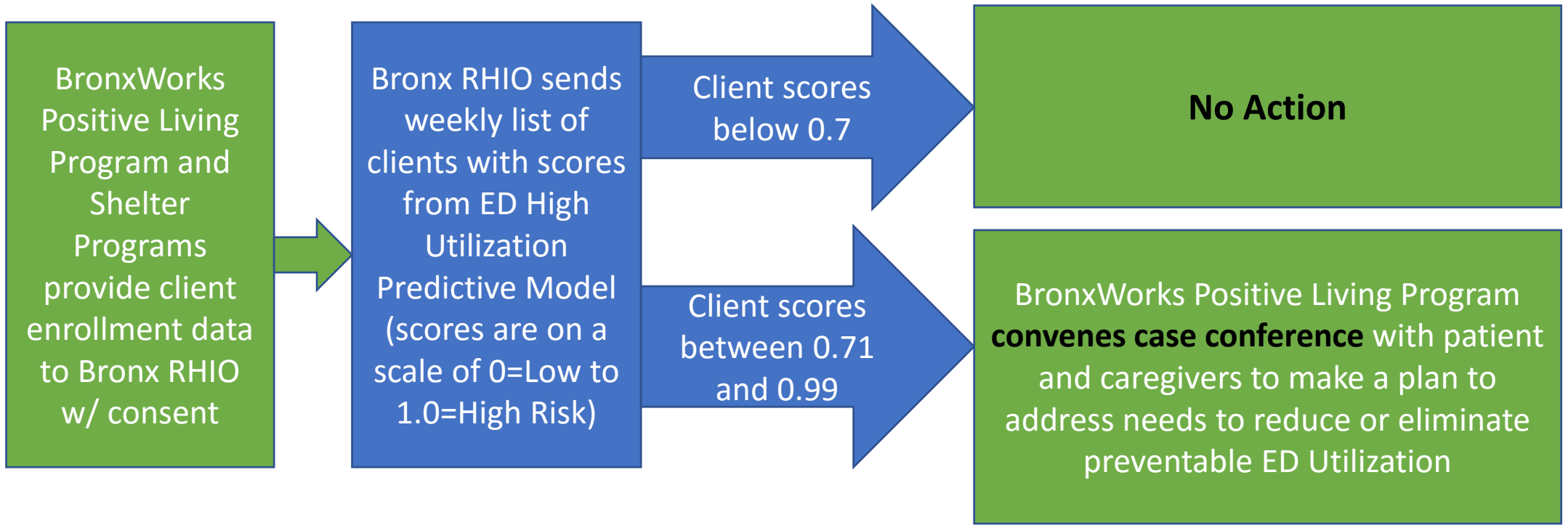
Staff capabilities

- Real-time alerts, immediate action
- Delayed alerts, coordinated action

Technical capabilities

- Deliver direct to EHR
- Pull report from RHIO
- Direct messages
- Automated file delivery

Predictive Analytics: High ED Utilization



Consent as an Implementation Consideration

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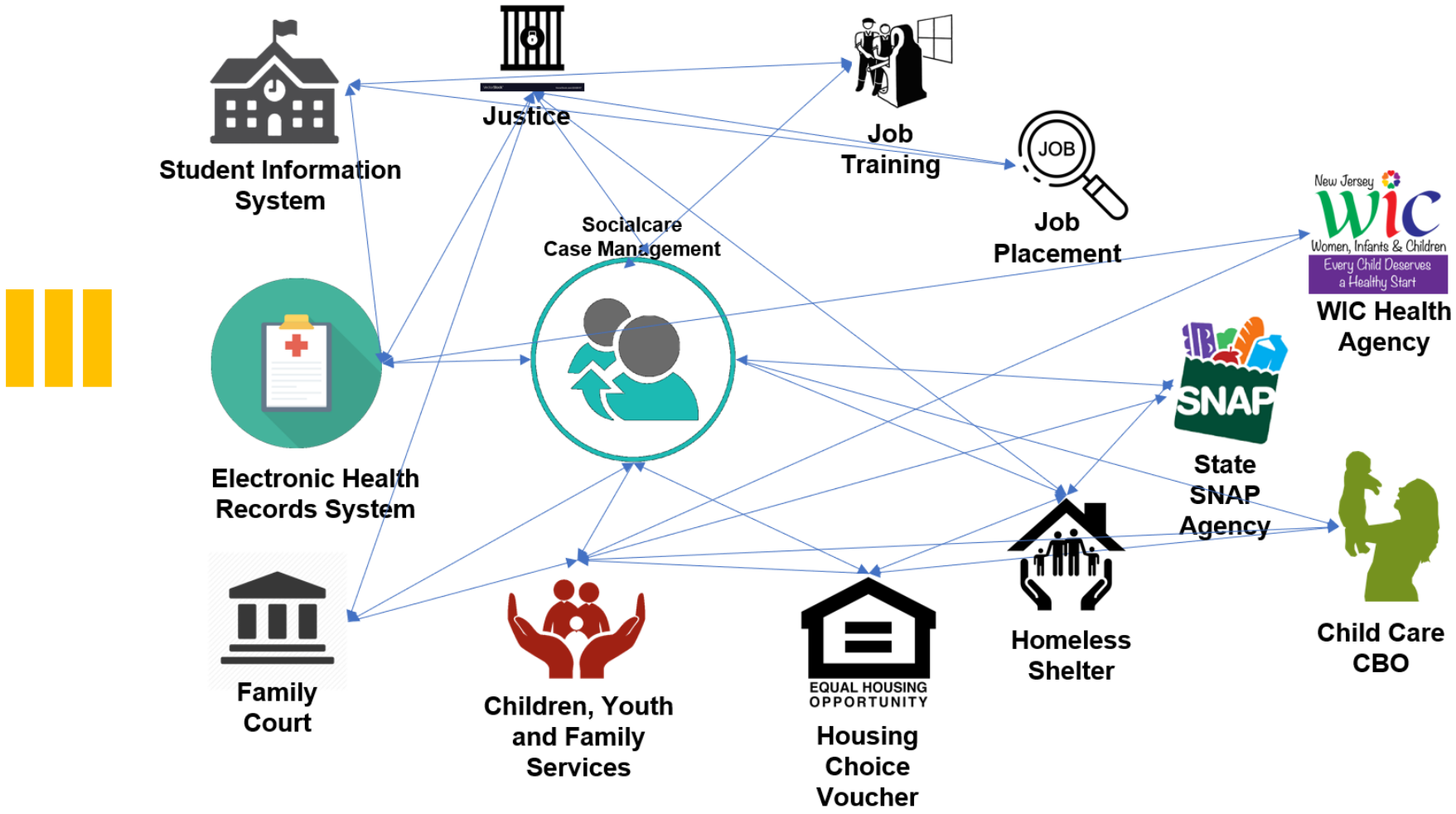
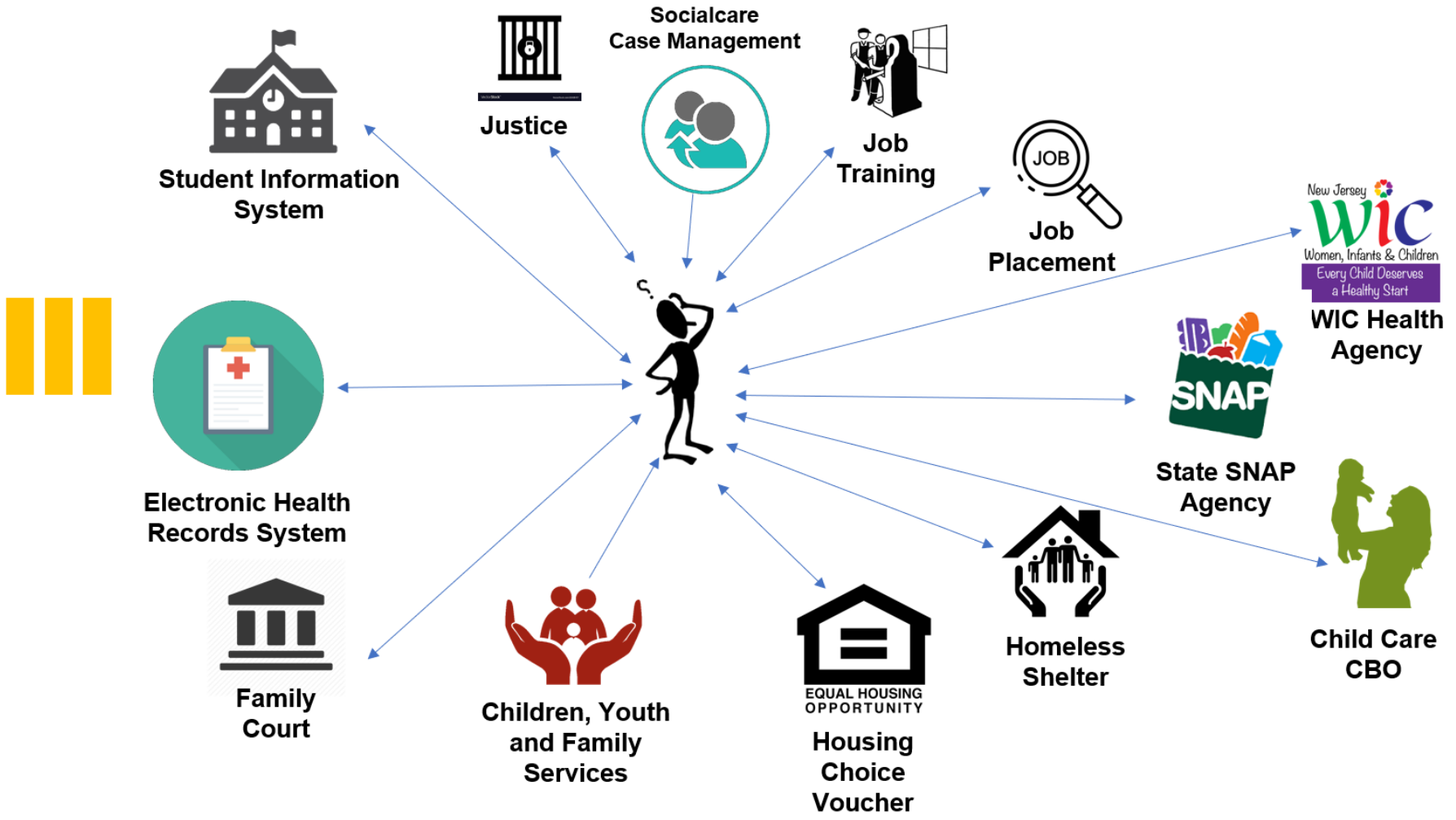
Consent Service Utility

- HIV + individuals often obtain services from multiple health, social, and human services
- All of those service providers can provide better service if they know what care and/or referrals are being made by the other organizations touching the patient
- Patient consent is required for sharing outside of HIPAA covered entity organizations or for non-HIPAA covered purposes
- Obtaining and sharing consent information is currently a largely manual process, particularly at social/human services organizations

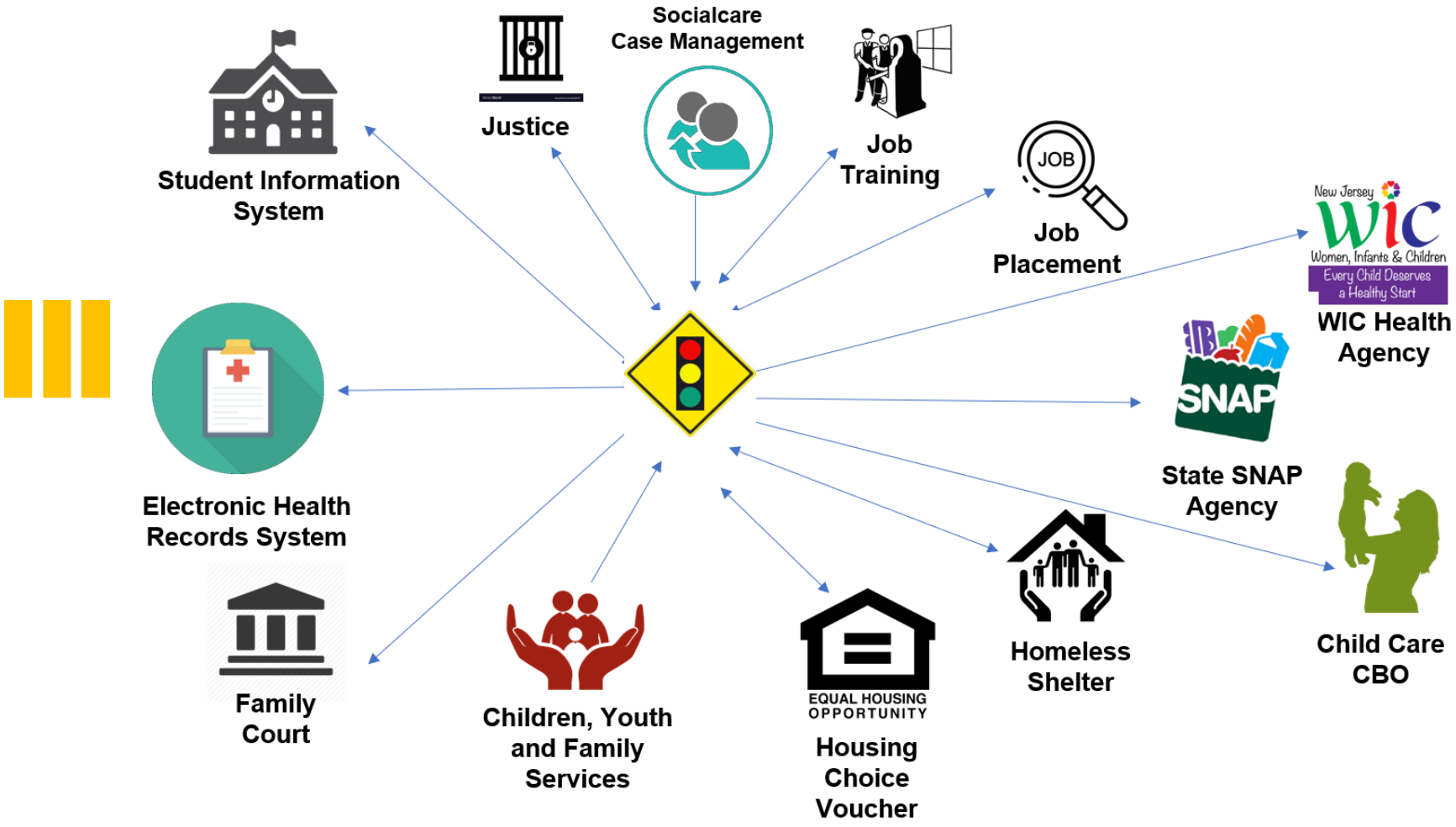
Consent Service Utility and Health Information Exchange



Consent/Authorization Required by Many Programs



Consent and Authorization are Required and Always Preferred



Resources and Additional Information

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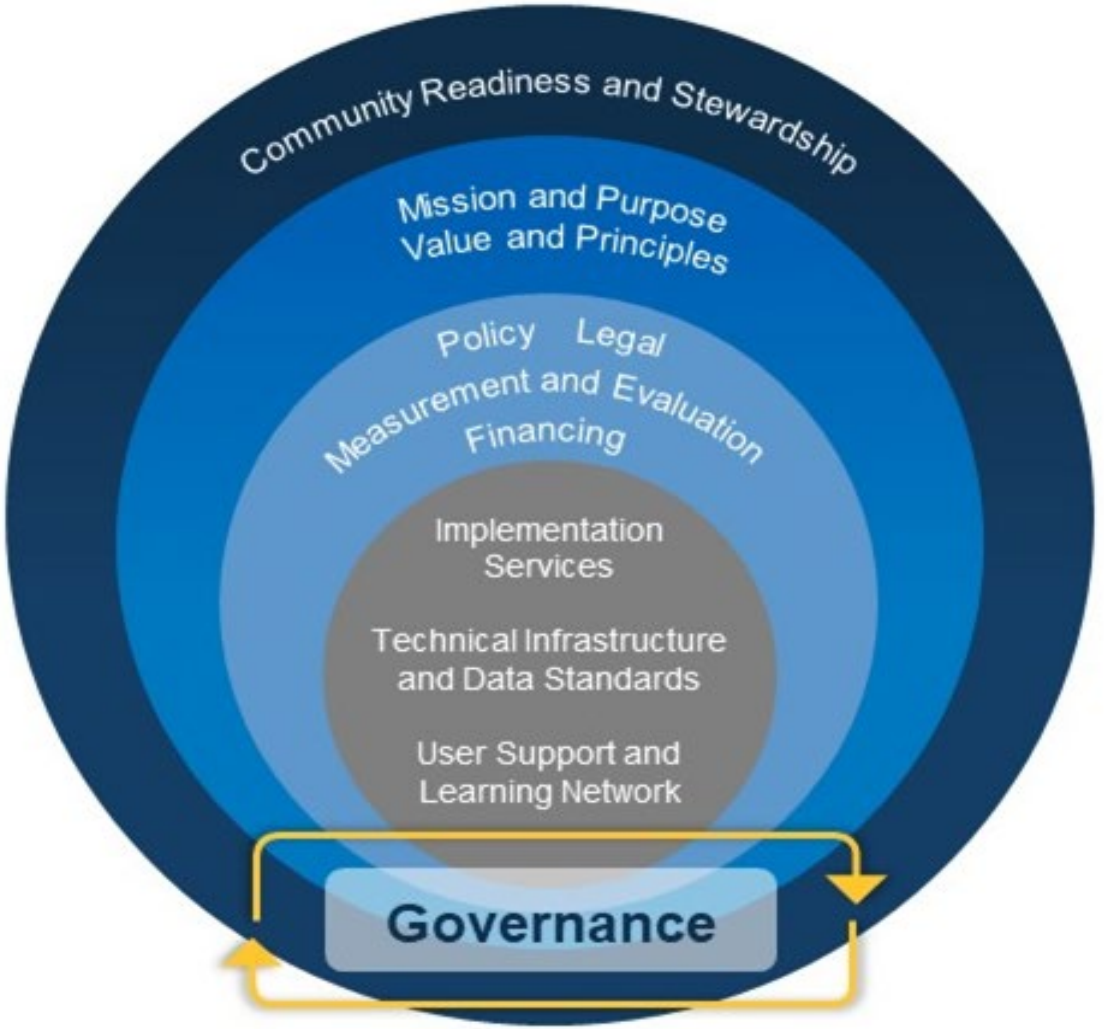
Social Determinants of Health Information Exchange Foundational Elements



Draft Foundational Elements Summary Descriptions

- **Community Readiness and Stewardship:** Exploring the existing landscape in the geographic area and/or population of focus, assessing the capacity and willingness of the community to participate, and developing stakeholders' shared rights and responsibilities through the process of co-design, evaluation, and decision-making.

- **Mission and Purpose:** The intention of an initiative, ideally explicitly stated, that addresses the various value propositions of stakeholder groups, as well as the vision, scope of services, and expected benefits.

- **Values and Principles:** Standards for establishing a framework for action, including ethical decision-making in pursuit of health equity.

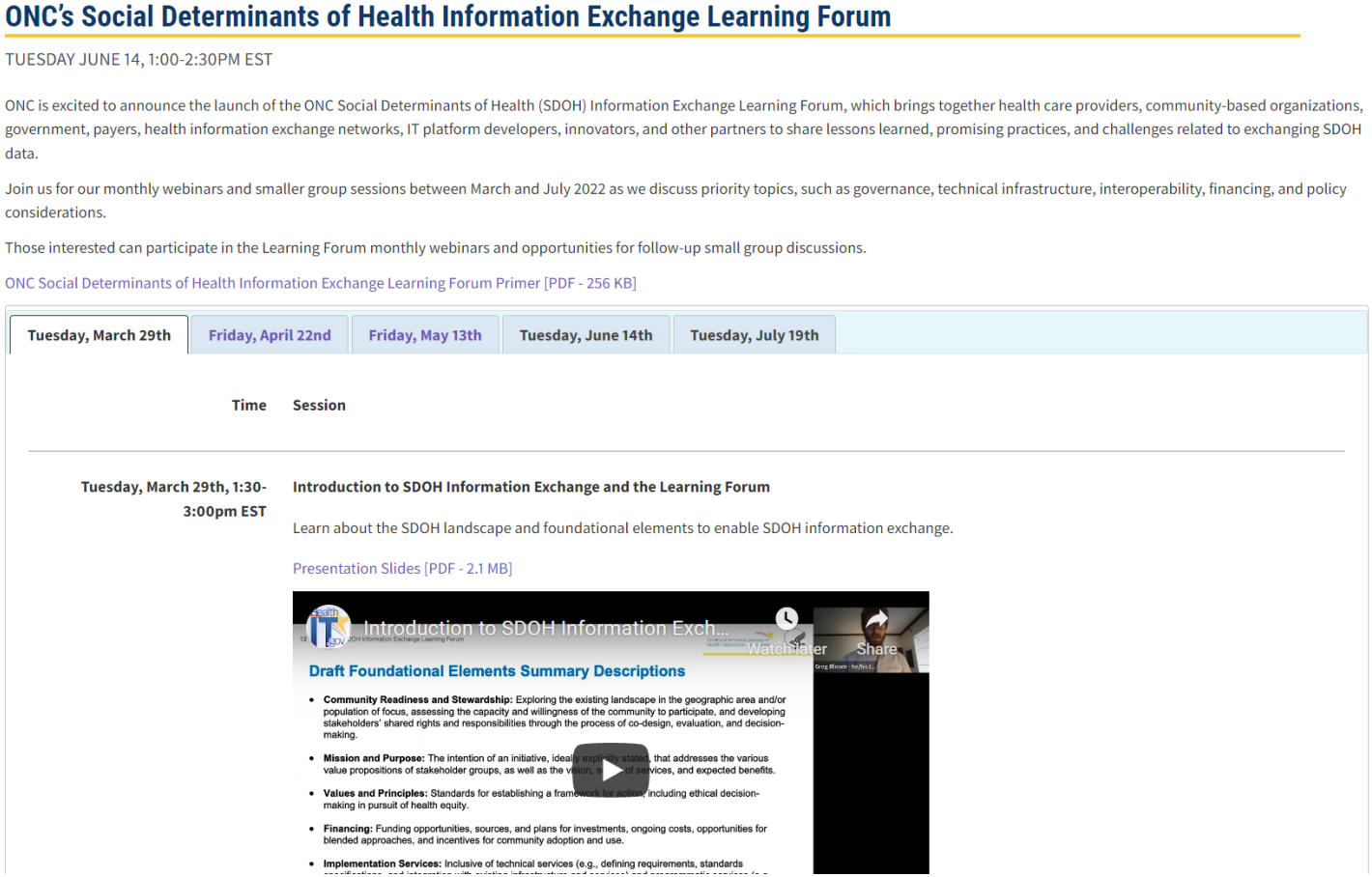
- **Financing:** Funding opportunities, sources, and plans for investments, ongoing costs, opportunities for blended approaches, and incentives for community adoption and use.

- **Implementation Services:** Inclusive of technical services (e.g., defining requirements, standards specifications, and integration with existing infrastructure and services) and programmatic services (e.g., defining use cases, workflow design/redesign), as well as support for adoption and utilization by individuals and the community.

Draft Foundational Elements Summary Descriptions 2

- **Technical Infrastructure and Data Standards:** Alignment of hardware, software, data, processes, and standards to enable scalable and interoperable data and IT systems.
- **Legal:** Establishing the framework of processes and operations, along with rights and obligations, to support data use and sharing and to support compliance with Federal, state, local and tribal laws.
- **Policy:** Consideration of federal, state, and local policy levers to advance the ability to collect, share, and use standardized SDOH data, as well as collaboration and alignment with other relevant efforts in the community, region, and/or state for collective impact and improved outcomes.
- **Measurement and Evaluation:** Monitoring and evaluation of performance metrics, individual and population outcomes, program effectiveness, and quality management and improvement.
- **User Support and Learning Network:** User support and learning network activities include assessment of community challenges and needs, education, communication, training, technical assistance, peer-to-peer learning, and identification of promising practices and lessons learned.
- **Governance:** Decision-making processes and groups, including as relates to institutional, administrative, and data governance.

Social Determinants of Health Information Exchange Learning Forum



ONC's Social Determinants of Health Information Exchange Learning Forum

TUESDAY JUNE 14, 1:00-2:30PM EST

ONC is excited to announce the launch of the ONC Social Determinants of Health (SDOH) Information Exchange Learning Forum, which brings together health care providers, community-based organizations, government, payers, health information exchange networks, IT platform developers, innovators, and other partners to share lessons learned, promising practices, and challenges related to exchanging SDOH data.

Join us for our monthly webinars and smaller group sessions between March and July 2022 as we discuss priority topics, such as governance, technical infrastructure, interoperability, financing, and policy considerations.

Those interested can participate in the Learning Forum monthly webinars and opportunities for follow-up small group discussions.

ONC Social Determinants of Health Information Exchange Learning Forum Primer [PDF - 256 KB]

Tuesday, March 29th | Friday, April 22nd | Friday, May 13th | Tuesday, June 14th | Tuesday, July 19th

Time	Session
Tuesday, March 29th, 1:30-3:00pm EST	**Introduction to SDOH Information Exchange and the Learning Forum** Learn about the SDOH landscape and foundational elements to enable SDOH information exchange. Presentation Slides [PDF - 2.1 MB]

Webinar Topics – Recordings Available!

- Introduction to SDOH Information Exchange and the Learning Forum
- SDOH Information Exchange: Vision, Purpose, and Community Engagement
- SDOH Information Exchange: Governance
- SDOH Information Exchange: Technical Infrastructure and Interoperability
- SDOH Information Exchange: Policy and Funding

https://www.healthit.gov/news/events/oncs-social-determinants-health-information-exchange-learning-forum

Resources

Learn More About SDOH Information Exchange! (links below)

- 2020-2025 Federal Health IT Strategic Plan
- ONC Social Determinants of Health Webpage
- ONC Health IT Framework for Advancing SDOH Data Use and Interoperability
- Addressing Social Determinants of Health in Federal Programs
- HHS's Strategic Approach to Addressing Social Determinants of Health to Advance Health Equity – At a Glance
- Social Determinants of Health Data Sharing at the Community Level

Office of the National Coordinator for Health Information Technology

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