# The National Alliance to Impact the Social Determinants of Health

AN ALLIANCE CONVENED BY LEAVITT PARTNERS

March 4, 2019

U.S. Department of Health and Human Services
Chief Data Officer
Hubert H. Humphrey Building, Room 509F
200 Independence Avenue SW
Washington, DC 20201

Dear Dr. Siddiqui:

On behalf of the National Alliance to Impact the Social Determinants of Health (NASDOH), we appreciate the opportunity to provide you with use cases and associated case studies to inform your potential action to promote transparency of, access to, aggregation of, and integration and sharing of, appropriate data and technology across sectors to assess and address SDOH at the individual and community level. One of the largest problems on the journey to better address the social determinants of health is the fragmented coordination process between community-based organizations and healthcare entities. These organizations do not have the infrastructure to share information and coordinate care together, which impacts their ability to resolve needs for patients and their families and track outcomes.

NASDOH is a group of stakeholders working to systematically and pragmatically build a common understanding of the importance of addressing social needs as part of an overall approach to health improvement. We seek to make a material improvement in the health of individuals and communities and, through multi-sector partnerships within the national system of health, advance holistic, value-based, person-centered health care that can successfully impact the social determinants of health. NASDOH brings together health care, public health and social services expertise, local community experience, community-convening competence, business and financial insight, technology innovation, data and analytics competencies, and policy and advocacy acumen to assess and address current regulatory frameworks, funding environments and opportunities, and practical challenges to implementing and sustaining social determinants of health efforts.

Below we highlight several use cases and associated case studies. These case studies are not meant to be a comprehensive reflection of work in the social determinants of health area, but rather provides you with some insight in to the current state of activity and particular efforts that you may be interested to learn more about.

## Interoperability Between Health Plans & Community-Based Organizations

Healthcare organizations can have multi-tiered needs around PHI at the organization, state, and even local-level. Healthify, a healthcare company focused on addressing the social needs of individuals through technology and services, has developed flexible client data privacy requirements to accommodate PHI policies. Healthify's platform allows organizations to coordinate referral information to a network of partners and creates guardrails within the application to ensure that clients and their users are abiding by specific procedures. Although Healthify doesn't determine policy for its clients, the framework of the technology enables them to determine what level of PHI to send, or share, with a social agency or community partner.

For example, a case manager at a health plan can screen an individual with HIV/AIDS for social needs and identify that they need supportive housing and a food intervention. The individual's information entered into Healthify's application is contextually dependent on what the healthcare organization has deemed necessary to share with each community partner. Because only basic information is needed to initiate a referral with a food bank, the details around HIV/AIDS are not included when the referral is sent and can't be seen if the community partner views the member's profile. These controls can be scaled down and up as appropriate based on each organization in the network.

## Improving Data Sharing Between Providers and Payers

Providers and payers typically face trust issues with respect to data sharing. Providers wish to receive data about a population they might serve under value-based models, but payers are reluctant to share any information outside of the scope of that provider's claim base. Similarly, payers are interested in receiving detailed information from EHRs, but providers are reluctant to share any information that could be used to create higher reimbursement hurdles for themselves in the future. This results in disharmony, regardless of how good the provider and payer relationships are. Today, as providers move away from fee-for-service towards a value-based model that requires aligned incentives, the key to eliminating that disharmony lies in developing a strong sense of trust. Thus, the biggest challenge affecting the payer and provider is building and developing that trust (link).

An EHR company, athenahealth, Inc., created a new health plan data exchange service which extends the company's ability to drive performance for providers and for health plans. With the new service, athenahealth providers who exchange clinical data with payers for quality management, risk adjustment, and performance management programs will now be able to do so electronically, via a direct connection to participating health plans and their technology partners (link).

## School Health

*Dell Medical School*

As part of the Early Childhood Results Count (ECRC), which is a community effort led by E3 Alliance and United Way, one of the key barriers identified in achieving the goals of this initiative is lack of data sharing across health, education, and human service providers.

The community stakeholders are partnering with Dell Medical School (DMS) to develop a data infrastructure (linking social determinants and clinical data) to serve as the back-end data storage and management platform. The governance of the data will reside in a community-based intermediary organization. An integral part of the system will be an intermediary interface application for managing consent and referrals.

For early childhood interventions in the community, Austin Independent School District (AISD) is ready to partner with DMS to share school district data for purposes as approved by a governance infrastructure. The governance body will comprise key community stakeholders and include AISD and DMS. The preferred way that AISD legal team has proposed sharing this data with DMS platform is for DMS to act as an "agent" for AISD to store and process the data. Early interventions based on this effort will not only benefit the children and families involved, but can also reduce or even eliminate the need to provide special services for children when they get older, thereby providing significant financial benefits for school districts.

## Research Consortium

The OneFlorida Clinical Research Consortium is a research infrastructure that aims to serve the entire state of Florida through multiple stakeholders, including health systems, state agency and community leaders, researchers, clinicians, human-subject protection experts, informatics experts, patients and caregivers. The OneFlorida Clinical Research Consortium conducts research in real-world settings through engagement with ethnically, racially, and geographically diverse populations and results can be implemented within the consortium's practices to promote the implementation and sustainability of evidence-based health care. The research queries are conducted using deidentified patient records and are used to assist with hypothesis generation and study feasibility assessments.

The consortium has completed two implementation studies that examined the effects of health information technology (HIT) on the uptake of evidence-based best practices. Currently, the consortium is undergoing three randomized pragmatic clinical trials around the impact of assessment tools for patient-reported pain outcomes on physician prescribing practices for opioids and recommendations for non-opioid interventions, and two trials on HIT and the uptake of the HPV vaccine among adolescent boys and girls. Several additional projects that recently utilized infrastructure that is

being built and refined by the consortium partners include adolescent health risk assessments, concussion surveillance and management, genomic medicine implementation, HPV vaccine administration, and tobacco-related diseases.

## Community Resource Referral

CommunityRx is a scalable, low-intensity intervention that matches patients to community resources. A trial on publicly insured residents in Chicago tested the effectiveness of CommunityRx on mental health related quality of life, physical health related quality of life, and confidence in finding community resources. Surveys were conducted at baseline, one week, one month, and three months to measure health related quality of life and confidence in finding community resources to manage health. While there was no difference between intervention and control groups on mental or physical health related quality of life at three months, confidence in finding resources was higher in the intervention group and the effect increased at each successive time point. The study concluded that the positive effect of CommunityRx on confidence in finding resources for self-care suggests that the low-intensity intervention could play a role in population health promotion.

## Autism Support

Families living with autism in San Antonio, Texas have access to an abundance of community organizations providing a range of support services. Unfortunately, without a shared platform for collaboration, the amazing work of these organizations was undermined by limited coordination. This caused delayed response times for families, redundant data collection, and inconsistent outcome reporting by the agencies as required from their sponsors. To resolve these issues, the Kronkosky Charitable Foundation partnered with TAVHealth to launch Autism Lifeline Links (ALL), a collaborative program that increased coordination among community organizations to jointly manage social determinants of health and improve outcomes. Through its cloud-based collaboration platform, TAVHealth connected 10 autism support organizations, increasing collaboration by 10x to collectively identify and solve social determinants of health. Families seeking autism support could now enroll in ALL through a single point of entry. The platform provided structure, accountability and visibility across all 10 community organizations. They could operate as a unified virtual team, managing shared workflows, safely sharing information, and assigning the best resources to resolve members' needs.

Real-time analytics allowed ALL to monitor and measure client volume, agency referral trends, and Pathway usage and could now identify and quickly remedy gaps in platform adoption and collaboration. By eliminating duplicative reporting efforts and maximizing agency resources, average response times dramatically improved from two weeks to 24 hours. A 9x increase in accountable referrals allowed community organizations to collectively solve 90 percent of all identified social determinants of health. Additionally, family enrollment burden decreased by 50 percent.

## Health and Social Service Organization Partnerships

A community in California organized a coalition of local government, community-based organizations, area agency on aging, nonprofit organizations, hospitals, adult protective services, long-term care specialists, mental health care providers, and the bus company; their work is around caring for older adults. These organizations understood that a growing proportion of the people they served had interrelated needs that ultimately affected their health and wellbeing, including medical, housing, and transportation needs. They also were aware that when each organization worked individually, certain needs were overlooked, and other efforts were often duplicated.

A problem that many clients at senior centers and hospitals face are participating in services and benefits that these organizations offer because they do not always have a way to get to where they need to be to receive the services. In many cases, the bus schedule and route did not stop at the right place, at the right time, or took too long to get to their destination. With the head of the bus company at the coalition table and other organizations sharing concerns about what they were seeing with the clients or patients they served, they were able to proactively discuss needed changes.

Some research has looked at performance on three outcomes for older adults that were thought to be sensitive to collaboration among health care and social services. When they mapped out the collaboration networks in high-performing communities, they found that position of health care organizations was particularly important. They had more tight, productive networks of collaboration linking with social services than their counterparts in lower-performing

communities. In addition, health care organizations in high-performing communities are positioned much more towards the center of these networks and work as active hubs, collaborating with different social service organizations. Whereas in low-performing communities, health care organizations tend to be more on their own and not as engaged.

We would also like to point you to additional perspectives on use cases and case studies which can be found at the following sites:

1) Report by from Johns Hopkins about community uses of electronic health records, and how they have been done within perceived HIPAA constraints. The 6 case studies are good examples of cross-sector data sharing. https://www.debeaumont.org/wp-content/uploads/Electronic-Health-Data-Report-1.pdf

2) Case examples from last year's Millbank/AcademyHealth competition: https://www.milbank.org/wp-content/uploads/2018/07/MMF-AH-Innovation-Prize-FINAL-1.pdf

3) Data-sharing report from the experience of the BUILD Health Challenge grantees: https://buildhealthchallenge.app.box.com/s/emzj4uqbd84z4hgzye0ti2vd171300yi

4) Data Across Sectors for Health (DASH) site: http://dashconnect.org/

5) Report from the Robert Wood Johnson Foundation that provides recommendations to advance community-based organization digital infrastructure: https://www.rwjf.org/en/library/research/2015/04/data-for-health-initiative.html.

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We appreciate the opportunity to provide NASODH's views and recommendations on opportunities for HHS and the Office of the Chief Data Officer to improve consented sharing of secure data to advance SDOH efforts in the field. We are happy to discuss any of the information outlined above or provide further assistance that would be valuable. For more information on NASDOH, please visit our website at www.nasdoh.org.

Sincerely,

Vince Ventimiglia
Chairman, Leavitt Partners Board of Managers
Advisor to NASDOH