Safety Net Analytics Program - Los Angeles (SNAP-LA)

Learning Session #10:
Los Angeles Special Edition

Beyond the Clinic Walls:
Data Governance for LA Data Exchange
August 24, 2017

Webinar Reminders

1. Everyone is **UNMUTED.**
   - Press *6 to **mute and *7 unmute** yourself

2. To listen to the audio for this webinar, please call 303.248.0285, access code: 5617817.

3. Remember to chat in questions!

4. Webinar is being recorded and will be posted and sent out via email

Voices on the Webinar

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Agenda

1. Welcome & Brief Announcements
2. Data Exchange at Your Health Center
3. Health Information Exchange in LA: What you need to know
4. Q&A
5. Upcoming Events & Reminders

Learning Objectives

- Learn about Health Information Exchanges (HIE), how they function and the benefits of participation
- Introduce (or become reacquainted with) the Los Angeles HIE, LANES, and learn how to participate
- Understand data governance and data stewardship opportunities and challenges with HIEs

Team Experiences

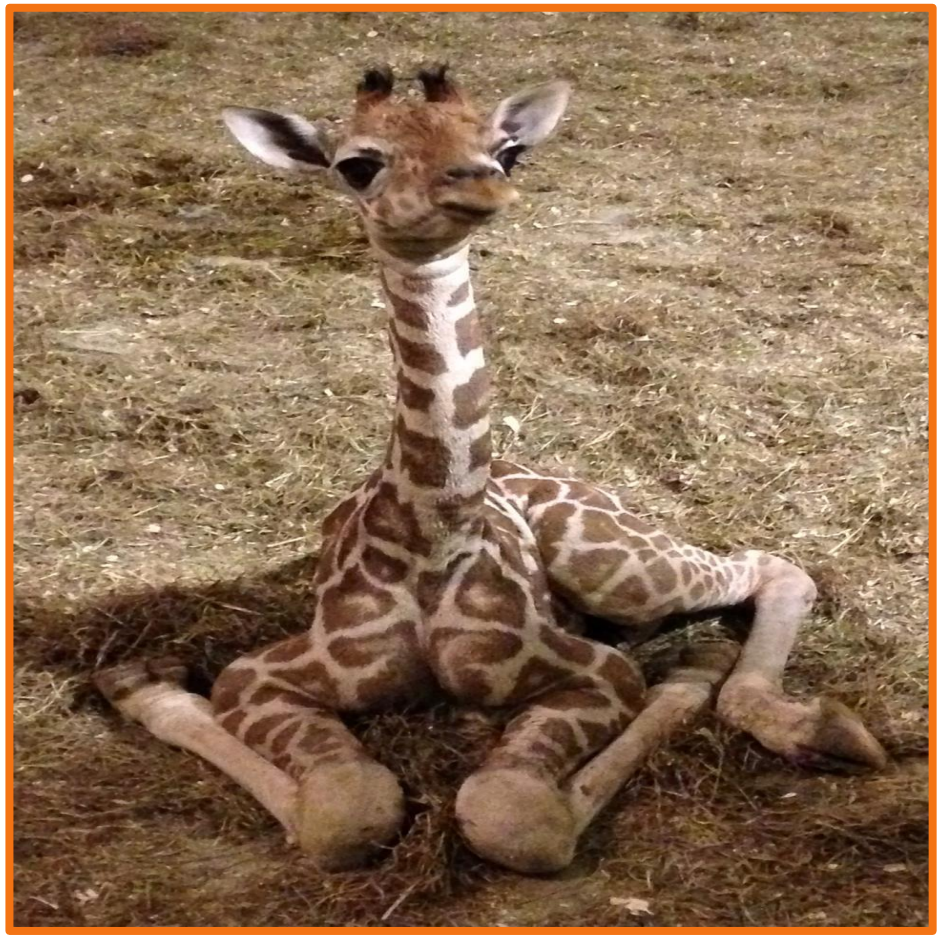
CCI
CENTER FOR CARE INNOVATIONS

achievable

UMMA
COMMUNITY CLINIC

LOS ANGELES LGBT CENTER

Kheir



EISNER HEALTH

Westside Family

Health Center

JWCH
INSTITUTE, INC.
John Wesley Community Health
a californiahealth center

Beyond the Clinic Walls:
Data Governance for LA Data Exchange

Safety Net Analytics Program

Mark Elson & Alex Horowitz
Intrepid Ascent

August 24, 2017

HIE Background

What is Health Information Exchange?

- **HIE (verb)** – Any exchange of health data between affiliated or unaffiliated health care organizations. This can include clinical as well as administrative data.

- **HIE / HIO (noun)** – An organization that facilitates, oversees, and governs HIE activities (i.e. the movement of data) among a specific group of health care organizations.

- **Interoperability (noun)** – The compatibility of IT systems enabling data to move between them in an automated fashion.

Common HIE Functionality

Traditional

- Community longitudinal patient record queries
- Care alerts (e.g. for hospital / ED encounters)
- Clinical results delivery (e.g. lab and radiology)
- Cross-organization provider-to-provider clinical messaging

New Directions

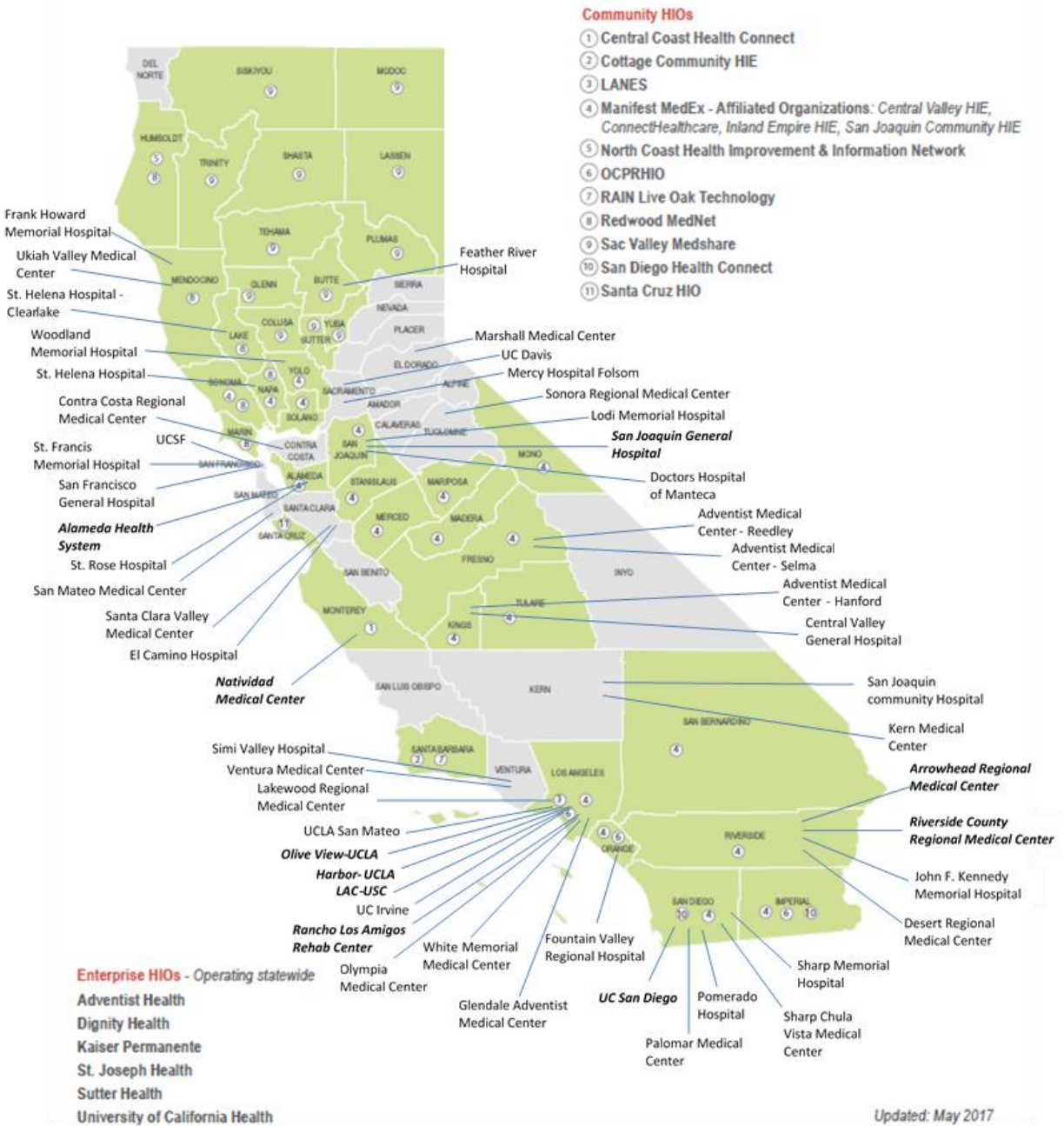
- Analytics and reporting
- Care management

Core Aspects of HIEs/HIOs

HIEs/HIOs Provide:

- Technical framework for enabling HIE activity between data silos
- Governance framework for mediating HIE activity among multiple stakeholders
- Administrative framework to ensure organizational stability

Health Information Exchange in California



> 20m ADTs per month in CA
> 14m individuals in HIE MPIs
(36% of CA population)

Reducing Readmissions – JAMIA 2015;22

Vest JR, et al. J Am Med Inform Assoc 2015;22:435–442. doi:10.1136/amiajnl-2014-002760, Research and Applications

The potential for community-based health information exchange systems to reduce hospital readmissions

RECEIVED 27 February 2014
REVISED 17 June 2014
ACCEPTED 13 July 2014
PUBLISHED ONLINE FIRST 6 August 2014

Joshua R Vest[1,2,3], Lisa M Kern[1,2,3,4], Michael D Silver[1,2,3], Rainu Kaushal[1,2,3,4,5,6], for the HITEC investigators

ABSTRACT

Background Hospital readmissions are common, costly, and offer opportunities for utilization reduction. Electronic health information exchange (HIE) systems may help prevent readmissions by improving access to clinical data by ambulatory providers after discharge from the hospital.

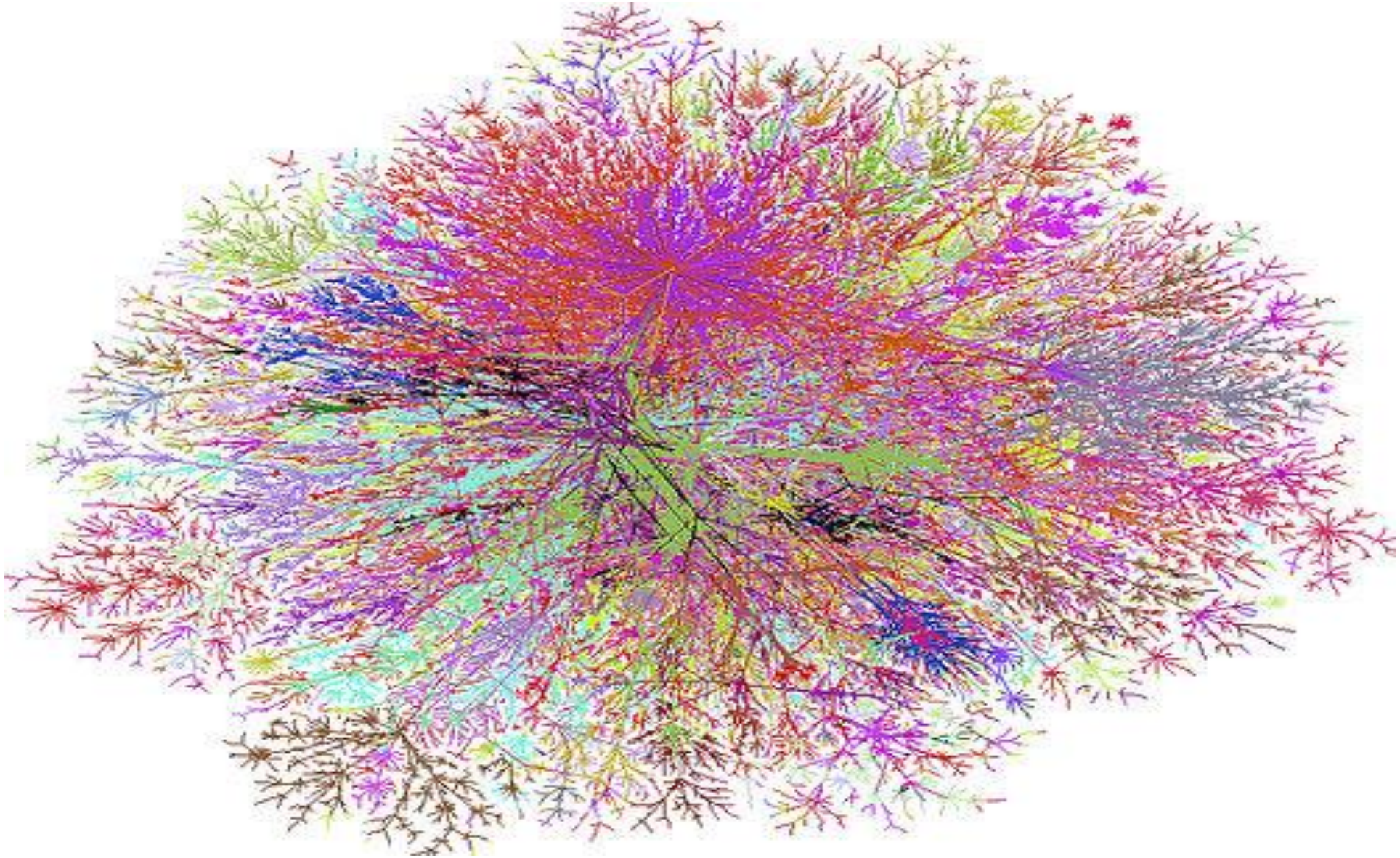
Objective We sought to determine the association between HIE system usage and 30-day same-cause hospital readmissions among patients who consented and participated in an operational community-wide HIE during a 6-month period in 2009–2010.

Methods We identified a retrospective cohort of hospital readmissions among adult patients in the Rochester, New York area. We analyzed claims files from two health plans that insure more than 60% of the area population. To be included in the dataset, patients needed to be continuously enrolled in the health plan with at least one encounter with a participating provider in the 6 months following consent to be included in the HIE system. Each patient appeared in the dataset only once and each discharge could be followed for at least 30 days.

Results We found that accessing patient information in the HIE system in the 30 days after discharge was associated with a 57% lower adjusted odds of readmission (OR 0.43; 95% CI 0.27 to 0.70). The estimated annual savings in the sample from averted readmissions associated with HIE usage was $605 000.

Conclusions These findings indicate that usage of an electronic HIE system in the ambulatory setting within 30 days after hospital discharge may effectively prevent hospital readmissions, thereby supporting the need for ongoing HIE efforts.

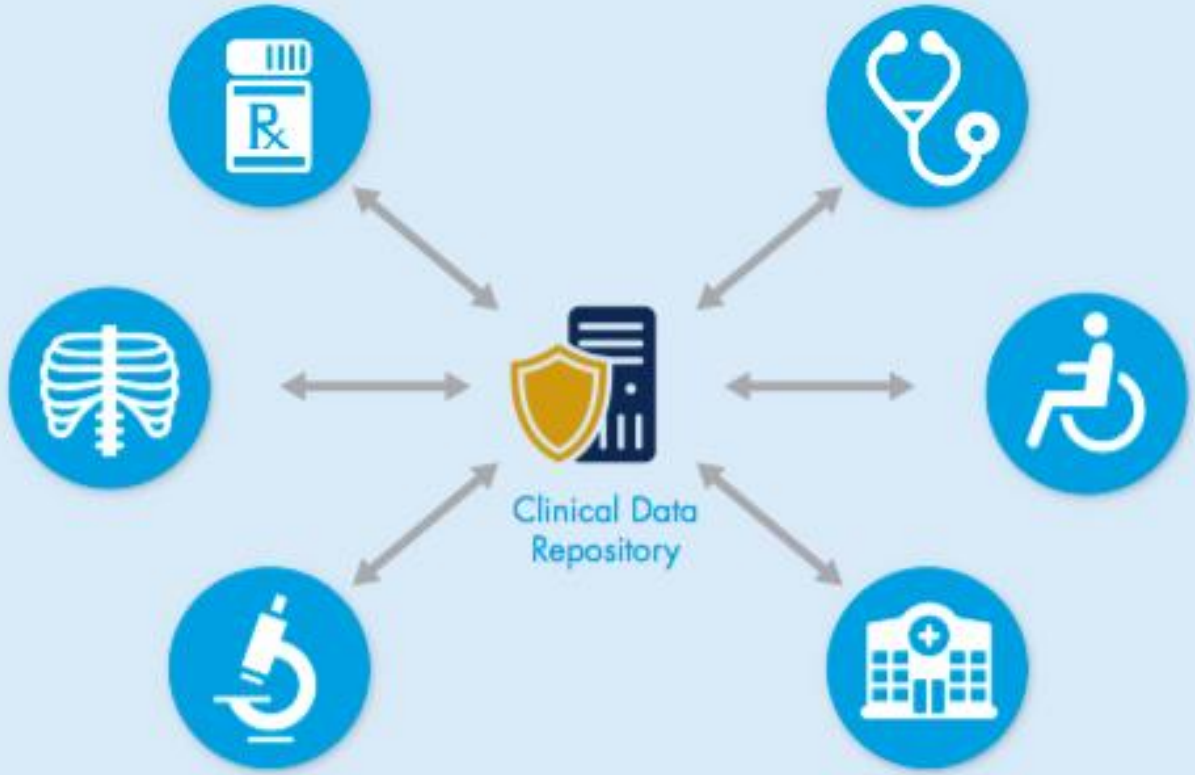
A Network of Networks



LANES – LA Network for Enhanced Services

- Relaunched in 2014 with new Board
- HIE for treatment and care coordination – not analytics
- Oriented toward the safety net, strong backing from County
- Participants include public and private providers, health plans
- Implementing interfaces with key partners, initial users in coming months
- Adopted a centralized architecture model with Mirth as the vendor
- CCALAC providing some coordination for members to engage, such as legal review of data sharing agreement
- Policies and procedures in development
- Ambitious goals for expansion over next 3-4 years

Centralized Model



A centralized model takes health data from several sources, and stores it in a single data repository as a patient-centric, consolidated, longitudinal health record comprising information generated across the community. Since all of the data is stored in one location, it is available for analytics to help understand health trends in the community, as well as to better manage chronic conditions with a patient.

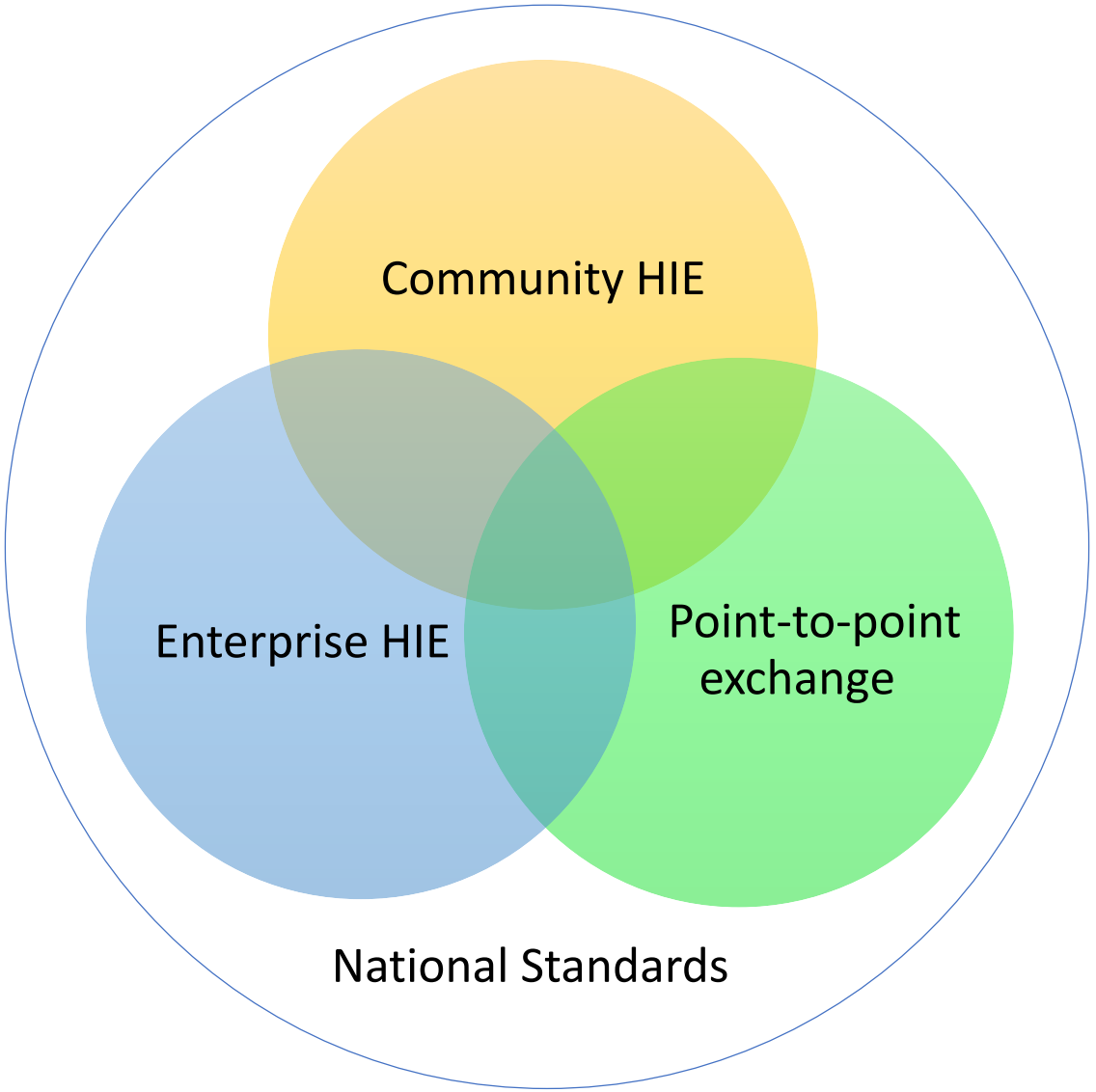
Adapted from CalHIPSO Presentation: HIE 101: Foundation and Current State of HIE
Richard Swafford, PhD, Executive Director, Inland Empire Health Information Exchange, August 15, 2012

LANES – Initial Services

- Web portal for longitudinal patient record lookup
- Encounter notifications for hospital / ED visits
- Bi-directional exchange with Participant EHRs
  - Implemented with DHS in Cerner
  - Exploring with NextGen and eCW

Data Governance and HIE

Overlapping Approaches to HIE Governance



HIE Governance Frameworks

- **Community HIE:** Characterized by a neutral, accountable governance entity (community board, local government, etc.)
  - Usually leverage a 501(c)3 “Public Benefit Corporation” legal structure
  - Usually are not-for-profit entities, but some for-profit HIEs do exist
  - May be operated by a government entity in some cases, or exist as a public-private entity

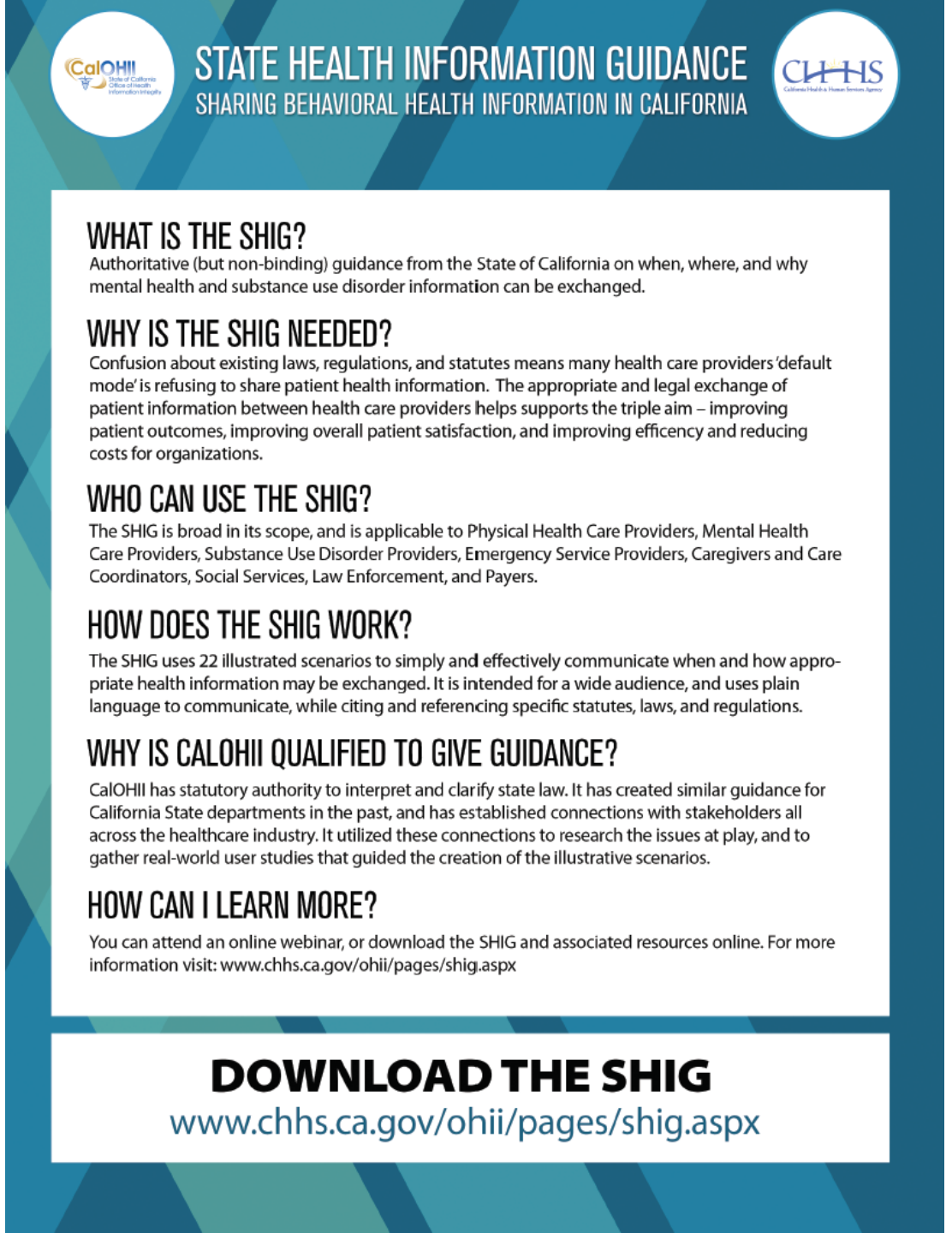
- **Enterprise HIE:** Governance is controlled by a single, sponsoring organization or small, static group of organizations.
  - Large health systems, MCOs, etc.
  - A key characteristic is that there is likely not a public board that is accountable for decision-making

- **Point-to-Point HIE:** Governance exists in the direct relationships between organizations, but is not centrally controlled or managed.
  - This may be as simple as bi-directional BAAs between organizations, or as complex as multi-level data sharing agreements

The State of CA has issued guidance on interpreting laws and regulations relating to sharing behavioral health information so that providers are more confident participating in HIE

Use the document by scrolling to relevant scenarios

Share with your colleagues!



Triple Aim of Data Governance

- From Health Catalyst framework:
  - Ensuring Data Quality
  - Building Data Literacy
  - Maximizing Data Utilization/Use

- Focus here will be on **data quality** in context of HIE readiness and participation

- Potential for data quality problems to multiply with large-scale aggregation


USE THE CRS DATA-BASE TO SIZE THE MARKET.
THAT DATA IS WRONG.
www.dilbert.com scottadams@aol.com
THEN USE THE SIBS DATA-BASE.
THAT DATA IS ALSO WRONG.
5-7-08 ©2008 Scott Adams, Inc./Dist. by UFS, Inc.
CAN YOU AVERAGE THEM?
SURE. I CAN MULTIPLY THEM TOO.

Data Quality:
The integrity and fitness for use of data.

Data Integrity: The consistency, reliability, accuracy, and completeness of data collected and reported.

Fitness for use: "free of defects and possess desired features…for their intended uses in operations, decision making, and planning."[1]

Data "correctness"…

Demographics

	Count
Unique PATIDs	2,315,459
	D…
Minimum BIRTH_DATE	1/1/30
Maximum BIRTH_DATE	9/9/14
Unmapped*	

Sex	Count	Percent
A		0
F	1,181,748	51.04%
M	1,133,648	48.96%
NI	8	0.00%
UN	55	0.00%
OT		0
Unmapped*		0

Race	Count	Percent
01 = American Indian or Alaska Native	919	0.04%
02 = Asian	48,552	2.10%
03 = Black or African American	31,665	1.37%
04 = Native Hawaiian or Other Pacific Islander	657	0.03%
05 = White	479,494	20.71%
06 = Multiple race		0.00%
07 = Refuse to answer		0.00%
NI = No information		0.00%
UN = Unknown	1,750,422	75.60%
OT = Other		0.16%
Unmapped*		0.00%

Nobody is older than 85?

75% of records have unknown race?

Diagnosis

	Count
Unique PATIDs	659,892
Minimum ADMIT_DATE	7/23/84
Maximum ADMIT_DATE	4/15/20
Unmapped*	

Only 659,000 records have a diagnosis

(1) Only have dx for pts. admitted after 1984?

(2) Someone is pre-admitted for 2020….

Procedure

PX_TYPE	Count	Percent
09 = ICD-9-CM	51,054	0.13%
10		0.00%
11		0.00%
C2		0.00%
C3		0.00%
C4 = CPT-4	2,084,942	5.41%
H3		0.00%
HC = HCPCS	604,284	1.57%
LC = LOINC		0.00%
ND		0.00%
RE		0.00%
NI		0.00%
UN = Unknown	35,779,758	92.89%
OT		0.00%
Unmapped*		0.00%

35 million procedures are "unknown" type?

We have a procedure for someone To be admitted 12 years from now

Procedure

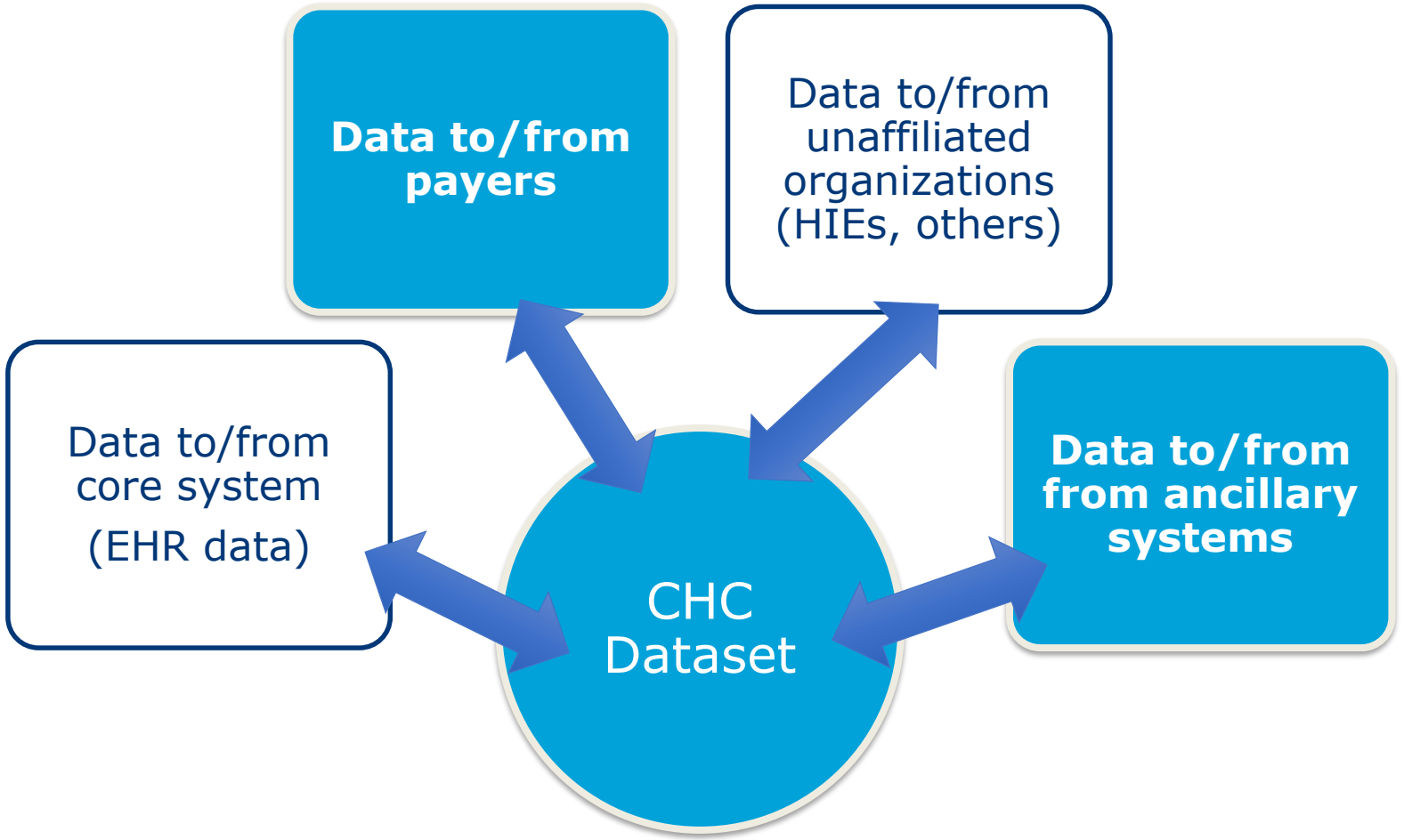
	Count
Unique PATIDs	965,025
	Date
Minimum ADMIT_DATE	12/1/…
Maximum ADMIT_DATE	10/5/27
Unmapped*	

Where we need to go…

Stewardship of clean data!

Data Stewardship vs. Ownership

- With HIE, provider organizations do not manage the full data lifecycle or “own” clinical data
- Clinical data is a public resource, to be used, protected, and stewarded by organizations for their part of the data lifecycle
- Data stewards have distinct roles in managing data and in evaluating the quality of data that are entrusted to their oversight and use
- Comprehensive measures to address data quality will need to start with individual organizations


Data to/from payers
Data to/from unaffiliated organizations (HIEs, others)
Data to/from core system (EHR data)
CHC Dataset
Data to/from from ancillary systems

Considerations for Participation in LANES

Contributing Data to HIE

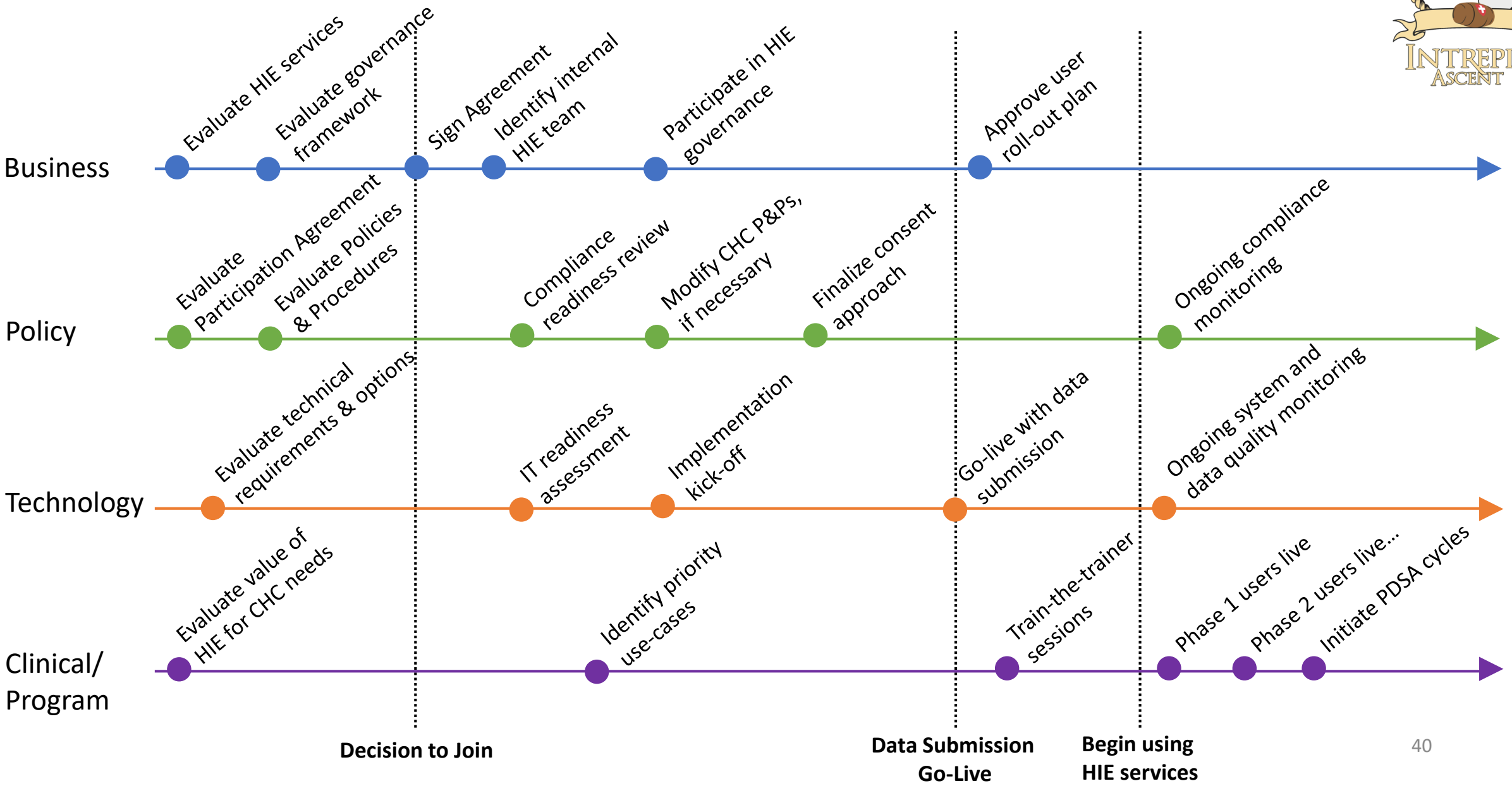
- Minimum Data Requirements
  - **Syntax:** Industry standards for data encoding (e.g. ICD-10, LOINC)
  - **Data Transmission:** Ability to send data via standard methods in near-real-time
  - **Content Standards:** HL7 v2.3+, CCD/CCDA

- Governance and Policy Safeguards
  - Data sharing with an HIE is allowed under HIPPA *as long as at least a BAA is in place*
  - However, only share required data
  - Ensure oversight from your Privacy and Security Officer(s)
  - Most HIEs have a participation agreement, this is a contract defining their responsibilities vis-à-vis participants such as CHCs
  - Participate in HIE governance and align with your data governance processes / framework
  - Add HIE as a standing item on your data governance committee agenda

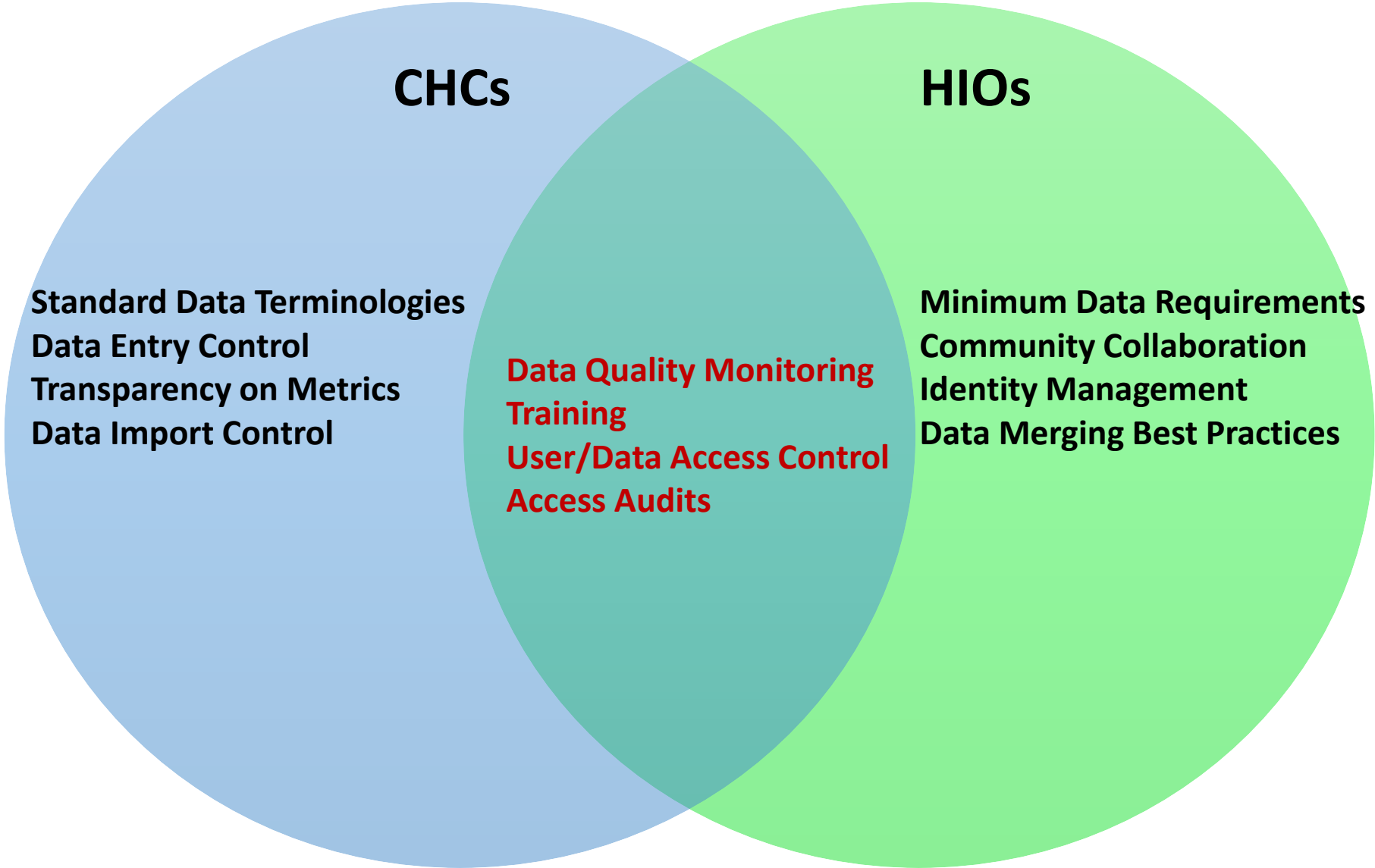
Accessing Data via HIE

- Define priority use cases and workflows
  - What data does your CHC need that it is not getting today?
  - Who needs to see this data?
  - What are the existing workflows that may be effected?
- Determine appropriate users and user levels
  - Crosswalk current user levels (e.g. for EHR) with HIE user levels
  - Review workflows with HIE
  - Ensure HIE-defined access levels are not overly physician-centric for CHCs
- Do you want to integrate HIE data into existing systems?
  - Determine potential levels of integration (HIE portal, notifications, tab for HIE data in EHR, integration directly into chart)
  - Evaluate costs/benefits/risks and conformance with organizational data governance framework
  - Ensure that data quality controls at your organization will be maintained when outside data is integrated

HIE Onboarding Tracks



Data Governance Roles

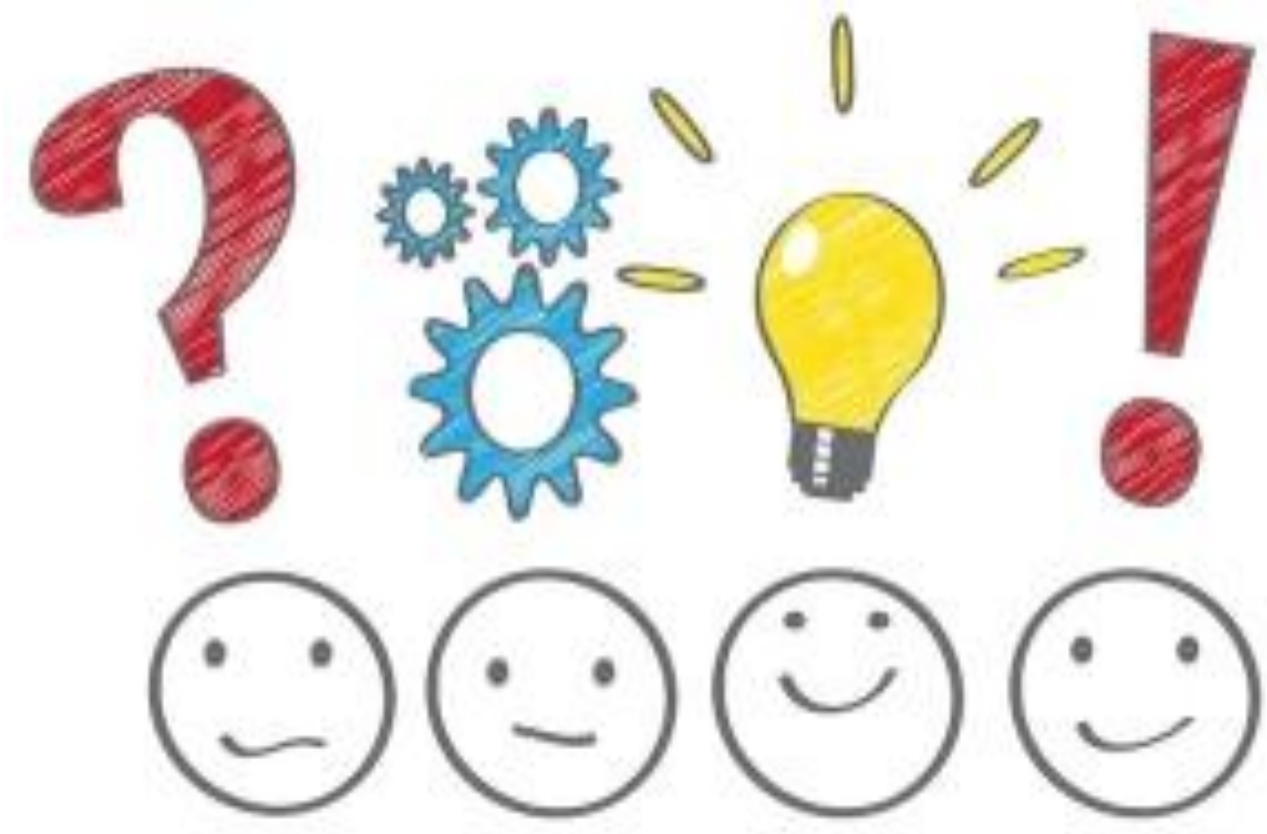


Data Governance Crosswalk

	CHC Data Governance	HIO Data Governance
Data Quality	• Adoption of standard data syntax • Adherence to data entry and management best practices • Active internal data quality monitoring processes	• Minimum data requirements • Patient / provider ID management • Merging of clinical / claims data • Monitoring and maintaining data integrity of aggregate community data
Data Literacy	• Hiring, education, and training to advance data literacy • Coordinated data-driven decision-making modeled by the leadership team • Transparency on performance metrics	• Data access options that fit with Participant systems and workflows • Training and education at the community-level • Learning collaboratives across HIE Participants
Data Use	• Access protocols and user roles • Sharing data with Business Associates • Audit processes	• Access protocols and user roles • Managing aggregate data usage • Audit processes

Questions and Discussion

Q & A



Knowledge Building Session: Sept. 18

- Cedars-Sinai Medical Center (8700 Beverly Boulevard)
- 8:30 a.m. – 4:30 p.m.
- Located in the Thalians Auditorium
- Please have all team members register by **Sept 8**
- **At least 4 team members should attend for optimal experience**

Sarah Provan & Nikki Braun
Health Catalyst

The Euphoric Chocolate Company: A Delicious Analytics Experience

Other Highlights

Revisit the ACA

Analytics Capability Assessment

Instructions: Evaluate each question in the first column of the assessment matrix and select a score that reflects your organization's capability by circling a corresponding number. Total your score in each of the three domains then divide by the number of factors in each one (People = 4, Process = 6, Technology = 3) to determine your average score for that domain. To assess your organization's capability level overall, total the scores of each domain and divide by 3. General characteristics of each level are described below.

Capability Levels	Reactive	Responsive	Proactive	Predictive
General Characteristics	No evidence or very limited evidence of capability, decentralized efforts to get data, access to information for the first time, situational reporting.	Some departmental evidence but not integrated or aligned, initial data marts, standardized reporting through IT, improved data capture at department level, some historical trending and analysis.	Evidence of an emerging integrated approach, clinical and business process improvements based on analytics, analytics driving change and strategy, culture change, integration of measure across domains (clinical, financial, operations, patient experience).	Fully integrated and aligned organizationally, leading edge tools and skills, data services provide robust support across the health center, automated analytic results are fed back into predictive models for value-driven health care.

ASSESSMENT

1. PEOPLE												
Capability Levels	Reactive			Responsive			Proactive			Predictive		
Senior Leader Sponsorship: Senior Leader Sponsorship assesses the degree to which leaders in the organization sponsor healthcare analytics efforts, advocate for a structured approach to analytics and allocate resources to it.												
1A. To what extent are senior leaders involved with and supportive of data efforts, issues and analytics in your organization?	Managers typically firefight data issues as they arise; senior leaders are rarely involved in the detail of such issues.			Managers/Directors are responsible for departmental data issues and resolving problems as they relate to operations.			Senior leaders have responsibility for ensuring that data is available for driving decisions and allocate resources to ensure its quality, availability and timeliness.			Senior leaders sponsor efforts throughout the organization to ensure healthy data and analytics efforts, and ensure that departmental efforts are balanced and aligned to maximize the use of data as a strategic asset.		
SCORE	0	1	2	3	4	5	6	7	8	9	10	11
Data Stewardship: The role of the "data steward" may be formally defined or informally recognized and is typically the "go to" person within a department or site for all the queries/issues and usability of the data. Data stewards ensure the data is complete, accurate, and timely and that it is useful to the department or site in measuring performance and making improvement.												

Prepare a 5-7 minute update about your progress in the SNAP-LA Program & your teams' data analytics field project.

September 18 Presentations

A **7 minute presentation** with PowerPoint by one or multiple team members answering these questions:

1. Your SNAP LA team and their role
2. What has changed in how your health center approaches data?
   - Provide examples of changes that have occurred with people, processes and technology
   - What's occurring now that might have been addressed differently before SNAP?
   - For example, think about the "Triple Aim" of data governance – improving data quality, increasing data literacy and maximizing the use of data – and where your health center is on this journey

September 18 Presentations

3. What were your top 3 takeaways or learnings from SNAP?
   - How did those learnings help bring about the changes you just described?
4. What's next for your clinic's journey toward a data-driven culture ?
   - Where will you focus your work for the rest of 2017?
   - Identify two specific ways in which you will spread awareness of the value of data and analytics more broadly in your health center.
   - What is one thing you need from leaders or staff to continue this work? How and when can you ask for that?

Presentation Tip Sheet

How to create and deliver an effective presentation, including:

- Tips for creating a great deck
- Getting in the mind of your audience to address their concerns and motivations—and inspire action
- Best ways to use data in presentations
- Why there is no substitute for practicing—out loud
- Hone your presenter style and body language
- Secret to becoming a stronger presenter in only 2 minutes

Presentation Coaching

- Not sure what your “ask” is and best way to word it?
- Wondering how you can implement these tips?
- Hate doing presentations and want to become more confident?
- Want to polish your slide deck?

Communications & Strategy Coach Suzanne Samuel is here to help.

Every team gets at least 30 minutes of presentation coaching between now and September 15.

Contact Angela now to sign up for your slot!

Cedars-Sinai Community Clinic Initiative:
Managing to Leading Program

Healthforce Center at UCSF is now accepting applications for the second cohort of Managing to Leading. **Applications due August 30.**

Managing to Leading is a transformative leadership development program that equips leaders with the knowledge, skills, and confidence to effectively lead change and improve health care in today's complex and uncertain environment.

PROGRAM DATES: September 2017 - April 2018

APPLICATION DEADLINE: **August 30**

APPLY
https://healthforce.ucsf.edu/CedarsSinai

QUESTIONS?
alleysha.mullen@ucsf.edu
415-476-1859

DESIGNED FOR: Individual mid-level clinicians, administrators, and other non-clinical staff who are:

- managing or supervising others;
- transitioning from doing to leading;
- planning and overseeing the work of others; or
- increasingly tasked with complex projects or initiatives that involve multiple people or departments

Thank You!

For questions, please contact:

Megan O'Brien
Value-Based Care Program Manager
mobrien@careinnovations.org

Please remember to fill out the post webinar brief survey!!