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
Are you familiar with the concept of community health information exchange? Are you familiar with LANES?

What data would you like to receive from community partners that you aren't receiving now?
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
> 20m ADTs per month in CA
> 14m individuals in HIE MPIs
(36% of CA population)
The potential for community-based health information exchange systems to reduce hospital readmissions

Joshua R. Vest1,2,3, Lisa M. Kern1,2,3,4, Michael D. Silver1,2,3, Rainu Kaushal1,2,3,4,5,6, 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
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

- Community HIE
- Enterprise HIE
- National Standards
- Point-to-point exchange
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 DATABASE TO SIZE THE MARKET.

THEN USE THE SIBS DATABASE.

THAT DATA IS WRONG.

THAT DATA IS ALSO WRONG.

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
- Unique PATIDs: 2,315,459
- Minimum BIRTH_DATE: 1/1/30
- Maximum BIRTH_DATE: 9/9/14
- Sex (M: 1,133,648, F: 1,183,748, NI: 8)
- Race (Q1: American Indian or Alaska Native, Q2: Asian, Q3: Black or African American, Q4: Native Hawaiian or Other Pacific Islander, Q5: White, Q6: Multiple race, Q7: Refuse to answer, Q8: No information, UN: Unknown)

Diagnosis
- Unique PATIDs: 659,892
- Minimum ADMIT_DATE: 7/23/84
- Maximum ADMIT_DATE: 4/15/20

Procedure
- Unique PATIDs: 51,054
- Minimum ADMIT_DATE: 12/1
- Maximum ADMIT_DATE: 10/5/21

- Nobody is older than 85?
- Only 659,000 records have a diagnosis
- 75% of records have unknown race?
- 35 million procedures are “unknown” type?
- We have a procedure for someone
  To be admitted 12 years from now

(1) Only have dx for pts. admitted after 1984?
(2) Someone is pre-admitted for 2020....
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
CHC Dataset

Data to/from core system (EHR data)

Data to/from payers

Data to/from unaffiliated organizations (HIEs, others)

Data to/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
Data Governance Roles

CHCs
- Standard Data Terminologies
- Data Entry Control
- Transparency on Metrics
- Data Import Control
- Data Quality Monitoring
- Training
- User/Data Access Control
- Access Audits

HIOs
- Minimum Data Requirements
- Community Collaboration
- Identity Management
- Data Merging Best Practices
## Data Governance Crosswalk

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

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:

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mobrien@careinnovations.org

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