

COMMUNITY INFORMATION EXCHANGE

IN THIS ISSUE

Introducing the third edition of the Ventura County Community Information Exchange (VCCIE) newsletter! Here you will find the latest updates regarding VCCIE development, interviews with Executive Committee leaders, and insights on a systems framework for the VCCIE implementation strategy. Introducing the third edition of the Ventura County Community Information Exchange (VCCIE) newsletter! Here you will find the latest updates regarding VCCIE development, interviews with Executive Committee leaders, and insights on a systems framework for the VCCIE implementation strategy.

CIE CALIFORNIA FORUM

The 2022 CIE California Forum was held at the end of August in San Diego, CA. Representatives from VCCIE participated in discussions regarding the value of local engagement, how to leverage CIE framework, enacting policies for systems change, etc.



Attendees (from left): Keira Armstrong, Sokkim Lim, Dominique Diaz, Laura Everest, Kelly Brown, Erik Stenard, Melissa Livingston, Katie McKinney, Aruni Ganewatte. Not pictured: Katherine Johnson

INTRODUCTION TO THE EXECUTIVE COMMITTEE



Chair: Katie McKinney,
Ventura County
Public Health



Co-Chair: Melissa Livingston,
Ventura County Human
Services Agency



Erin Slack,
Gold Coast Health Plan



Jack Hinojosa,
Child Development
Resources



Jeffery Lambert,
Ventura County
Community Foundation



Kathryn Stiles,
Adventist Health -
Simi Valley



Will Garand,
Community Memorial
Health System

Katie McKinney

(Chair, Assistant Public Health Director, VCPH)



1. Why are you excited for a county-wide CIE being created for Ventura County?

I believe deeply that everyone in our county deserves the opportunity to access education, healthcare, and social services to lead a healthy life, regardless of one's income or what zip code they reside in. I share the passion of all the partners working toward a county-wide Community Information Exchange (CIE) that will insure all of our communities are healthy and safe for everyone. As the daughter of a veteran who experienced a lifetime of chronic healthcare and mental health issues, I have seen firsthand how challenging and frustrating it can be for an individual (and their family) to navigate and integrate the complex system of services. The CIE is an exciting initiative that will pioneer a person-centered approach to enable a closed-loop referral process for the myriad of health, behavioral, and social services we can offer. This case management approach of holistically addressing the social determinants of health resonates with me personally and touches the core mission of Ventura County Public Health. Our County is uniquely positioned to embark on this initiative because of our strong community partnerships and shared passion for service. The past three years have taught us that Ventura County is strong and resilient. Together, local organizations are coming together to leverage one another's strengths and resources to reach our most vulnerable populations while putting the person first. It is a privilege for me to be part of this transformative endeavor on behalf of Ventura County Public Health (VCPH).

2. Why is it important to address the social determinants of health in patient care?

Evaluating one's SDOH can assess root causes for why an individual is seeking care. Understanding one's barriers or insecurities (e.g. – housing, transportation, nutrition, etc.) enables us to offer preventative education and services upstream. This will allow us to align individuals with the appropriate resources to promote and maintain health and well-being, before they reach the need for acute or critical care.

3. What are some challenges (short- and long-term) facing the CIE process?

Numerous CIE sub-committees have been set up to ensure the best planning and implementation of our CIE. They are designing a blueprint of what stakeholders and resources are needed for a strong and effective CIE in Ventura County. We are transitioning from the conceptional planning stages to the implementation phase. This phase will not be without challenges or setbacks as we blaze the trail. It's likely that we won't plan for every detail. We must remain flexible and willing to adjust our approach to maintain our momentum. But I am confident that the passion, dedication, and commitment of everyone involved in this project will remain our collective beacon of light for accomplishing both short-term and long-term goals.

4. From your organization's perspective, what do you find valuable as a participant in the CIE?

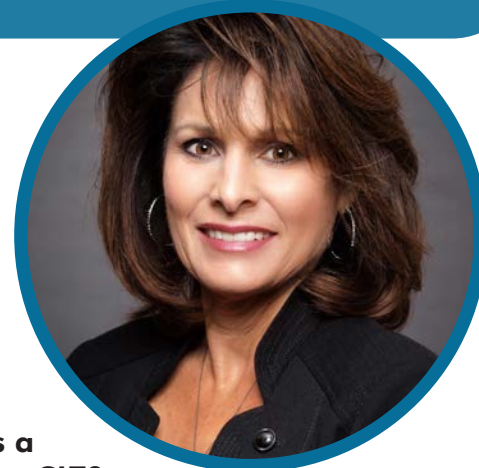
VCPH was fortunate to provide the seed funding and initial staff support for this project through various grants. One of our key goals is to promote healthy lifestyles for our residents through education, health equity, and community partnerships. This is exactly what the CIE is all about. VCPH looks forward to continuing to be a key partner to help drive this initiative as part of carrying out our mission, goals, and objectives.

5. What is your role in the CIE process and how do you expect to contribute in the short- and long-term?

It is my honor to serve as the CIE Chair while representing VCPH and the Ventura County Health Care Agency (HCA). I am joined by my co-chair Melissa Livingston, the Human Services Agency Director. Having served as HCA's Human Resources Director for seven years, I can offer a multi-disciplinary public sector perspective of complex healthcare services for inpatient, outpatient, and mental health services. I am excited to utilize my education and experience in healthcare and public administration to move this initiative forward towards implementation.

Melissa Livingston

(Co-Chair, Director, VC Human Services Agency)



1. Why are you excited for a county-wide CIE being created for Ventura County?

Quality of Life for all is something we should all want and strive for as this is what makes our communities strong and vibrant. A Community Information Exchange is a powerful tool and resource that can make this vision a reality and do so in an equitable fashion providing opportunity for all-inclusive of our most disadvantaged communities that often struggle with equity in access and quality outcomes.

2. Why is it important to address the social determinants of health in patient care?

The Social Determinants of Health are all of the non-medical conditions that can impact a person's health and well-being. Understanding these conditions whether social, personal, environments, or economic can provide insight for health care providers as to how to improve a patient's health. And when health care providers can work hand-in-hand with social services providers there is an opportunity to be more holistic in addressing the collective needs from a person centric perspective. As the social determinants of health are addressed it will lend to prevention, improved health care and greater quality of life.

3. What are some challenges (short- and long-term) facing the CIE process?

Cross system work requires a strong commitment and shared responsibility to collaboration and coordination, which will require forming new and trusting relationships and partnerships between health care providers and social service entities. This first step is foundation to the work ahead. The longer-term challenges relate to the sharing of data specifically and working through the various stages of data sharing that ultimately lend to cross sector data integration and connecting individuals to the most needed resources in their collective communities.

4. From your organization's perspective, what do you find valuable as a participant in the CIE?

We are building an ecosystem that is comprised of a multi-disciplinary network of partners, and a tool that will provide for enhanced community driven care and support that will provide opportunities for the organization to move to early intervention and prevention practices, while addressing the social determinates of health- something we could have never done by ourselves. We are building a tool and system that at the end of the day will provide for healthier communities and well-being across Ventura County-advancing health equity for all.

5. What is your role in the CIE process and how do you expect to contribute in the short- and long-term?

As a member, and Vice Chair of the Ventura County Community Information Exchange Governance Board Member, and a member of the Executive Committee I am honored to serve and be part of such a monumental and transformative initiative. In this role it will be essential to ensure we stay true to the vision and are committed to ensuring health equity across all communities through the design of a system that is person centric, easy to access and navigate, prioritizes the needs of our disadvantaged individuals and communities, and facilitates the sharing of data and collective partner network in coordinated multi-disciplinary care planning and interventions. The first step is building the system, positioning the partner network, establishing communication/referral processes, and ensuring the legal compliance of the data sharing component. The longer contribution will be to ensure the utility, interoperability, scalability, value, and financial sustainability of the CIE as we celebrate enhanced outcomes and quality of life for all Ventura County residents.



As the social determinants of health are addressed it will lend to prevention, improved health care and greater quality of life.

Katherine Johnson

(CACHE)



The VCCIE within a Systems Framework

A Community Information Exchange is a multi-sector initiative that seeks to introduce a technology to help improve care coordination among a set of organizations. While a compelling objective, the process of establishing a CIE can also help identify larger incongruencies between sectors that if left unchecked can significantly impede progress in improving the health and well-being of our community. A recent article posted in the Public Health journal provides a compelling view of how we can understand the process of systems redesign within the context of planning for a community information exchange. The article, entitled Alignment for Systems, offers a framework for how multi-sector collaboratives can effectively engage in systems redesign. While the following is an attempt to merely highlight key components of the model, the full article can be found here: [Framework for Multisector Alignment Research: Journal of Public Health Management and Practice \(Iww.com\)](https://www.jphmp.com/alignment-research).

The article begins by offering helpful definitions to understand what is meant by multi-sector alignment. “A sector is an area of the economy in which an organization shares the same or similar services⁹ while multisector involves 3 or more sectors of society.¹⁰ Systems alignment consists of creating multisector connections that are sustainable after the collaboration ends.³ Multisector alignment research is defined as methods and approaches to best understand ways to align multisector delivery and financing systems to improve population health status.”

The Robert Wood Johnson Aligning Systems for Health initiative offered the conceptual framework below for how multi-sector collaboratives can support systems redesign. While we won’t go through the entire model, it is helpful to understand the nature of alignment problems and how once

identified they can significantly inform a systems redesign initiative. “Alignment problems include but are not limited to persistent gaps in services between sectors, conflicting funding mechanisms, siloed reporting requirements, and disconnected information systems.” The authors point to the Phoenix fire department’s funding mechanism that only pays to transport patients to the emergency department (despite other service locations being better suited to care for the client) as an example of a misalignment in the system that perpetuates care delivery challenges.

From there the model outlines “Alignment mechanisms”. Alignment mechanisms are the methods and techniques to engage stakeholders in the identification and analysis of the alignment problem as well as developing consensus on an alignment solution. Alignment mechanisms facilitate stakeholder interaction, perspective taking, and relationship building. Effective engagement of stakeholders provides a more holistic view and better understanding of multisector problems and their causes.

The VCCIE program team and governance board is in the process of defining both the alignment problems as well as alignment mechanisms that combined will inform the design of the CIE as one of many possible solutions to strengthen system alignment and/or redesign.

The VCCIE program team and governance board is in the process of defining both the alignment problems as well as alignment mechanisms that combined will inform the design of the CIE as one of many possible solutions to strengthen system alignment and/or redesign. While a number of key informant interviews have been conducted and will be ongoing, we would like to hear from you! As key stakeholders working in the field, you likely run into challenges in the system that are impacting your ability to be effective. Sharing your perspective will help the VCCIE team prioritize the alignment problems and proceed with the appropriate mechanism for alignment. Please share your thoughts and/or experiences at kjohnson@thecachecenter.org. We thank you in advance for your continued interest and support of the initiative.

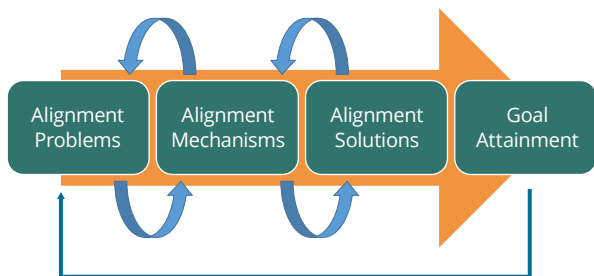


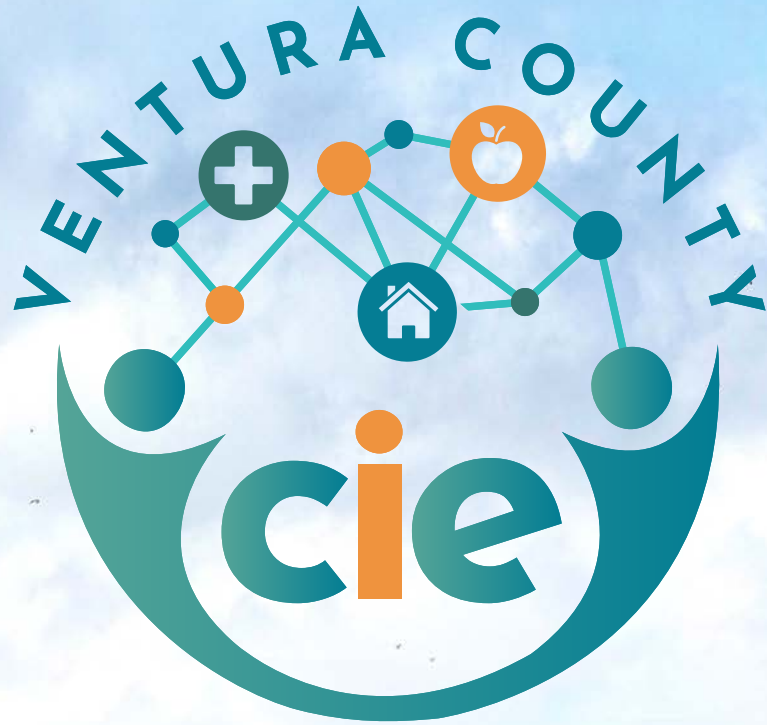
FIGURE: Framework for Multisector Alignment Research

CIE vs. HIE: Making Sense of Alphabet Soup

A Comparison Between Two Systems Aimed to Improve Community Health Outcomes

In the dynamic world of healthcare and social services there can be confusion regarding the characteristics and purposes of a Community Information Exchange (CIE) versus a Health Information Exchange (HIE). Although the problems and approaches between a CIE and HIE differ, the two systems are aligned on the functionalities of Patient Identification, Patient Privacy, and Data Integration. Ultimately, the distinct systems are purposed to work together to improve healthcare outcomes for patients. The following table illustrates how the two systems are separate yet synergistic endeavors that a community and its supporting organizations can embark on.

QUESTIONS	CIE	HIE
What problems are we trying to solve?	Address upstream conditions that impact the quality of health.	Improved quality of care and reduction of redundant services.
Through what approach?	An interactive technology platform for improved care coordination and social services referrals.	Data integration for a more comprehensive medical view of the patient.
Who are we trying to connect?	Full range of social service agencies and their related partners who provide, pay for, and refer social services, including health care providers and plans.	Clinical service providers and related partners including labs, pharmacies, health plans, hospitals and clinics.
What data are we trying to integrate?	Patient demographics, SDOH assessment information, program eligibility and enrollment status, social services received, referrals made (and the status), care plans, care team communication, consent, CBO billing, and a limited clinical data set (e.g. hospital admits).	Patient demographics, clinical services received, problem list, diagnosis codes, lab results, prescriptions made, claims data.
Who will be accessing the system?	Case managers, social service providers, county agencies, related personnel with appropriate credentials to view specific data and clients, and individuals.	Clinical staff and related personnel who have appropriate credentials and HIPAA clearance to access the information, and patients.
What are common functionality of the systems (and may represent areas to leverage)?	<ol style="list-style-type: none"> 1. Patient Identification Function: This is called a Master Patient Index: an algorithm that integrates a number of patient identifiers from multiple data sources to ensure accurate patient identification. 2. Patient Privacy Protocols: A set of policies, protocols and technical functionalities that links user credentials to data access thereby limit access of the data only to those users who have appropriate credentials. 3. Data Integration: Interfaces with multiple data sources to “pull or access” data for an integrated view; core for HIE but also important for CIE in a more focused way. 	
How might the two systems interact?	HIE and CIE are largely distinct and complementary. While some clinical staff concerned with case management may have access to the CIE, it is unlikely that the users of the CIE would have access to the HIE. Ideally the systems would be linked to share relevant data in support of priority use cases.	



CONTACT INFORMATION/ CONCLUSION:

The RFP for the Hub is in development. While several key informant interviews have been conducted and will be ongoing, we would like to hear from you! If within your organization you have experienced system alignment problems or can help identify key programmatic requirements, please email aruni.ganewatte@ventura.org.

PREVIOUS ISSUES:

Issue 2 - May 2022

Issue 1 - Sept. 2021

