Thank you for joining the QHN Hot Topics session

**Community Resource Network:**
Uniting medical, behavioral and social information for better health.

Presentation will begin shortly.

Please place your phone and computer microphone on mute during the presentation – thank you!

December 6, 2017
Hot Topics Session

Community Resource Network:
Uniting medical, behavioral and social information for better health.

Presented by: Cindy Wilbur, RN
Community Resource Network: 
Uniting medical, behavioral, and social information for better health

Cindy Wilbur, RN

December 6, 2017
• Infant mortality increases as mother’s level of education decreases. In 2004, the mortality rate for infants of mothers with less than 12 years of education was 1.5 times higher than for infants of mothers with 13 or more years of education.¹
• In 2004, the overall cancer death rate was 1.2 times higher among African Americans than among Whites.²
Healthy People 2020

“Social determinants of health are the conditions in which people are born, live, work, and age that affect their health”³
PCMH Evolution Timeline

- 1978-79: AAP establishes "Medical Home" concept
- 1987: Medical Home evolves to provide primary care as a community
- 1987: AAP holds first Medical Home Conference
- 1989: ACP develops its Advanced Medical Home model
- 1992: AAP publishes policy statement defining Medical Home
- 2002: PPACA is signed into law incorporating the Medical Home into CMS' establishing Accountable Care Orgs. (ACOs)
- 2005: AAFP, AAP, ACP, and AOA release the "Joint Principles of the PCMH"
- 2010: 20 Bills promoting the Medical Home introduced in 10 states
Patient Centered Medical Home

• Building a team to care for a patient
  – Quarterback physician
• Create a neighborhood
  – Coordinated and integrated
• Patient and family-centric
• Meets the Triple Aim (patient experience, population health, and cost)
The U.S. spends more on health care than any other nation. Here's what the U.S. could do today if it spent only as much on health care over the past 30 years as the second-highest-spending country.

**Average Health Care Spending Per Person**

<table>
<thead>
<tr>
<th>Year</th>
<th>U.S.</th>
<th>Switzerland</th>
</tr>
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<tbody>
<tr>
<td>1980</td>
<td></td>
<td></td>
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<tr>
<td>1990</td>
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<tr>
<td>2000</td>
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<tr>
<td>2010</td>
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The cumulative difference in health spending between 1980-2010 is nearly $15.5 trillion.

With $15.5 trillion we could:

- Transform our $11.6 trillion federal debt into a $3.9 trillion surplus.
- Send 175,401,721 students to a four-year college.
- Cover an area the size of South Carolina with solar panels.
- Buy everyone in the world 4 iPads.

Source: 2012 OECD Health Data.
It’s established that 70-80% of determinants of health outcomes can be attributed to socio-economic, environment influence and behavioral health challenges.
Health & Social Care Spending as a Percentage of GDP

<table>
<thead>
<tr>
<th>Country</th>
<th>Health Care</th>
<th>Social Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>FR</td>
<td>12</td>
<td>21</td>
</tr>
<tr>
<td>SWE</td>
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<td>AUS</td>
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</tbody>
</table>
Remember the definition of insanity?

- Referrals – an outdated brochure
- Treatment plan is uninformed, we aren’t asking the right questions...
- Services are duplicated
Why can’t this be easier?
Barriers

• Challenge #1: Lack of Knowledge and Consensus. In the absence of standards or tools, and without knowledge about best practices, health systems and community coalitions create home-grown initiatives. There is no systematic mechanism for sharing best practices, struggles, successes, or failures. (RWJF Learning Report)

• Challenge #2: Resource and Power Differences Between Social Services and Health Care Organizations. While health care and social services share goals, they have different perspectives. Health systems need better understanding of their communities, and social service organizations need to be open to change. (RWJF Learning Report)
Barriers

• Challenge #3: Lack of Effective Multi-Sector Collaboration. These collaborations need to address not only who will collect data and how, but how it will be made available to health care providers; how they will act on collected data; and how they will link patients back to social service providers. (RWJF Learning Report)

• Challenge #4: Rigid Technology Systems. The right technologies need to be identified and developed. EHRs may not be the right tool; cloud-based technology may work better. Either way, sharing data across sectors is a major challenge. (RWJF Learning Report)
Barriers

• Our native language
  – C. J. Peek PhD – ‘a reminder that professionals have been exposed to language ...from their earliest professional development.: (C.J. Peek PhD, 2017)
Community Resource Network

• Build on QHN’s success of the last 12 years connecting healthcare teams
• Connect Medical and Behavioral Health to Social Service Agencies.
• Open doors between all domains of health

“Knowing what the needs are and what is already taken care of allows individual organizations to focus on their priorities/area of expertise instead of everything else”

Sarah Johnson MSW, RHC
Fully Integrated Information Exchange

Community Resource Network (CRN)

Social + Behavioral + Medical

Longitudinal Record

CRN | HIE

Connect/Communicate
Person ID System
Legal/Consent

Health Information Exchange (HIE)
Voice of the Social Service Domain

• Engaged in community meetings with social service leaders, operations and front line staff
• Barriers, needs and wishes
Social Services Barriers

• Duplication is FRUSTRATING - for everyone. Knowing what needs are and what is already taken care of.
• Currently spend about 25% of FTE time reviewing and chasing down Release of information paperwork
• Who is the primary care physician?
Social Services Wishes and Needs

• Communication network - neither client nor provider is duplicating information
• Up-to-date contact information, preferred method of contact
• I want to know what happens after the referral is made. Do they show up? Engage in services?
• Shared treatment plan, goals, action steps
• Mobile platform
Social Services Wishes and Needs

• Common forms
  – Release/consent
  – Social documents-goals, plans

• Community information
  – Physicians accepting new patients
  – Has a client exhausted benefits at an agency?

• Community level and agency level data

• Decrease duplication of efforts
CRN Purpose

• A collaborative framework and a technology
• A place to integrate information on clients
• Identification of gaps in care, services
• Empowers community members to participate in their health
What CRN is not:

• Just Mesa County
• A health record
• A replacement for people and relationships
• The one care plan ‘to rule them all’.
Priorities Identified

• Information Sharing
  – Identify Care Team Members
  – Share pertinent and meaningful information among the team
  – CRN Directory functionality, provider and social service database

• Care Coordination—advocacy and support, outreach
• Refer bi-directionally and appropriately
• Provide the technology for the AHCM Grant
Priorities Identified

• Notifications
  – Go further than ADTs (Admission, Discharge and transfers,) to include a change in care team or circumstance

• Minimize duplication
  – Neither client nor provider needs to share or enter duplicate information
  – Cannot be ‘one more thing’
Benefits

• Low cost infrastructure – but emphasize how it helps people track data, pull reports, etc.
• Reduce duplication of efforts
• Improve efficiency
• Identify available resources and increase referrals
• A place for people to connect and coordinate
Benefits

• Expand quality, access and scope of services without increasing workforce
• Decrease overall cost of providing services by reducing duplication
• Facilitate secure, streamlined communication and information sharing between medical and non medical care team members that meets HIPAA, FERPA and other confidentiality regulations.
• A place for people to connect and coordinate
• *Normalize the conversation*
Questions?

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Citations

4. Patient-Centered Medical Home: The Call to Action, Adele Allison National Director of Government Affairs