

NCHIIN CARE COORDINATION PLATFORM ONBOARDING DOCUMENT



NCHIIN North Coast Health Improvement
and Information Network

*Developed with support from Data Across Sectors for Health,
a national program of the Robert Wood Johnson Foundation*

THIS DOCUMENT WAS DEVELOPED WITH SUPPORT FROM DATA ACROSS SECTORS FOR HEALTH

Background

[Data Across Sectors for Health](#) (DASH), a national program of the Robert Wood Johnson Foundation led by the Illinois Public Health Institute in partnership with the Michigan Public Health Institute, aims to align health care, public health, and other sectors to systematically compile, share, and use data to understand factors that influence health and develop more effective interventions and policies.



The [North Coast Health Improvement and Information Network](#) (NCHIIN) was funded by the [DASH CIC-START](#) (Community Impact Contracts – Strategic, Timely, Actionable, Replicable, Targeted) program, which supports short-term activities that help local collaborations take meaningful steps toward planning or implementing multi-sector data systems. Through DASH CIC-START, NCHIIN worked with partners to add new organizations, sectors, mental health client summary data, and facility alerts to [ACT.md](#), the care coordination and alerts notification system in Humboldt County, CA. NCHIIN developed this document, which provides a methodology for onboarding new organizations, data streams, and sectors into the ACT.md platform.

Lessons for Other Communities

While this document was developed by NCHIIN to be used with partners in Humboldt County, CA, it provides a replicable method for other communities who are interested in developing guidance to onboard new organizations from sectors beyond health care (e.g. human/social services, mental health/substance abuse, criminal justice, etc.) into a care coordination system to provide more holistic care for patients, especially those with complex health and social needs.

Specifically, this document provides a series of “discovery questions” to explore with potential multi-sector partners relating to organizational structure, data/systems, target populations/programs, and program workflows. It also captures lessons learned and useful techniques NCHIIN developed during multiple iterations of implementation of the care coordination platform with partners.

DASH is a partner of *All In: Data for Community Health*, a learning network that provides a space for sharing resources like this one that help communities share data across and beyond traditional health care sectors. With a diverse learning collaborative of 100+ projects that is still growing, the *All In* offers many technical assistance and networking opportunities to communities across the country. To learn more, visit www.allindata.org.



BACKGROUND

Care Coordination of Complex Clients

Patients and clients who are identified as “high-utilizers” are individuals with complex physical, behavioral, and social needs that are not well met through existing fragmented systems of care.¹ These individuals may have numerous organizations and care providers involved in their care, but experience little to no coordination across their encounters with the healthcare, social care, and law enforcement systems. In addition to facing multiple health conditions, most also face a wide array of social challenges as well. These challenges—joblessness, homelessness, substance abuse, and chaotic living conditions—drive continued and unproductive encounters with the very systems designed to help them.²

In Humboldt County, CA, individuals who are high utilizers of one system (i.e. healthcare) are likely to be high utilizers of multiple systems across the county (including law enforcement, social services, education and justice systems). While various community efforts have developed local competency and experience in working across multi-organization and multi-disciplinary teams, efforts to share data across sectors and collaborate via care platforms are just emerging. Bolstering these emerging efforts is essential to comprehensively supporting high utilizer clients across multiple systems of care, and mitigating the high-cost, repeat encounters, as well as poor outcomes for some of Humboldt County’s most vulnerable residents.

Health care, public health, behavioral health, social services, law enforcement, community organizations, and other leaders in Humboldt County are poised to work collaboratively to develop better mechanisms to share data and support care coordination for the community’s super-utilizer residents.

Brief Background on Organizations and Efforts to Date

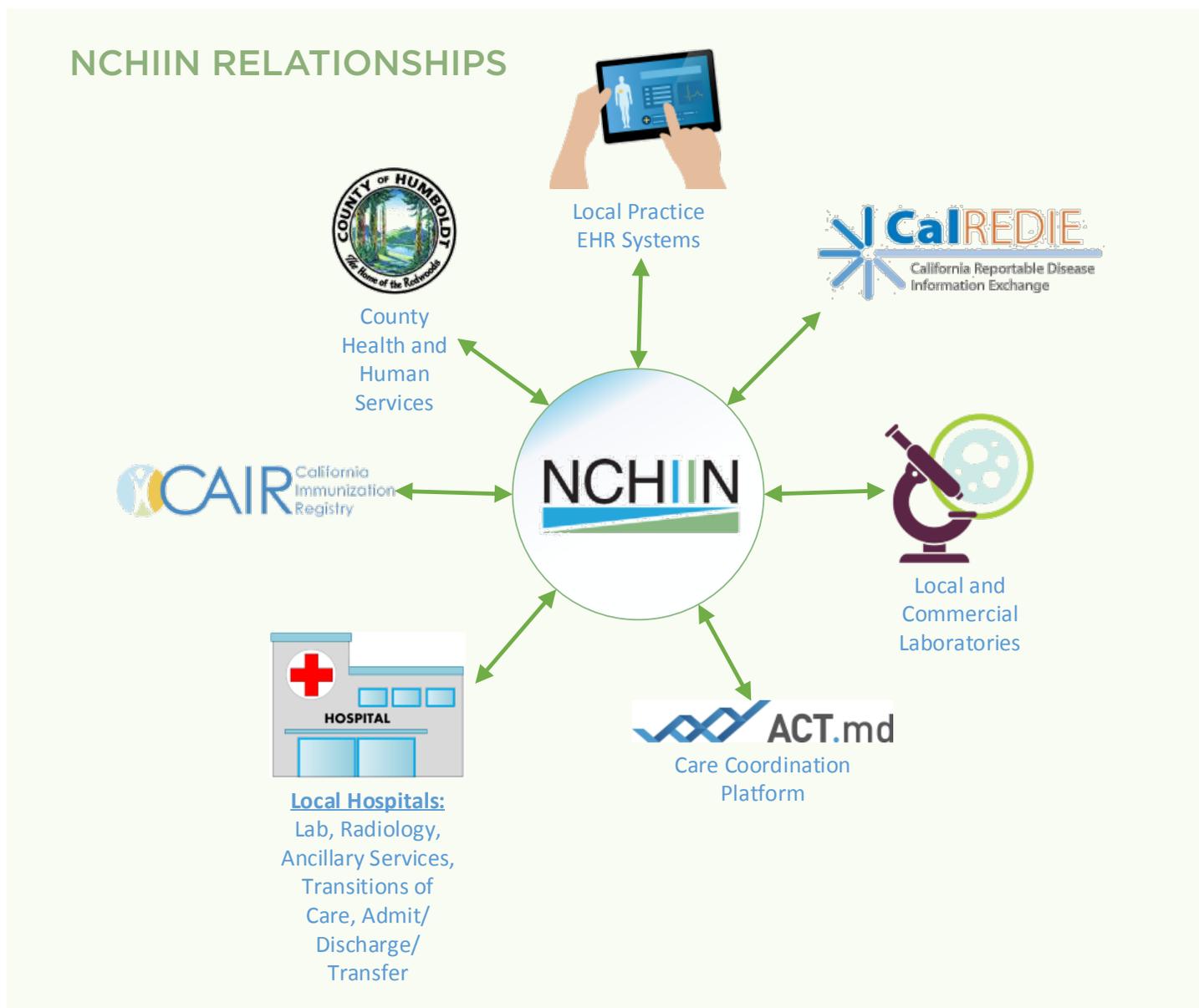
North Coast Health Improvement and Information Network (NCHIIN), a California non-profit providing both health information exchange and health improvement in Humboldt County, is partnering with ACT.md, a national provider of health collaboration software, to bring a platform to Humboldt County to serve as a cloud-based HIPAA-compliant hub for care coordination for complex clients.

1. Definition attributed to Dr. Jeff Brenner in a report on Super-Utilizer Populations sponsored by RWJF.

2 Hasslemann, D. “Super Utilizer Summit Report.” Retrieved from:
http://www.chcs.org/media/FINAL_Super-Utilizer_Report.pdf

NCHIIN and ACT.md have supported three implementations of the care coordination platform at St. Joseph Hospital (Care Transitions and Paso a Paso programs) and the Humboldt County Department of Health and Human Services outpatient mental health case management programs. The platform, when integrated with NCHIIN’s HIE, serves as an essential tool allowing staff to manage tasks across teams, document and keep a record of corresponding activity in a central place, avoid duplication through clear task responsibility, establish workflow processes, and alert staff in real-time to near-real time about a variety of client events (emergency department admissions, jail admits, death notices, etc.).

In time, NCHIIN anticipates initiating the care coordination platform with additional organizations in Humboldt and eventually supporting cross-organization client care coordination via the Humboldt County ACT.md network. In doing-so, NCHIIN must understand the services, leadership, IT, and regulatory environments of the organizations and programs it seeks to engage.





PURPOSE OF THIS DOCUMENT

As NCHIIIN and ACT.md work to further the reach of the care coordination platform in Humboldt, the organizations need a standardized process for onboarding new organizations and programs into the platform. Based on the learnings of early implementations, this document captures past lessons learned and articulates the necessary discovery questions that NCHIIIN will need to explore with potential clients. NCHIIIN will use this document as a guide in future implementations of the care coordination platform.



ORGANIZATION DISCOVERY

At the outset of engagement, NCHIIIN needs to understand foundational components of the organization. Type of organization and services delivered are important to shaping an understanding of the regulatory environment in which the organization is positioned, which will guide what and how data can be shared in the platform. Equally important is having an understanding of the organization's leaders and subject matter experts and how these individuals will engage in the implementation process. Finally, NCHIIIN must understand the organization's resources and willingness to contribute to the project from financial, technical, compliance, and staffing perspectives.



ORGANIZATION DISCOVERY QUESTIONS:

1. Is the organization a covered entity, not covered or an hybrid entity?
 - » What regulatory and privacy considerations apply?
2. Who are the organizations' decision makers? What is the governance structure?
 - » Are the leaders supportive of cross-organizations data sharing/coordination?
3. Who are the organizations' compliance staff and how do they relate to organization leadership?
4. Who could serve as a project manager or point person at the organization?
5. What resources could support ACT.md implementation?
6. What auditing functionality is needed by the organization?



DATA/SYSTEMS

As the care coordination platform works best in conjunction with existing client data repository (IT systems), NCHIIIN must understand how a potential organization is currently tracking and using client data; this may include workflow discovery in addition to technical capacity. Additionally, the team must understand if the care coordination platform will replace existing client record management systems or if it will be an additional system for client care coordination. Finally, NCHIIIN must have a sense of release of information (ROI) or consent forms used by the client. It is often helpful to retain copies of these documents.



DATA/SYSTEMS DISCOVERY QUESTIONS:

1. How do you currently track or collect client data?
2. What data do you currently track?
3. What systems do you use to collect data?
4. What hardware is currently used?
5. What hardware might be needed for the proposed use case?
6. How are clients identified in your data collection systems?
7. Would ACT.md be a new system or replace an existing system?
8. Does the organization have data sharing agreements in place?
 - » With whom?
 - » What data is covered?
 - » Are you using ROI's? If so, what's your ROI management process?
9. What regulations govern how you share (or don't) share data?
10. Should your organization participate in ACT.md through a network or via a single instance of ACT.md?



TARGET POPULATIONS/ PROGRAMS

Not all clients and programs are appropriate for the care coordination platform. At this juncture, the platform is best suited for high-need, complex clients that require regular team-based or cross-organization case management or care plans. Understanding the target client population and program serving these clients helps NCHIIN and ACT.md design the platform in a way that most suits the potential organization's use case.



TARGET POPULATION DISCOVERY QUESTIONS:

1. Who is the primary population that would be served via ACT.md?
2. What organizations/systems do the clients interact with beyond your organization?
3. Are the clients "case managed"?
 - » If so, for how long?
 - » Are there teams involved in the clients' care?
4. What's the primary objective of your services? (i.e. provide housing for clients, keep clients out of jail, etc.).
5. How many clients do you serve?
6. What's your client panel size per case manager?
7. What are the most significant challenges you face in providing services for your clients?



CURRENT PROGRAM WORKFLOW

Similar to the need to understand client populations, NCHIN must develop a solid understanding of existing program workflow. This is typically captured in “current state” workflow mapping sessions with the program and organization. NCHIN and the organization then collectively decide what workflows need to be built in the platform and how the platform might support enhanced workflow process. Current state workflow charts are often captured in a Visio-type document and shared with ACT.md as guiding documents that help support platform design and build.



CURRENT WORKFLOW DISCOVERY QUESTIONS:

- 1.** How are case managers currently coordinating care for clients?
 - » ... coordinating care across teams?
 - » ... with outside entities?
- 2.** Do case managers have any standard workflows?
 - » If so, for what activities?
- 3.** How do case managers currently get notified of events?
 - » Hospitalizations?
 - » Incarcerations?
 - » Death notices?
 - » Mental health facility encounters?
 - » Medical appointments?
 - » Etc.
- 4.** How do case managers respond to events?
 - » Hospitalizations?
 - » Incarcerations?
 - » Death notices?
 - » Mental health facility encounters?
 - » Medical appointments?
 - » Etc.
- 5.** Are there forms you use on a regular basis?
 - » If so, what is the purpose and what data do you collect?



ADDITIONAL THOUGHTS, RECOMMENDATIONS, CONSIDERATIONS, AND LESSONS LEARNED

Through our three implementations, NCHIIIN has found the following techniques useful and learned the following lessons.

Standing Meetings

- » **ACT.md/NCHIIIN/Client Organization:** During the course of implementation, it is useful to have weekly half-hour design team meetings. These small group meetings provide a regular forum to plan, review the design process, and discuss build developments.
- » **NCHIIIN/Client Organization:** Similarly, carving out time for NCHIIIN and the client organization to meet weekly is important to the development process. These meetings provide an opportunity to discuss the logistics of IT integration (if necessary), onboard and engage organization leadership and compliance subject matter experts, discuss and develop organizational platform governance, and discuss regulatory issues.
- » **NCHIIIN IT/ACT.md IT:** For projects where there is significant integration activity with ACT.md, NCHIIIN IT and ACT.md IT may find it useful to have regular check-in meetings.

SME Meetings

- » **NCHIIIN/Client Organization Frontline Staff:** During design phases of the project, it is useful for NCHIIIN to meet with frontline staff to develop care coordination platform workflows and structure. This provides both an opportunity for NCHIIIN to understand the day-to-day operations of program staff and to support the replication of key activities in the platform. Likewise, it allows select staff an opportunity to see early demonstrations of the platform and engage in design efforts.
- » **NCHIIIN/Client Organization Leadership:** At various points throughout the implementation project, it's useful to meet with the executive sponsor of the client organization. Beyond briefing this individual on project progress, the executive sponsor can serve as a decision-maker at critical junctures and, via influence and authority, help serve as a catalyst to overcome project barriers.

- » **Compliance and Regulatory Experts:** Throughout all three implementations, NCHIIN has consulted compliance and regulatory experts. If at all possible, a client organization's compliance manager should be engaged from the early stages of the project to mitigate late-breaking consent or regulatory concerns.

Training and Support

- » **Kick-off Demonstrations:** Prior to platform launch, ACT.md will hold 2-3 hour platform demonstrations for frontline users. This provides staff with the opportunity to preview the platform, understand functionality, and see design applications specific to their use case. These demonstrations should be recorded so that staff can review them at a later date.
- » **On-site Training:** During platform launch, NCHIIN staff will provide onsite training to frontline users. This training includes support with logging into the platform, setting notification preferences, and performing basic functions. One-on-one training can be made available upon request. Easy access to NCHIIN as local trainers during implementation and for ongoing support is invaluable. Having local relationships and quick response time is critical to users feeling supported and successful on the platform.
- » **User Group Meetings:** These monthly meetings for platform frontline users are held regularly in the first months following platform launch. User group meetings serve as an opportunity to focus on platform dexterity and problem solving. They help to bolster engagement and peer learning in a supportive environment.
- » **Supervisor Meetings:** Monthly meetings held for program supervisors following project launch. These meetings help with setting norms and expectations around staff use of the platform and provide a forum for organizational policy decisions pertaining to ACT.md.
- » **Super Users:** An important part of ongoing user support is identifying and utilizing super users within organizations. These early adopters develop a deep understanding of the platform and their own organizational use case, are able to coach and encourage coworkers, and are a critical resource within the workplace. These individuals often become peer influencers that support use of the platform within their organization.

Additional Tools and Strategies

- » **Demonstration Site Access:** During the development process, it is useful to have access to the demonstration site. Developing draft workflows in a sample platform provides a practical mechanism for allowing the client organization to preview work and cuts down on iterations in the development process between NCHIIN and ACT.md.

- » **Reporting Needs:** If a client desires custom reporting as part of their platform subscription, it's important to begin developing reporting needs during the design phase of the project. This ensures that data is accessible and trackable within the platform in a way that might ultimately be turned into a custom report.
- » **Punch List and Must-Pass Items:** The days leading up to implementation have the potential of being hectic. Develop a go-live "Punch List" with must-pass items clearly articulated. This list will identify which criteria and functionality must be in place from day one of the launch, as well as critical tasks that must be accomplished prior to launch. Following the launch, it is useful to keep a similar punch list to track progress towards development and correct platform errors.

Summarized Lessons Learned

- » Building relationships and trust are fundamental, and it takes time.
- » The regulatory and perception barriers to sharing information can be overcome with multiple strategies and are often costly. It may be useful to budget for those costs.
- » Identifying and connecting the community care team involved with the client/patient is of high value. This may be one of the best uses of the platform/HIE integration.
- » Social Care/Human Services are not medical care in a different color; their use cases and supporting IT infrastructure must be co-designed.



ABOUT NCHIIN

North Coast Health Improvement and Information Network (NCHIIN), is a California non-profit providing both health information exchange and care improvement in Humboldt county. It has a staff of dedicated and experienced information technology and quality improvement professionals focusing on improving the health of the people of Humboldt.

Learn more at:
www.nchiin.org