COMMUNITY INFORMATION EXCHANGE TO IMPROVE POPULATION HEALTH: LINKING MEDICAL, BEHAVIORAL, PUBLIC HEALTH, AND SOCIAL CARE IN CLINICAL AND COMMUNITY SETTINGS

THE CHALLENGE

We are facing the prospect of diminishing returns on our investment in biomedical care delivery in improving population health. Our understanding of the interplay between medical, behavioral, and social factors in maintaining and improving the health of individuals is growing and has led to efforts to more effectively collaborate between medical, behavioral, and community care providers.

However, these efforts are often thwarted by our inability to share information across multiple health care and community service organizations due to the following issues:

- Medical information is fragmented across multiple providers with limited bi-directional information exchange.
- Some types of information (mental and behavioral health) are held as confidential and restricted from the view of other care providers.
- Social determinants of health (SDOH) information (social needs and/or public health issues), when collected at all, is often fragmented across multiple organizations.

The four care delivery 'systems' present in most communities (medical, behavioral health, public health and social) have each become highly complex and more difficult for clients/patients to navigate. Increasingly, people move between organizations as they receive care, and in their wake, organizations create multiple information silos that are poorly connected. Progress has been made between some organizations, most notably in medical care delivery

This unique approach requires that each 'system' in the community actively participate in a sociotechnical design process. In this process, all members commit to an ongoing collaboration to co-create a shared locally-governed data infrastructure that links medical, behavioral health, public health, and social care 'systems.'

RiverStar

systems, to gather and share information. But the sheer number and diversity of organizations providing behavioral and social care presents a tremendous barrier to efforts to improve information exchange and coordination of care.

THE SOLUTION
It may be possible to overcome this barrier through a two-step approach. First, working within each 'system' to create a common approach to collecting and sharing information considered essential to coordinating care (a 'system silo' – like a local farmer's cooperative silo); second, creating simple and durable links that enable essential information to pass between the system silos.

This approach requires that each 'system' in the community actively participate in a sociotechnical design process. In this process, all members commit to an ongoing collaboration to co-create a shared locally-governed data infrastructure that links medical, behavioral health, public health, and social care 'systems.' This infrastructure will enable all participating service organizations to better identify and coordinate services to meet individual needs, eliminate redundancies, and improve access to community resources and services.

The medical care system has made good progress toward creating its system silo, but much work needs to be done to develop social care and behavioral health care system siloes before we can take the second step. Work is underway in a few communities to create social care siloes and link them to medical system siloes in a 'Community Information Exchange' as a proof of concept for the two-step approach.

Work is also underway from national IT vendors to create comprehensive platforms that will house and share this data across communities. Such 'off the shelf' solutions may facilitate quick implementation; but they always come with limitations, usually create redundancies and extra burdens for some providers and bypass the critical sociotechnical design collaborative process.

Instead, if the system siloes are designed properly and adhere to certain standards, the technology required to exchange that data across silos can be a suite of light, specialized and secure tools, with clear ownership and governance trails. Many such tools are already in use (i.e. by HIEs), and can be adapted for this purpose, which can not only save time and resources, but also bring opportunities to connect to additional system silos for added capabilities.

The Jackson Care Hub is a technical centerpiece of a broad community initiative to integrate care for physical and behavioral health, substance abuse, and social issues that directly impact personal health and self-sufficiency. It provides screenings, referrals, communication tools and data exchange functionality between community and EHR platforms.

Learn more about Jackson County's health initiatives at:
https://www.co.jackson.mi.us/369/Services