Clinic-to-Community Listening Forum

June 11, 2015
Report to Community

Prepared by the YMCA of Greater Syracuse and HealtheConnections
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   A. Listening Forum Agenda
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I. Executive Summary

On June 11, 2015, the YMCA of Greater Syracuse and HealtheConnections co-sponsored the Clinic-to-Community Listening Forum in Syracuse, New York. The purpose of the event was to garner a better understanding of linkages between healthcare providers and existing community-based services and resources in order to advance patient/client health (patients and clients will be referred to singularly as “clients” for the duration of this report). Specifically, the goals of the Listening Forum included:

- Gaining an improved understanding of current referral patterns between healthcare and community-based organizations
- Identifying past successes and barriers to creating strong linkages
- Determining next steps to improving linkages between healthcare and community-based organizations

The Listening Forum was supported by a grant from the YMCA of the USA in affiliation with the Robert Wood Johnson Foundation. Both of these organizations are increasingly engaged in transforming healthcare in the United States. Their efforts include linking healthcare services to community resources.

This report summarizes the Listening Forum by documenting purpose and process, offering presentation highlights, capturing participant input, and offering potential next steps. For additional information on the event, please contact Cheryl Pusztai, YMCA of Greater Syracuse (cpusztai@syracuseymca.org) or Bruce Hathaway, HealtheConnections (bhathaway@healtheconnections.org).

“WE ARE CHANGING THE DEFINITION OF THE PRODUCT. THE PRODUCT IS NOT MEDICAL CARE, THE PRODUCT IS GOOD HEALTH AND THAT IS A PARADIGM SHIFT.”

DR. THOMAS DENNISON, LISTENING FORUM MODERATOR
II. Purpose and Process

On June 11, 2015, the YMCA of Greater Syracuse and HealtheConnections hosted the Listening Forum in Syracuse, NY. The YMCA of the USA and the Robert Wood Johnson Foundation supported the event with a $15,000 grant that was awarded to the YMCA of Greater Syracuse. The grant was the first of its kind in the Greater Syracuse area and was used to host a facilitated dialogue for the purpose of better understanding the existing referral patterns between local healthcare and community-based organizations and for identifying opportunities for making stronger connections between these diverse agencies and sectors. Syracuse was one of six communities across the country to receive the grant. The communities were selected based on their YMCA’s engagement in healthy living initiatives (including Healthier Communities and chronic disease programs), their experience working with underserved communities, and their connections with local healthcare. In addition to Syracuse, the other selected communities were Albany, New York; Stoughton, Massachusetts; Charlotte, North Carolina; Columbia, South Carolina; and Orlando, Florida.

St. Joseph’s Hospital Health Center and Syracuse University’s Lerner Center for Public Health Promotion aided the YMCA and HealtheConnections in planning and implementing the Listening Forum and ensured that the needs of the healthcare sector would be addressed by the event. They helped facilitate the recruitment of doctors and other members of the healthcare workforce as attendees, and provided valuable leadership in the event’s design and facilitation that was instrumental to its success.

The YMCA of the USA and the Robert Wood Johnson Foundation will utilize outcomes from the multiple Listening Forums held across the country to advance national healthcare reform efforts currently underway. HealtheConnections and the YMCA of Greater Syracuse compiled this report to concisely deliver the day’s dialogue to the Syracuse community and to the Robert Wood Johnson Foundation. Language and content in this document is pulled directly from dialog and written notes captured that day. However, it was necessary to paraphrase some content in order to create a concise report. Locally, this report will help shape the effort of interested organizations as they work to improve linkages between healthcare and community resources.
III. Presentation Highlights

Dr. Thomas Dennison, Director of the Lerner Center, served as moderator for the day. He made opening remarks to frame the group discussion, touching briefly upon several themes that provided the foundation for the morning’s discussion.

- There is an extensive network of healthcare and community-based organizations, and a significant percentage of the economy dedicated to the delivery of health and health-related services. This multi-sector system contributes to the overall health of individual patients and the population as a whole.
- Achievement of good population health outcomes requires going beyond providing quality medical services. Specifically, it requires a commitment to addressing the social and ecological determinants of health.
- Healthcare policy and financing reform efforts underway in New York State and elsewhere reflect an improved understanding of these complexities.
- Large payments will be entering the health care financing system that will necessitate collaboration between organizations providing traditional healthcare services and those charged with influencing the social determinants of health.

The forum then transitioned to small group discussions on what constitutes and produces good health; what systems are in place to enable use of health and related services; what improvements need to be made to the system; and what can be done to achieve those changes. The key points drawn from each table’s discussion were presented to the larger group.

Rob Hack, Executive Director of HealtheConnections, opened the second part of the day with an overview of information sharing, including the current capabilities and future possibilities of the region’s health information exchange (HIE) to address gaps in clinic to community linkages:

- Information sharing between organizations is vital to improving the connections between healthcare organizations and community-based organizations.
- The Regional Health Information Organization (RHIO) oversees and enables the meaningful use of health data, technology adoption, community health data, and best practices to ultimately transform and improve patient care, improve population health, and lower health care costs.
• Health care providers and community-based organizations providing health services are current users of the HIE. In addition to the 21 hospitals and 265 physician practices, there are currently 9 public health departments, 9 federally qualified health centers, and 121 community-based organizations offering a constellation of mental, behavioral, health, and human services.

• Several functions were highlighted for those in the audience that are not users of the HIE.

Each table then discussed the challenges their organizations face in collecting, accessing, sharing and using information about clients and what they would like to see happen moving forward with regard to information sharing.

IV. Participant Report Out

The primary reason for the Listening Forum was to ask participants about their understanding and expectations for improved linkages between healthcare and community-based organizations. This section of the report outlines participant responses to pre-formulated questions posed throughout the day. Content was summarized from discussions at each table and from the event stenographer that captured verbatim conversations throughout the day.

A. How do we produce good health?

Listening Forum participants were asked to consider how the greater Syracuse community produces good health. Four common categories emerged:

1) Take a Comprehensive Approach - Participants expressed that good health is more than the absence of disease and, instead, is a reflection of the overall quality of life for an individual. There was a common understanding that the health of an individual is inextricably linked to that of their community, and that social determinants play a critical role in overall health. By addressing ecological and social factors within populations, individual health outcomes can be improved.

Related Themes:

• A comprehensive approach to healthcare should address the physical, emotional, mental and spiritual needs of the individual.
Clinic-to-Community Listening Forum

- Communities must adopt a broad definition of health that considers topics like preventive health services, medical benefits, transportation, housing, employment, income, safety, and security.
- Preventive services need to include nutrition, physical activity and stress management efforts.

2) **Ensure Equity** - Participants recognized that equity in health services is important for producing good health. Yet access to quality healthcare, preventive services, health benefits, transportation, housing, and employment are not equally distributed throughout the population.

Related Themes:
- It is incumbent upon health and human service providers to ensure equitable access to the services they provide.
- The healthcare workforce should be trained in a holistic model of care that demonstrates the value of social services.
- Community-based services are a way to distribute care more equitably within the population.

3) **Engage the Client** - Engaging the client in his or her own healthcare is an important strategy for producing good health. Participants acknowledged that motivated clients oftentimes have better health outcomes, yet, several barriers exist to full engagement.

Related Themes:
- Effective client engagement requires cultural awareness and competency.
- A comprehensive approach to client engagement needs to occur and be offered across the life span.
- Engagement efforts should enlist the support of organizations and peer groups.
4) **Act Collaboratively** - Listening Forum participants recognized that good health requires a neutral, collaborative, and coordinated approach that engages multiple organizations, sectors and disciplines.

**Related Themes:**

- No single organization can meet the needs of the entire community. Collaboration can serve to improve the health of individual clients and the overall population.
- A “wrap around” model of care that marries the “wellness promoter” with the “disease manager” is most effective.
- Organizations need to examine a “value-based” approach to healthcare.

**“ONE WAY TO SUMMARIZE OUR RECOMMENDATION ABOUT HOW YOU PRODUCE GOOD OUTCOMES IS FOR THE SOCIAL SERVICES SYSTEM TO SEE ITSELF AS A HEALTH CARE DELIVERY SYSTEM, AND FOR THE HEALTH CARE DELIVERY SYSTEM [TO SEE] ITSELF AS BEING INVOLVED WITH THE SOCIAL DETERMINANTS OF HEALTH.”** - LISTENING FORUM PARTICIPANT

**B. What services need to be at the table?**

During the morning session, the moderator asked participants to brainstorm potential services that should be considered to create an effective referral system. Identified services included:

- Affordable Housing Services
- Care Coordination Services
- Education Services
- Employment Services
- Faith-based Services
- Health Services
- Healthy Housing Services
- Mental Health, Behavioral Health Services
- Mobile Health Services
- Transitional Housing Services
- Transportation Services
C. What systems need to be in place to effectively use the services, locally and regionally?

In order for clients to effectively use health services, several systems-level changes need to occur. Participants identified the following list of systems that need to be improved in order to create effective linkages between healthcare and community-based organizations.

- Shift healthcare delivery to a value-based system.
- Create a new collaboration forum where medical personnel, case managers, health workers, and others can work together to improve outcomes for the client.
- Create systems for incentivizing individuals as they work to improve their health.
- Improve safety systems to produce a healthy environment including areas for safe physical activity.

D. What do we need to change to produce better health?

Participants suggested the following changes to produce better health.

- Create a new healthcare business model that institutionalizes the engagement of non-traditional partners as well as clients.
- Work with healthcare and community-based leadership to gain buy-in for enhanced referral pathways.
- Engage and empower community members in a culturally appropriate way so they can become powerful participants in their own healthcare.
- Work to create cross system collaborations.
- Create an incentive-based approach to healthcare that recognizes the significant value of community-based organization engagement.

E. What are the challenges you face in collecting, accessing, sharing, and using information about your patients/clients?

Listening Forum participants identified several challenges they face with regard to information use and sharing. These challenges are categorized into five areas of focus:
1) **Data Quantity and Quality** - A chief concern with participants was the quality and quantity of available information. Participants recognized that services like the HIE rely heavily on the user entering quality data.

Related Themes:

- Many community-based organizations are not sharing health-related information, leaving gaps in the client record.
- Data and collection methods are not standardized across electronic medical record (EMR) platforms or provider systems, which can be confusing and cumbersome. Yet standardization may be too complex and expensive.

2) **Privacy and Confidentiality** - Several participants raised concerns about sharing protected health information. Although safeguards are in place, there is a perception of risk for providers, community-based organizations and clients.

Related Themes:

- Misinformation exists within some organizations regarding HIPAA, security and patient consent.
- Many organizations do not need access to the full patient medical record, just the information that is relevant to them.

3) **Cost** - Participants shared that connectivity startup and maintenance costs can be prohibitive.

Related Themes:

- Not every organization is willing or able to invest in EMR systems.
- Costs can be extensive, including ongoing staff training.
- Payers (e.g. insurance companies) could potentially assist with cost-related barriers but the value of information sharing needs to be better demonstrated.

4) **Accessibility and Capacity** - Readiness to share information across organizations varies dramatically within the region. Some organizations are well equipped to use health-related information, while others are new to the idea.
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Related Themes:

- Many organizations still use paper systems, which can create barriers to data integration across health information systems.
- There is a need to streamline and simplify information sharing processes to make RHIO usage as easy as possible.
- Community-based organizations do not have access to data that is needed for targeted interventions.

5) Cultural Barriers - Cultural differences affect a person’s ability and willingness to share health related information.

Related Themes:

- Language can be a barrier to health services overall, including information sharing.
- Cultural barriers affect consent processes and protocol.
- Medical language and jargon can be complex and does not readily translate to other languages.

"WE ECHOED THE NEED FOR COMMUNITY-BASED ORGANIZATIONS TO UNDERSTAND THE DYNAMICS AND CHALLENGES IN THEIR COMMUNITIES IN ORDER TO TARGET INTERVENTIONS.” LISTENING FORUM PARTICIPANT

F. With regard to information sharing, what would you like to see?

Listening Forum participants shared that some areas need to be improved in order to facilitate sharing across organizations. Comments are summarized into five categories:

1) Data Expansion and Improvement - Participants saw value in sharing information between organizations and suggested efforts continue to expand.

Related themes:

- Types of data collected need to be expanded beyond clinical data. They should address other issues affecting health including social determinants.
Clinic-to-Community Listening Forum

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- Data should be used proactively to improve population health management processes and outcomes.
- There is a continued need for sub-county level data to better target interventions.

2) **Organizational Buy-in** - Participants agreed that engaging more organizations in the RHIO would help improve its effectiveness and usage.

   Related Themes:
   
   - Increased payer engagement could improve data.
   - More community-based organizations should begin sharing information.
   - Non-profits could provide services around the needs identified through the data.

3) **Healthcare Changes** - Participants recognized that healthcare organizations are currently using data but could improve health and fiscal outcomes by expanding its application and usage.

   Related Themes:
   
   - Develop a care team approach that uses RHIO data. Create a centralized system that shares information on individuals receiving services and those offering services.
   - Create and manage a referral system that connects services to patients. This system needs to be used directly at time of service.

4) **RHIO Enhancements** - Participants suggested that the RHIO has a role in better connecting healthcare and community-based services.

   Related Themes:
   
   - Ensure clients have access to their medical records. Some Listening Forum participants suggested the creation of a RHIO patient portal that has the potential of empowering clients with their own information and care.
   - Use the RHIO to propose and create a care team that would include community-based organizations.
   - Use the RHIO as a warehousing mechanism to track long-term connections and referral patterns between healthcare and community-based organizations.

5) **Supporting Resources** - The group recognized that there are many resources available to clients, however, it is sometimes difficult to connect them.
Clinic-to-Community Listening Forum

Related Themes:

• Connect to the 211 platforms or other centralized resource repositories.

• Create an application/ interface that can be accessed during a client visit, connecting them to services in real time. Participants suggested community-based organizations and provider organizations could access these referrals through the RHIO.

• Offer a marketing campaign that connects individuals to services in the community. This new system may offer incentives to increase patient engagement and can be modeled after existing efforts.

• Add an information page to the Department of Health Website so area organizations can have aggregated data to assist with planning.

V. Conclusion and Next Steps

The Clinic-to-Community Listening Forum was successful in stimulating discussion on the health, healthcare, and human service delivery system, and the information sharing necessary to do this work more effectively. A variety of organizations and sectors were present at the event, making for a robust dialog that can be used both nationally and locally. The outcomes of the Listening Forum, detailed in this report, can support the community-wide effort to shift the paradigm of health and how it is supported by providers, community-based organizations, payers, and policy-makers alike. Some potential next steps to continue this process include:

• Continued Dialogue – Although the Listening Forum was an important first step, dialog around this topic needs to continue in order to see real outcomes for the community. Potential efforts should reflect the need of the community and may include informal meetings to generate ideas for collaboration or the formation of a workgroup with the purpose of improving referral pathways. Regardless of the format, it is important to include healthcare professionals, community-based organizations and, notably, clients. Listening Forum participants also strongly advised that health equity remain a top priority in group formation, process and outcome. To address health fully, diverse representatives need to be included in all discussions. Finally, the continued dialog should also include the RHIO and what steps could be taken to improve its usage for improved clinic-to-community referral.
Clinic-to-Community Listening Forum

- **Increased Awareness and Education** - It became evident at the Listening Forum that many community-based resources and services are available but are underutilized by healthcare professionals. Similarly, community-based organizations may not recognize the value they bring to healthcare and, as such, are not fully engaged. Future effort around improved linkages should include an awareness and educational campaign that clearly articulates the value each group brings. This campaign should also incorporate information on potential patient outcome improvement, health equity considerations, and the cost-benefit of partnerships and referral. The campaign should also include strategies to better engage healthcare and community-based organizations in HIE efforts occurring in the region.

- **New or Improved Referral Tools** - In order to fully integrate healthcare and community resources and services, tools that facilitate referrals need to be created or improved. These tools should contain accurate referral information that can be easily accessed by the user, including both healthcare and community-based organizations. The Listening Forum participants did not suggest a particular tool but did mention paper resource guides and electronic applications that could be easily accessed at time of service.

Through additional effort, the Syracuse community has the opportunity to continue to improve the health of residents by creating a coordinated system of care that connects healthcare to community-based resources and services.

**VI. Appendices**

This section of the report includes the Agenda and the two PowerPoint Presentations offered during the Listening Forum.
Clinic to Community Listening Forum

AGENDA

The purpose of today’s Listening Forum is to hear from local stakeholders on how we can come together to collaboratively improve the health of our community and explore issues around information sharing.

11:00 - 11:05  Welcome

11:05 - 11:15  The Service System – Thomas Dennison, Maxwell School of Syracuse University
Medical care and social services are being brought together in an effort to produce good health by driving both clinical care and addressing the social and behavioral dimensions that impact health.

11:15 - 11:40  Discussion Questions:
- How do we produce good health?
- What services need to be at the table?
  - What special needs do we have in this community?
- What systems need to be in place to effectively use the services, both locally and regionally?
- What do we need to change to produce better health?
- What can we do to achieve those changes?

11:40 - 12:00  Report Out

12:00 - 12:30  Lunch and Networking

12:30 - 12:40  Information Sharing – Rob Hack, HealtheConnections
Information about patients/clients and the services they receive exists at both the organizational and inter-organizational level. The importance of information sharing and the role of organizations like HealtheConnections in facilitating information flow will be discussed.
12:40 - 1:00  **Discussion Questions:**

- What are the challenges you face in collecting, accessing, sharing, and using information about your patients/clients?
- How can we use the Regional Health Information Organization (RHIO) to improve connections between healthcare and community-based organizations in order to improve population health and care?
- To maximize its value to the community, the RHIO needs to be fully populated. What are your thoughts and ideas on engaging organizations and patients/clients in the benefits of health information exchange?

1:00 - 1:20  **Report Out**

1:20 - 1:30  **Summary Comments**

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**About the YMCA of Greater Syracuse:**

The Y is more than a place to get physically active; it is a driving force behind living a healthy and full life. Working with local communities, Ys are involved in system, policy and environmental changes that help individuals of all ages and backgrounds grow healthier.

**About HealtheConnections:**

HealtheConnections is a not-for-profit corporation that supports the meaningful use of health information exchange and technology adoption, and the use of community health data and best practices, to enable Central New York stakeholders to transform and improve patient care, improve the health of populations and lower health care costs.
The U.S. Health and Social Service System
The Service System and the Production of Good Health

Determinants of Population Health

- Income & Social Status
- Employment & working conditions
- Personal Health practices & coping skills
- Social Support Networks
- Physical environments
- Education
- Biology & genetic endowment
- Healthy child development
- Health Services
What Are The Determinants of Good Health?

Health Outcomes
- Length of Life (50%)
- Quality of Life (50%)

Health Factors
- Health Behaviors (30%)
  - Tobacco Use
  - Diet & Exercise
  - Alcohol & Drug Use
  - Sexual Activity
- Clinical Care (20%)
  - Access to Care
  - Quality of Care
- Social & Economic Factors (40%)
- Physical Environment (10%)
  - Education
  - Employment
  - Income
  - Family & Social Support
  - Community Safety
  - Air & Water Quality
  - Housing & Transit

Policies & Programs

County Health Rankings model © 2014 UWPHI
The Portfolio

Visual Representation of Factors Affecting Health:

1. Individual lifestyle factors
   - Age
   - Sex
   - Hereditary factors

2. Social and community networks
   - Education
   - Work environment
   - Unemployment
   - Water and sanitation
   - Health care services
   - Housing

3. General socio-economic, cultural and environmental conditions
   - Living and working conditions
   - Work environment
   - Unemployment
   - Water and sanitation
   - Health care services
   - Housing

4. Agriculture and food production

Health and Social Services: What Frames Good Health?
Policy and Financing Responses

• Performance Based Payments and Patient Attribution
  – DSRIP
  – ACOs

• Larger and larger chunks of money coming into the system with strings – outcomes – that cannot be achieved without collaboration between the organizations that focus on the real determinants of health.
Health and Social Services: What Frames Good Health?
The Service System – Discussion Questions

• How do we produce good health?
• What services need to be at the table?
  – What special needs do we have in this community?
• What systems need to be in place to effectively use the services, both locally and regionally?
• What do we need to change to produce better health?
• What can we do to achieve those changes?
Information Sharing – Discussion Questions

• What are the challenges you face in collecting, accessing, sharing, and using information about your patients/clients?

• How can we use the Regional Health Information Organization (RHIO) to improve connections between healthcare and community-based organizations in order to improve population health and care?

• To maximize its value to the community, the RHIO needs to be fully populated. What are your thoughts and ideas on engaging organizations and patients/clients in the benefits of health information exchange?
RHIO/HIE?

• What is a RHIO?
  • Non-governmental, multi-stakeholder organization
  • Enables and oversees the business and legal issues involved in the exchange and use of health information securely
  • Promotes the improvement of health quality, safety and efficiency.

• What is a Health Information Exchange (HIE)?
  • The transmission and sharing of electronic medical records among healthcare entities in accordance with national and state technology and security standards.
  • HIEs are an integral component of the health information technology infrastructure under development in New York State and throughout the United States.
HealtheConnections Supports the 1.4m Lives In The Eleven Counties of Central and Northern New York
HIE Participating Organizations (472)*

- Hospitals (21)
- Practices (298)
- Public Health (9)
- FQHCs (9)
- Independent Labs (5) and Radiology Centers (8) (13)
- Other Healthcare Providers: Behavioral, Mental Health, Human Services (74), Other (47) (121)

* April 2015
Over 1,800 Users/Month...Information on 1.1m of 1.4m regional population...1.8m consents on file...
HIE Services

Patient Lookup
- Consolidated View of Patient Health Records

Image Exchange
- Diagnostic Quality Images
- Image-Enabled Results Delivery

Results Access & Delivery
- Automated Delivery of Patient Records where Provider is “Named” to Connected EHRs
- Summary View of Clinical Results where Provider is “Named”

Query Based Exchange
- EMR-to-HIE Patient Query
- SHIN-NY Statewide Patient Lookup
- NYS Public Health
  - Immunization
  - Syndromic Surveillance
- National Network
  - VA, DoD
- eMOLST (Advanced Directives)

Direct Mail
- Exchange Clinical Data through Secure Mail

myAlerts
- Patient ED Admit
- Patient Inpatient Admission
- Patient Discharge
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Our Mission

We support the meaningful use of health information exchange and technology adoption, and the use of community health data and best practices, to enable Central New York stakeholders to transform and improve patient care, improve the health of populations and lower health care costs.