KNOWLEDGE INTEGRATION PROGRAM

COUNTY OF SAN DIEGO

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FROM CONFLICT TO COLLABORATION…

Program Client
...TO COORDINATED CARE COMMUNITY

County Client

We know what Ted needs.
REAL-LIFE EXAMPLE

- Don had multiple health issues.
- But he just wanted to sleep in his own bed.
- How did we get him there?
OUR FRAMEWORK

Building Better Health

Living Safely

Thriving
WHAT IS KIP?

To support the County’s Live Well San Diego strategy, HHSA has initiated the development of the Knowledge Integration Program, which includes:

- **Service delivery improvements** to support person-centered, strengths-based, and trauma-informed practice using the integrated information.

- An **electronic information exchange** for County health, social service, behavioral health, physical health, and probation data.
SERVICES TO BE INTEGRATED

- HHSA
  - Public Health, Benefits, Alcohol & Drug Services, Aging & Independence Services, Mental Health, Child Welfare
- Probation
- Housing and Community Development
IMPROVE THE CUSTOMER AND STAFF EXPERIENCE

End-to-End Business Process Management promotes Person-Centered Service Delivery.

Silos make it difficult to navigate multiple services.
In the County, there are many Basic Processes...with slight variations.

Which ones can be slightly modified to result in less variation and more consistency?

In the workplace, consistency promotes efficiency by making it easier to share information and ideas, and take advantage of technology to automate certain tasks. Lean Six Sigma concepts and tools are used by the County to increase efficiency.
The KIP team is managing these various tracks, that all contribute to KIP’s end goal of person-centered service delivery.
EXAMPLE OF USE CASE

I want to make a referral for my client

I want to assign this referral to one of my staff

I met with the client

To prep for this appointment I am going to review the case

I’m making an appointment with the client to meet with a case worker

COSDIE

Program System 1

Program System 2

Program System 3

Program System 4
KIP will allow a worker to see information from multiple program databases as needed and help them provide better customer service.

But, staff can only see what they are allowed to see, depending on their role, laws, and customer approval.

**Privacy Laws:**
- 42cfr – Federal Mental Health
- 14400 – State Medi-Cal enrollment
- Confidentiality of Medical Information Act (CMIA) – State medical information – adults and minors
- Health Insurance Portability and Accountability Act (HIPAA)
- Health and Safety Code 121025A – HIV
- WIC 827 – State CWS
- WIC 5328 – State Mental Health
- WIC 10850 – State Social Services (eligibility, AIS, CWS)
- State Penal Code
- Title 17 CCR – Public Health
KIP will implement new technologies and policies to enable automated or improved abilities to perform:

1. Look-up, Search and View Query Results
2. Referral Management
3. Collaborative Service Delivery
4. Notifications and Alerts
5. Population-Based Shared Analytics
ELECTRONIC INFORMATION EXCHANGE

**Conceptual**

**Consent**

County customer makes choice about allowing their information to be shared, for better service.

**Exchange**

Secure Central Hub allows customer data to be exchanged between existing systems.

**Portal**

User can access available information about their customer via Portal.

**Analytics & BI**

Decisions can be made using collective data.

Source: thinknook.com
IMPLEMENTATION STRATEGY: SYSTEMS AND FUNCTIONAL CAPABILITIES BY PHASE

Phase 1
- Look Up, Search and Query
- Referral Management
- 4 data source systems
  1. AuthMed
  2. CalWIN
  3. PCMS
  4. SanWITs

Phase 2
- Population Based Shared Analytics
- Notifications and Alerts
- 4 data source systems
  1. ALEX
  2. Anasazi
  3. CWS/CMS
  4. PHIS

Phase 3
- Collaborative Service Delivery
- 2 data source systems
  1. COMPAS
  2. ELITE

PART I:
- 5 Functional Capabilities
- 10 System Applications

Driven by Business Need
KIP AB109 DATA MATCH SUMMARY
JANUARY 28, 2013

PROFILE
One-third of AB109ers are accessing at least one HHSA Service.
Predominantly male population, under 50.

DATA
• From PCMS and 16 HHSA source systems
• 1 FTE 1 month to complete
Provided real info to inform:
• Current data quality, and need for:
  – Improvement and on-going monitoring
  – Standardization and protocols
• KIP Planning:
  – Service delivery model
  – Data management strategies to ensure high quality MCI and shared analytics
  – Technical and functional requirements

Next steps:
• Further work with data stewards
• Further collaboration with programs to refine use and interpretation of data
• On-going updates to HIMSC
DATA MATCH DISCOVERIES: ONE EXAMPLE

The ability to match records deteriorates depending on the fields used for the match.

Why this matters:

✓ Selection of master data
✓ Identify areas to improve quality
✓ Identify areas to implement consistent practices
✓ Develop source system profiles for the RFP

Gender match has greatest level of accuracy.
Last name match has lowest level of accuracy.
HHSA DATA GOVERNANCE FRAMEWORK

Goal: Consistent Data Management Strategy Across Systems; Enterprise vs. Silo

Current assigned individuals’ job classifications already include data related activities.
THE COUNTY OF SAN DIEGO: ACCOUNTABLE CARE COMMUNITY

- Data Shapes Policies which Shape Actions: Federal, State and Local Levels
- Working Together to Serve the Region
- “Inter-optimability”

Beacon = The San Diego Regional Healthcare Information Exchange
ORGANIZATIONAL CONSIDERATIONS

- Align to strategic objectives, and break into “bite-sized” chunks
- Start planning now
- Far-reaching impacts, proceed with care
- Invest adequately to meet the future
QUESTIONS?

THANK YOU!

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