KNOWLEDGE INTEGRATION PROGRAM

COUNTY OF SAN DIEGO

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Program Manager

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LIVE WELL SAN DIEGO

Photo credit: globeimages.net

FROM SILOS TO COLLABORATION

- In 1998, HHSA formed as we know it, bringing together health and social services:
  - Public health, child welfare, benefits, aging, mental health, substance abuse, public guardian, etc.
- Collaboration has increased as we become an "Agency of One" – and as we work with the other County Groups
  - Growing need to understand complete picture of our customer and their complex situation.

24 HOUR
FITNESS

Overview of *Live Well, San Diego!*: Building Better Health

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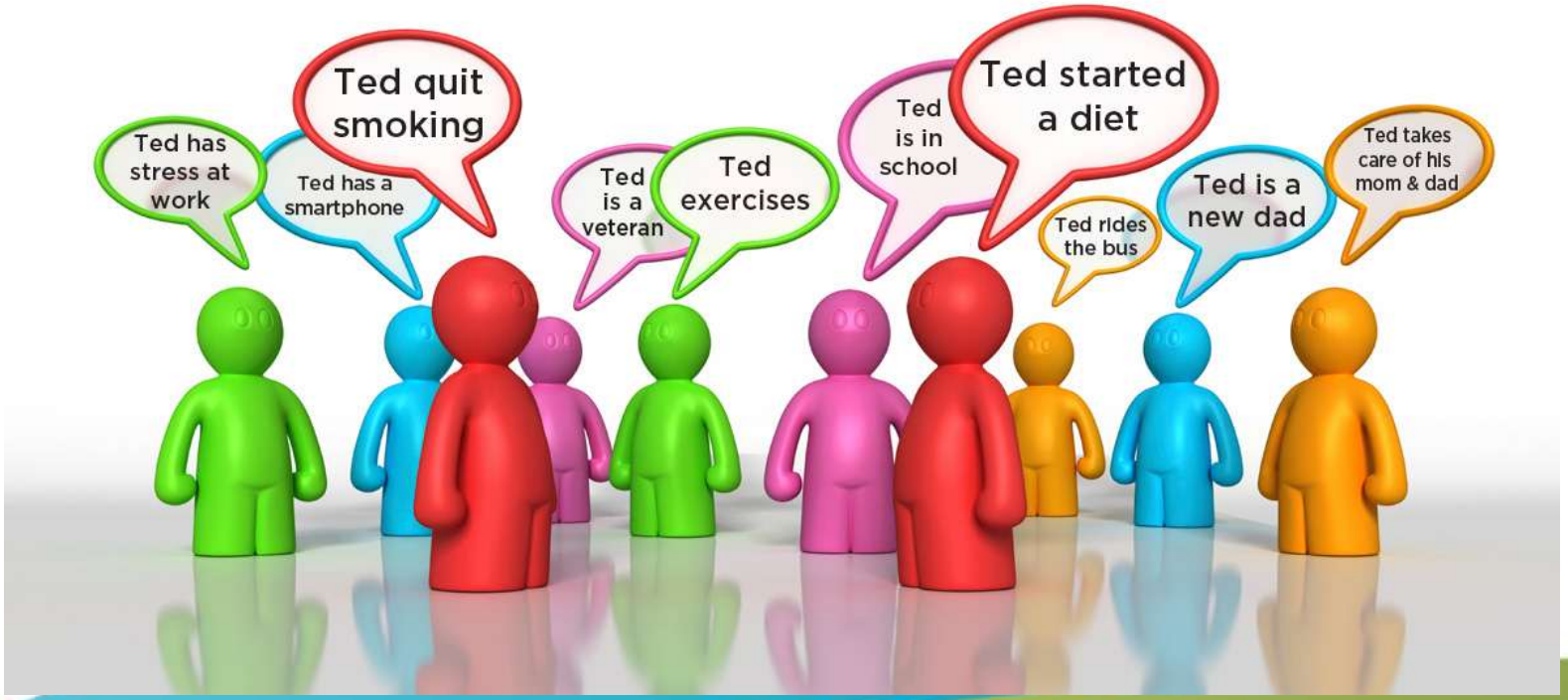
Grim Outcome…

57%

in San Diego County

FROM CONFLICT TO COLLABORATION…

Program Client



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…TO COORDINATED CARE COMMUNITY

County Client

OUR FRAMEWORK

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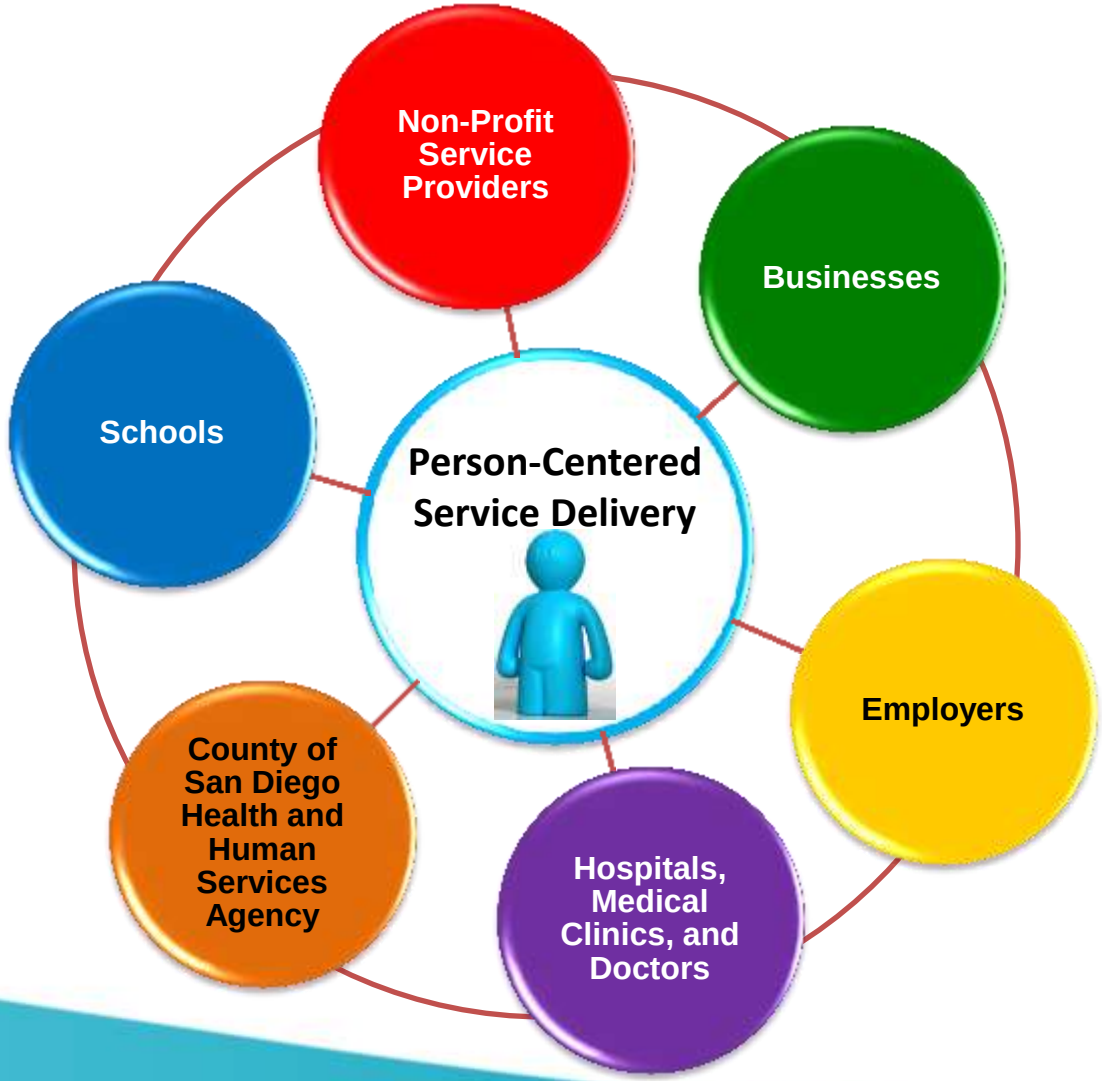
Building Better Health

Living Safely

Thriving

SHIFTING FROM "PROGRAM-CENTERED" TO "PERSON-CENTERED"



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WHY NOW?

- Human Element
  - Families, Individuals, Region
  - Aging Population
- Financial
  - Cost of Healthcare
  - Lost Opportunities
- Public Expectations
  - Customer Service
  - New Technology

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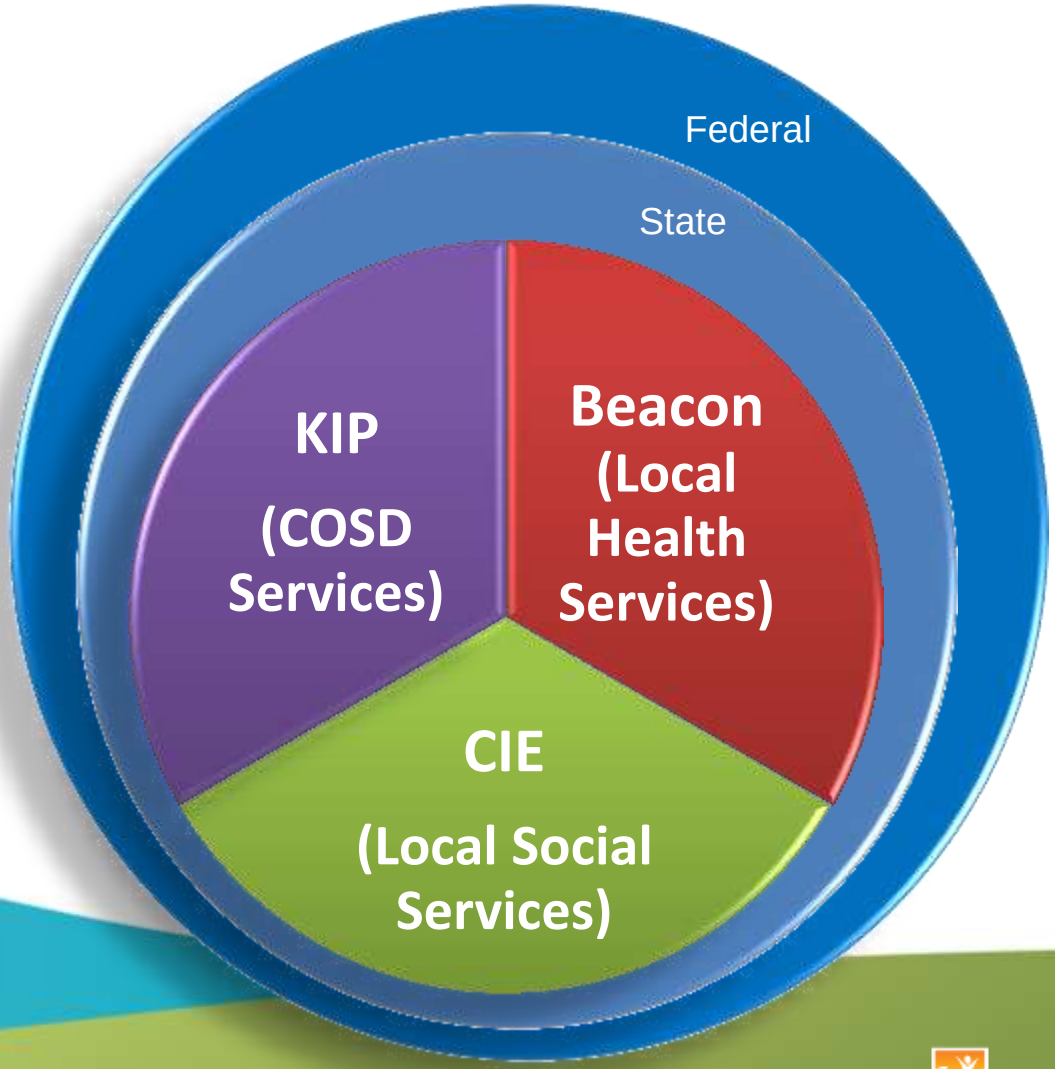
THE COUNTY OF SAN DIEGO: ACCOUNTABLE CARE COMMUNITY

- 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

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LEARNING FROM OTHERS

- Alameda County
- New York City
- California State Office of Systems Integration
- APHSA
- Veterans Healthcare System

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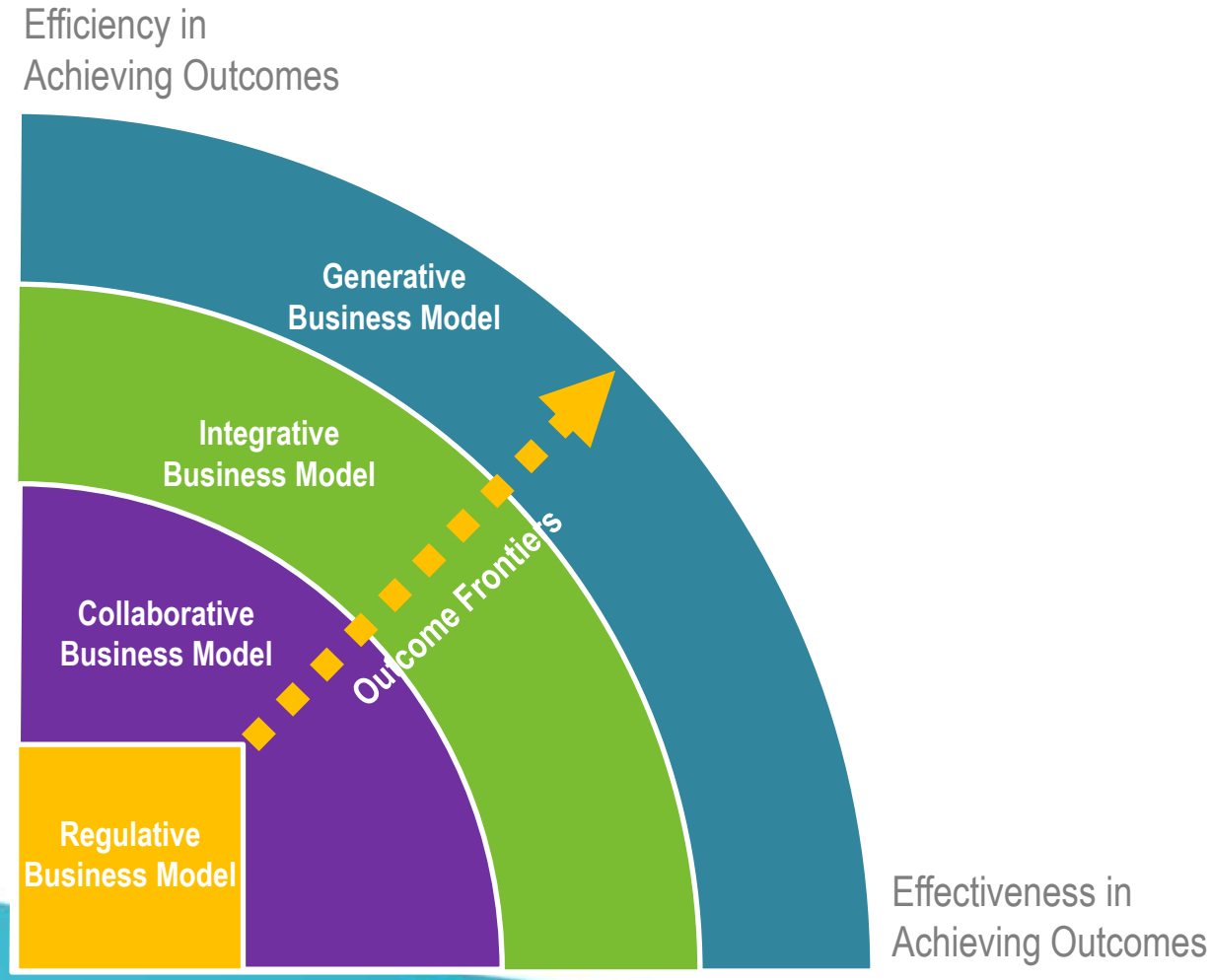
COLLABORATIVE BUSINESS MODEL

The Harvard Human Services Value Curve



LIVE WELL
SAN DIEGO

REAL-LIFE EXAMPLE

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

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:

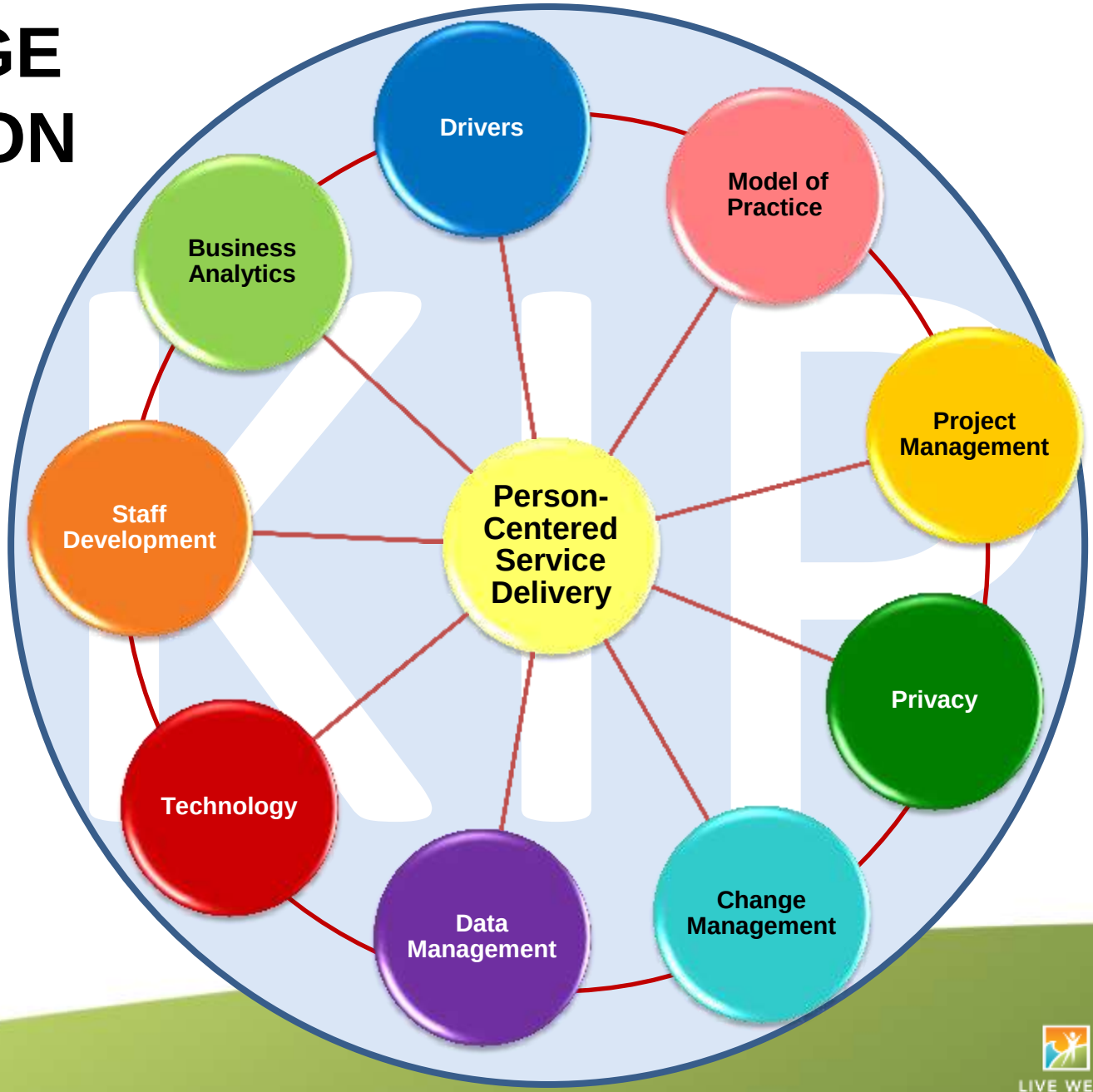
- **Service delivery improvements** to support person-centered, strengths-based, and trauma-informed practice using the integrated information.
- An **electronic information exchange** for County health, social service, behavioral health, physical health, and probation data.

WHAT DO WE EXPECT KIP TO DO?

- To start, bring together information from about 10 County data systems.
- Further develop our structures for setting policies that cross programs (governance).
- Enable us to use our data for decision making in a way we can't easily do today (integrating data).
- KIP approach will help define and establish "County Client" vs. "Program Client."

KNOWLEDGE INTEGRATION PROGRAM

The KIP team is managing these various tracks, that all contribute to KIP's end goal of person-centered service delivery.



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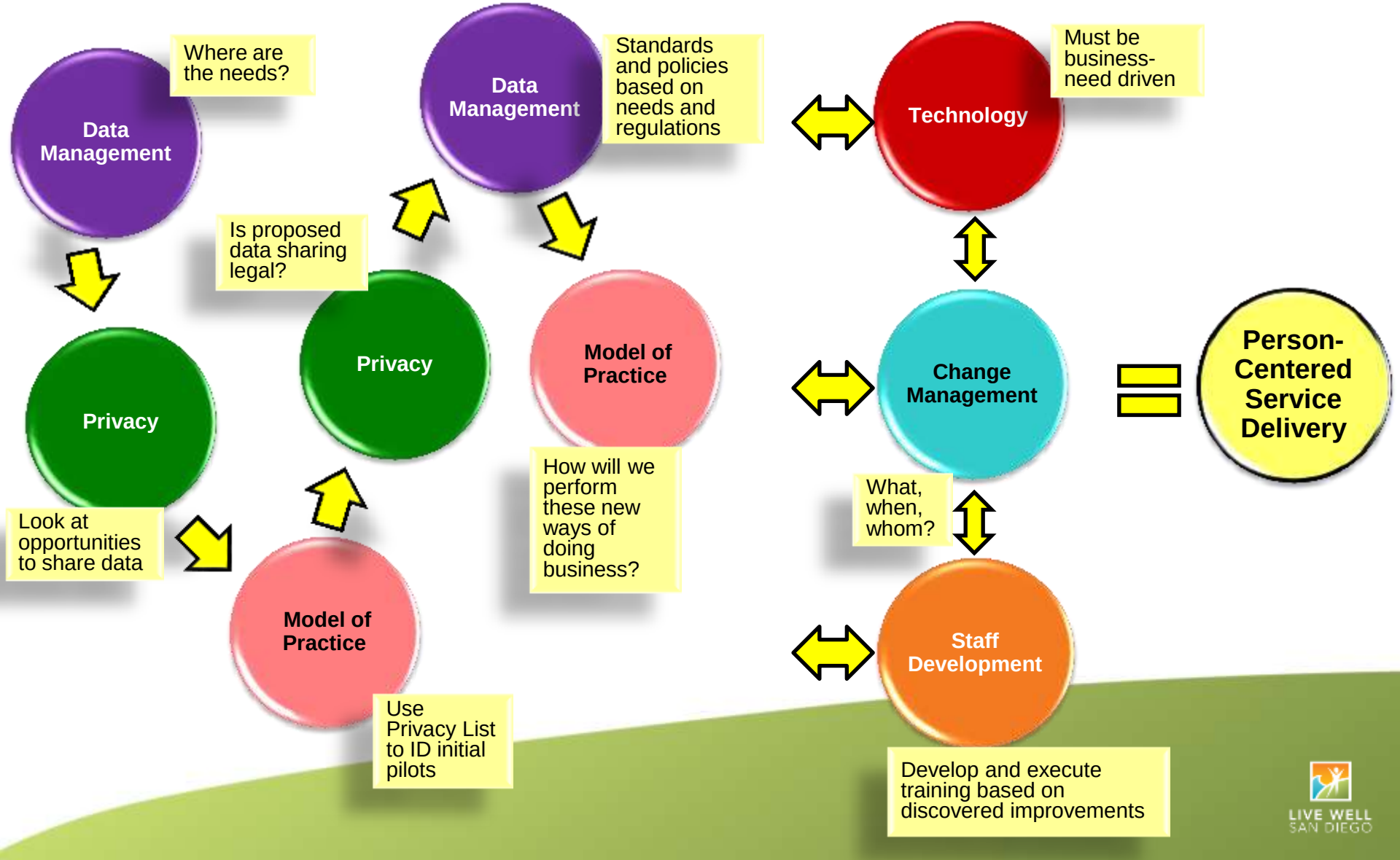
SERVICES TO BE INTEGRATED

- HHSA
  - Public Health, Benefits, Alcohol & Drug Services, Aging & Independence Services, Mental Health, Child Welfare
- Probation
- Housing and Community Development

THE IMPACTS OF COLLABORATION



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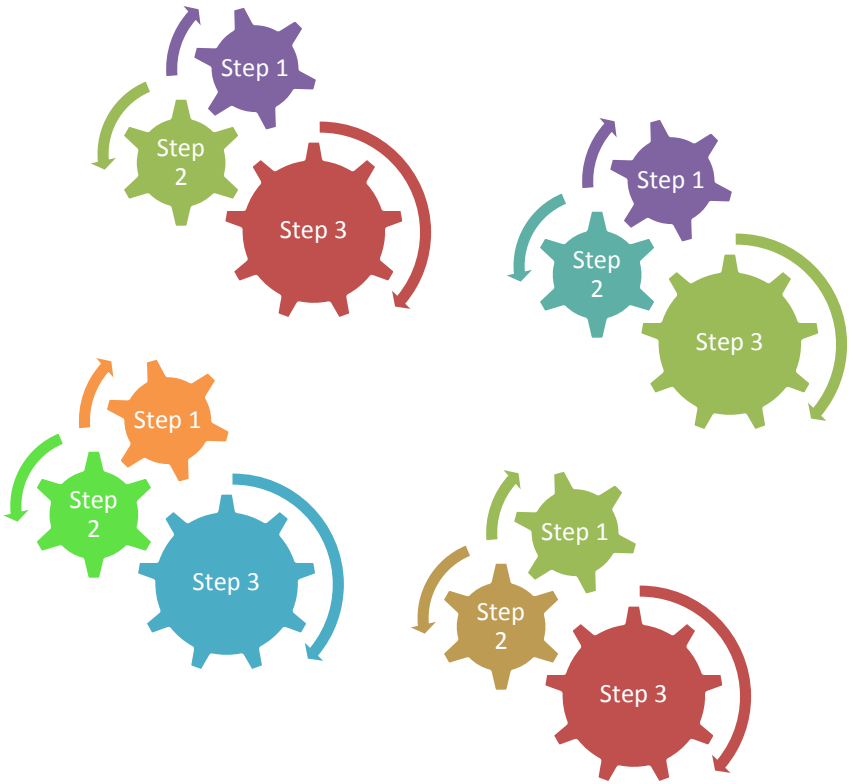
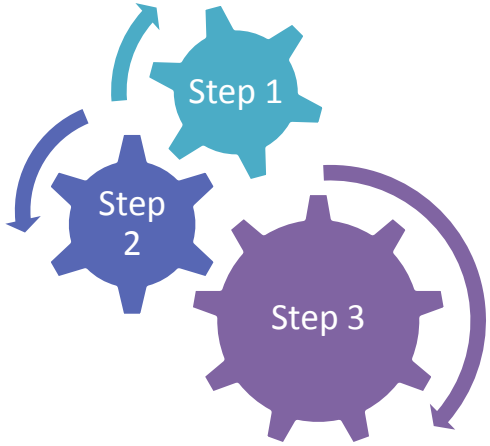
IMPROVING PROCESS MANAGEMENT:
IDENTIFYING OPPORTUNITIES FOR STANDARDIZATION

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.

KIP: PROTECTING PRIVACY

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

5 FUNCTIONAL CAPABILITIES

KIP will implement new technologies and policies to enable automated or improved abilities to perform:

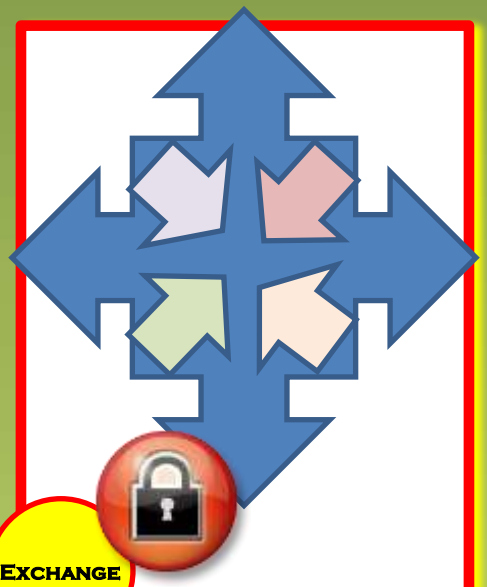
1. Look-up, Search and View Query Results
2. Referral Management
3. Collaborative Service Delivery
4. Notifications and Alerts
5. Population-Based Shared Analytics

ELECTRONIC INFORMATION EXCHANGE

Conceptual

CONSENT

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



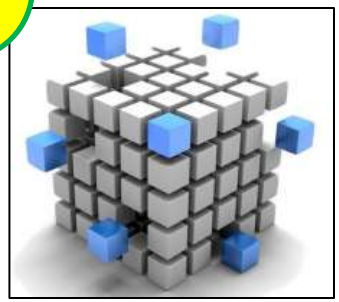
EXCHANGE

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



Source: thinknook.com

Decisions can be made using collective data.

POPULATION-BASED ANALYTICS

- Data-Based Decision Making Starts with the Data
  - Who do we serve?
  - What do they use?
  - What do they need?
- Conducted a Manual Data Match to get a More Comprehensive Picture

DATA GOVERNANCE:
INITIAL FINDINGS

Strengths:

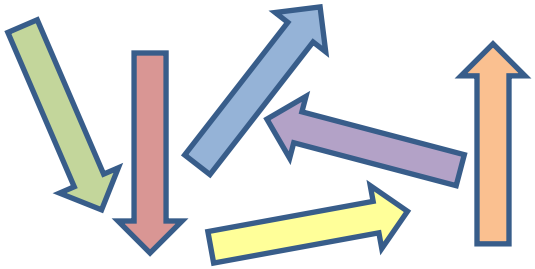
- Retention
- Security
- Privacy

Opportunities:

- Quality
- Standards

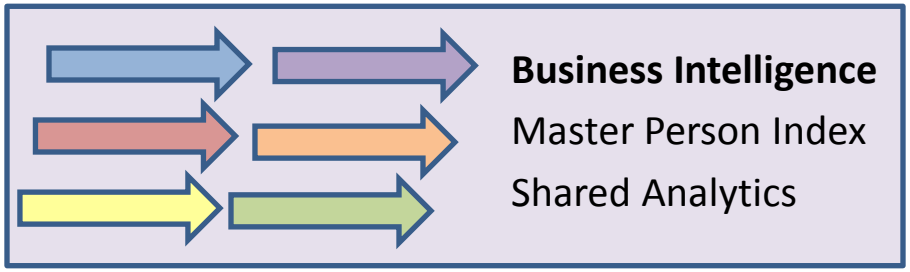
Current:

Siloes. Lack of common driver to set enterprise-wide data management strategy.

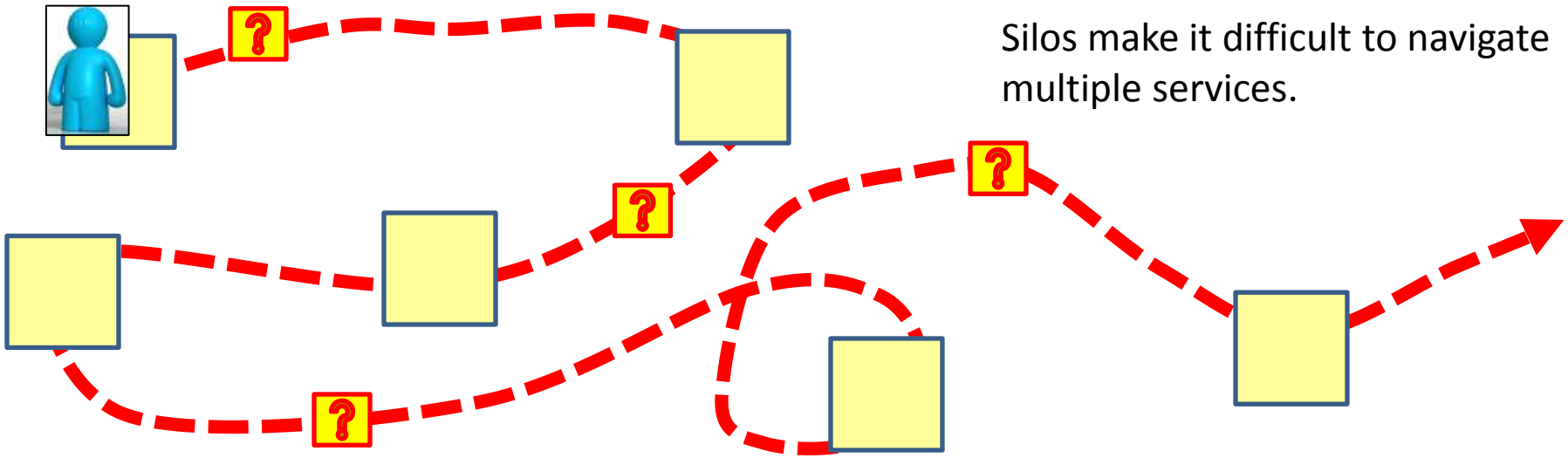


Goal:

Alignment. Consistency across the enterprise through standards of use and quality, to increase understanding and usefulness of data.

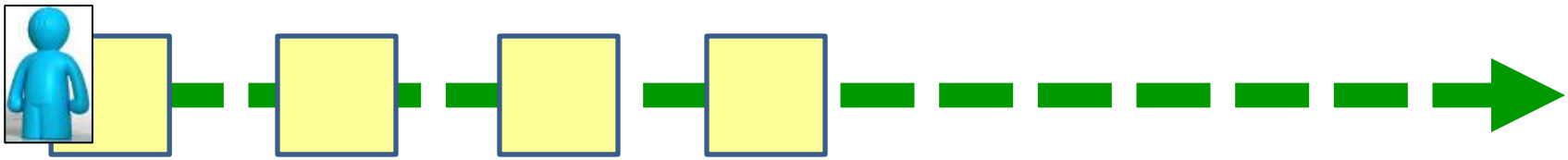


IMPROVE THE CUSTOMER AND STAFF EXPERIENCE



Silos make it difficult to navigate multiple services.

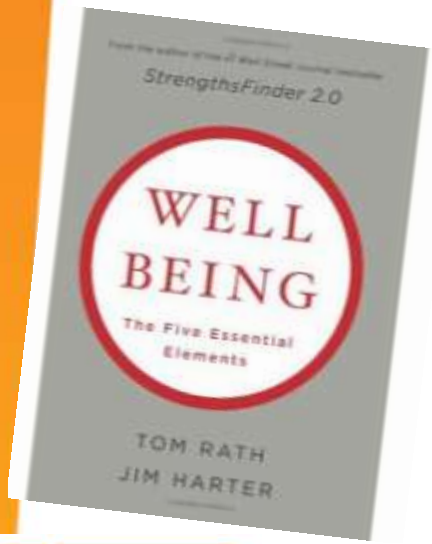
End-to-End Business Process Management promotes Person-Centered Service Delivery.



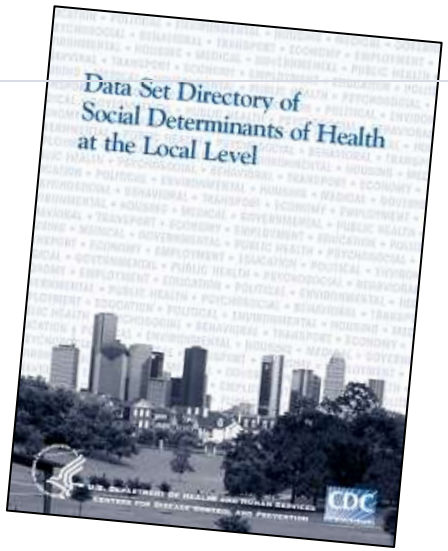
LESSONS LEARNED

- Establish Buy-in at Multiple Levels
- Lay a Solid Path
- Readiness Assessment Helped Identify Needs and Strengths
- Communicate at Human Level
- Continually Consider Change Management
- The Idea is Generally Exciting to People

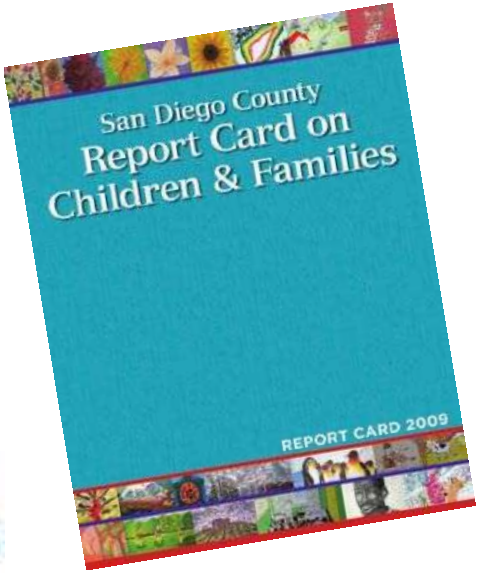
REPORTING AND PERFORMANCE METRICS: INFLUENCES



BLUE ZONES®



County Health Rankings
Mobilizing Action Toward Community Health
countyhealthrankings.org



Healthy People 2020
www.healthypeople.gov

CHIS california health interview survey

First 5 San Diego

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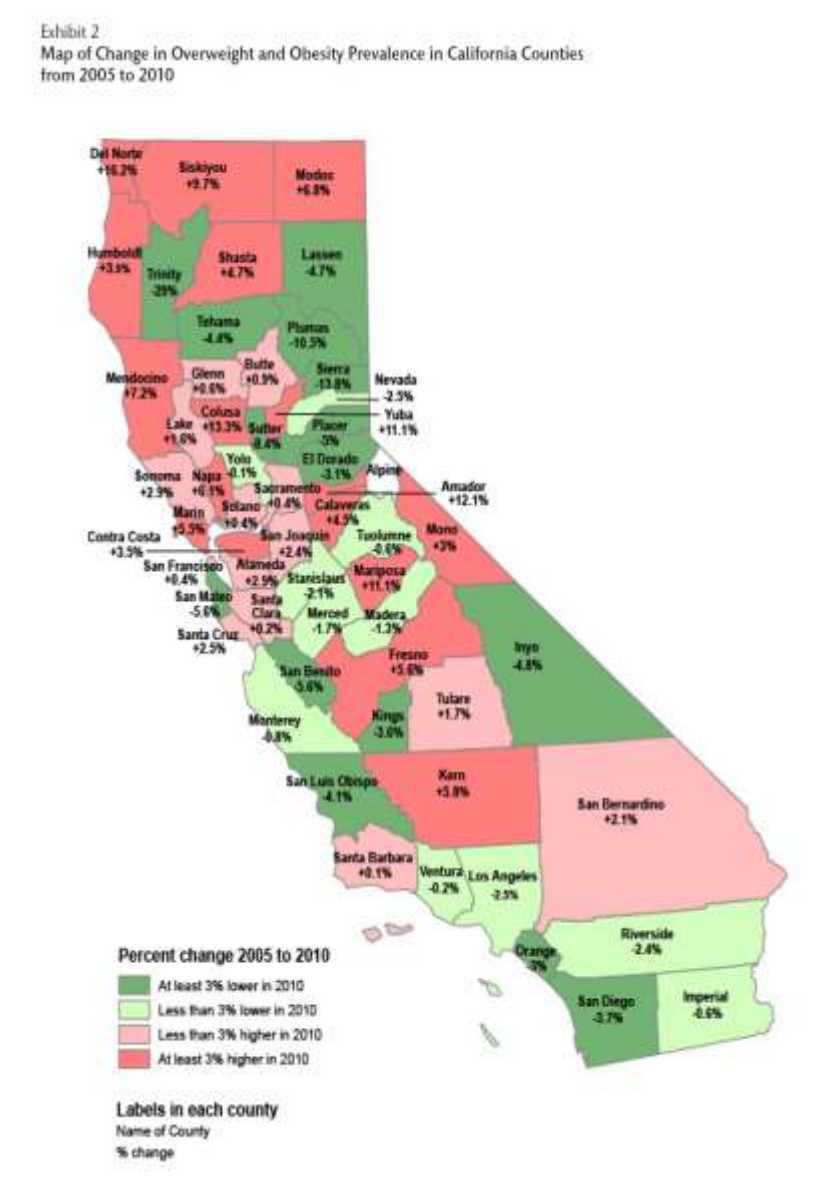
ENCOURAGING TRENDS: 10 YEARS OF OBESITY PREVENTION WORK



Between 2005 and 2010, the percentage of our children that are overweight or obese **decreased 3.7%** in San Diego County--the biggest percentage decline among Southern California counties.

Source: Babey SH, Wolstein J, Diamant AL, Bloom A, Goldstein H. A Patchwork of Progress: Changes in Overweight and Obesity Among California 5th-, 7th-, and 9th-Graders, 2005- 2010. UCLA Center for Health Policy Research and California Center for Public Health Advocacy, 2011.

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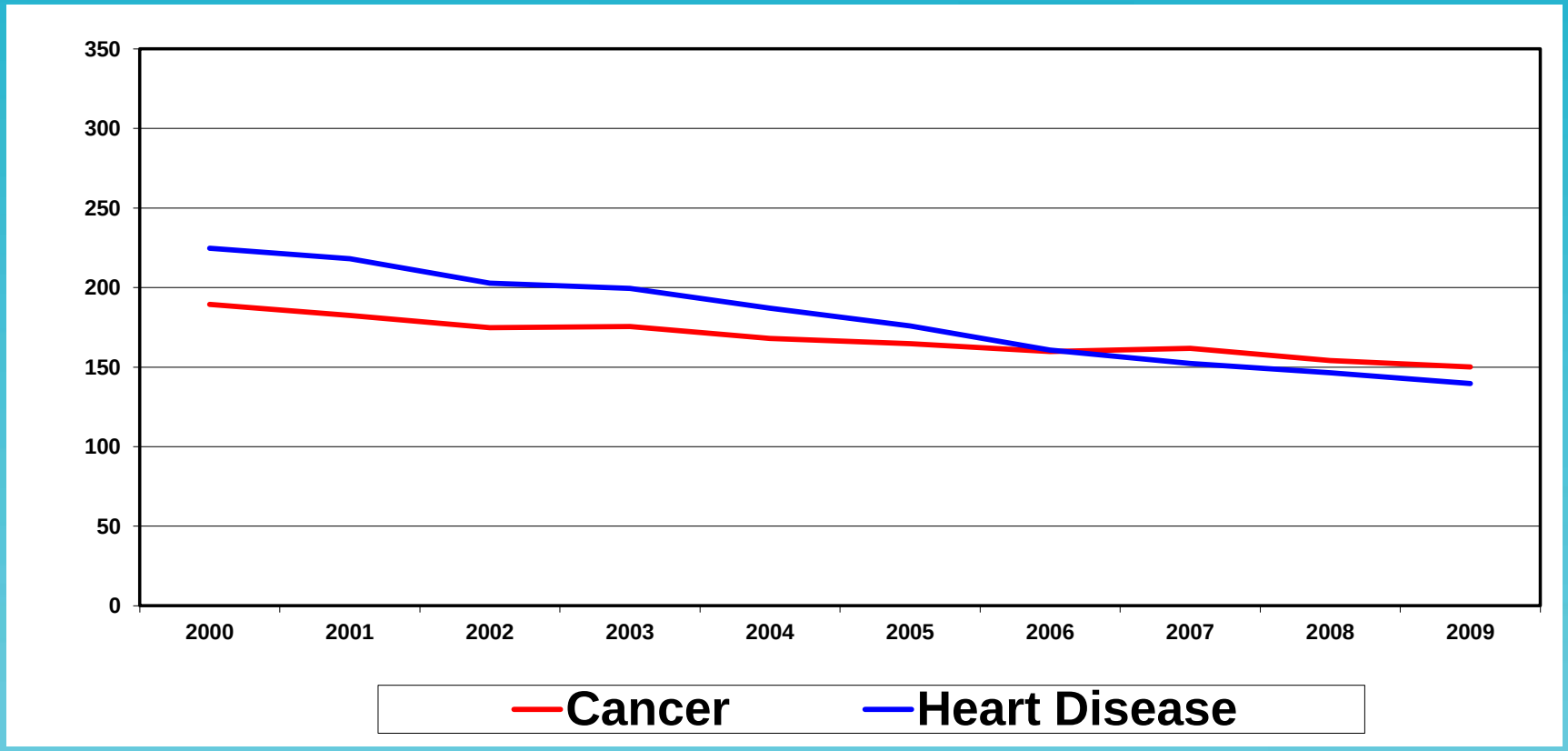
ENCOURAGING TRENDS: HEART DISEASE

Heart Disease Deaths vs. Cancer Deaths in San Diego County 2000-2009



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BEYOND HEALTH

Living Safely
Led by Public Safety Group;
Adopted 2012

Thriving
in the works

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GOAL: TRIPLE AIM

- Large population-based health improvements
- Improve quality of care
- Lower costs

HORIZONTAL INTEGRATION: WHY NOW?

- Limited Resources
- Demand for Efficient, Effective Service Delivery

Integrated Services is Critical.

- Prevention and Early Intervention
- Target Financial and Operational Pain Points
- Foundational for Future Models

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QUESTIONS?

THANK YOU!

Carrie Hoff

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619-338-2872