Connecting for Better Health Workshop: Data Sharing to Support Older Adults

The Connecting for Better Health (C4BH) coalition and Insure the Uninsured Project (ITUP) hosted a November 16 workshop bringing together California Area Agencies on Aging (AAA) and health information exchange experts to discuss data sharing to support older adults.

California's new Data Exchange Framework (DxF), established in 2022 under Assembly Bill 133, requires the exchange of information between organizations and systems, and necessitates collaboration between health and non-health agencies, such as community-based organizations (CBOs).

In addition to the state's DXF launch, the launch of CalAIM is serving to better address the social determinants of health and center whole-person care. The exchange of information between organizations will be at the core of state efforts to advance health equity. One critical group of non-health organizations that stands to play a critical role in CalAIM and the DxF is California's Area Agencies on Aging (AAAs). The state contracts with a network of AAAs that manage federal-and state-funded services such as meals-on-wheels, employment services, support for adults with disabilities to live independently, and support for family members as caregivers.

Health and social service leaders call for greater data-sharing partnership

Michael Costa of the California Association of Area Agencies on Aging (C4A) and Mark Beckley and Andrea Hoffman of the California Department of Aging (CDA) provided brief remarks on the importance of data sharing and coordinated systems of care to support older adults and adults with disabilities. CDA leaders spoke to their recommendations for the statewide system to ensure aging and disability data is included in the DxF and to their goals for strong partnership with health and social service organizations.

"We're in a position now where we're all beginning to see the value of integrating social and health care services for older adults, and crucial to that is having an effective data sharing system." -Michael Costa, C4A

Katy Weber of Population Health Solutions and Victoria Jump of the Ventura County AAA joined the conversation and highlighted the data sharing journey of the Ventura County AAA. The AAA model has been shown to reduce health care spending and unnecessary health care use for older adults by providing case management, wellness programs, meal delivery, home modifications, and other services. This coordinated system of care relies on strong partnerships between the AAA, health plans, and social service providers to deliver whole-person support.

These presentations set the stage for a panel discussion featuring Anastasia Dodson, Department of Health Care Services; Dan Chavez, Santa Cruz Health Information Exchange; Lori Hack, California Association of Health Information Exchanges; Beau Henemman, Anthem; Anwar Zoueihid, Partners in Care Foundation; and Alana Kalinowski, San Diego 2-1-1/Community Information Exchange.

Data sharing challenges

1. **Managed care plans (MCPs) and community-based organizations (CBOs) are learning how to develop processes with each other in the ways CalAIM necessitates.** These entities have varying strengths and expertise, as well as different data collection methods, norms, and infrastructure that will require local collaboration to ensure referrals and follow-ups can occur.

   "This is a huge shift for everyone…if you're working with a small community-based organization, you've never had to submit this stuff to a managed care plan, and as a managed care plan, we've never worked with organizations that didn't have a data infrastructure in place." -Beau Hennemann, Anthem

2. **Data is scattered across multiple platforms and access is fragmented.** Participants spoke to the current network of data collection, which includes multiple platforms and data sharing agreements to manage referrals and follow-up. Under CalAIM, many localized information systems–some of which still rely on fax–have to work with one another but are not yet able to communicate across systems.

"How do we actually operationalize the contract and receive the referrals needed? For us, we found that data is critical. You can have a contract, but if you're not exchanging data, if you're not getting people from data mining or some other way, it's difficult." -Victoria Jump, Ventura County AAA

3. **Systemic barriers between health and social services can slow coordination.** The panel spoke to the division between local health and social service agencies as an institutional divide that must be bridged and has been bridged in counties such as San Diego with "super agencies," which oversee and supervise the health and human services organizations. In addition to structure, panelists described the challenge of convening groups that don't typically communicate with each other.

"One reason we did such great work in San Diego is that San Diego was a super agency…it seems to be one of the greatest barriers that we can remove is this barrier between health and human services." -Dan Chavez, Santa Cruz HIE

Recommendations

1. **Local innovation to leverage local resources:** Panelists emphasized the need for on-the-ground partnerships to collectively map out local resources. All regions in California, from small rural counties to large urban counties, face a different set of challenges in implementing CalAIM and the DxF, yet also have varied resources and knowledge of older adult services and social supports in place.

2. **Technical assistance (TA) and funding for information exchange infrastructure:** Organizations such as AAAs and CBOs need support in building their capacity to coordinate with health plans and county agencies. While the Ventura County AAA has developed a robust and well-coordinated system of care, panelists pointed to the twelve years it has taken to build the infrastructure. TA and funding for AAAs, CBOs, and others to build local information exchanges will be critical to the success of the DxF and CalAIM.

3. **Building trust across the spectrum of care:** Alana Kalinowski of San Diego 211/Community Information Exchange highlighted that creating an interoperable system relies not only on technical changes, but also requires changing how individuals within health and social services do their work and think about shared goals. Trusted relationships between organizations will take time and effort and are key to system transformation and better health outcomes.

Acknowledgements

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