

California's Public Healthcare Systems: Leveraging Data To Help Those Most In Need



Manifest MedEx (MX) — a nonprofit health information network serving all of California — is helping the state's health leaders reach their goals of improving healthcare, enhancing health, and reducing costs. MX delivers real-time information to help providers care for more than 19 million patients, enabling a healthcare system that is patient-focused, affordable, and high value. We are making informed care the standard across California.

California's 15 public healthcare systems play an instrumental role in caring for our state's most vulnerable individuals. Through strong partnerships with these systems, MX has identified unique data-sharing challenges that we are working with them to solve.

Caring for justice-involved individuals. Justice-involved individuals face a number of critical healthcare challenges. It is estimated that 67 percent of individuals in jail have a substance use disorder¹ and that jail populations have higher rates of hypertension, asthma, arthritis, and hepatitis than the general population². In response to these challenges, the

¹ Steadman HJ, Osher FC, et al, "Prevalence of Serious Mental Illness Among Jail Inmates," *Psychiatric Services* 2009, Jun;60(6):761-5

² Binswanger et al, "Prevalence of Chronic Medical Conditions among Jail and Prison Inmates in the United States Compared with the General Population," *Journal of Epidemiology and Community Health*, July 2009

California Department of Health Care Services (DHCS) put forth a one-time offer of funding through the Whole Person Care Pilot to help coordinate care for vulnerable populations, including individuals involved with the justice system. Riverside University Health System’s Director of Population Health Judi Nightingale worked with the county’s former Chief Probation Officer Mark Hake and more than 15 other county and community partnerships to move upstream in screening, identification of need(s), and referral to resources for people on probation in Riverside County. To date, more than 7,000 clients have been screened and referred to community and county resources, including nurse care managers. Through the use of MX, the nurses are able to receive immediate notification when their client obtains hospital services, so they can contact the client, talk through what happened, and assist with any service(s) that are needed.

This exchange of information is equally important for justice-involved individuals, who often have pressing physical and behavioral healthcare needs, when they return to their communities. One study found that in the two weeks after returning to their communities, former inmates were 40 times more likely to die of an opioid overdose³. It’s important to connect people to services rapidly and effectively.

Three counties — Kern, Los Angeles, and Placer — are funding projects to improve re-entry for justice-involved individuals through their Whole Person Care pilot programs, and four public hospitals and health departments — Kern Medical Center, Los Angeles County Department of Health Services, Tri-City Medical Center, and Tulare Regional Medical Center — are funding re-entry projects via the PRIME demonstrations. All involve intensive coordination between jail health teams and the county healthcare delivery system to proactively ensure that patients are connected with the necessary services when they return to their communities⁴. By supporting health record exchange between jail health and community providers, Manifest MedEx is a critical support for successful re-entry.

Caring for people experiencing homelessness. An estimated 130,000 Californians are homeless as of the most recent count, comprising nearly a quarter of the nation’s homeless population. Even more alarming, 90,000 of these individuals are unsheltered, meaning that nearly half of homeless people without any shelter in the United States live in California⁵.

People experiencing homelessness face a number of unique healthcare challenges and administrative obstacles. Medi-Cal, for example, requires an address to send a membership card, creating a major barrier to enrollment. Many providers require some form of photo identification before rendering services, which those experiencing homelessness often do not have, and payers require a “place of service” for billing, making it challenging for providers that deliver primary care on the streets to be compensated for the work they do⁶.

Public health systems have a unique role caring for homeless patients, providing outreach, community service linkages, and other support. They are putting new systems and services in place to comply with Senate Bill 1152, which requires

³Ranapurwala et al “Opioid Overdose Mortality Among Former North Carolina Inmates: 2000-2015” American Journal of Public Health Sep 2018

⁴California Health Policy Strategies “Reentry Health Policy Project: Final Report.” June 2018

⁵The 2018 Annual Homeless Assessment Report to Congress

⁶Desert Sun, September 2019

hospitals to ensure patients have food, shelter, a source of follow-up care, and weather-appropriate clothing before they are discharged, and to maintain a log of homeless patients discharged from the facility.

Manifest MedEx and Riverside University Health System (RUHS) are working together to improve care coordination for homeless patients across the Inland Empire and help the health system comply with SB 1152. Through a simple EHR workflow, patients discharged from RUHS hospitals will be flagged as homeless in the data sent to MX. Using these data, MX will automatically generate a log of all homeless patients discharged from RUHS hospitals — as well as what services they received and where they were referred — to not only ensure compliance with the law but also help providers across the region identify and coordinate care for these patients. MX will offer this service to any other interested hospital.

Ensuring timely follow-up care for high-risk patients. Hospitals across the country are working to reduce readmission rates. In California, several statewide programs, including Whole Person Care, Health Homes, and the Global Payment Program, emphasize the need to identify and coordinate care for high-risk patients, including in the critical period after hospitalization. Timely follow-up after a hospital discharge is essential and has been proven to reduce readmissions by as much as 20 percent⁷.

Riverside County is tackling this challenge in a number of innovative ways. Through their participation in the Global Payment Program, the county has formed partnerships with local churches to offer behavioral health events with education, screening, and referrals to county programs. Through Health Homes, RUHS has nine clinic teams that reach out to patients following discharge and deliver follow-up care to enrolled patients. Using encounter notifications from MX, RUHS case managers know in near real-time when one of their patients is admitted, discharged, or transferred from any hospital in the region, so they can reach out immediately. Paired with ConnectIE, a social services referral platform available in the Inland Empire, care managers can intervene quickly to ensure that high-risk patients receive needed social services as soon as possible post-discharge.

Addressing the opioid crisis. Though California ranks 37th in the country for prescription opioid deaths, 16 rural California counties are in the top 10 for opioid deaths nationwide, and overdoses by synthetic opioids were up 44 percent in California in 2017. In Southern California, MX participants Arrowhead Regional Medical Center and Apple Valley Hospital treat patients in an area where overdose deaths increased almost 50 percent in recent years⁸. Through efforts such as the Public Health Institute's Bridge Program and pioneering efforts by safety net hospitals and county public health departments across the state, public hospitals are playing an instrumental role in reversing the opioid crisis by delivering Medication Assisted Therapy (MAT) to patients in the emergency room and connecting them to outpatient treatment.

Manifest MedEx is currently piloting opioid overdose notifications to help these efforts. Once up and running,

⁷Jackson "Timeliness of Outpatient Follow-up: An Evidence-Based Approach for Planning After Hospital Discharge." *Annals of Family Medicine* 2015

⁸Public Health Institute 2019

outpatient MAT providers and substance abuse counseling teams will receive tailored notifications when patients arrive in the emergency room due to an opioid overdose, enabling MAT providers to connect those patients to lifesaving care as quickly as possible.

Doing more with less. Public hospitals play a crucial role in population and community health but often lack the resources and technology tools available to better resourced health systems. Manifest MedEx recently launched MX Analyze, a set of predictive analytic and risk stratification tools, tapping claims and clinical data to identify patients with high or emerging risk of hospitalization, high costs, and mortality. These tools help organizations like RUHS identify high-risk patients so they can intervene effectively and allocate limited care management resources. RUHS participated in the MX Analyze pilot and plans to roll the tools out across the organization.

Looking forward. California's public health systems will play a critical role in the state's new Medi-Cal program CalAIM, which will require many of the capabilities described here: identifying high-risk patients using claims and clinical data; intervening effectively to improve care transitions; integrating physical, behavioral, and social services; and improving care of justice-involved individuals as they return to their communities. At Manifest MedEx, we aim to be by your side to help make that happen.

Want to learn more? See www.manifestmedex.org or contact Brittany.Weppler@manifestmedex.org.

"I've seen MX as a potential gathering place for the variety of partners in our county that provide services to people to help coordination of care so we don't duplicate efforts."

— Dr. Pamela Yamanishi

Physician Champion, Quality Reimbursement Programs, Riverside University Health System