

Communities across the country have started to consider how integrating data from multiple systems can enhance their understanding of social determinants of health and their influence on quality of life and approaches to improved care. Recently in DC, we've seen a burgeoning health equity movement across community based organizations, health care providers, and government agencies that is working to align our resources around our community's needs and strengths. This has resulted in new initiatives and strengthened grassroots collaborations, helping to break down barriers to health. Since 2016, over 50 organizations have been meeting through the DC PACT coalition to discuss how we can collectively work to address the immediate health related social needs caused by unjust systems, and mitigate the impact of the increased risk caused by these systems.



Now, with support from Department of Health Care Finance, DCPCA is leading a new planning initiative to understand how we can catalyze this community based movement to better understand, value and share social determinants of health data, use technology to bridge sector divides, and facilitate shifting from a reactive system of care to a more proactive response. Building on the DC PACT collective impact approach to solving complex social problems, and the existing District health information exchange infrastructure, we're working through September 2019 to answer these questions: how can we gather and share data in a way that allows us all to do the work we're doing better? What technical solutions should DHCF prioritize in order to strengthen connections between clinical and community supports? And how will this result in better individual and community wellbeing?

DCPCA is working with partners at Clinovations Government Health, Open Referral, and the DC Hospital Association to engage in a process of stakeholder engagement and assessment, strategic planning and collective visioning, that will result in a series of design recommendations for the creation of a Community Resource Information Exchange system. We want to hear from you about how we can build a system that enables better, more coordinated systems of care, no matter where you are.



Community Resource Information Exchange



What is it?

The Community Resource Information Exchange (CoRIE) project, based in the Department of Health Care Finance, is focused on how to standardize and exchange individual and family social needs information and integrate closed-loop referrals for collaborative use by health and social service providers. As part of this, DCPCA is leading a planning initiative through the DC PACT (Positive Accountable Community Transformation) coalition, which is a cross-sector coalition built around a shared commitment to integrate health and social services into a seamless care experience that addresses the health and well-being of the Washington, DC community. DC PACT uses the collective impact and accountable health community models in our work.

What are we specifically trying to achieve?

We want to strengthen the ability of our care system to identify and address the full range of health needs of our community by better linking clinical and community support organizations through the CoRIE. We believe that through coordination enabled by technology and collaboration, we can all do our work more effectively and efficiently and achieve better health outcomes.

How will we do this?

Our CoRIE planning initiative has five components: 1) stakeholder engagement for feedback on the project's goals, 2) strategic planning for an inventory of community resources and a technical solution, including workflow assessments, 3) collection of selected tools that enable screening for health related social needs, 4) collection of resources to populate an inventory of community resources, and 5) recommendations for the design of a technical solution.

Who's involved?

DC PACT is made up of social service non-profits, faith institutions, behavioral health providers, hospitals, and community health centers, in partnership with multiple District government agencies—if you fall into one of these categories, we want to get you involved as well! DC Primary Care Association is the DHCF grantee for the CoRIE planning initiative, working in partnership with Clinovations Government Health, Open Referral, and DC Hospital Association. All of us are working to establish sustainable cross-sector collaborations, and we want to make it easier to navigate this work for all involved.

What will happen if we achieve our mission?

DC PACT envisions a seamless care experience for all District residents that delivers health care and social services in a coordinated way to improve health and increases equitable outcomes. The results of this planning initiative will be delivered to DHCF for use in their work to make health information available wherever and whenever it is needed, as described in their 2018 State Medicaid Health IT Plan (SMHP).

Why should organizations get involved?

In order to create a seamless care experience, we need organizations currently working to meet the health and social needs of residents to get involved in guiding the construction of the CoRIE solution, especially to make sure that the tools and resources we work to establish create value and enhance sustainability of your organization. If you are a health care or social service provider, a relevant government agency, a consumer of services, or other key stakeholders and would like to get involved, contact David Poms at DPoms@dc pca.org or 202-552-2305.



Partners:

AmeriGroup DC
AmeriHealth Caritas DC
Bread for the City
Capital Area Food Bank
Capitol Hill Group Ministry
CareMore Health
Children's Hospital
Children's Law Center
Community Connections
Community of Hope
DC Behavioral Health Association
DC Greens
DC Hospital Association
DC Primary Care Association
Family & Medical Counseling Services
Food & Friends
George Washington Hospital
Health Services for Children with Special Needs
Hillcrest Children & Family Center
Howard University Hospital
Institute for Public Health Innovation
La Clínica del Pueblo
Leadership Council for Healthy Communities
Mary's Center
MedStar Hospitals
Providence Health System
Regional Primary Care Association
So Others Might Eat
Trusted Health Plan
Unity Health
Vitas HealthCare
Whitman Walker Health

Government Partners:

Department of Behavioral Health
Department of Disability Services
Department of Health
Department of Health Care Finance
Department of Human Services
Interagency Council on Homelessness

Who We Are

DC PACT (Positive Accountable Community Transformation) is a Collective Impact coalition effort of community providers, including social service non-profits, faith institutions, behavioral health providers, hospitals, and community health centers, in partnership with multiple District government agencies including the Department of Health Care Finance, DC Health, Department of Human Services, Department of Behavioral Health, and Department of Disability Services. DC Primary Care Association serves as the Collective Impact “backbone” organization, guided by an Advisory Council. *DC PACT* is working to test the theory that the District has much of what we need to thrive, if we align our resources around our community’s needs and strengths.

Vision and Mission

Vision: DC functions as a seamless accountable health community that addresses unmet social needs to improve health and increase equity

Mission: Build the movement to reframe the culture of care delivery to address social needs, improve health outcomes, and increase health equity in the District of Columbia

Strategic Goals: By December 2020...

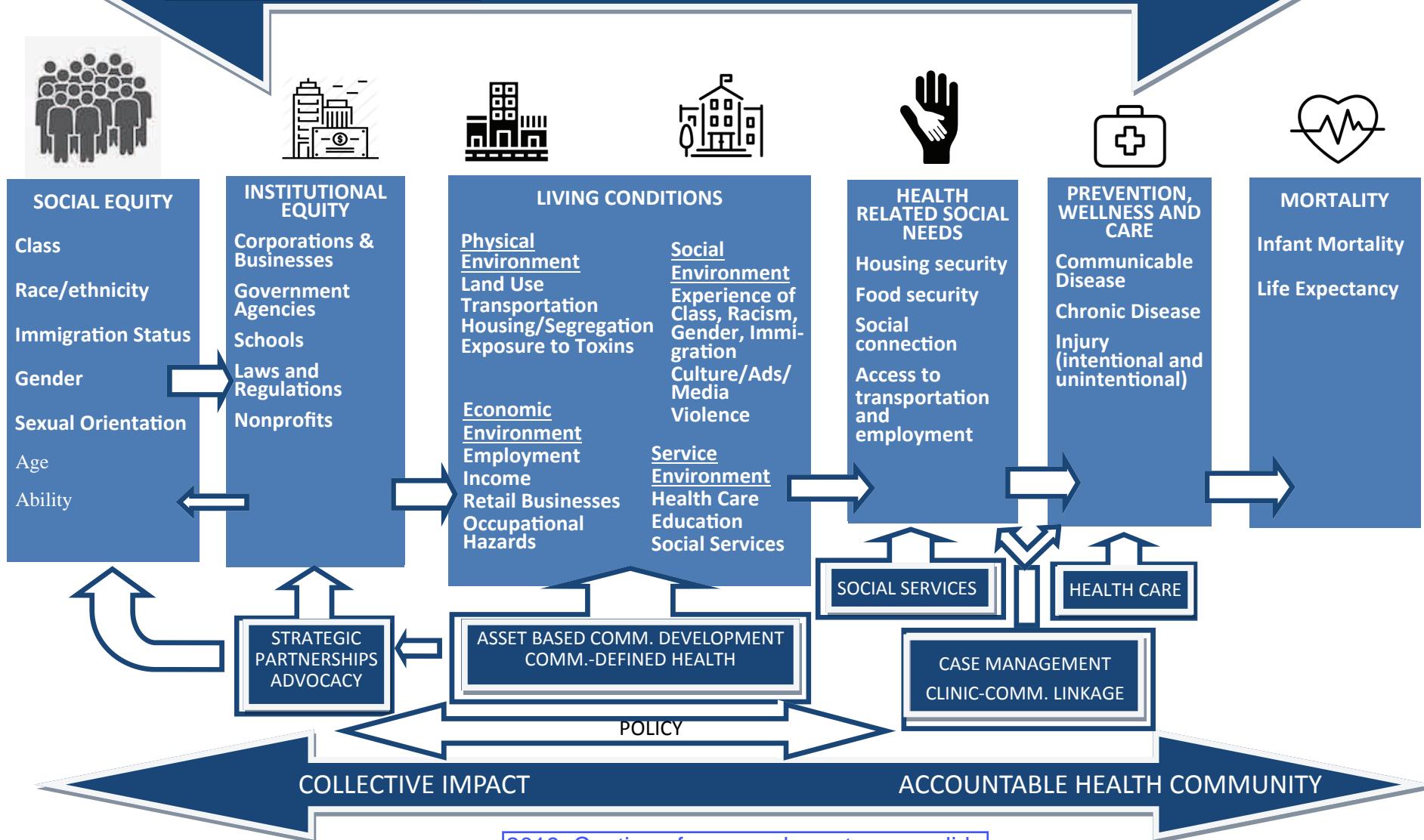
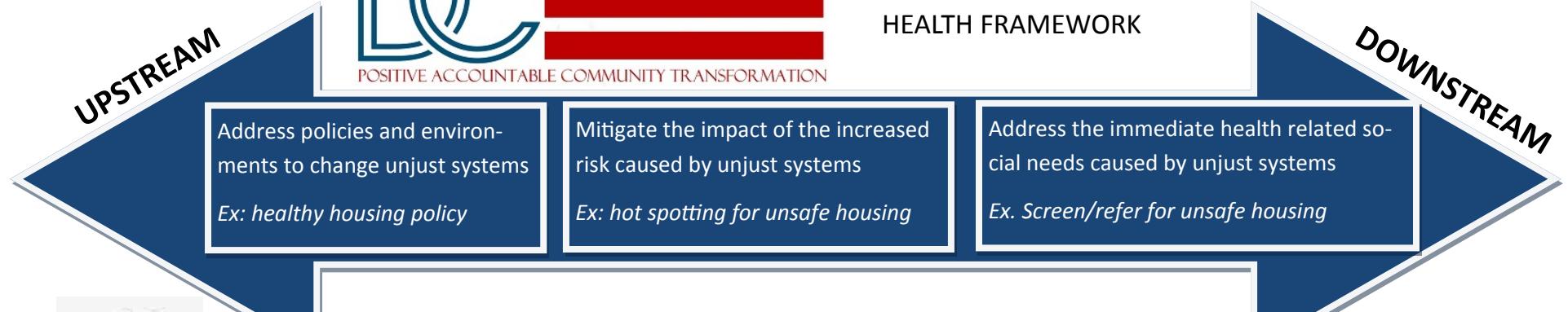
- Standardize social needs screening citywide and establish DC PACT expertise on analysis, reporting, and dissemination of social needs/health outcomes data
- Position DC PACT as a clearinghouse and hub for health system action to address social needs and improve health equity
- Leverage a bidirectional cloud-based health information exchange to identify the social needs of patients, facilitate high quality care coordination, and enable staff to provide effective referrals that can be tracked in a standardized process
- Standardize shared measurement assessment among DC PACT members for the purposes of reporting, analysis, and dissemination of population social health data

**DC POSITIVE ACCOUNTABLE COMMUNITY TRANSFORMATION (PACT)
COMMON AGENDA**

PRINCIPLES	#1: Health and social needs are human rights for all DC residents which require the equitable and sustainable distribution of resources	#2: Partners commit to shared responsibility, accountability, and transparency as necessary components of work performed in the service of health equity and justice	#3: Goals and interventions will be data-focused, driven by person-centered outcomes, and transformative	#4: Work will be coordinated across community services and sectors resulting in respectful and compassionate care that empowers District residents with the greatest health and social needs	#5: We prioritize creativity, flexibility, innovation, and vision in determining the coalition's strategic priorities
PROBLEM DEFINITION	A structural lack of shared accountability and collaboration amongst health systems and community resource organizations in addressing social needs has contributed to poor health outcomes and health inequity	VISION	DC functions as a seamless accountable health community that addresses unmet social needs to improve health and increase equity	MISSION	Build the movement to reframe the culture of care delivery to address social needs, improve health outcomes, and increase health equity in the District of Columbia
STRATEGIC GOALS	#1: By December 2020, standardize social needs screening citywide and establish DC PACT expertise on analysis, reporting, and dissemination of social needs and health outcomes data	#2: By December 2020, position DC PACT as a clearinghouse and hub for health system action to address social needs and improve health equity	#3: By December 2020, leverage a bidirectional cloud-based health information exchange to identify the social needs of patients, facilitate high quality care coordination, and enable staff to provide effective referrals that can be tracked in a standardized process	#4: By December 2020, standardize shared measurement assessment among DC PACT members for the purposes of reporting, analysis, and dissemination of population social health data	
2019 OBJECTIVES	<u>CoRIE Phase One Action Team</u> <ol style="list-style-type: none"> 1) Engage social health sector on standardized screening and data sharing; promote citywide 2) Assess stakeholder priorities and technical requirements for citywide data sharing system 3) Develop resource inventory of community support programs and organizations 	<u>Shared Measures Action Team</u> <ol style="list-style-type: none"> 1) Develop an approach to create shared measures at coalition, community, and individual level 2) Begin planning for how DC PACT will take action on shared measures 	<u>Upstream Action Team</u> <ol style="list-style-type: none"> 1) Begin development of DC PACT upstream work through participatory asset mapping 2) Map out opportunities for shifting health care to social spending and develop DC PACT action strategy 		



SOCIAL DETERMINANTS OF HEALTH FRAMEWORK



2019: Continue focus on downstream, solid beginning to upstream work