FORESIGHT
Designing a Future for Health

Holistic, innovative, culturally-rooted healthcare

Idea 26	Social determinants of health as a guiding framework (health, not just healthcare)
Proposal 26a	Integrate health IT with social service organizations' IT systems to better inform holistic interventions.
Description	Integrate health IT with social services organizations' IT systems to better inform holistic interventions. In order to achieve social determinants of health, we need standards for clinical information and interventions. The field faces two challenges: 1) lack of ability for healthcare IT to send referrals to human services necessary to resolve social determinants of health problems; 2) medicalization of social determinants of health leads to missing important social and environmental determinants defined by other information domains.
How will the proposed action advance equitable health and well-being?	Creating technology-based models for responsible and secure data sharing across programs and domains will enhance clinicians' ability to treat the whole person. Currently, given our siloized system, people often receive medical care separate for all other assistance. In addition, having a holistic of people's social needs (housing, nutrition, transportation, behavioral health, education, civil legal, etc) provides the comprehensive view to implement coordinated care. Without the technology foundation, it is impossible or very difficult to coordinate care at scale. With a comprehensive view of the clinical/medical and social care needs will enable providers to intervene earlier and/or support preventive and early intervention activities. Currently, our systems generally get involved once someone has already experienced illness, or social disruption.
Is there work we can build on?	Gravity Project Work on cross-domain standards-based interoperability between health, human services, education and courts at the National Interoperability Collaborative, with a specific emphasis on health-to-human services referral. This work is part of the Stewards of Change Institute's work in these areas for over a decade. With a grant from the Kresge Foundation SOCI has been able to build a solid foundation, and a national community to address these complex, cross system challenges. In addition the NIC is developing an operational proof of concept demonstration project in partnership with the New Jersey Integrated

	Care for Kids Initiative (InCK is a federally funded 7 year project to demonstrate the value of alternative payment models to coordinate care for high risk children on medicaid to reduce out of home placement.) The NJ InCK site is the focus of the technology solution to demonstrate the flow of information within a secure and responsible environment across health (medicaid), children services, housing, behavioral health, education and the courts. This model is being designed to be open-source and replicable/customizable to other jurisdictions across the nation. Development of the solutions are underway and are continually being updated for review by NJ and the NIC community. Demonstrations of latest connections are planned for January 25th, March and April - and are designed to meet many requirements by NJ INCK. This technology POC can expedite implementation of tangible solutions in jurisdictions that are proceeding with technology-based, interoperability projects. Other considerations: 360x Closed Loop Referrals: https://www.healthit.gov/techlab/ipg/node/4/submission/276 University of Missouri has multiple data collections (health and SDOH) integrated and available at state level and at community level: https://extension.missouri.edu/programs/cares. Healthify offers an interesting new model using tech to connect health care providers with social service resources. They are focused on building next generation technology to move the needle on healthcare outcomes and cost for vulnerable populations:
Who would have to act? Who would be key partners?	The NJ Integrated Care for Kids site is a committed partner and has become an official member of the NIC. They have resources for NIC to design, build and test a technology proof of concept to meet the multiple, cross-domain information sharing needs of their federal program. Key partners include representatives of programs and systems that are engaged in the NJ site (State agencies along with Monmouth and Ocean Counties - population 1.1 million; 135,000 children in the pilot). All parties to the program are operating under a governance model and participate in a partnership council to guide the initiative over the next 7 years.

	More information can be found at: [Project Unify](#) [National Interoperability Collaborative](#) [National Action Agenda](#)
A few high-level action steps	We are defining the business and technology requirements; to develop a tactical road map for interoperable exchange of information that bridges the silos of New Jersey's complex civic structure comprising myriad municipalities' school districts, public health departments and other health and human services. Tasks include; - A roadmap which will guide New Jersey InCK's data strategies and information technology solutions comprising: (i) mobile screening app; (ii) mobile patient activation app; and (iii) data warehouse/population health tool with integrated case management tool with client specific portals. - Provide identity management and patient matching to ensure integrated care coordination and case management as children and adolescents cross multiple settings of care and services. And provide standardizing assessments of medical, behavioral and social risks. As data and technology solutions are developed, SCI will build modules to incorporate new databases (e.g., SNAP, School Information Systems). - Develop reference specifications and architectural models that integrate case management solutions with various client specific portals. To accomplish the InCK's larger standards-based, interoperability and information sharing goals, SCI will explore and document promising and emerging methods, models, tools, and approaches for blending pertinent data from multiple types of Core Child Services databases (Clinical Health, Behavioral Health, SNAP, WIC, TANF, Housing Insecurity, Child Welfare, Education, Legal/Courts). - Create specific activities and artifacts which may include: (i) data element library and models to synch with Center of Excellence on Quality of Care Measures for Children with Complex Needs (COE4CCN); (ii) align workflows for ELTSS with integrated case management for client specific portals; (iii) harmonize data exchange standards and protocols for applicability to core data sets; (iv) identify pertinent semantic definitions and ontologies; and (v) participation in National Interoperability Collaboration, an open-source, open-standards, open-API community.

Other comments or guidance	This POC will provide the details needed for NJ to develop the technical requirements to procure and build the operational system beginning in 2021. This blueprint, and the related technical documentation will be customizable and replicable by sites across the country thereby expediting the cycle time from concept to development.