A doctor diagnoses an adult patient with asthma and sees on the patient’s electronic medical records that she lives near a pollution site. Before the patient’s next visit, the doctor uses email to refer the patient to other resources. The next day, a social worker reaches out to connect the patient with a real estate agent to help find housing in another part of town, and a workforce specialist makes contact to provide employment assistance in the new neighborhood.

There was a time when such collaboration among agencies was a pipe dream. Now, thanks in part to Kresge grant recipient Stewards of Change Institute (SOCI), it could be closer than ever. SOCI is behind a program designed to improve communication among six major areas of practice: human services, health care information technology, public health, education, public safety and emergency response.

That program, the National Interoperability Collaborative (NIC), launched in June 2017 and eventually will advance the use of interoperability and data-sharing partnerships to benefit at-risk and underserved individuals and families. SOCI is working with think tank AcademyHealth to use $1.2 million in Kresge seed funding to provide guidance, promote and facilitate standards and promulgate information sharing across sectors.

“We solve both a simple and a complicated issue: If you can’t get systems to talk to each other, you can’t help people,” says SOCI President Daniel Stein. “We like to think of ourselves as the ones who help everyone else connect the dots.”

Aspiranet, cited by Stewards of Change as a real-world example of an interoperability project, relies on coordinating service delivery and keeping meticulous records for its work with children and families. The California-based organization provides a broad range of services to foster and adoptive families and teens aging out of foster care.
How It Works

The best way to understand how NIC functions is to think of it as a network, or a community of networks. A new approach, it enables public agencies on one side of an issue to see and understand what other agencies are doing — a repository for data so health professionals and human services providers can determine how best to help people.

In short, it’s a shared resource to empower agencies to be more effective in providing services.

Ultimately, NIC’s technology interface will work like a highly tuned search engine such as Expedia or Travelocity. Service providers will query for information and a database representing a variety of agencies and sectors will return a host of searchable results.

NIC currently focuses on governance and standards dissemination. With the leadership of SOCI and AcademyHealth, NIC provides case studies and technical assistance on health crises, identifies best practices through comprehensive review of interoperability guidance and toolkits, and convenes key stakeholders to share information and provide feedback on how the systems can work together.

As part of these efforts, NIC disseminates information and recommendations in print and through an online portal. It also offers educational and technical assistance through SOCI’s “InterOptimability” Training Curriculum and Certification (ITCC). The idea is to explore best practices as a way of teaching partners how to make data more shareable and get the most out of the data warehouses with which they share it.

“We’re not recreating the wheel here, but everybody has been operating in their own systems for so long (that) a huge part of what we’re doing is simple education,” says Stein, who works out of SOCI headquarters in Centerport, New York. “The nuts and bolts of creating data warehouses is pretty straightforward, but the protocols that relate to privacy in how you query those databases, where the data resides, who accesses the data and how — those are much more complicated issues.”

NIC is less worried about the design of these data repositories and more concerned about how various agencies can access them by storing data in forms and formats that work with a variety of systems.
“With a rich infusion of data, agencies can be more responsive, and they all will be responding together, as a team.”

—Rodney Ogawa, Silicon Valley Regional Data Trust

In addition, NIC must address another significant challenge: privacy. According to the Health Insurance Portability and Accountability Act of 1996, public and private organizations that exchange personally identifiable information about clients must keep information confidential.

State laws governing this data often are more stringent than federal laws. Stein says SOCI works with organizational leaders, attorneys and managers to identify the specific information they want to exchange, then craft agreements to meet the legal requirements.

Why It’s Important

Solving these problems is a big deal because of what the solutions potentially can overcome: disparate health and human services organizations keeping data in silos. While a handful of previous interoperability efforts have involved outreach from health care to other sectors, NIC largely focuses on social services. Some information is medical in nature. Most of it, however, is not.

This is by design. As Stein explains it, the program works hard to treat the whole person — not just singular aspects of a person’s health or well-being. NIC also connects agency participants with seemingly unfettered access to a broad array of cutting-edge information, training, tools and best practices to enhance efficiency, save money, improve outcomes and advance their own interoperability goals.

“There’s increased recognition that larger social and environmental factors contribute to a person’s health and well-being,” says David Fukuzawa, managing director of Kresge’s Health and Human Services programs. “By getting a handle on this data — by tracking the data across agencies — providers can get a much more comprehensive look at someone’s health, the nonmedical factors that may have an impact and how we can go about helping that person most efficiently.”

Or to put it another way: It’s a way to treat the whole person every time. The benefits of a system where providers have access to comprehensive information about an individual are many, including reducing stress and humiliation for those who must constantly prove eligibility to receive important services.

“When a parent is seeking assistance for food, housing and child care, they have to submit paperwork at each of the agencies. A system that is integrated and interoperable can streamline the process and create an environment of support to help families thrive,” Fukuzawa adds.

Successes to Date

So far, NIC has identified three state agencies as partners: California, Connecticut and Virginia. A fourth partner, the Healthcare Information and Management Systems Society (HIMSS), joined the fold last year.
One of the most successful projects to date has been the Silicon Valley Regional Data Trust (SVRDT) in northern California. “With a rich infusion of data, agencies can be more responsive, and they all will be responding together, as a team,” says Rodney Ogawa, co-founder and co-director of the SVRDT. “When this is working effectively, the system becomes more person-centered instead of agency-centered.”

The ability of the NIC approach to create person-centered systems is one of the reasons that Kresge supports this work, Fukuzawa adds. “Focusing on interoperability and integration of services reminds us all that we are on the same team and allows us to essentially ‘pass the ball’ as we serve clients,” he says. “When partners come together to examine these issues, we are better able to connect services around individuals and families and identify effective methods of operating that advance social and economic mobility.”

Independent of the grant, SOCI also has leveraged NIC for new models to better address public health-related crises such as lead-contaminated water in Flint, Michigan, or natural disasters such as Hurricane Katrina. Dubbed Health Emergency Linkages and Preparedness (HELP), the model was put together by HIMSS and SOCI and was the centerpiece of a Guidance Document and Action Plan that the two organizations announced and published last year.

What’s Next

Looking ahead, Stein says NIC will expand in a variety of directions. In the immediate future, the organization will double down on work with existing partners, helping California, Virginia and Connecticut in particular create what Stein calls “interstitial tissue” for increased collaboration. What’s more, NIC will line up more work that can be transferable to other jurisdictions down the road — specifically, legal work that pertains to data-sharing agreements. NIC also expects to expand its educational offerings, adding more workshops and training courses across the country.

Further down the road, Stein expects funding for the NIC to continue to grow. Because Kresge came to the table early — and thanks in part to its participation — the project subsequently received additional funding from the Annie E. Casey Foundation, the Robert Wood Johnson Foundation, IBM and Microsoft. “Fundamentally, you have to do a lot of this stuff in parallel because, sequentially, it would take a lifetime, and that’s hard for systems that have limited money, time and bandwidth,” Stein says. “This is not a problem we can solve in weeks or months or even years.

“It’s going to require buy-in on a new strategy for integrating health care and human services overall.”