

# Housing and Healthcare: Partnerships For Statewide Data Sharing

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Increasing Capacity &  
Building Connections:  
Bridging to the Future



## **The Presenters**

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# Today's Presentation

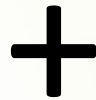
- The History Behind the Effort
- Prioritization and Coordination
- How We Are Getting Things Done
- Technology and Compliance
- If You Are Starting Out....



# A Little History



## The Merger: A Starting Point for Transformation



- Separately, the Departments managed hundreds of unique programs that customers interacted with in a multitude of ways
- Through the merger, we're looking at every program we offer to see how we can achieve more person-centric flexibility
- The combined MDHHS is charged with reforming how we interface with our customers through technology and making the service delivery system more focused on the customer's needs



# Core Principles

- People Not Programs
- Root Causes Not Symptoms
- Maximize Results
- Engage the Community
- Measure Outcomes



## Integrated Service Delivery (ISD)

- ISD will tangibly change the way services are delivered by focusing MDHHS on serving people rather than administering programs
- That transformation comes through a combination of workforce innovation, technology modernization and stronger partnership with communities
- ISD successes will be defined by measurable health, safety and self-sufficiency outcomes





## **2016: National Governor's Association (NGA)**

**Participated in two NGA sponsored initiatives:**

- **Developing State-Level Capacity to Improve Health and Reduce Cost of Populations with Complex Care Needs**
- **Housing as Health Care for Complex Care Populations Learning Lab**





## **2017 – Present: State Innovation Model (SIM)**

- **Lack of stable and affordable housing identified by all five Community Health Innovation Regions (CHIRs) as a barrier to improving health outcomes**
- **SIM gives five communities the opportunity to forge relationships between housing and healthcare systems to jointly address housing instability and SDOHs**
- **These two systems can unite through shared data of homeless high utilizers**



## **2017: Medicaid Innovation Accelerator Pilot (MIAP)**

- **Participated in the MIAP State Medicaid – Housing Agency Partnerships**



## **Why pursue this initiative? What did we hope to accomplish?**

- **Current housing assessment and prioritization is only self-report; data matching provides clinical utilization and diagnoses to prioritization of housing resources**
- **Sharing data across housing and healthcare sectors reduces service redundancy and improves care coordination**
- **Medicaid waiver providers access to new sources of services funding for housing providers**



## PSH Frequent User Pilot

- Locate currently homeless who are Medicaid high utilizers
- Connect them to permanent housing and support services
- Monitor their housing stability, use of ED and other high cost healthcare interventions
- Evaluate the effectiveness of permanent supportive housing on healthcare outcomes and cost



## **State and Local Value of Data Integration**

- Improved prioritizing target population through data integration
  - Better data quality
  - Reduce duplication
  - Higher confidence in target population



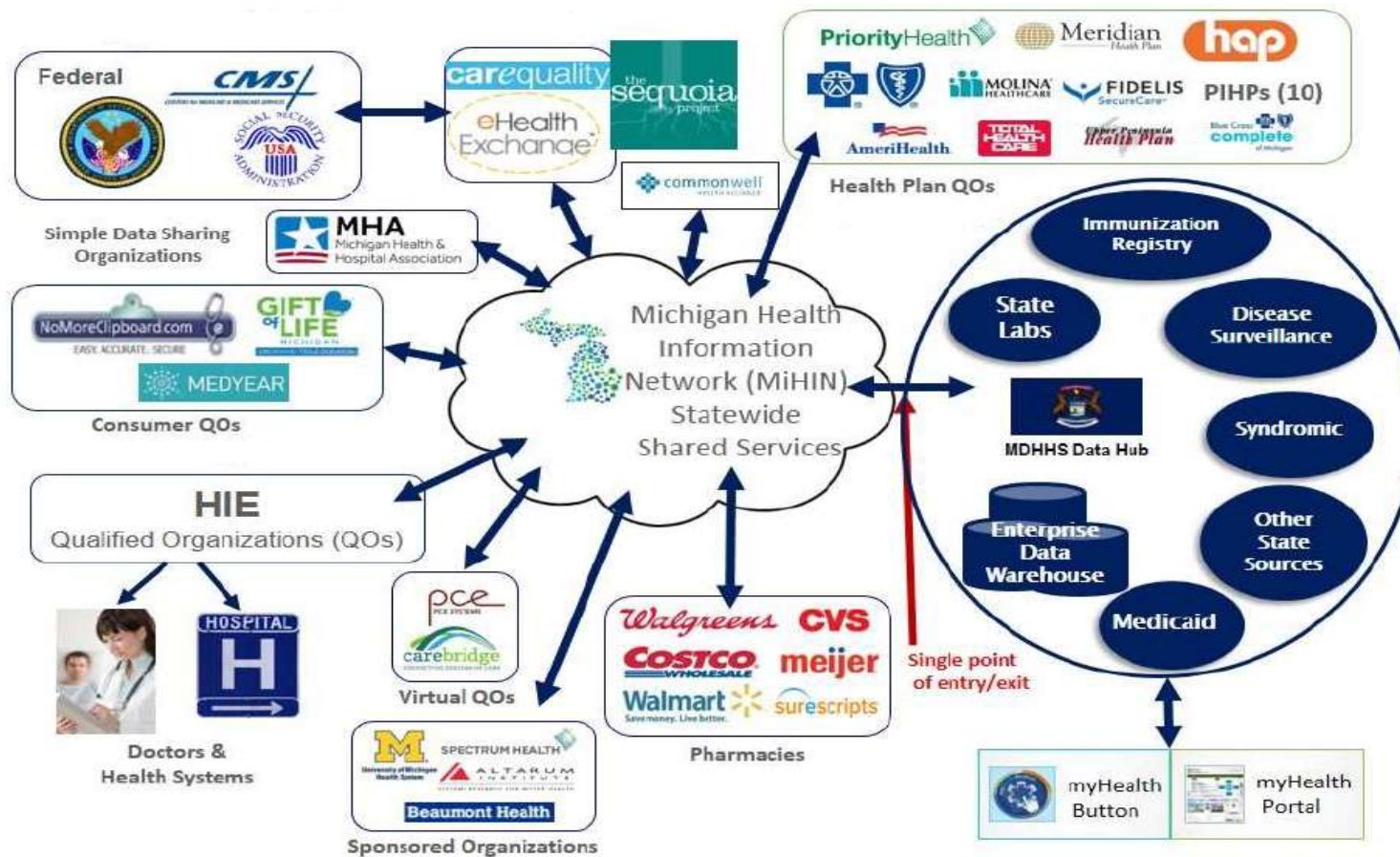
# How Are We Getting Things Done?



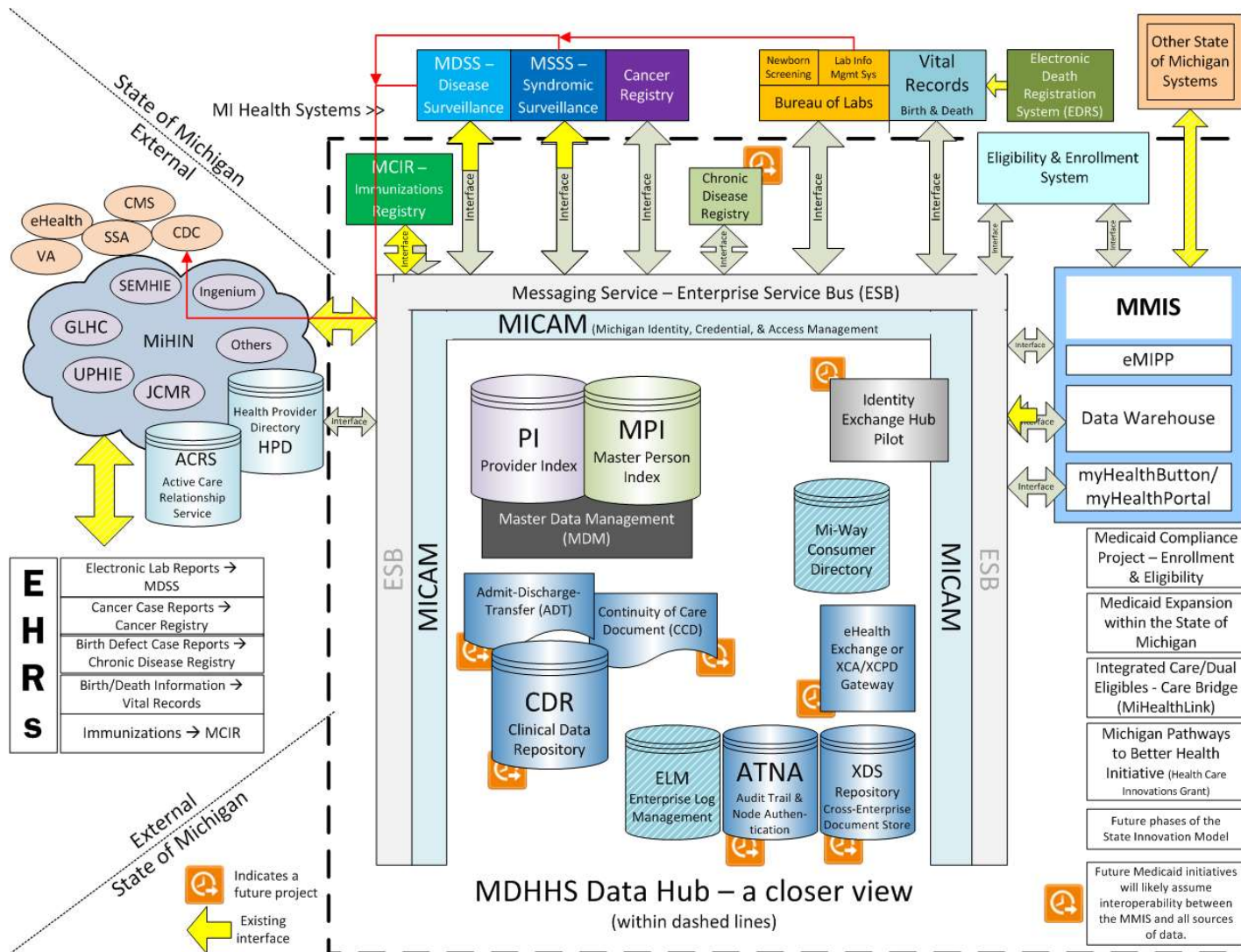
Program collaboration is not just a “thing”  
in Michigan, its how we operate.

Data sharing is central to our goals and  
objectives, its how we can do our business.

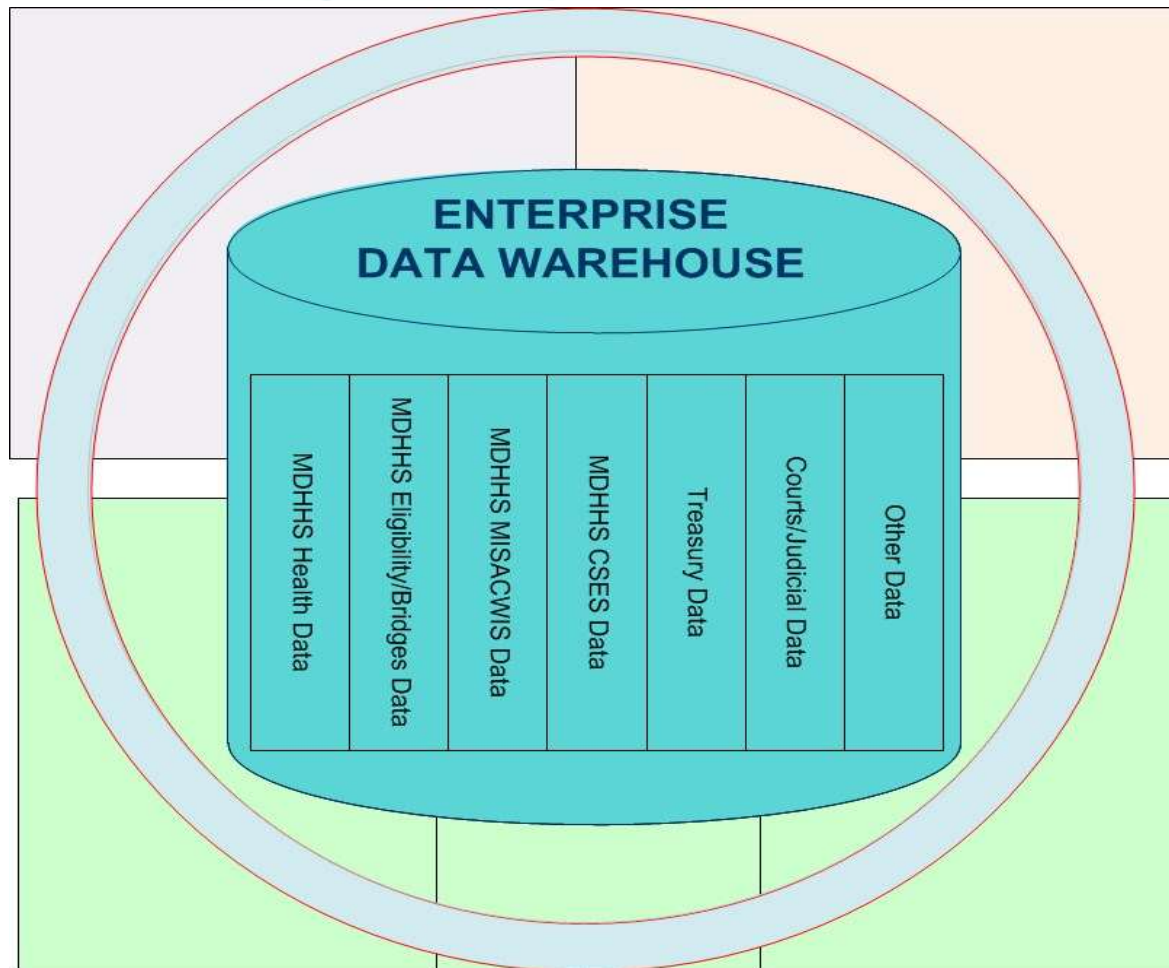
# Michigan's Health Information Exchange







## Michigan's Enterprise Data Warehouse





## MDHHS Data Sources on EDW

### • Health Data

- Admit, Discharge, Transfer (ADT) messages
- Breast and Cervical Cancer
- Community Mental Health
- Children's Special Health Care Services
- Early & Periodic Screening, Diagnostic, and Treatment (EPSDT)
- Health Risk Assessments
- Home Help Payments, Assessments
- Lead Screening
- Long Term Care
  - Home Care
  - Nursing Home
- Maternal & Infant Health Program (MIHP)
- Michigan Care Improvement Registry (MCIR)
- Medicaid Beneficiary Eligibility
- Medicaid Fee-for-Service
- Medicaid Managed Care
  - Payments
  - Encounters
- Medicaid Provider
  - Eligibility
  - License
  - Network
  - DEA/CLIA
- Medicaid MI Choice Minimum Data Set
- Medicare

### • Health Data (cont'd)

- MICHild
- Pharmacy (Claims, NDC, MAC, CMS rebate)
- Substance Use Disorder
- Third Party Liability
- Vital Records - Death/Birth/Paternity
- Waivers
  - Habilitation Support
  - Children's
  - Serious Emotional Disturbance
  - Autism
  - ICO (Dual Eligibles)
  - Health Homes
- Women Infants and Children

### • Human Services Data

- Public Assistance Payment History
- Public Assistance Eligibility & History
- Child Development and Care & Payment History
- Electronic Benefit Transfer
- Child & Family Services
- Services Provider
- Foster Care & Adoption
- Child & Adult Protective Services
- Adoption Subsidy
- Child Support

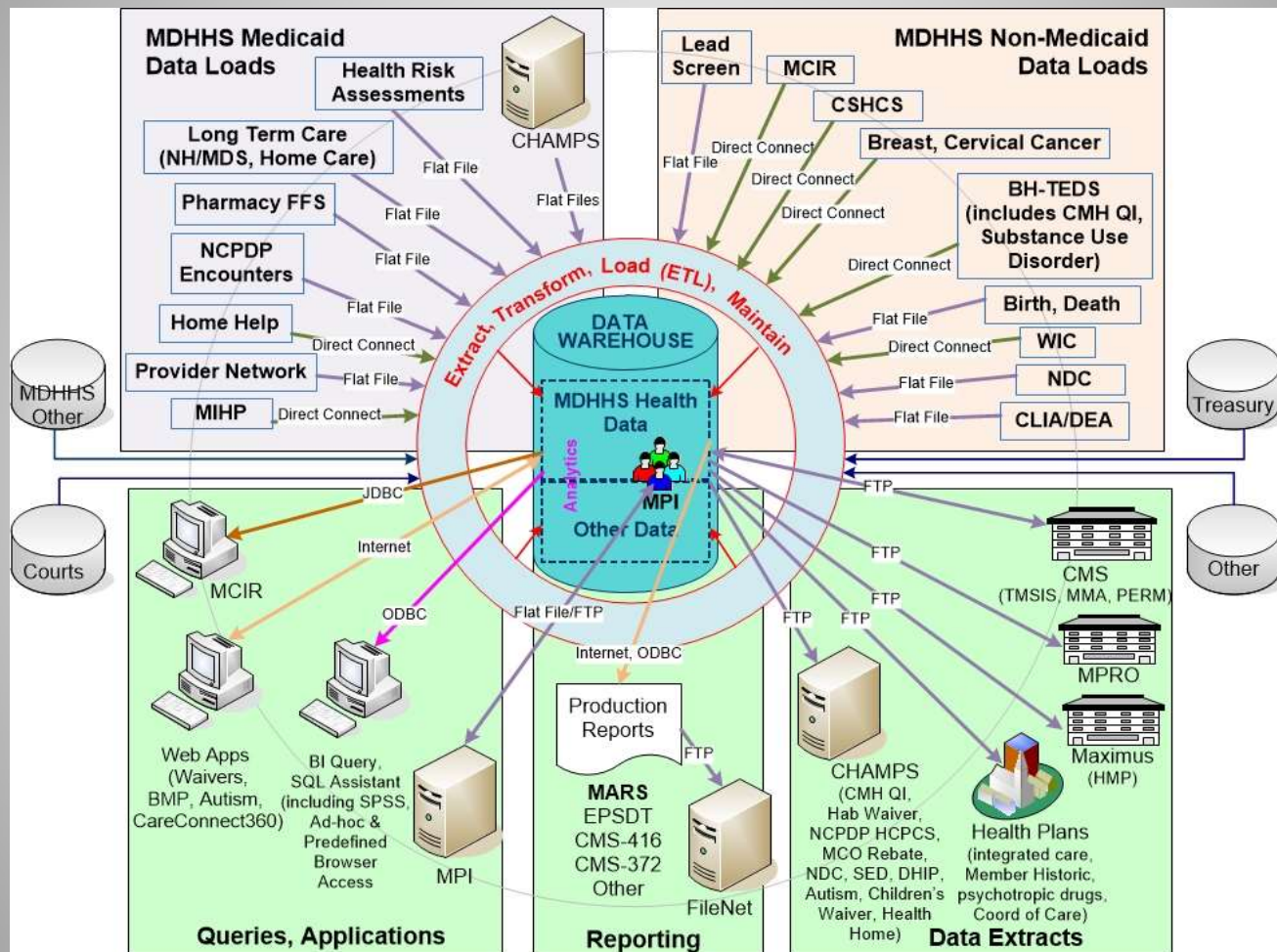


## Non-MDHHS Data Sources on EDW used by MDHHS

- **Department of Corrections**
  - Prisoner, Probationer, Parolee demographics
- **State Police**
  - Personal Protection Orders
- **State Court Administrative Office**  
(Circuit, District, Probate, Criminal, Juvenile, Civil & Traffic Courts)
  - Demographics
  - Cases
  - Offenses
  - Sentencing
  - Financial
- **Department of Licensing and Regulatory Affairs**
  - Worker's Compensation
  - Unemployment
  - Quarterly Wages
  - MI State Housing Authority Clients
  - Professional License
- **Department of Natural Resources**
  - Hunting License
  - Campground Reservations
- **Secretary of State**
  - Driver's License
- **Department of Treasury**
  - New Hire
  - MI & Federal Individual Tax
  - MI & Federal Business Tax
- **Federal**
  - SSI and RSDI Claims & Payments
  - Census
  - Federal Case Registry (Child Support)
  - U.S. Customs
  - Financial Institution Data Match
  - Social Security Demographics



# MDHHS Health Data Warehouse Environment





## **Master Person Index (MPI)**

- Implemented original version in 2001, major upgrade 2012
- Centralized index of individuals
- Matches and links person-level records across data sets
- Required to integrate data from multiple data sources
- Enables 360-degree view of a person
- Enables assessment of longitudinal data from birth to end of life



# Data Privacy and Security

- It's all about trust
- Business Owners maintain control by approving access
- Minimum necessary rule
- Access controls (e.g., roles/profiles)
- Must follow applicable laws
- Agreements
  - Data Use Agreements
  - MPI Data Sharing Agreements
  - Business Associate Agreements
  - Inter- and Intra-Agency Agreements



## Securing MPI

- Limited to authorized users (data stewards)
  - Specific data/levels of information
  - Future - Celebrity list of high profile individuals
- Identifier information is not shared
- Data can be linked without being visible
- Oversight by MDHHS Compliance Office





## CareConnect360

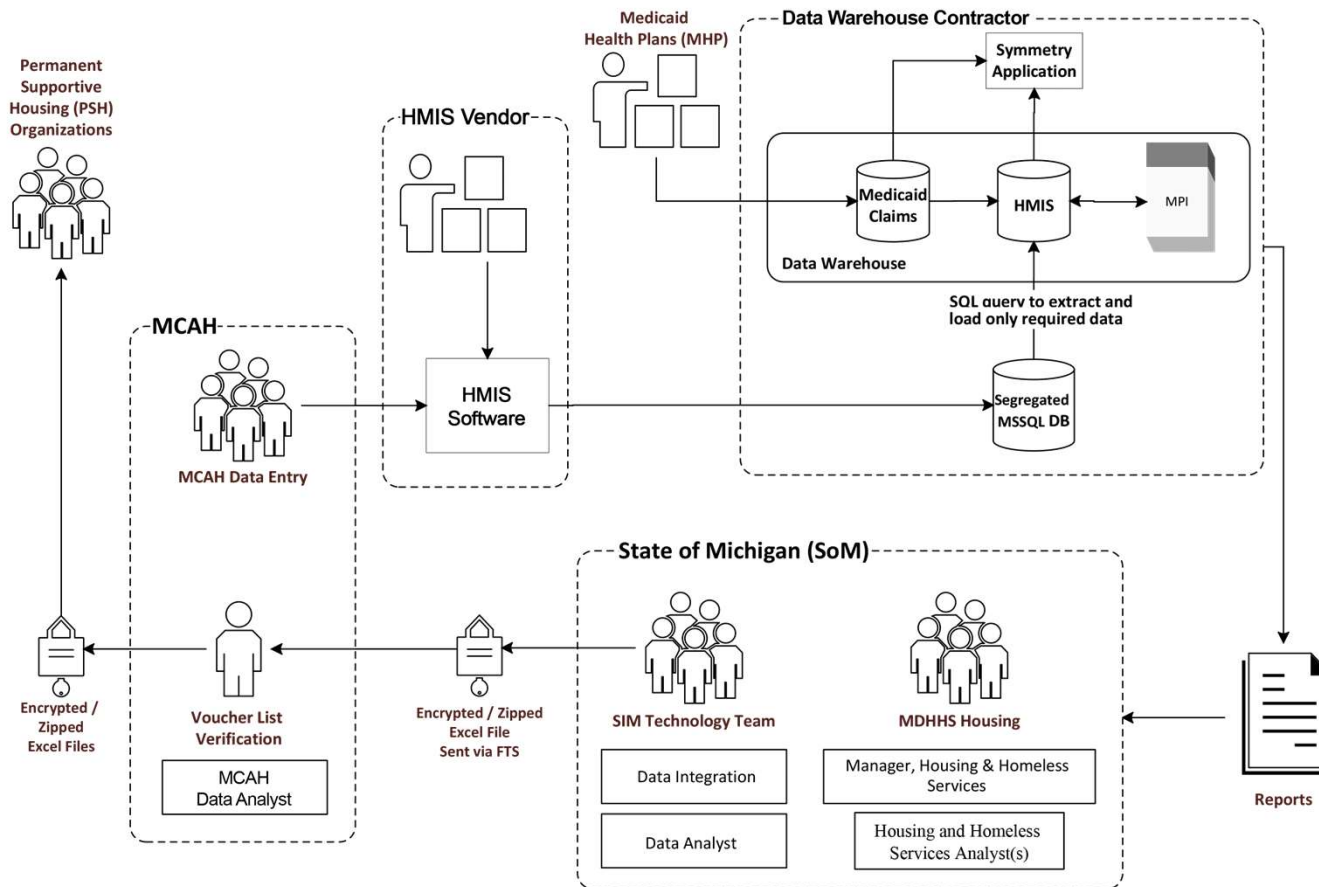
- Statewide Care Management Web Portal
- Comprehensive view of individuals and populations across programs making it possible to
  - effectively assess and analyze program data
  - make better and faster decisions
  - manage and measure programs
  - reduce costs
  - improve outcomes
- Facilitates sharing of critical cross-system information
  - Behavioral health
  - Physical health
  - Assistance and support services
- Backbone is Michigan's Enterprise Data Warehouse



## Getting Michigan's HMIS Ready

- The first component is to resolve compliance/client consent portions of a project, to ensure privacy is maintained while service delivery under the program is possible
- Develop a Data Use Agreement between the HMIS and the external parties who will be integrating the data. Be very specific about what the data will be used for and how integration will happen.
- Develop ROI to seek client consent, consistent with how the project will function.

# HMIS Data Integration Map





## Getting Michigan's HMIS Ready

- Michigan's standard HMIS ROI/Policies & Procedures permits the following use of data within an integration environment
- Record matching using client identifiers. Once the data is matched, identifiers are stripped and only aggregate results may be released as part of a larger research activity
- Data Integration where specific conditions may be matched to determine client eligibility. Clients who are potentially eligible can only have their first and last name released as part of a by-name list to the case manager serving the client. The client would then consent through another signed ROI before further information sharing among partners can take place.



## Specific Privacy Concerns

Due to HIPAA and other healthcare/privacy laws, neither the HMIS nor the data warehouse are permitted to release information (from the integration project) about specific health conditions. Therefore, we have worked to build a mechanism that shows a person reaches a certain level of acuity, without disclosing specifics about their conditions of homeless service history from the data warehouse.

This protects confidentiality while also using health information as a driver in the eligibility process.



## Data Integration

The initial trial runs of exporting HMIS data were done by building out export tables in the HMIS reporting tool to extract the data. While cumbersome, it provided the best way to make changes on the fly to the needs of the data integration team.

The permanent solution is currently being implemented. It involves a flattened SQL export from the HMIS, which can then be imported and matched in the data warehouse. Our initial matching will be done on a monthly basis.



## Data Integration: Data Quality

We did encounter issues with data quality during the matching process.  
Always lessons to learn from:

- The Master Person Index or MPI did have issues with HMIS data because the Social Security Number is weighted so strongly. Due to a state SS# law, many agencies only collect the last four digits, unless there is a program requirement for all nine. In the case of the MPI, it did not match persons with only four digits to the Medicaid records where we had all nine.



# If You Are Starting Out What Do You Do?





## Ask Why Are You Doing This?

The purpose of a project like this is to drive from anecdotal evidence or decisions made with client responses to data/evidence driven decision making. For example:

- Can the project drive down costs? (Healthcare, housing or other costs?)
- Can the project lead to better health and housing outcomes for clients?
- What affect will wraparound services have on program outcomes?



## Who Are Potential Partners in the Project?

Who are the gatekeepers and stakeholders of key data sets you may need to integrate in your project?

- What key data sources do you have? Healthcare? Criminal Justice? Veterans? Education? Senior Populations?
- Who do you have that can serve as leaders/champions to further the project?
- What resources/expertise will you need to pull together the project?



## What Legal/Compliance Hurdles Are There?

- What Data Use Agreements/Memorandums of Understanding will you need with your HMIS? What changes do you need to make with Releases of Information?
- What changes will other data warehousing partners need to make to facilitate data matching?
- Who will be the other technical/compliance parties you will need at the table? How will you ensure the project delivers results, yet protects client confidentiality?



# Q&A



# Thank you!