



Getting to YES: Sharing HMIS and Health Data to Improve Outcomes in Your Community

**Plenary Session: April 19, 2021
NHSDC Spring 2021 Virtual Conference**



Today's Plenary Presenters

- Moderator: **Kim Keaton**, Director of Data & Analytics, CSH
- *Guidelines for HMIS Sharing:*
 - Dennis Culhane**, Professor/Co-PI, University of Pennsylvania, AISP
 - Dan Treglia**, Associate Professor of Practice, University of Pennsylvania
- *HUD's Data Integration Guidance and Support*
 - Fran Ledger**, HUD Office of Special Needs Assistance Programs
- *Build a Better Plane While Flying It: NYC CAPS Evolution*
 - Kristen Mitchell**, Associate Commissioner, Policy & Planning, NYC Department of Homeless Services
 - Craig Retchless**, Assistant Deputy Commissioner, NYC Human Resources Administration
- *Integrated Care Hub: HMIS Data Warehouse*
 - Ian Kozak**, Director of Strategic Development, Green River
 - Margo Cramer**, Advisor for Strategic Initiatives & Partnerships to End Homelessness, City of Boston
 - Mary Takach**, Senior Health Policy Advisor, Boston Health Care for the Homeless



Guidelines for HMIS Data Sharing

**NHSDC Spring 2021 Virtual Conference
Plenary Session: April 19, 2021**

Dennis Culhane, PhD

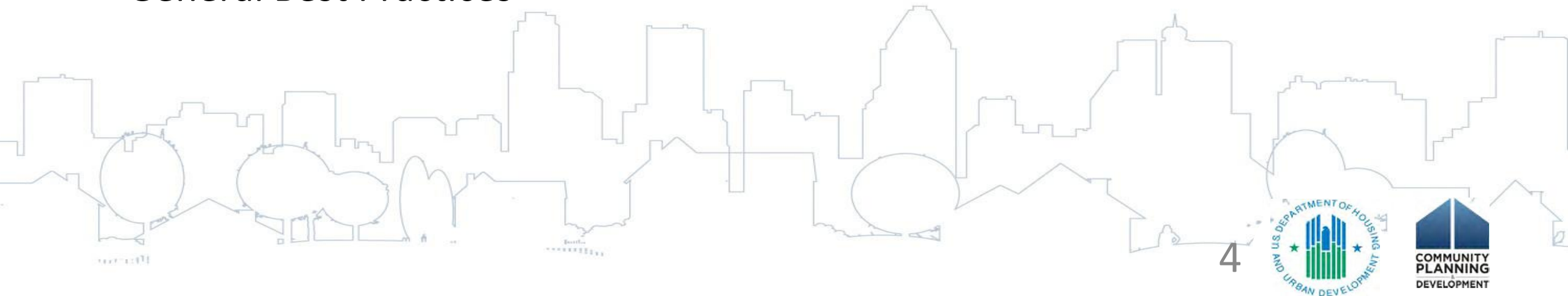
Dan Treglia, PhD

 **University of Pennsylvania**



Three Use Cases

- Linkage of Multiple HMIS Systems
- Linkage of HMIS Data with Other Agencies or Systems
- Care Coordination and Prioritization
- General Best Practices



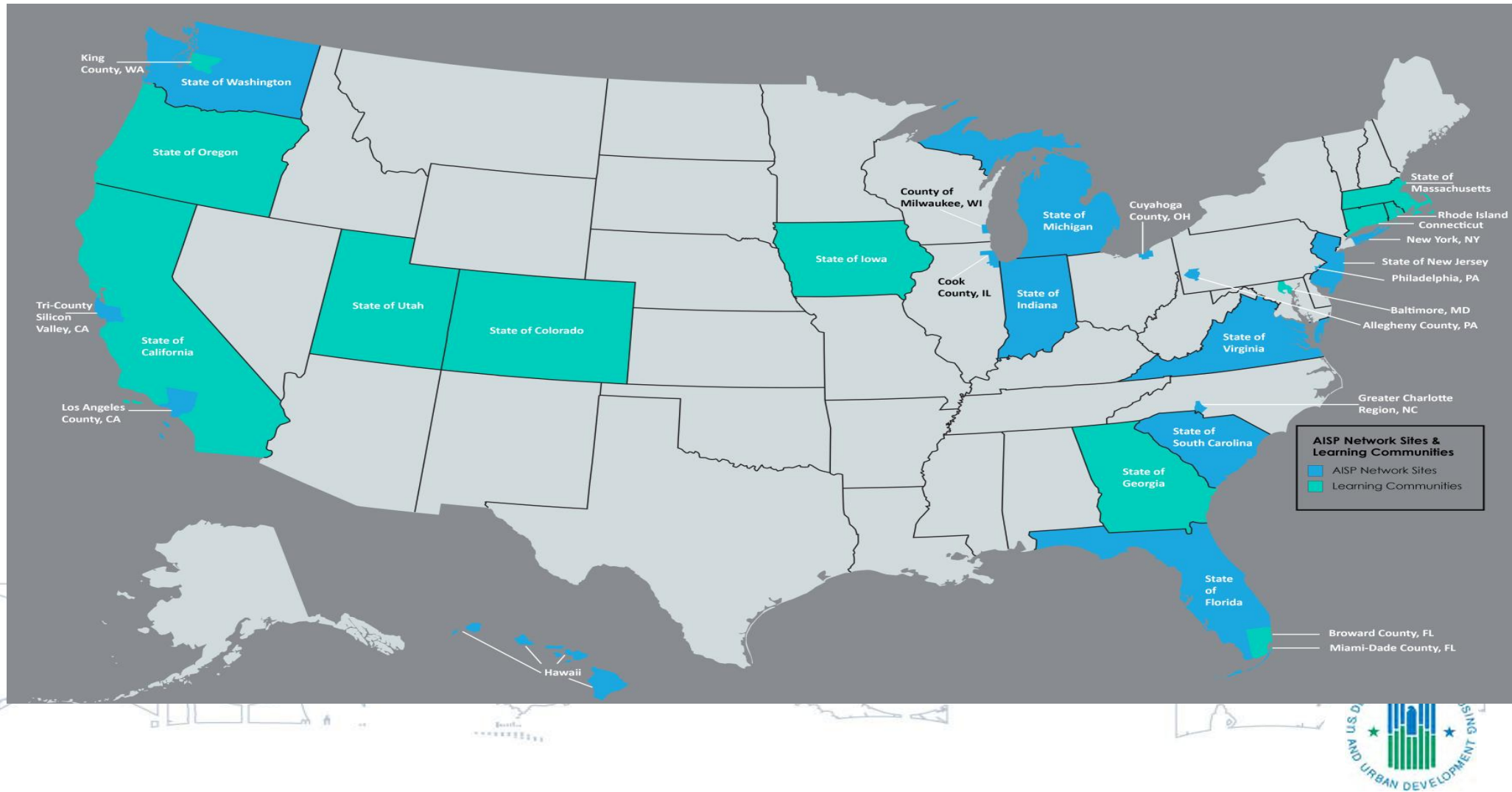
Linkage Across HMIS Systems

- Exchanges of data across HMIS systems or the creation of a shared data warehouse
- Permissible under the routine use exemption under the Privacy Act, does not require consent
- Requires a Memorandum of Understanding (MOU) among CoCs outlining permitted uses for routine analysis and reporting
- Identifiers can be encrypted and stripped after de-duplication

Linking HMIS Data with Other Agencies or Systems

- Extension of the first use case
- Can be defined as a routine use (evaluation, planning, audit) and does not require consent
- Data can be stored in a third-party Integrated Data System (IDS) or exchanged directly between data providers
- All uses must be approved through a DUA (one-off study or match) or MOU (on-going storage or linkage arrangement)
- Integrated Data Systems, for longer-term projects, require technological and human infrastructure, and policies outlined in an MOU

IDS Sites and Learning Community Sites



Care Coordination and Prioritization

- Each agreement between data sharing agencies would require its own authorization and approval, with reviews for legal permissibility and ethical use.
- Consent or sufficient notice may be required. If within a recognized “system of care,” which can include health (HIE) or other social services (CIE), consent may not be required, but “notice” is. If consent is required, or unless a health emergency, sharing has to have time limits, opt out provisions, limits on which agencies, which information and who is authorized to view. And an audit trail. Raises technical complexity and cost.
- Should be constrained to agencies working with the same clients.

Issues of Governance

- The data governance process establishes the framework for data sharing
- A governance committee approves of any research projects and uses of shared data.
- An integrated data system (IDS) requires an HMIS representative on the IDS governance committee to review or approve projects.
- MOU sets policies and procedures among data custodians, establishes legal framework for data access, and sets data security and handling policies
- Should Include community and stakeholder engagement
- Reviews results and dissemination plans
- Data Use Agreements (DUAs) ensure end-user compliance with policies and procedures



Governance Enshrines Ethics

Apply the Human Subjects framework:

- **Autonomy:** Protect private information from disclosure
- **Beneficence:** Serve the Public Good, including Potential Benefit to People whose data are used
- **Justice:** Fairness in how data are used; awareness of equity, historical discrimination; differential surveillance; vigilance and dialogue
- CITI has a training module for using admin records



HUD's Data Integration Guidance and Support

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Fran Ledger, HUD Office of Special Needs Assistance Programs



Federal Data Strategy

Federal Data Strategy — Data, accountability, and transparency: creating a data strategy and infrastructure for the future

The Federal Data Strategy (FDS) encompasses a 10-year vision for how the Federal Government will accelerate the use of data to deliver on mission, serve the public, and steward resources while protecting security, privacy, and confidentiality.

Fully leverage the value of federal data for mission, service, and the public good by guiding the Federal Government in practicing ethical governance, conscious design, and a learning culture.

- Ethical Governance: Upholding ethics, exercise responsibilities, promote transparency
- Conscious Design: Ensure relevance, harness existing data, anticipate future use, demonstrate responsiveness
- Learning Culture: Invest in learning, develop data leaders, practice accountability.



SNAPS' Vision for Data and Performance Success



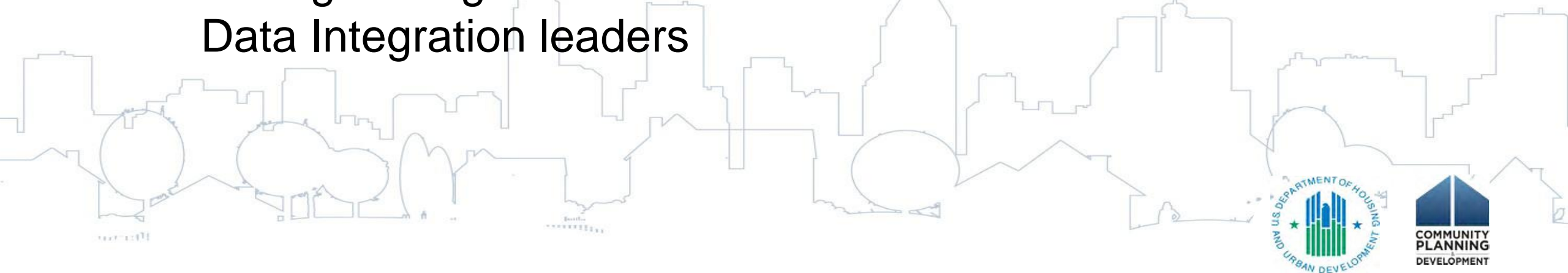
GOALS

1. Communities use their data to optimize systems of care through making ongoing system performance improvements and determining optimal resource allocation.
2. Communities operate data systems that allow for accurate, comprehensive and timely data collection, usage and reporting.
3. Federal government coordinates to receive and use data to make informed decisions in coordination with other data sets, across and within agencies.



Data Integration Efforts

1. Investing Resources
 - Implementing a Data Integration TA Strategy
 - Developing tools, training, and peer-to-peer learning
 - Direct technical assistance – right time, right size
2. Ensuring policies and funding support data sharing and data integration efforts
3. Strengthening coordination with other Federal Partners and Data Integration leaders



SNAPS' Equity Focus

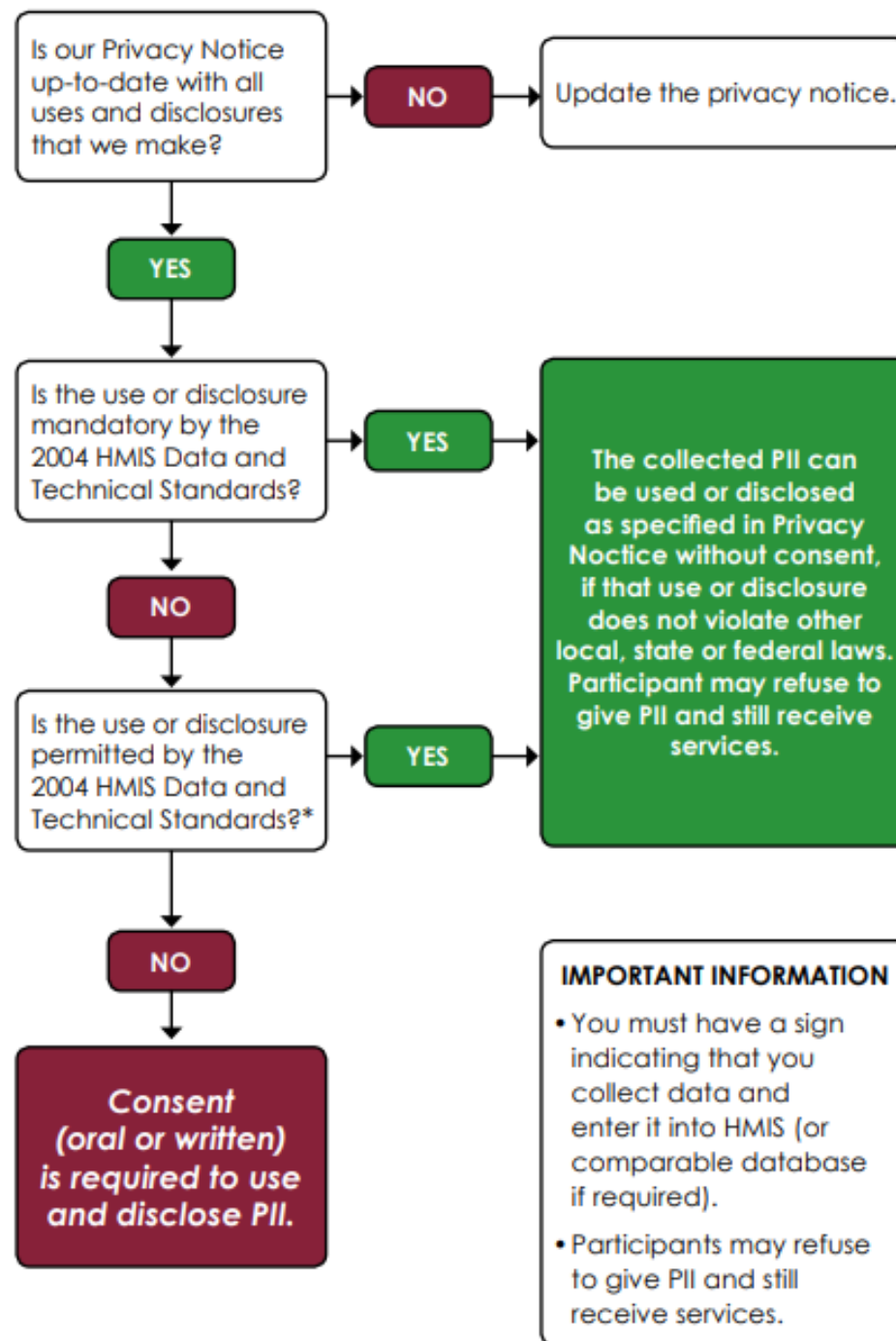
We want to:

- understand inequities related to race, gender, class, and ability to address disparities at the project, system, and community level,
- ensure the analysis, interpretation, and publication of information does not further marginalize and oppress people,
- center equity as an ongoing process that occur at every level of the data integration process, and
- ensure inclusivity: who are the experts, who tells the story, who talks with decision-makers.



Privacy Notice

- The [Coordinated Entry Management and Data Guide](#) has the most recent guidance in Chapter 2.
- The [HMIS Privacy and Security Standards and COVID-19 Response](#) has the most recent guidance on addressing COVID-19 uses and making changes to your Privacy Notice.



TYPES OF USES AND DISCLOSURES

Mandatory:

- Client access to their information; and
- Disclosures for oversight of compliance with HMIS privacy and security standards.

Permitted:

- To provide or coordinate services to an individual;
- For functions related to payment or reimbursement for services;
- To carry out administrative functions, including but not limited to legal, audit, personnel, oversight and management functions; and
- For creating de-identified from PII.

Additional permissions:

- Uses and disclosures required by law;
- Uses and disclosures to avert a serious threat to health or safety;
- Uses and disclosures about victims of abuse, neglect or domestic violence;
- Uses and disclosures for research purposes; and
- Uses and disclosures for law enforcement purposes.

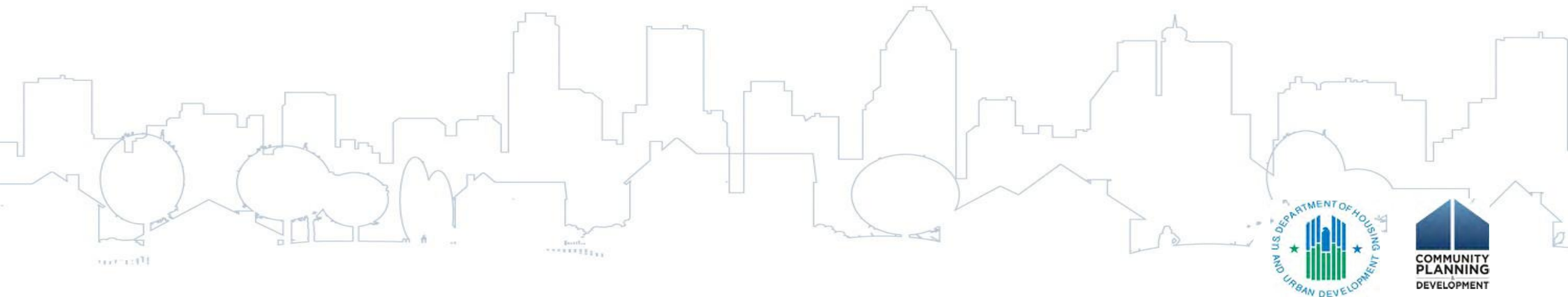
Privacy Notice - Core Principles

- Must meet HUD's baseline requirements but can be more restrictive depending on local needs
- Based on HUD's 2004 HMIS Standards, amendments are retroactively applied to previously collected data.
- Create transparency by providing a written copy of the Privacy Notice
- Describing the Privacy Notice in plain language
- Post a public statement about Privacy Notice



Privacy Guidance – cont.

- Include participant rights and grievance process
- State how provider will use and disclose participant information
- Use plain language and provide translations
- Only share and integrate data that is necessary and appropriate
- The authority to use and disclose is not unlimited



Disease or Disaster Emergency Response

Two primary provisions in the HMIS Standards support disclosures in an emergency response

Disclosures required by law: A CHO may use or disclose PPI when required by law to the extent that the use or disclosure complies with and is limited to the requirements of the law.

Disclosures to avert a serious threat to health or safety: Uses and disclosures to avert a serious threat to health or safety. A CHO may, consistent with applicable law and standards of ethical conduct, use or disclose PPI if:

- 1) the CHO, in good faith, believes the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of an individual or the public; and
- 2) the use or disclosure is made to a person reasonably able to prevent or lessen the threat, including the target of the threat





Building a better plane while flying it – NYC CAPS evolution

NYC CoC data integration to improve Coordinated Entry

NHSDC Spring 2021 Virtual Conference

Plenary Session: April 19, 2021

Kristen Mitchell, Associate Commissioner, Homeless Policy Innovation

Craig Retchless, Assistant Deputy Commissioner, Coordinated Housing and Disability Services

NYC Department of Social Services



NYC CoC in Context

DHS is the NYC CoC Collaborative Applicant and HMIS Lead Agency

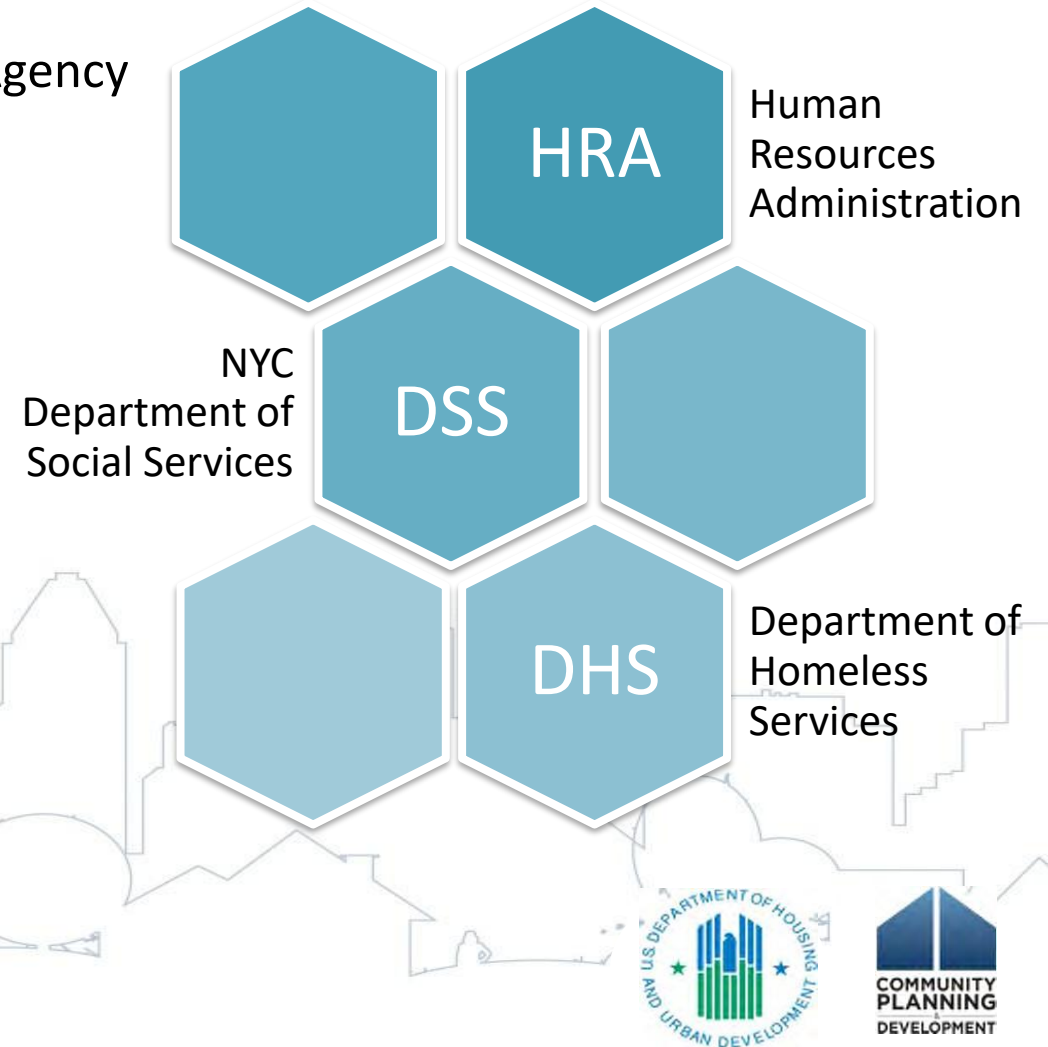
HRA is the NYC CoC Coordinated Entry Lead Agency

DSS provides integrated management for HRA and DHS

Largest CoC in the Country

CoC Project 2020 Awards

- \$139 Million
- 170 Projects



NYC HMIS in Context

NYC HMIS utilizes a data warehouse model

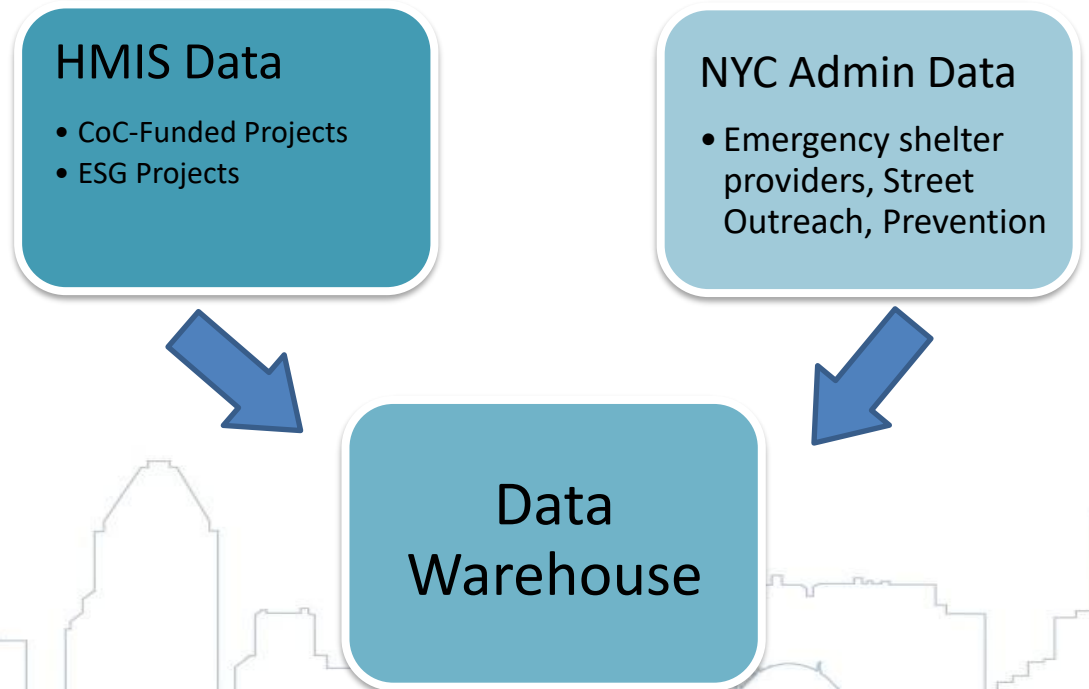
NYC Homeless Dedicated Housing

NYC has an inventory that houses:

- 51K adults and children in DHS shelter
- 9K in other emergency shelters
- 3K in low barrier beds for street homeless
- 3K in Transitional Housing
- 33K in permanent housing

NYC HMIS Projects

- 1200+ Active Projects

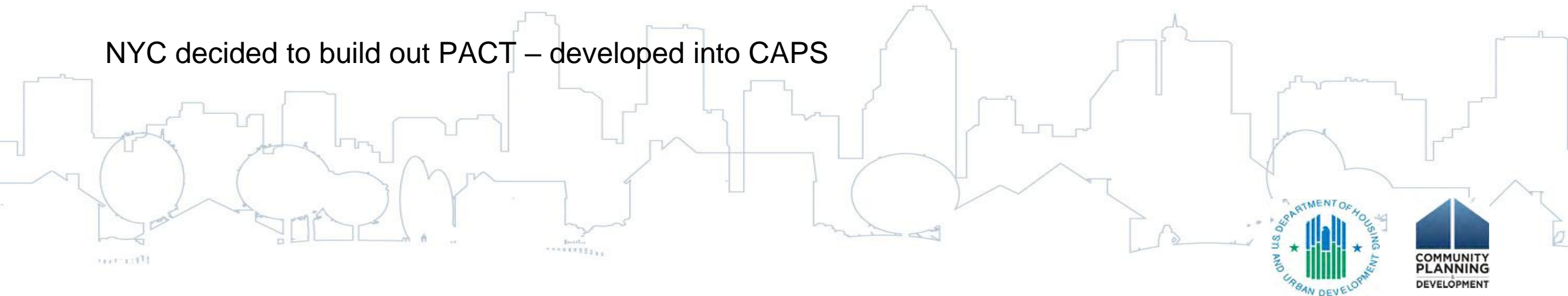


NYC CoC Community-Driven Decisions

Coordinated Entry System Development

- Start with Coordinated Entry into Permanent Supportive Housing – iterative process
- HMIS Data Warehouse vs. PACT electronic application system
- Advantage of PACT system with eligibility, tracking and referral components
- Flexibility and broader community utilization in PACT system

NYC decided to build out PACT – developed into CAPS



CAPS: A dynamic system with several components



- Coordinated Assessment Survey
- NYC Supportive Housing Application
- Vacancy Control System

Quick stats

- CAPS accessed by 18K users, 4K sites, 1K agencies
- Housing inventory – 25K units of PSH
- Surveys and Applications – over 20K each annually



CAPS integrates data from several other systems



Homeless – DHS CARES, HRA HASA



**Health/Behavioral Health – SDOH MDW,
HRA STARS**



Income – HRA WMS



**Housing Documents –
HRA Repository**

Future integration

- Department of Corrections
- Department of Youth & Community Development - Young Adult pop.
- HRA Emergency Intervention Services – DV pop.



The Standardized Vulnerability Assessment (SVA)

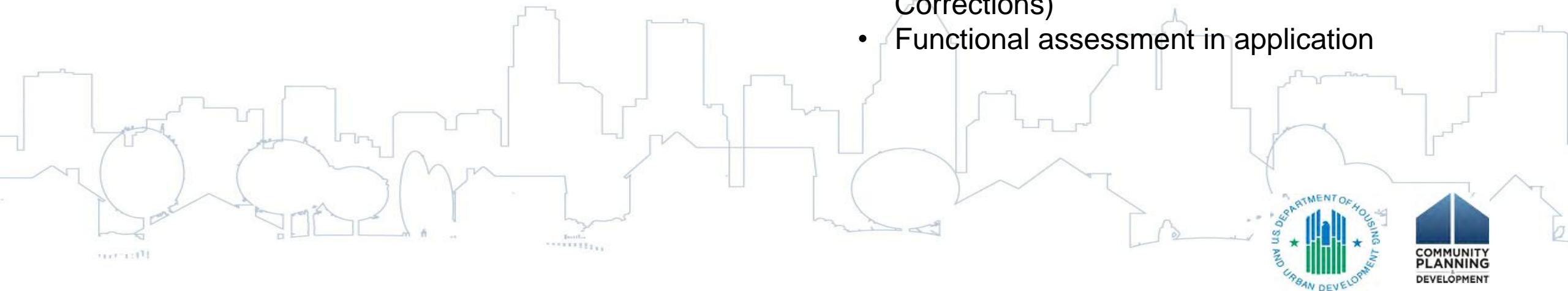
SVA is the vulnerability index used for prioritization of those eligible for supportive housing

Verified Data Sources

- SDOH MDW – Hospital (ER and Inpt.) and Expenditures
- HRA STARS – SUD Treatment
- DHS CARES, HRA HASA – Homeless

Provider/Client Report

- Referral source indicates system contact (eg. Corrections)
- Functional assessment in application



Lessons Learned & Looking Forward

CAPS Lessons



1. Continuous buy-in through iterative process

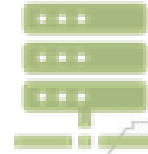


2. Future data integration opportunities/challenges

HMIS Lessons



1. Investing in modern data environment



2. Built-in data integration



3. Flexibility for future data sharing





Integrated Care Hub - HMIS Data Warehouse

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Mary Takach

Senior Health Policy Advisor
Boston Health Care for the Homeless Program

Margo Cramer

Advisor for Strategic Initiatives and Partnerships
to End Homelessness
City of Boston

Ian Kozak

Director of Strategic Development
Green River



Boston Health Care For the Homeless Program

Since 1985, our mission has remained the same:

To provide or assure access to the highest quality health care for all homeless individuals and families in the greater Boston area.



Social Determinants of Health Consortium Evolution

A history of collaboration

- Shared space
- Public health emergencies
- Housing and health care collaborations
- Established forum for communications

A shared need to stay relevant in changing delivery system

- In 2016, Massachusetts began significantly restructuring public insurance (Medicaid) delivery and piloted Accountable Care Organizations (ACOs)
- 2016-2018 Massachusetts Health Policy Commission grant to build pilot for 60 patients: SDH Coordinated Care Hub
- 2018, Medicaid ACOs launched in Massachusetts with a mandate ‘buy not build’ care coordination via new entities called ‘Community Partner (CP)’
- Boston Coordinated Care Hub formally launched in 2018 and currently cares for approximately 1200 people experiencing homelessness in Boston and contracts with 10 ACOs and MCOs.



HEALTH POLICY COMMISSION (HPC) GRANT OVERVIEW

Grant Objective: Coordinate care across 10 agencies to better serve people experiencing homelessness, improving their access to services that address the social determinants of health and reduce their need to seek care from Emergency Departments and hospitals.

Timeline: 2-year grant: 2016-2018, \$750,000 total.
Target Population: 60 homeless individuals with high costs/high health care utilization who get their primary care from BHCHP.

Social Determinants of Health Coordinated Care Hub for people experiencing homelessness

1 Legal infrastructure

Care integration across disparate providers requires legal agreements.

- Organized Health Care Arrangement
- BAA with Partners, City of Boston
- Confidentially agreements, HIPAA training
- Release of Information from patients

2 SHARED INFORMATION TECHNOLOGY

Leveraging existing technology via City of Boston's HMIS platform
To communicate/coordinate/ & streamline care

3 DEDICATED RESOURCES

- 15:1 client-to-staff ratio**
- Delegated case management based on existing relationships
 - At least weekly encounters; support from BHCHP RN

4 CONNECTION TO PRIMARY CARE

Integrating health, behavior health, housing, and social services

- Regular communication with providers/nurses/teams
- Case conferencing as needed
- Shared care plan

5 DATA TO HELP US BETTER UNDERSTAND PATIENT'S NEEDS AND REDUCE OVERLAP

Information from Medicaid, electronic health record & social service agencies

- Only necessary PHI
- Info about upcoming appointments, ED & hospital admissions
- Info about case management & housing opportunities

6 SUPPORT FROM HUB LEADERSHIP TEAM

Meets regularly to troubleshoot and strategize

- Data dashboard reviewed weekly so we've keep all eyes on goal
- Leverage each partner's strengths in housing, addiction services, etc.



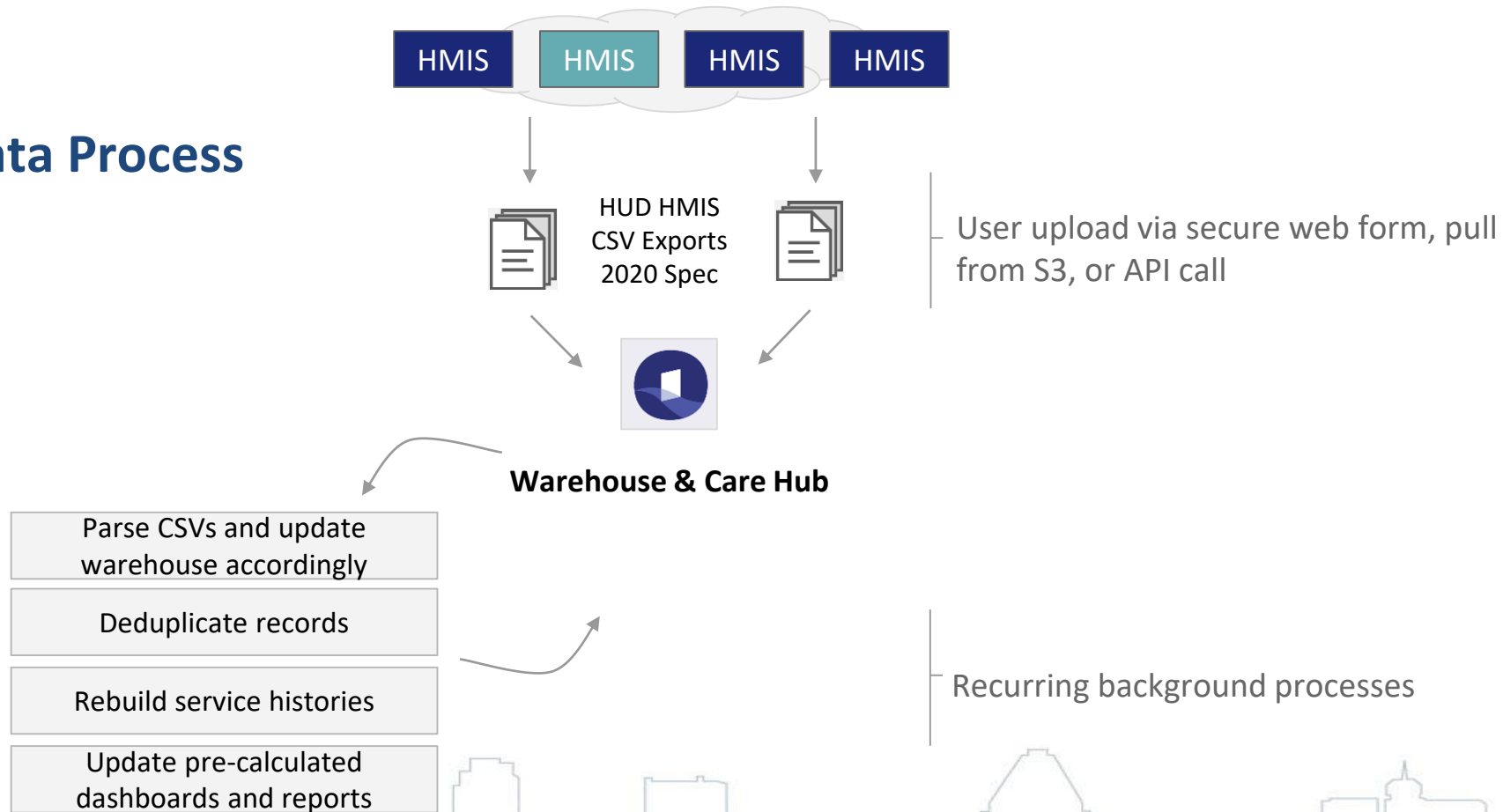
Behavioral Health Community Partners

18 BH CPs Competitively Selected in Massachusetts 2018

1. Outreach and engagement
2. Comprehensive assessment and person-centered treatment planning
3. Care coordination and care management across
 1. Medical
 2. Behavioral health
 3. Long term supports and services
4. Care transitions
5. Medication reconciliation
6. Health and wellness coaching
7. Connection to social services and community resources, including flexible services

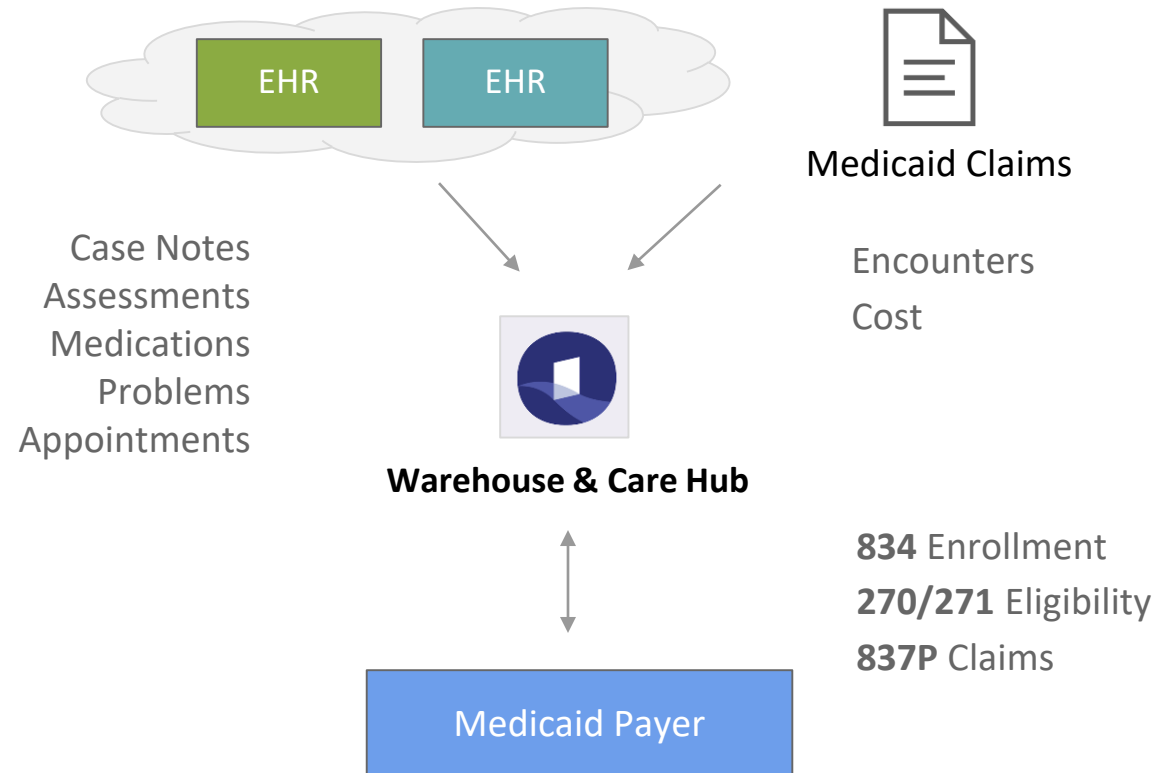
Coordinated Care Hub

HMIS Data Process



Coordinated Care Hub

EHR Data Process



Combined HMIS Data

Client Dashboard for Malcolm Abbott

Dashboard History Chronic Notes CAS Readiness Files Relationships Health Care Plan Metrics Merge

Service Summary

- Last seen 8 months ago
- Last seen at Mens Inn
- 1 of 1 days served between Jul 19, 2016 and Jul 19, 2016

Data Sharing Agreement

No consent forms on file



Demographics

ID	Name	SSN	Age	Gender	Race	Ethnicity	Veteran Status
DND	Malcolm Abbot	674-17-2604	May 16, 1956 (26)	Male	White	Non-Hispanic/Non-Latino	No
DND	Malcolm Abbott	674-71-2406	Jun 23, 1956 (60)	Male	White	Non-Hispanic/Non-Latino	No

Special Populations

	Program Entry Date	Veteran Status	Disabling Condition	Domestic Violence	Pregnancy Status	Due Date
DND	07/19/2016	No	Yes	No		

Residential Enrollments

	Program Name < Agency Name	Entry	Exit	Most Recent Day Served	Days Served	Homeless / Adjusted Days	Months Served	Household Members
					Totals:	1	1 / 1	1
DND ES	Mens Inn < Pine Street Inn	Jul 19, 2016	Jul 22, 2016	Jul 19, 2016	1	1 / 1	1	

Assessments

Assessment Type	Collection Date	Location	Staff
PROJECT ENTRY	Sep 12, 2014	WFD - IMPACT Employment Services	Jeffrey Anns +
PROJECT EXIT	Sep 13, 2014	WFD - IMPACT Employment Services	Jeffrey Anns +
PROJECT ANNUAL ASSESSMENT	Sep 13, 2014	WFD - IMPACT Employment Services	Jeffrey Anns

Contact Information

No contact information on file

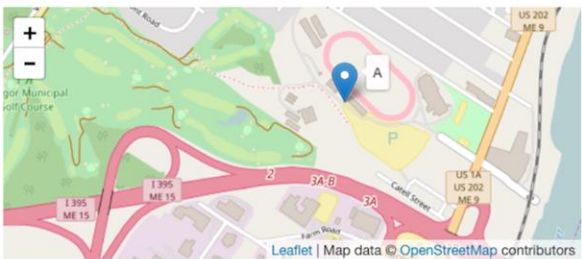
Services — Aggregated Bed Register

Year of Service Start	Bed Starts
2015	2
2014	2
2013	256

Case Manager

No caseworkers on file

Zip Code of Last Permanent Address



Zip Details

Program Entry Year	Primary City	State	Last Permanent Zip	Label
2016			04401	A

Income and Benefits

Program Entry Date	Source	Amounts	Total
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Coordinated Care Hub







Combined HMIS Data

February 2016											
5			6			7			8		
B5 Mens Inn			B5 Mens Inn			B5 Mens Inn			S0 Outreach - Outreach Van		
S0 Outreach - Outreach Van			S0 Outreach - Outreach Van			S0 Outreach - Outreach Van			Other Outreach - Project NeighBOR		
Other Outreach - Project NeighBOR			Other Outreach - Project NeighBOR			Other Outreach - Project NeighBOR			Other Outreach - Project NeighBOR		
12			13			14			15		
B5 Mens Inn			B5 Mens Inn			B5 Mens Inn			S0 Outreach - Outreach Van		
S0 Outreach - Outreach Van			S0 Outreach - Outreach Van			S0 Outreach - Outreach Van			S0 Outreach - Outreach Van		
Other Outreach - Project NeighBOR			Other Outreach - Project NeighBOR			Other Outreach - Project NeighBOR			Other Outreach - Project NeighBOR		
16			17			18			19		
B5 Mens Inn			B5 Mens Inn			B5 Mens Inn			S0 Outreach - Outreach Van		
S0 Outreach - Outreach Van			S0 Outreach - Outreach Van			S0 Outreach - Outreach Van			S0 Outreach - Outreach Van		
Other Outreach - Project NeighBOR			Other Outreach - Project NeighBOR			Other Outreach - Project NeighBOR			Other Outreach - Project NeighBOR		
20			21			22			23		
B5 Mens Inn			B5 Mens Inn			B5 Mens Inn			S0 Outreach - Outreach Van		
S0 Outreach - Outreach Van			S0 Outreach - Outreach Van			S0 Outreach - Outreach Van			S0 Outreach - Outreach Van		
Other Outreach - Project NeighBOR			Other Outreach - Project NeighBOR			Other Outreach - Project NeighBOR			Other Outreach - Project NeighBOR		
24			25			26			27		
B5 Mens Inn			B5 Mens Inn			B5 Mens Inn			S0 Outreach - Outreach Van		
S0 Outreach - Outreach Van			S0 Outreach - Outreach Van			S0 Outreach - Outreach Van			S0 Outreach - Outreach Van		
Other Outreach - Project NeighBOR			Other Outreach - Project NeighBOR			Other Outreach - Project NeighBOR			Other Outreach - Project NeighBOR		

File Uploads for Malcolm Abbott

Files downloaded from this page may contain Personal Protected Information from a secured environment. Once you download this file, you and your agency are responsible for maintaining all related Privacy, Security and Confidentiality protections.

DOWNLOAD SELECTED

Select	Preview	File	Document	Note	Visible in Window	Uploaded By	Uploaded On	Effective Date / Signed On	Consent Confirmed	Delete
<input type="checkbox"/>			BHA Eligibility Client Photo Homeless Verification <i>Contains: Non-HMIS Verification for Boston</i>	Testing	✓	Jennifer Flynn	Jan 29, 2018 12:31 pm			
<input type="checkbox"/>			Disability Verification		✓	Elliot Anders	Sep 6, 2017 1:26 pm			

Coordinated Care Hub

Care Coordination

Problems

SEARCH:

Onset Date	Last Assessed	Problem	Comment	ICD10 List
Oct 24, 2017	Dec 30, 2016	Cellulitis and abscess of hand	Robust intangible info-mediaries	L03.119, L03.510
Apr 13, 2017	Apr 13, 2017	Unintentional weight loss		
Apr 9, 2017	Apr 12, 2017	Abdominal pain, chronic		
Apr 7, 2017	Apr 1, 2017	Acute chest wall pain		
Apr 7, 2017	Mar 30, 2017	Pneumonia due to unspecified organism		
Jan 30, 2017	Jan 29, 2017	Diarrhea		
Jan 28, 2017	Feb 2, 2017	Skin lesions		
Dec 21, 2016	Dec 27, 2016	Homelessness		
Dec 18, 2016	Dec 19, 2016	Acute pain of right lower extremity		
Dec 18, 2016	Dec 19, 2016	Radicular pain of right lower extremity		
Dec 15, 2016	Dec 13, 2016	Bacteremia		
Dec 13, 2016	Dec 15, 2016	Chronic radicular low back pain		
Dec 11, 2016	Dec 21, 2016	Slow transit constipation		
Dec 11, 2016	Dec 12, 2016	Attention deficit hyperactivity disorder (ADHD), combined type		
Dec 9, 2016	Dec 12, 2016	Seizure disorder (H)		

Showing 1 to 15 of 32 entries

Medications

SEARCH:

Start Date	Ordered Date	Medication	Instructions
Oct 30, 2017	Oct 30, 2017	buprenorphine-naloxone (SUBOXONE) 8-2 mg SL tablet	Place 1 Tab under the tongue 3 (three) times daily May substitute films for tabs.
Sep 29, 2017	Sep 29, 2017	loxapine (LOXITANE) 25 mg capsule	Take 1 Cap by mouth once daily
Sep 25, 2017	Sep 29, 2017	divalproex (DEPAKOTE) 500 mg DR tablet	Take 500 mg by mouth 2 (two) times daily
Sep 25, 2017	Sep 29, 2017	estradiol (ESTRACE) 1 mg tablet	Take 2 mg by mouth once daily
Sep 25, 2017	Sep 29, 2017	naltrexone (DEPADE) 50 mg tablet	Take 1 Tab by mouth 2 (two) times daily
Sep 25, 2017	Sep 29, 2017	prazosin (MINIPRESS) 1 mg capsule	Take 2 Caps by mouth nightly at bedtime
Sep 25, 2017	Sep 29, 2017	trazodone (DESYREL) 100 mg tablet	Take 1 Tab by mouth nightly at bedtime as needed
Sep 25, 2017	Sep 29, 2017	hydroxyzine pamoate (VISTARIL) 25 mg capsule	Take 2 Caps by mouth 2 (two) times daily
Sep 25, 2017	Sep 29, 2017	pantoprazole (PROTONIX) 40 mg EC tablet	Take 1 Tab by mouth once daily
Sep 25, 2017	Sep 29, 2017	BANOPHEN 25 mg capsule	Take 25 mg by mouth nightly at bedtime as needed for sleep
Jun 23, 2017	Jun 23, 2017	nicotine (NICODERM CQ) 14 mg/24 hr patch	Place 1 Patch onto the skin once daily (every 24 hours)
Oct 29, 2015	Sep 22, 2016	NALOXONE HCL (NALOXONE NASL)	If overdose is suspected, Call 911 first. Then attach the nasal device, spray half the contents into each nostril; repeat after 3 minutes if no response.

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Coordinated Care Hub

Care Coordination

Collaborative Care Plan for Etori Abrahams

[Dashboard](#)[HMIS](#)[Health Dashboard](#)[Services](#)[Care Plan](#)[Files](#)

Case Management Notes

[+ Add Case Note](#)

Assessment	Date Completed	Case Manager
Basic Needs Initial meeting	Jun 18, 2018	Julia Tills
Benefits and income, Legal Income assessment	Jun 18, 2018	Mike Stewart

Showing 1 to 2 of 2 entries

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Person-Centered Treatment Plan

Initiated	Patient Signed	Provider Signed	Updated	Responsible Team Member	
Jun 18, 2018	Jun 6, 2018	Jun 21, 2018	Jun 18, 2018	George Miller, MD	Revise
Jun 18, 2018	Jun 28, 2018		Jun 18, 2018	George Miller, MD	Edit

Self-Sufficiency Matrix Forms

[+ Add SSM](#)

Assessment	Date Completed	Case Manager
SSM	Jun 18, 2018	Todd Bills
SSM	Mar 11, 2017	Todd Bills

Showing 1 to 2 of 2 entries

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Comprehensive Health Assessments

Assessment	Date Completed	Case Manager
CHA	in progress	Todd Bills
CHA	Jun 18, 2018	Todd Bills

Showing 1 to 2 of 2 entries

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Current Care Team

SDH Case Manager

Todd Bills
My Organization
todd@greenriver.com

Provider (MD/NP/PA)

George Miller, MD
BHCHP
gmliller@greenriver.com

Current Goals

Goal #1

38



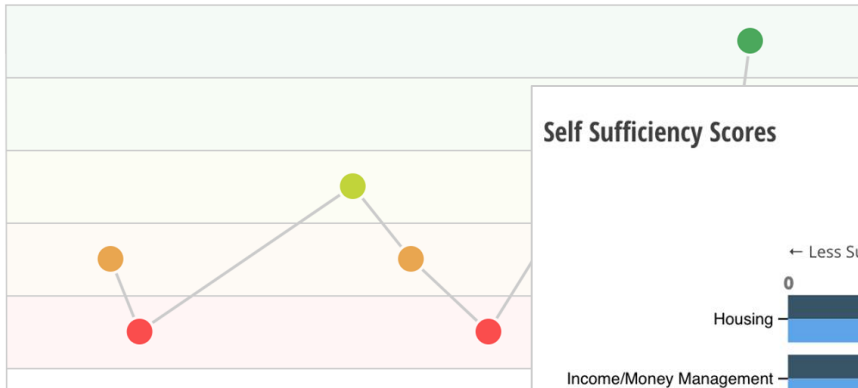
Coordinated Care Hub

👤 Etori L Abrahams (Etto)

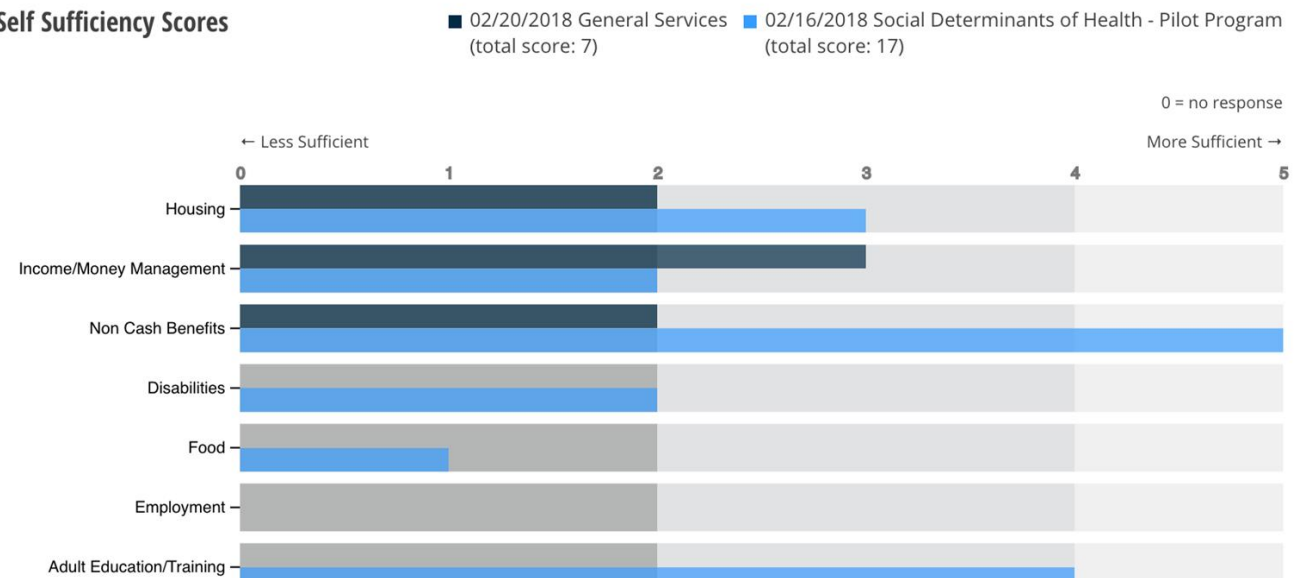
Housing Status (December 2017 - February 2018)

- Permanent
- Temporary
- Doubling Up
- Shelter
- Street

Fri Dec 01 2017



Self Sufficiency Scores

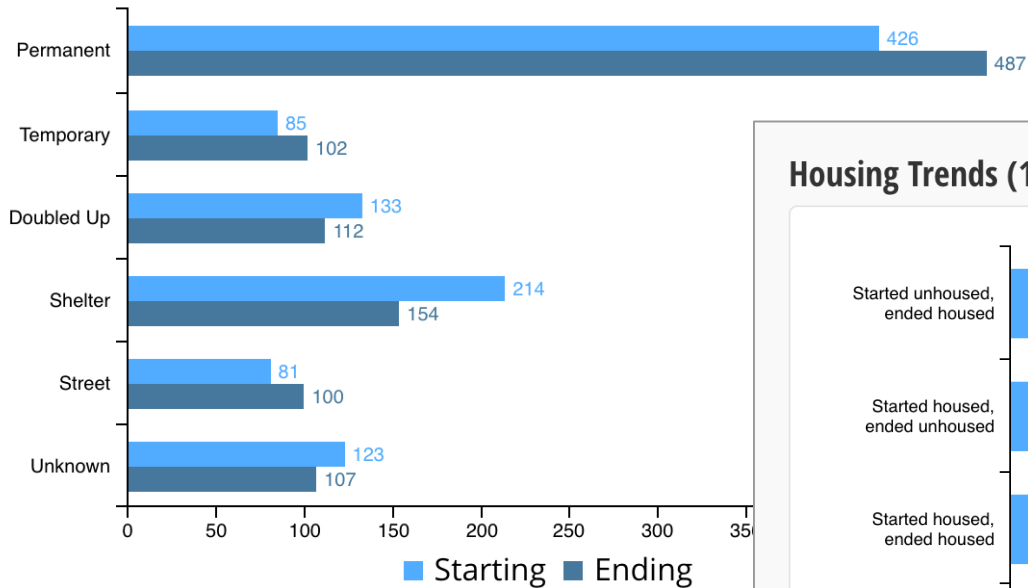


Social Determinants of Health

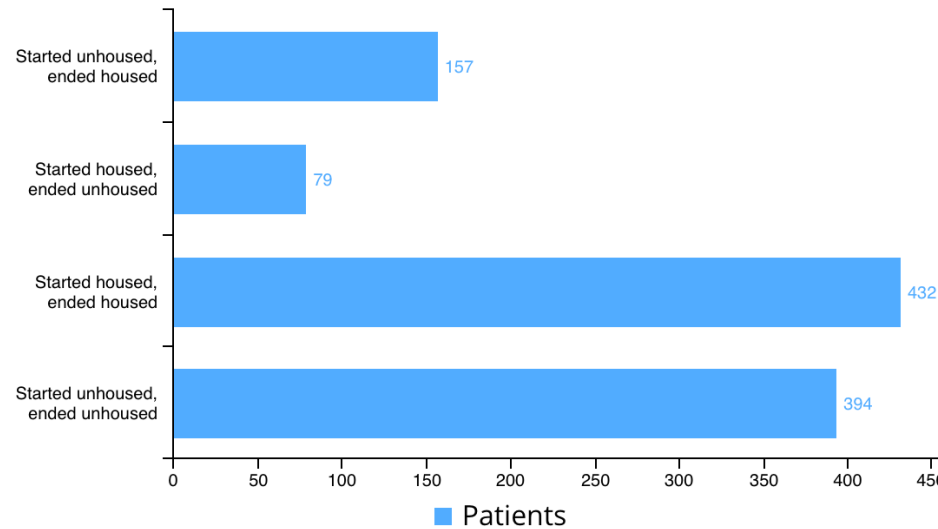
Coordinated Care Hub

Measuring Outcomes

Starting / Ending Housing Status (10 ACOs)



Housing Trends (10 ACOs)



Coordinated Care Hub

COVID

Clients

Search by name, D.O.B. (mm/dd/yyyy), SSN (xxx-yyz-zzzz), Warehouse ID, or PersonalID. It is often most efficient to search using the first few characters of the first name and last name, e.g. to find *Jane Smith* you might search for *ja sm*.

Search

Filter ▾

Sort ▾

Displaying clients **1 - 20** of **62** in total Currently sorted by: **Last name A-Z**

1

2

3

...

Next >

Last »

Don't see the client you are looking for?

+ Add a Client

- BM

Ira Smith
- GRDA

Jules Apostoloff

COVID-19 Status

MEDICAL

Restricted

SCREENING

Referred Mar 25, 2020

ISOLATION

Unknown

TEST

Positive

VACCINATION

Unknown

Update Information

SSN	Year of Birth (age)
XXX-XX-8055	1984 (37)
XXX-XX-8160	1973 (47)



Coordinated Care Hub

COVID

Ira Smith Jules Apostoloff

Client ID: 61770

Track Issues

COVID-19 STATUS

MEDICALRestricted

SCREENINGReferred Mar 25, 2020

ISOLATIONUnknown

TESTNegative

VACCINATIONSecond dose needed May 3, 2021

- Dashboard
- Health Emergency
- History
- Chronic
- HUD LOT
- Notes
- CAS Readiness
- Files
- Relationships
- Merge
- Audit
- Scan Card IDs

Medical RestrictionMEDICALRestricted

ScreeningSCREENINGReferred Mar 25, 2020

Clinical Screening

Isolation

Quarantine

Testing ResultsTESTNegative




Coordinated Care Hub

COVID

Vaccination **VACCINATION** *Unknown*

Vaccination date *



Vaccination type *

ModernaTX, Inc.

Pfizer, Inc., and BioNTech

Janssen COVID-19 Vaccine

Vaccination location

Add a new location by typing the name and hitting enter.

Cell phone for follow-up

Please let the patient know, this will only be used to send a reminder text about the second dose. Leave blank, if the patient doesn't want a reminder text. Format: 555-111-2222.

Preferred language

English

Español

Add Vaccination

No Previous Vaccinations

43



How are we doing?

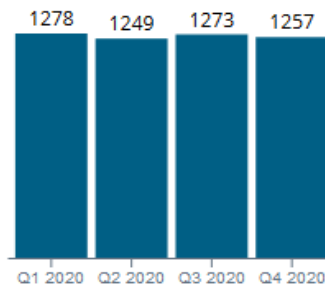


Community Partner Summary Report

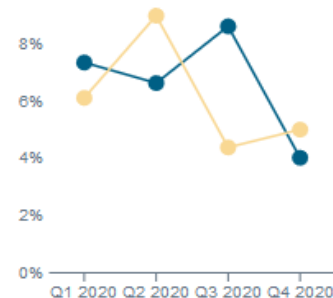
BOSTON COORDINATED CARE HUB Feb 2021

Length of Enrollment - Q4 2020
16.9 Months

Members

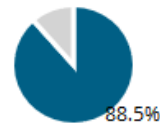


Membership Change



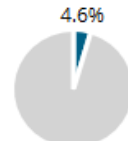
● New Enrollments Percentage

SUD



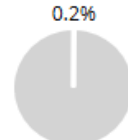
Q4 2020

DMH



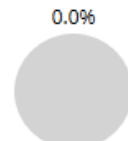
Q4 2020

ACCS



Q4 2020

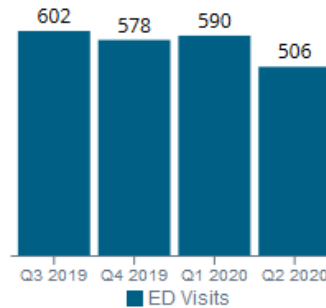
PACCS



Q4 2020

Total Cost of Care - Q2 2020
Avg TCOC per Member per Month
CP - \$4,517 State - \$2,179

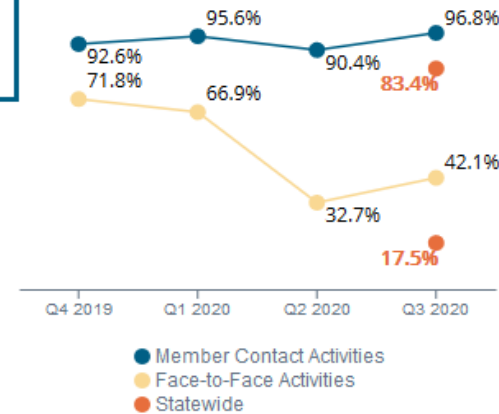
Hospital Utilization Rates Per 1,000 Member Months



Annual Dental Visits



CP Activity Rates



Average Days to Care Plan Complete



Care Plan Complete within 90 Days



Total Vaccinations Among Persons Experiencing Homeless

- **2,006 Persons Experiencing Homeless (PEH) as of 4/5** (1,707 Moderna 1st doses, 1,035 Moderna 2nd doses, 226 J&J)
 - 1,347 sheltered out of 1,875 total
 - Estimate **72% of congregate site *guests* have received at least 1 dose**
 - Estimate **50% of congregate site *guests* have completed full vax series**
 - 659 street or housed (eligible in phase 2.1 or 2.2 – JYP, EC, or Street Team) have received at least one dose
 - **79% of PEH who are due for their 2nd dose have received it already (255 PEH are overdue)**

Questions and discussion

