# Partnership to Align Social Care

A National Learning & Action Network

# Coffee and Contracts Summary Data Sharing Options in Health Plan-CBO partnerships May 14, 2024

## **Speakers**

- Jolene Tanner, Senior Director of Health and Social Programs, UnitedHealthcare
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- Jen Johnson, System Coordination Manager, Homeward

### **Topic: Data Sharing Options in Healthcare-CBO partnerships**

Sharing individual level data is critical to successful partnerships between health plans and community-based organizations (CBOs); yet, many CBOs don't have the data security infrastructure required to house and manage significant amounts of electronic personal health information (PHI). UnitedHealthcare presented several options for sharing data with community partners that do not require full data security. They also discussed a particular partnership in Virginia where they use bi-directional consent forms to authorize disclosure of patient health information to a community partner (Homeward) to enable collaboration and more effective coordination of care.

#### Data sharing approaches

- Business Associate Agreement (BAA)
  - o BAA is the standard healthcare data sharing arrangement under HIPAA.
  - A BAA specifies the acceptable use of the PHI and the requisite data security protections.
  - A BAA is only appropriate for a CBO/CCH that meets a minimum threshold of data security and compliance.
- Social referral platforms (i.e., FindHelp)
  - These secure platforms allow partners to establish data referrals with individuals' consent and receive updates confirming services were provided.
  - Data does not leave the platform and the CBO/CCH must comply with user agreements.
- Limited data set
  - Limited data sets can be used to evaluate impact and support decision making in program
    design, implementation, and evaluation, using minimum necessary data elements that do
    not disclose direct identifiers to help understand unique population and geographic needs
    that may not be offered by an aggregate data view.
  - A limited data set under HIPAA contains health information that excludes certain identifying information, such as name and date of birth, but may include data elements

- like an individual's zip code of residence. In a limited data set, both organizations agree on a defined set of data elements and specify how the information will be used, disclosed, and protected.
- The ability to refine the data analysis to certain elements, such as zip codes, can enable better identification of disparities and facilitate refinement of an activity to promote equitable access.
- HIPPA compliant bi-directional consent form
  - This form allows the individual to authorize release and disclosure of their health information with the CBO/CCH.
  - The partners can then engage in case conferencing discussions to coordinate care and services on behalf of those who have signed the consent form.

# Partnership between Homeward and UnitedHealthcare Community Plan of Virginia

Homeward is the lead planning agency for the Greater Richmond Continuum of Care. They partner with UnitedHealthcare Community Plan of Virginia to provide support for UHC members who are experiencing homelessness. They use a bi-directional consent form to authorize the sharing of information between UnitedHealthcare and Homeward.

#### Collaborative workflows

Homeward and UnitedHealthcare use a bi-directional consent form to share information about
individuals being served by both organizations. Following established processes, members can
provide verbal or written consent, which is then shared through an encrypted email, creating a
seamless workflow. This process has helped Homeward and UnitedHealthcare set up a standard
process for identifying and triaging based on the individual's needs.

#### Partnership value

- UnitedHealthcare recognized that there are significant challenges in connecting enrolled
  members experiencing homelessness to services, such as losing contact with the individual,
  misunderstandings about eligibility, and confusion about next steps in the process to access
  housing resources. Having a bi-directional consent form reduces the number of consent forms
  members are required to sign and allows for comprehensive case conferencing between
  UnitedHealthcare Care Managers supporting aligned members with health-related needs and
  Homeward Case Managers supporting the same members with housing-related needs.
- Partnering with Homeward allows UnitedHealthcare to connect more easily with members, provides Homeward with a more accurate understanding of their level of need, and ensures both organizations can coordinate services to collaboratively address both health and housing barriers. This initial partnership has led UnitedHealthcare to begin a collaborative cross sector case conferencing structure with other community partners.

• For Homeward, partnering with UnitedHealthcare helped identify individuals in need of services who were previously unknown, as well as improve care coordination through case conferencing. The partnership provided Homeward with an opportunity to share knowledge about their processes, broader trends of homeless rates and service utilization, and valuable insights into barriers that individuals experiencing homelessness face. This deeper level knowledge enables UnitedHealthcare care managers to provide more relevant and specific guidance to members while helping them navigate the housing & health systems.