



NCCARE360

NCCARE360 Quarterly Report – January-March 2019

I. OVERVIEW

NCCARE360 is the first statewide coordinated care network that will serve as the core infrastructure for North Carolina as it moves to whole person health and health system transformation. There is growing recognition that better coordination and investment in the non-medical drivers of health, like access to healthy food, safe and affordable housing and well-paying jobs, can improve health and decrease health care costs.

However, people face a fragmented system of health and human services that can be hard to navigate. Providers often operate in siloes, feel disconnected and have no meaningful way of coordinating services for local residents. NCCARE360 is a collaborative solution to this problem by providing a coordinated, community-oriented, whole person-centered approach to delivering care in North Carolina. This solution ensures accountability around services delivered, provides a “no wrong door” approach, closes the loop on every referral made, and reports on outcomes of that connection. NCCARE360 implementation started in January 2019 and will be fully implemented in every county in North Carolina by the end of 2020.

NCCARE360 is the result of a strong public-private partnership between the NC Department of Health and Human Services (DHHS) and the Foundation for Health Leadership & Innovation (FHLI). NCCARE360 is guided

by FHLI’s more than 35 years of experience in successfully developing and supporting innovative programs and building and advancing partnerships that improve health. NCCARE360 is an important component in DHHS’ Healthy Opportunities strategy and integral to DHHS’s mission to improve the health, safety and well-being of all North Carolinians. The NCCARE360 vendor partners include the United Way of NC, NC 2-1-1, Expound Decision Systems and Unite Us.

II. NCCARE360 COMPONENTS

NCCARE360 has multiple components including a:

- Robust statewide resource directory that will include a call center with dedicated navigators, a data team verifying resources and text and chat capabilities.
- Community resource repository to integrate resource directories across the state to share resource data.
- Shared technology platform that enables health care and human service providers to send and receive secure electronic referrals, seamlessly communicate in real-time, securely share client information and track outcomes.
- Community engagement team working with community-based organizations, social service agencies, health systems, independent providers, community members and more to create a statewide coordinated care network.

FIRST REFERRAL SUCCESS:

March 27, 2019 – The Guilford County Health Department sent the first referral for **emergency housing at 3:29 p.m.** They used the pooled referral feature to send the referral to three housing agencies. **At 5:04 p.m.**, less than two hours later, the referral was accepted by one of those agencies and the person was enrolled in a shelter and housing program. In addition, the receiving software user added a note to the referral/case to share next steps with the referral sender.

Table I. NCCARE360 Components Overview

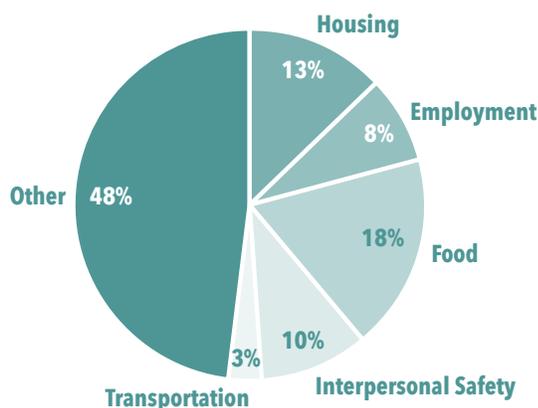
<p>A robust statewide resource directory that will include a call center with dedicated navigators, a data team verifying resources, and text and chat capabilities.</p> <p>TIMELINE: Summer 2019</p>
<p>A community resource repository to integrate resource directories across the state to share resource data.</p> <p>TIMELINE: Phased approach: • Ability to connect NC 2-1-1 updated resource directory to NCCARE360 – March 2019 • Ability to send/receive resource data from diverse resource directories across the state into one shared resource repository – December 2020</p>
<p>A referral platform for providers, social workers, care coordinators and others to connect patients directly to community resources and allow for a feedback loop on the outcome of that connection.</p> <p>TIMELINE: Rolled out by county – January 2019 through December 2020</p>

While NCCARE360 is already being rolled out in counties across the state, some of the functionalities will be incorporated in phases over the next two years. Table I shows the network components. This report will describe each of these components in more depth.

NCCARE360 Resource Directory

NCCARE360 leverages the robust Resource Directory that NC 2-1-1 has already built and used for decades. To improve this directory and ensure that it is up-to-date and all resource descriptions are written at a fifth grade reading level or lower, NC 2-1-1 hired additional data coordinators. To date, the NC 2-1-1 team has verified information for 3,209 programs across 941 organizations. The data team has completed or nearly completed resource verification in 21 counties and will complete the remaining counties over the course of the implementation process. Chart I details these verified resources by domain.

Chart I. NCCARE360 Resource Directory Verified



NCCARE360 Community Resource Repository

Development of the Community Resource Repository is underway. The goal of the Repository is to have one trusted source of community resource information. Currently there are multiple directories, all with proprietary formats and non-

standardized content. It is difficult and costly to keep these directories updated. The NCCARE360 Community Resource Repository provides a common structure and shared format for storing and accessing resource data. Once complete, community resource data will be accessible for use by others interested in building unique or targeted directories using statewide community resources. The Repository will work in tandem with the NC 2-1-1 data coordinators who will update all resources at least every 12 months.

To date, replication of the NC 2-1-1 database of resources is complete. Data has been translated in Human Services Data Replication Specification (HSDS) schema to match the Unite Us outcomes platform data fields so that the NC 2-1-1 resource directory can be pulled into NCCARE360.

NCCARE360 Referral Platform

The NCCARE360 Referral Platform allows providers (such as health care providers, community-based organizations, care managers, etc.) to:

- Communicate in real time
- Make electronic referrals
- Securely share client information
- Track outcomes together

Once an organization is onboarded onto NCCARE360, they can send and receive referrals. All organizations in the Resource Directory will be listed in the Referral Platform. Providers at organizations using NCCARE360 can refer their patients/clients to any of those resources. However, providers can only send a referral through the system and receive outcomes data on referrals to other “in network organizations” or organizations also using NCCARE360. Organizations considered “in network” have agreed to NCCARE360 platform requirements, have completed training and onboarding, and are responsible to respond to referrals and report outcomes. Over time, Community Engagement Managers will work to move all organizations listed in the Resource Directory to be “in network.”

NCCARE360 is built on a flexible architecture that can be integrated into other platforms to ensure seamless workflows. To date, the platform has been successfully integrated with electronic health records (EHR) systems such as Epic through a SMART on FHIR Integration, Salesforce, iCarol and other platforms. NCCARE360's first integration with a North Carolina health system's EHR was completed in only two weeks. This process included workflow changes and optimization, technical customization, configurations, technical tests, and customer testing. NCCARE360 is flexible and enhancements and changes can be made to meet each health system's needs.

NCCARE360 DATA ELEMENTS

NCCARE360 collects a variety of data that is helpful in improving the efficiency of referrals and client impact to better serve people and communities. Some of the data elements collected in NCCARE360 are displayed in Table II below.

Table II. Example NCCARE360 Data Elements Overview

Network Performance
<ul style="list-style-type: none"> Total number of in network providers/organizations Referral traffic (e.g. number of referrals) Percent of outcomes accepted Number of clients served Number of out-of-network referrals
Network Impact
<ul style="list-style-type: none"> Accuracy of referrals Needs addressed Percent of cases closed with positive outcome
Network Efficiency
<ul style="list-style-type: none"> Median time to be connected to an in network organization Median time to in network case closure Number of open/closed cases
Community/Client Impact
<ul style="list-style-type: none"> Clients served Client impact (e.g. number of services with a resolved outcome) Client outcome (e.g. person with food insecurity receives food resource) Community resource gaps analysis

PRIVACY AND SECURITY

All patients/clients must give informed consent before a referral can be sent on their behalf. Informed consent can be completed in multiple ways including: (1) signed on a paper and uploaded into the system; (2) signed directly on the platform through a tablet or with a mouse; (3) sent to the patient/client's email or texted to a phone to sign;

(4) through a patient/client calling NC 2-1-1 and providing consent verbally, which is recorded into the system.

NCCARE360 is compliant in its infrastructure and access controls with the Health Insurance Portability and Accountability Act (HIPAA), Family Educational Rights and Privacy Act (FERPA) and Federal Information Processing Standards (FIPS). See Table III for more information on the privacy and security measures of NCCARE360.

Table III. Overview of Privacy and Security Measures

Privacy and Security Infrastructure
<ul style="list-style-type: none"> Secured and encrypted data at rest and in transit HIPAA-compliant cloud servers (Amazon Web Services) Unite Us provides business associate agreements (BAA) to covered entities Audited technical, physical and administrative safeguards Annual third-party penetration testing and audit 100 percent approved audits by local and state governments, and health systems/plans
Privacy and Security Access Controls
<ul style="list-style-type: none"> Each organization onboarded to authorize proper permissions based on services they provide Each user is set specific roles for viewing permissions based on specific patient access Each program within an organization is assigned specific viewing permissions (i.e. ensuring non-clinical providers cannot view clinical information)

III. NCCARE360 COMMUNITY ONBOARDING AND IMPLEMENTATION STATUS

Community Onboarding and Implementation Strategy

While the technology is important, NCCARE360 will only be successful if the network is built by the communities it serves. This requires that health care and human services partners across a community come together to use NCCARE360. NCCARE360 has a four-step process to build a community network: (1) Discovery and Socialization; (2) Network Configuration; (3) Training and Onboarding; and (4) Post-Launch Success.

This process is coordinated and led by a Community Engagement Manager. A Community Engagement Manager is assigned to a region and holds influencer and strategy sessions in the community. After this phase, the Community Engagement Manager will train and onboard all organizations that are ready to participate. This includes ensuring the technology is personalized to fit the organization's model and into providers' workflows. Most

importantly, Community Engagement Managers stay in the region to continue to onboard additional organizations and work with organizations using the tool. They bring together the community regularly after launch to review data and network performance, make modifications and adjustments based on the learnings of the community, and provide ongoing technical assistance.

In North Carolina, there are currently three Community Engagement Managers and one Director that oversees the Community Engagement Team. In addition, there is a Customer Success Manager and Customer Success Representative that provide technical assistance on the technology stationed in North Carolina. The team is growing to provide additional capacity across the state.

Implementation Status

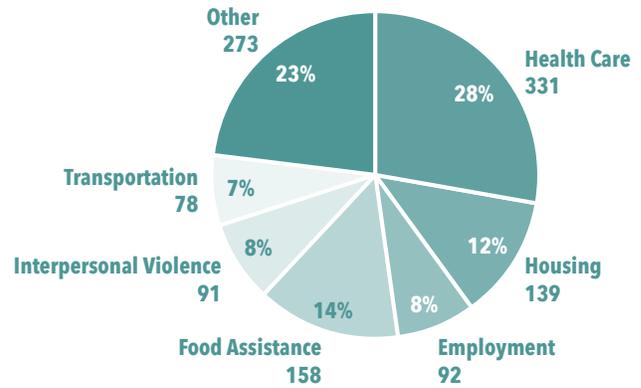
Implementation of NCCARE360 began in December 2018 with the goal of being available in all 100 counties by the end of 2020. Implementation began in Alamance, Guilford and Rockingham counties with Cone Health serving as the anchor health system. The NCCARE360 Community Engagement team led a series of Influencer Sessions with thought leaders and decisionmakers, Strategy Sessions with the broader community, and Software Training Sessions with end users. On March 4, 2019, NCCARE360 had its first “soft launch” with 55 organizations and 114 users in Alamance, Rockingham and Guilford counties. NCCARE360 will officially launch in these initial counties in late April. This launch will include additional community-based organizations, and Cone Health will embed NCCARE360 within their EPIC EHR.

NCCARE360 will be fully implemented statewide by the end of 2020. In addition to the soft launch in Alamance, Guilford and Rockingham counties, implementation efforts are currently underway in parts of the Triangle including Johnston and Wake counties and in parts of Eastern NC including Beaufort, Bertie, Chowan, Edgecombe, Hertford, Martin, and Pitt counties.

To date, 880 organizations have been engaged in the NCCARE360 rollout and 116 have completed registration to be part of the NCCARE360 network.

Chart II shows the organizations engaged by domain.

Chart II. Organizations Engaged by Domain



The NCCARE360 Advisory Council met for the first time on March 20, 2019. The Council includes members from a variety of professions and regions of North Carolina, and council members act as ambassadors for NCCARE360, contribute input for ongoing development of network functionalities, and serve as the voice of their communities by listening to and sharing community feedback. During the first meeting, a council member from Alamance County involved in the rollout of NCCARE360 shared appreciation for the manner in which the implementation team worked *with* the organization to make NCCARE360 work *for* the organization, emphasizing flexibility in design to meet organizational needs and workflow.

IV. REPORTING

This report is being published by FHLI and DHHS as the first in a series of reports intended to inform supporters of NCCARE360 on the progress of network development. As the rollout of NCCARE360 continues, this report series will include additional process and outcomes metrics, and, when sufficient data is available, a gaps analysis summary (such as showing the number of referrals made for which there is no community capacity to serve) will be provided. As a supporter of NCCARE360, your feedback on other elements to include in reporting is welcomed, and can be directed to connect@nccare360.org.



NCCARE360 IS BEING BUILT IN COLLABORATION WITH:



Expound

